# 14 Services for people with disability

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| Attachment tables |
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The Australian, State and Territory governments aim to ensure that people with disability and their carers have an enhanced quality of life and participate as valued members of the community. Governments fund a range of disability support services under the *National Disability Agreement* (NDA) and the *National Disability Insurance Scheme* (NDIS).

The *National Disability Agreement* (NDA), effective from 1 January 2009, provides the national framework and key areas of reform for the provision of government support and services for people with disability. Box 14.1 provides an overview of the NDA. The NDA replaced the third *Commonwealth, State and Territory Disability Agreement* (CSTDA), which was due to expire on 30 June 2007 but was extended to 31 December 2008. Funding to the State and Territory governments is provided through the National Disability Services Specific Purpose Payment (ND SPP), not the NDA.

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| Box 14.1 National Disability Agreement and the National Disability Services Specific Purpose Payment |
| Commonwealth funding to the State and Territory governments is provided through the National Disability Services Specific Purpose Payment (ND SPP), associated with the *National Disability Agreement* (NDA). The focus of the NDA is on the provision of specialist disability services. However, the NDA acknowledges that specialist disability services are complemented by mainstream services and income support measures.  Reforms under the NDA are directed at creating a disability services system that is effective, efficient and equitable, and has a focus on: early intervention; timely, person‑centred approaches; and lifelong planning. Five priority areas to underpin the policy directions and achieve these reforms are:   * build the evidence base for disability policies and strategies * enhance family and carer capacity * develop strategies for increased choice, control and self-directed decision making * maintain innovative and flexible support models for people with high and complex needs * develop employment opportunities for people with disability.   Other specific details relating to the NDA (such as roles and responsibilities of different governments) are provided throughout this chapter. |
| *Source*: Council of Australian Governments (COAG) (2012a). |
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The NDIS was established under the *National Disability Insurance Scheme Act 2013* (the NDIS Act). Three–year trials of the NDIS commenced on 1 July 2013 in NSW, Victoria, SA and Tasmania. Trials of the NDIS in WA, the ACT and the NT commenced on 1 July 2014. Agreements for the full‑scheme roll out of the NDIS have been reached with NSW, Victoria, Queensland, SA, Tasmania, the ACT and the NT. This means the scheme will be available to all eligible residents in the ACT by July 2016, in NSW and SA by July 2018, and in Tasmania, Victoria, Queensland and the NT by July 2019. The objectives of the NDIS align with the objectives and outcomes of the NDA (COAG 2012b). Box 14.2 provides an overview of the NDIS.

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| Box 14.2 National Disability Insurance Scheme |
| Both the Australian Government and host jurisdictions are responsible for the cost of the NDIS trial sites in accordance with *Intergovernmental Agreement for the National Disability Insurance Scheme (NDIS) Launch* (COAG 2012b). The NDIS Act (in conjunction with other laws) gives effect to Australia’s obligations under the UN Convention on the Rights of Persons with Disabilities, and its objectives include:   * supporting people with disability to pursue their goals and maximise their independence and social and economic participation * developing the capacity of people with disability to participate in the community and in employment * providing reasonable and necessary supports, including early intervention supports, for Scheme participants * supporting people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports * building a sustainable Scheme which is based on insurance principles. |
| *Source*: National Disability Insurance Agency (NDIA) (2014). |
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This chapter provides information on the assistance provided by governments to people with disability and their carers, focusing on specialist disability services provided under the NDA and funded by the ND SPP. The chapter reports NDA and ND SPP data from   
2009‑10 to 2012‑13, a combination of NDA and CSTDA data for 2008‑09, and CSTDA data for earlier years. Data on the specialist disability services provided under the NDA are collected in the Disability Services National Minimum Data Set (DS NMDS).

* Specialist psychiatric disability services are excluded to improve data comparability across jurisdictions. Further information regarding specialist psychiatric services are reported in chapter 12, Mental health management.
* Performance information on access by people with disability to mainstream services is excluded. Further information on access by people with disability to mainstream services is included elsewhere in this Report — for example, School education (chapter 4), Vocational education and training (VET) (chapter 5), Public hospitals (chapter 11), Mental health management (chapter 12) and Housing (chapter 17). Other mainstream services and supports provided to people with disability — such as transport and utility services at concessional rates — are outside the scope of this Report.
* Descriptive information on income support to people with disability and their carers is included, for context. This Report generally does not include performance information on income support.

With the gradual roll‑out of the NDIS across Australia, it is expected that most existing NDA service users will transition to the NDIS and exit from the DS NMDS collection over time. It is anticipated that, by 2019‑20, all eligible Australians under the age of 65 will be covered by the NDIS (except for WA residents). For this Report, service user data from the DS NMDS are not affected by the introduction of the NDIS as they relate to the 2012‑13 financial year.

Data on the services provided under the NDIS are collected by the National Disability Insurance Agency (NDIA). Some 2013‑14 NDIS data are provided in section 14.4 as contextual information for this Report. Access to NDIS data will be sought for reporting against the disability framework in future reports.

Major improvements in the reporting of services for people with disability in this edition include:

* reporting data for the ‘client and carer satisfaction’ indicator from the 2012 Survey of Disability Ageing and Carers (SDAC) for the first time
* reporting data disaggregated by State and Territory for tables 14A.3, 14A.5, 14A.56, 14A.57 and 14A.58
* reporting 2013‑14 Basic Community Care (BCC) data for Victoria and WA
* data quality information (DQI) available for the first time for the indicator ‘client and carer satisfaction’.

## 14.1 Profile of disability services

### Service overview

Government assistance for people with disability and their carers comprises provision of specialist disability services, access to mainstream services, provision of income support and the NDIS. Definitions of disability are provided in box 14.3.

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| Box 14.3 Definitions of disability |
| The United Nation’s *Convention on the Rights of Persons with Disabilities,* ratified by Australia on 17 July 2008, defines ‘persons with disabilities’ as those who have  long‑term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.  The World Health Organisation (WHO) defines ‘disabilities’ as impairments, activity limitations and participation restrictions: an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; and a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives (WHO 2009).  (Continued on next page) |
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| Box 14.3 (continued) |
| The third Commonwealth, State and Territory Disability Agreement ([CSTDA] 2003, p. 9) defined ‘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.   The NDA does not include a specific definition of ‘people with disability’.  The Australian Bureau of Statistics (ABS) *Survey of Disability, Ageing and Carers* (SDAC) 2012 defines ‘disability’ as a limitation, restriction or impairment, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities. Examples range from hearing loss that requires the use of a hearing aid, to difficulty dressing due to arthritis, to advanced dementia requiring constant help and supervision. The SDAC reports on the spectrum of disability experiences using three main ‘categories’ of disability:   * with a core activity limitation (mild, moderate, severe or profound) * with a schooling or employment restriction * with a disability, but without a specific limitation or restriction — includes people who need assistance with health care, cognition and emotion, paperwork, transport, housework, property maintenance or meal preparation.   Self‑care, mobility and communication are defined as core activities. The ABS defines levels of core activity limitation as:   * mild — where a person does not need assistance and has no difficulty with self‑care, mobility and/or communication, but uses aids or equipment. They may also not be able to easily walk 200m, walk up and down stairs without a handrail, bend to pick up objects from the floor or use public transport easily or without help or supervision * 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. |
| *Source*: CSTDA (2003); WHO (2009); ABS (2013). |
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#### Specialist disability services

Specialist disability services are services designed to meet the needs of people with disability. These services tend to be targeted at those who have profound or severe core activity limitations. The seven broad categories of specialist disability services are outlined below. These categories underpin the collection of the Disability Services National Minimum Data Set (DS NMDS) and expenditure data on specialist disability services:

* *accommodation support services*, which provide support to people with disability in accommodation settings (hostels, institutions and group homes) and in their own homes (including attendant/personal care, in home support and alternative family placements)
* *community support services*, which provide the support needed for a person with disability to live in a non‑institutional setting — including therapy support, counselling and early childhood intervention
* *community access services*, which provide opportunities for people with 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
* *respite care services*, which provide a short‑term and time‑limited break for families and other voluntary caregivers of people with disability, to assist in supporting and maintaining the primary care‑giving relationship, while providing a positive experience for the person with disability
* *employment services* for people with disability, which provide:
* open employment services — assistance in obtaining and/or retaining paid employment in the open labour market
* supported employment services — support and employment within the same organisation
* *advocacy, information and alternative forms of communication*, which provide:
* advocacy services to enable people with disability to increase their control over their lives by representing their interests and views in the community
* information services to assist people with disability, their carers, families and related professionals accessing information about disabilities, specific and mainstream services and equipment; and promote the development of community awareness
* alternative forms of communication for people who are, by reason of their disability, unable to access information provided in standard formats
* *other support services*, which include research and evaluation, and training and development projects.

#### National Disability Insurance Scheme

The NDIS is an insurance scheme that assists people with disability to access mainstream and community supports, helps support informal care and funds reasonable and necessary supports, including early intervention supports, for its participants. Currently, people with disability can access the scheme if they are in a trial location, are the eligible age for that location and meet either the disability or early intervention requirements. Disability requirements include people who have a significant and permanent disability and who need assistance with everyday activities. This includes people whose disability is attributed to intellectual, cognitive, neurological, sensory, or physical impairment, or a psychiatric condition. Early intervention requirements include people who have a permanent impairment or are aged under six years with a developmental delay. Data on NDIS participants are included as contextual information in box 14.4. Data from the scheme were not provided for reporting on performance indicators in the framework.

##### NDIS funding

Both the Australian Government and host jurisdictions are responsible for the cost of the NDIS trial sites in accordance with *Intergovernmental Agreement for the National Disability Insurance Scheme (NDIS) Launch* (COAG 2012b). Total funding committed to the NDIS for 2013‑14 was $148.8 million, including cash and in‑kind contributions. The average annualised package cost at 30 June 2014 was approximately $34 600 (NDIA 2014a).

The NDIS identifies six life domains (areas of focus for participant goals, objectives and strategies) — economic participation, education, health and wellbeing, independence, living arrangements and social participation. Across each of the trial sites the most commonly funded life domains at 30 June 2014 were independence (5289 plans), social participation (5327 plans) and health and wellbeing (4255 plans) (NDIA 2014b).

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| Box 14.4 National Disability Insurance Scheme (NDIS) participants |
| As at 30 June 2014, 7316 participants were receiving supports under an approved plan. Participant numbers varied by State and Territory, with 2268 in NSW, 2907 in Victoria, 1355 in SA and 786 in Tasmania. Aboriginal and Torres Strait Islander people made up 2 per cent of all participants and 3 per cent of participants were classified as Culturally and Linguistically Diverse (CaLD)[[1]](#footnote-2). The proportion of male participants is higher than females across all trial sites (61 per cent to 39 per cent).  Access to mainstream services  Table 14.4.1 shows that the majority of participants with approved plans are also accessing mainstream services (80 per cent). The NDIA records information on mainstream supports in the following categories: education and training, community participation (sport, child care and recreation), community support (youth services, parenting programs, etc.), health, legal and justice, housing, employment, transport, income support, other assistance.   |  | | --- | | Table 14.4.1. Proportion of NDIS participants with approved plans accessing mainstream services, 30 June 2014a | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | NSW | Vic | SA | Tas | Total | | Number | 1 498 | 2 589 | 1 138 | 590 | 5 815 | | Proportion (per cent) | 67 | 89 | 84 | 75 | 80 | | | a Data are not comparable across jurisdictions due to different cohorts of people with disability participating in each trial site. For example, a high number of participants in the Barwon (Victoria) trial site are school aged children who are receiving mainstream education supports. | |  |   Client/carer satisfaction  The NDIA reports data on both participant and experience satisfaction. *Participant satisfaction* indicates the satisfaction of participants with the Agency, in particular, the planning process. *Experience satisfaction* indicates the overall satisfaction of a participant with their current life experience and outcomes. As at 30 June 2014, participant satisfaction was at 1.66 on a scale of -2 (extremely dissatisfied) to +2 (extremely satisfied) (table 14.4.2). It is anticipated that carer satisfaction data will be available for future reporting.   |  | | --- | | Table 14.4.2 NDIS participant satisfaction, 30 June 2014a | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | NSW | Vic | SA | Tas | Total | | Participant satisfaction | 1.8 | 1.75 | 1.44 | 1.9 | 1.66 | | | a Satisfaction is reported on a scale of -2 *extremely dissatisfied* to +2 *extremely satisfied*, with 0 = *neutral.* | |  | |  | |
| *Source*: NDIA (2014a), *Quarterly Report to COAG Disability Reform Council, 30 June 201.* |
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#### Mainstream services

Mainstream services are services provided to the community as a whole. Governments acknowledge that specialist disability services are complemented by mainstream services. Under the NDA, and consistent with the National Disability Strategy 2010–2020, the Australian and State and Territory governments have agreed to strive to ensure that all people with disability have access to mainstream government services within their jurisdictions. It is recognised that improved outcomes for people with disability, their families and their carers, are contingent upon the effective coordination of efforts across government services. Some mainstream services give priority to people with disability (for example, social housing) or have programs to meet the special needs of people with disability (for example, school education).

#### Income support and allowances

Income support for people with disability and their carers contributes to the outcomes of the NDA. The Australian Government is responsible for the provision of income support targeted to the needs of people with disability, their families and carers (box 14.5). Income support is provided to those who meet the relevant eligibility criteria. Income support payments and allowances include the Disability Support Pension, Carer Payment, Carer Allowance, Sickness Allowance, Mobility Allowance, Child Disability Assistance Payment and Carer Supplement.

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| Box 14.5 Australian Government supplementary and income support arrangements |
| Under the NDA, provision of income support for people with disability, their families and carers is a key responsibility of the Australian Government (see ‘roles and responsibilities’ section). Outlays on income support payments and allowances to people with disability and their carers in 2013‑14 (on an accrual basis) amounted to $23.2 billion, comprising $16.1 billion for the Disability Support Pension, $4.2 billion for the Carer Payment, $2.0 billion for the Carer Allowance, $106.2 million for the Sickness Allowance, $155.6 million for the Mobility Allowance, $169.0 million for the Child Disability Assistance Payment and $532.7 million for the Carer Supplement (Australian Government unpublished).  At 30 June 2014, there were around 830 500 recipients of the Disability Support Pension, 243 900 recipients of the Carer Payment, 613 100 recipients of the Carer Allowance (including Health Care Card only recipients), 63 700 recipients of the Mobility Allowance, 7800 recipients of the Sickness Allowance, 147 700 recipients of the Child Disability Assistance Payment and 597 700 recipients of the Carer Supplement. |
| *Source*: Australian Government (unpublished); table 14A.1. |
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### Roles and responsibilities

#### Australian, State and Territory governments

The NDA defines the roles and responsibilities of the Australian, State and Territory governments in the provision of services and supports to people with disability and their carers.

The Australian Government is responsible for:

* provision of employment services for people with disability (which includes regulation, service quality and assurance, assessment, policy development, service planning, and workforce and sector development) in a manner that most effectively meets the needs of people with disability consistent with local needs and priorities
* provision of income support targeted to the needs of people with disability, their families and carers
* provision of funds to states and territories to contribute to the achievement of the NDA objectives and outcomes
* where appropriate, investing in initiatives to support nationally agreed policy priorities, in consultation with State and Territory governments
* ensuring that Commonwealth legislation and regulations are aligned with the national policy reform directions and the *United Nations Convention on the Rights of Persons with Disabilities*.

State and Territory governments are responsible for:

* the provision of specialist disability services, except disability employment services
* ensuring that State and Territory legislation and regulations are aligned with the national policy and reform directions
* where appropriate, investing in initiatives to support nationally agreed policy priorities, in consultation with the Australian Government.

Australian, State and Territory governments are jointly responsible for:

* development of national policy and reform directions to meet the agreed objectives and outcomes of the NDA
* funding and pursuing research that provides an evidence base for national policy and reform directions
* developing and implementing reforms to improve outcomes for Aboriginal and Torres Strait Islander people with disability
* the provision of data, including a commitment to providing data for the DS NMDS and a commitment to the improvement of data quality.

### Funding

Australian and State and Territory governments fund both government and   
non‑government providers of specialist disability services under the NDA including employment services. Total government expenditure on these services was $7.5 billion in 2013‑14 — a real increase of 4.1 per cent on the expenditure in 2012‑13 ($7.2 billion) (table 14A.6). State and Territory governments funded the majority of this expenditure in 2013‑14 (70.2 per cent, or $5.3 billion). The Australian Government funded the remainder (29.8 per cent, or $2.2 billion), which included $1.3 billion in transfer payments to states and territories and $0.9 billion for disability employment services and other disability services (tables 14A.7 and 14A.8). Table 14A.9 provides data on total government expenditure including and excluding payroll tax.

Direct government expenditure on specialist disability services under the NDA (excluding expenditure on administration) was $7.0 billion in 2013‑14 (table 14A.10). The distribution of direct government expenditure varied across jurisdictions. The main areas of government expenditure were accommodation support services (50.7 per cent of total direct service expenditure) and community support (18.1 per cent of total direct service expenditure). Employment services were the main area of Australian Government expenditure in 2013‑14 (79.2 per cent of Australian Government direct service expenditure) (figure 14.1).

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| Figure 14.1 Direct expenditure on NDA specialist disability services, by service type, 2013‑14**a, b, c, d, e** |
| |  | | --- | | Figure 14.1 Direct expenditure on NDA specialist disability services, by service type, 2013-14  More details can be found within the text surrounding this image. | |
| a Other support services includes advocacy, information and print disability. b State and Territory expenditure includes a contribution from the Australian Government. c See table 14A.10 for detailed notes accompanying expenditure data. d See tables 14A.7 and 14A.8 for expenditure by source of funding. e Expenditure for NSW, Victoria, SA, Tasmania and the Australian Government for 2013‑14 are affected by the introduction of the National Disability Insurance Scheme (NDIS). For NSW, Victoria and Tasmania 2013‑14 total government expenditure includes ‘in‑kind’ funding to the National Disability Insurance Agency (NDIA), but excludes ‘cash’ contributions. For Victoria, total government expenditure also includes ‘cash' contributions. Total government expenditure for SA excludes 'cash’ contributions to the NDIA ($2.6 million), but includes ‘in‑kind’. For SA, expenditure excludes revenue received from NDIS trial ($485 000) and grant recoveries received in relation to transitioned clients ($672 000). Australian Government expenditure excludes both ‘cash’ and ‘in‑kind’ funding to the NDIA. |
| *Source*: Australian, State and Territory governments (unpublished); table 14A.11. |
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### Size and scope

#### Disability prevalence

The Australian Bureau of Statistics (ABS) estimates that 4.2 million Australians, or 18.5 per cent of the population had a disability in 2012 (ABS 2013), the same proportion as in 2009 (ABS 2011a). Of the total population in 2012, an estimated 6.1 per cent had a profound or severe core activity limitation (ABS 2013) compared with 5.8 per cent in 2009 (ABS 2011a). Tables 14A.12 and 14A.13 contain additional information on disability prevalence, and table 14A.14 contains information on the estimated number of people with a profound or severe core activity limitation who received help as a proportion of those who needed help.

##### Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people experience significantly higher rates of disability than non‑Indigenous people. Data on disability prevalence for Aboriginal and Torres Strait Islander people are available from the 2012 SDAC. Data are also available from the 2012‑13 ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) and 2011‑12 Australian Health Survey (AHS). There are differences in the scope of the SDAC, the AATSIHS and the AHS which affect direct comparability of these surveys.

Nationally in 2012, after adjusting for differences in population age structures, the SDAC shows that 8.4 per cent of Aboriginal and Torres Strait Islander people reported a profound or severe core activity limitation, around 1.7 times the rate for non‑Indigenous people (4.9 per cent). AATSIHS/AHS data for 2011–13 show similar trends. Nationally in   
2011–13, after adjusting for differences in population age structures, the rate of profound or severe core activity restriction for Aboriginal and Torres Strait Islander people was twice the rate for non‑Indigenous people (ABS unpublished). The disparity between Aboriginal and Torres Strait Islander and non‑Indigenous people is consistent across age groups (figure 14.2).

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| Figure 14.2 Disability prevalence, by Indigenous status, by age, 2012a, b |
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| AS = Age standardised. a The Survey of Disability Ageing and Carers (SDAC) does not survey people in very remote areas. b Data reported elsewhere for ‘older’ Aboriginal and Torres Strait Islander people often include people aged 50 years and over. SDAC data were not available for the 50+ age grouping. |
| *Source*: Australian Bureau of Statistics (ABS) (unpublished) *Survey of Disability, Ageing and Carers, 2012.* |
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##### Potential population

The potential population is an estimate, derived using a range of data sources, of the number of people with the potential to require disability support services, including individuals who meet the service eligibility criteria but who do not demand services. Results are reported as rates, which are the proportion of potential service users that are actually using the service. This allows better comparison between people in special needs groups with people outside those groups. For open employment services, the potential population is not used; instead, an estimate of all people aged 15–64 years with disability and who have an employment restriction is used.

Updated source data used in the calculation of the potential population were available for the 2015 Report. The potential population has been recalculated based on data from the 2012 SDAC and 2011 Census, and has been backcast to the 2008‑09 year. New Aboriginal and Torres Strait Islander potential population estimates have been calculated for people aged 0–49 using new 2011 Census‑based Indigenous Population Projections (previously calculated using 2006 Census‑based Indigenous Population Projections) and backcast to the 2008‑09 year. Further information on deriving potential populations for special needs groups for the 2015 Report can be found in sections 14.6 and 14.7.

#### Informal carers

Family and friends provide most help and/or care to people with disability. Information about informal carers enables governments to plan ahead for the future demand for services that support carers and the people they assist. Support services that assist people with disability to live in the community, such as in‑home accommodation support and community support, often complement and are contingent on the availability of informal care. In turn, the provision of informal care may rely on access to formal support services, including carer respite services and a range of services for the person with disability.

Information on informal carers is available from the SDAC and for NDA service users from the DS NMDS. The definition of informal carers differs slightly across these data collections as:

* the SDAC defines an informal primary carer as 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)
* the DS NMDS defines an informal carer as someone, such as a family member, friend or neighbour, who is identified as providing regular and sustained care and assistance to a person with disability (see section 14.7 for further details). Informal carers who provide assistance with core activities (self care, mobility and communication) are defined as primary carers.

An estimated 576 400 informal primary carers aged 15–64 years provided the majority of assistance with self care, mobility and communication for people with disability, including older people, in 2012 (ABS 2013). This is similar to 2009, when there were 575 500 informal primary carers aged 15–64 years (ABS 2011a). Of 299 945 people with disability who accessed NDA specialist disability services in 2012‑13, 44.3 per cent reported having an informal carer and 32.2 per cent reported having an informal carer who was a primary carer (figure 14.3).

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| Figure 14.3 Users of NDA specialist disability services, by whether they had an informal carer and geographic location, 2012‑13**a, b, c, d** |
| |  | | --- | | Figure 14.3 Users of NDA specialist disability services, by whether they had an informal carer and geographic location, 2012-13  More details can be found within the text surrounding this image. | |
| a Total includes data for service users whose location was not collected/identified. b Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data 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. d Percentages of informal carer categories are affected by the levels of unknown responses. For example, for Australia, 31 per cent of all users with a known response had no informal carer, compared with 20 per cent of all users. Similarly, 56 per cent of all users where primary carer status was known had an informal carer who was a primary carer, compared with 32 per cent in this figure . High levels of not stated responses are mainly for users of open employment services, for whom 83 per cent had not stated informal carer status. |
| *Source*: Australian Institute of Health and Welfare (AIHW) (unpublished) *DS NMDS 2012‑13*; table 14A.2. |
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Figure 14.4 shows the proportions of informal primary carers who are in different age groups, by location.

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| Figure 14.4 Age distribution of primary carers of people accessing NDA specialist disability services, by location, 2012‑13**a, b, c** |
| |  | | --- | | Figure 14.4 Age distribution of primary carers of people accessing NDA specialist disability services, by location, 2012-13  More details can be found within the text surrounding this image. | |
| a Total includes data for service users whose location was not collected/identified. b Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data 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 (unpublished) *DS NMDS 2012‑13*; table 14A.4. |
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#### Use of NDA specialist disability services

In 2012‑13, 187 559 people were reported as using specialist disability services administered by State and Territory governments under the NDA (excluding service users who received specialist psychiatric disability services only). Nationally, this is 34.2 per cent of the estimated potential population (see sections 14.6 and 14.7 for information on how the potential population is defined) (figure 14.5).

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| Figure 14.5 Users of NDA specialist disability services administered by State and Territory governments as a proportion of the estimated potential population**a, b** |
| |  | | --- | | Figure 14.5 Users of NDA specialist disability services administered by State and Territory governments as a proportion of the estimated potential population  More details can be found within the text surrounding this image. | |
| a See sections 14.6 and 14.7 for information on how the potential population is defined. b Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished), *DS NMDS* 2009‑10 to 2012‑13*, CSTDA National Minimum Data Set (NMDS) 2008‑09*; AIHW analysis of the ABS *Estimated Resident Population June 2008–2012, ABS Census of Population and Housing 2006 and 2011* and the ABS *Survey of Disability, Ageing and Carers 2009 and 2012,* table 14A.15. |
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Service user numbers varied across service types. Accommodation support (35 561 users), community access (47 721 users), community support (138 695 users) and respite services (35 652 users) reported a combined total of 187 559 users (table 14A.15) and employment services reported a total of 129 698 users, in 2012‑13 (figure 14.6).

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| Figure 14.6 Users of NDA specialist disability services, by service type**a, b** |
| |  | | --- | | Figure 14.6 Users of NDA specialist disability services, by service type  More details can be found within the text surrounding this image. | |
| a Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on data quality issues. b See table 14A.15 for detailed notes relating to these data. |
| *Source*: AIHW (unpublished), *DS NMDS 2009‑10 to 2012‑13*, *CSTDA National Minimum Data Set (NMDS) 2008‑09*; AIHW analysis of the ABS *Estimated Resident Population June 2008–2012, ABS Census of Population and Housing 2006 and 2011* and the ABS *Survey of Disability, Ageing and Carers 2009 and 2012*; table 14A.15. |
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In 2012‑13, the most commonly reported disability of NDA service users was an intellectual disability (33.7 per cent of service users, including 28.0 per cent who reported it as their primary disability) (figure 14.7).

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| Figure 14.7 NDA specialist disability service users, by disability group, 2012‑13**a, b** |
| |  | | --- | | Figure 14.7 NDA specialist disability service users, by disability group, 2012-13  More details can be found within the text surrounding this image. | |
| DL = Delayed development; Intellect = Intellectual disability; SL = Specific learning; ABI = Acquired brain injury; DB = Deafblind; Psych = Psychiatric; Neuro = Neurological. a Data need to be interpreted with care due to factors affecting data quality. b See tables 14A.16‑17 for detailed notes relating to these data. |
| *Source*: AIHW (unpublished) *DS NMDS*; tables 14A.16‑17. |
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#### Basic Community Care

BCC services are provided under the NDA to assist people with disability to live independently and to actively participate and engage in their community. BCC services include basic maintenance and support services, including allied health care, assessment, case management and client care coordination, centre‑based day care, counselling, support, information and advocacy, domestic assistance, home maintenance, nursing, personal care and respite care, social support, meals, home modification, linen service, goods and equipment, and transport.

States and Territories have full financial and operational responsibility for BCC services for people with disability aged under 65 years (and Aboriginal and Torres Strait Islander people aged under 50 years). Similar services for older people are funded and delivered through the Australian Government Commonwealth Home and Community Care (HACC) program (except in Victoria and WA, where it is a joint Australian and State government program administered under the *Home and Community Care Review Agreement 2007)*. Further information on these services can be found in sector overview F.

Nationally in 2013‑14, 217 427 people under the age of 65 years (and Aboriginal and Torres Strait Islander people under the age of 50 years) received BCC services (table 14.1).

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| Table 14.1 Number of people receiving BCC services aged under 65 years and Aboriginal and Torres Strait Islander people aged under 50 years, 2013‑14**a, b, c, d** |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Aboriginal and Torres Strait Islander people aged 49 years and under | 5 106 | 1 075 | 1 425 | 552 | 729 | 132 | 78 | 139 | 9 236 | | * 1. People born in  non‑English speaking countries aged 64 years and under | 7 295 | 10 301 | 2 159 | 1 236 | 1 708 | 182 | 627 | 21 | 23 529 | | * 1. All people aged 64 years and under and Aboriginal and Torres Strait Islander people aged 49 years and under | 61 939 | 73 861 | 37 028 | 13 881 | 20 536 | 5 619 | 4 319 | 244 | 217 427 | |
| a The proportion of Basic Community Care (BCC) clients with an unknown or invalid date of birth differed across jurisdictions and ranged from zero per cent to 1.2 per cent. Nationally, the proportion of BCC clients with an unknown or invalid date of birth was 0.3 per cent. b The proportion of BCC clients aged 49 years and under with unknown Indigenous status differed across jurisdictions and ranged from 0.6 per cent to 10.8 per cent. Nationally, the proportion of BCC clients aged 49 years and under with an unknown Indigenous status was 7.6 per cent. c The proportion of BCC clients aged 64 years and under with unknown country of birth differed across jurisdictions and ranged from 0.8 per cent to 7.8 per cent. Nationally, the proportion of BCC clients aged 64 years and under with an unknown country of birth was 5.1 per cent. d The proportion of BCC funded agencies that submitted Home and Community Care Minimum Data Set *(*HACC MDS) data differed across jurisdictions and ranged from 75 per cent to 100 per cent. |
| *Source*: DSS (unpublished) *HACC MDS 2013‑14*.; table 14A.160. |
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Data on BCC services received by people aged under 65 years and Aboriginal and Torres Strait Islander people aged under 50 years are also available by geographical location (tables 14A.154−159).

## 14.2 Framework of performance indicators

The performance framework and related indicators reflect governments’ shared objectives and priorities under the NDA (box 14.6).

The Council of Australian Governments (COAG) has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see chapter 1 for more detail on reforms to federal financial relations).

The NDA covers the area of disability services and includes sets of performance indicators. Performance indicators reported in this chapter are aligned with performance indicators in the NDA where relevant.

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| Box 14.6 Objectives of government funded services for people with disability |
| The long‑term objective under the NDA is that:  People with disability and their carers have an enhanced quality of life and participate as valued members of the community.  All aspects of the NDA contribute to or measure progress towards this objective. The objective is enhanced by three specific outcomes as well as a set of revised priority reform areas (outlined in box 14.1). The outcomes are that:   * people with disability achieve economic participation and social inclusion * people with disability enjoy choice, wellbeing and the opportunity to live as independently as possible * families and carers are well supported.   In support of the agreed NDA outcomes, governments will contribute to the following outputs:   * services that provide skills and support to people with disability to enable them to live as independently as possible * services that assist people with disability to live in stable and sustainable living arrangements * income support for people with disability and their carers * services that assist families and carers in their caring role |
| *Source*:COAG (2012). |
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The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes outputs and outcomes of government funded services for people with disability (figure 14.8). The performance indicator framework shows which data are comparable in the 2015 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability and data completeness from a Report‑wide perspective (see section 1.6).

The Report’s statistical context chapter 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) (chapter 2).

DQI is being progressively introduced for all indicators in the Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators. DQI in this Report cover the seven dimensions in the ABS’ data quality framework (institutional environment, relevance, timeliness, accuracy, coherence, accessibility and interpretability) in addition to dimensions that define and describe performance indicators in a consistent manner, and note key data gaps and issues identified by the Steering Committee. All DQI for the 2015 Report can be found at www.pc.gov.au/rogs/2015.

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| Figure 14.8 Services for people with disability performance indicator framework |
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## 14.3 Key performance indicator results

The performance indicator results reported in this chapter relate to NDA specialist disability services. These data were sourced from the DS NMDS collection, which is managed by Australian, State and Territory governments at the service and jurisdictional level, and by the Australian Institute of Health and Welfare (AIHW) at the national level. Under the NDA, governments have committed to the ongoing improvement, and provision, of data for the DS NMDS.

When considering the performance indicator results derived from service user data, comparisons across jurisdictions and over years should be undertaken with care. While the implementation of the DS NMDS continues to improve, data quality and comparability remains affected by a number of factors, including differences across jurisdictions and over time in:

* the participation of service users and service outlets in the collection and in the ‘not stated’ response rates of particular data items (see section 14.6 for further details)
* the interpretation of DS NMDS service definitions (for example, the target group for services classified as ‘early intervention’ can differ)
* in whether particular activities are defined as specialist disability services or are funded under other programs.

### Outputs

Outputs are the 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

##### Access to NDA specialist disability services

‘Access to NDA specialist disability services’ is an indicator of governments’ objective to provide access to government funded services, including specialist disability services, on the basis of relative need and available resources. Measures of services are reported for accommodation support, community support, community access, respite services and employment services (open and supported) (box 14.7).

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| Box 14.7 Access to National Disability Agreement specialist disability services |
| ‘Access to NDA specialist disability services’ is defined as the number of people using a particular NDA specialist disability service divided by the ‘potential population’ for that service. The potential population is an estimate of the number of people with the potential to require specialist disability services at some time.  Updatedsource data used in the calculation of the potential population has created a break in series for this Report. The potential population has been recalculated based on data from the 2012 SDAC and 2011 Census and has been backcast to the 2008‑09 year to provide a consistent time series. See details in sections 14.6 and 14.7.  The potential population is the number of people aged 0–64 years (and Aboriginal and Torres Strait Islander people aged 0–49 years) who are most appropriately supported by disability services, require ongoing and/or long‑term episodic support, have a permanent or chronic impairment, and who have a substantially reduced capacity in one or more core activities. For respite services, only those people with a primary carer are included. For supported employment services, only the potential population aged 15–64 years participating in the labour force are included. For open employment services, the potential population is not used; instead, an estimate of all people aged 15–64 years with a disability and who have an employment restriction is used.  The numerator of an access measure is service users of all ages, unlike NDA reporting, where the numerator excludes users aged 65 years and over.  A high or increasing proportion of the relevant estimated potential population using a particular NDA service suggests greater access to that service.  Not all people in the estimated potential population will need the service or seek to access the service in the relevant period. In addition, 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.  Data reported for this measure are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2012‑13 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2015. |
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Nationally, 6.5 per cent of the estimated potential population were using NDA accommodation support services in 2012‑13 (figure 14.9).

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| Figure 14.9 Users of NDA accommodation support services as a proportion of the estimated potential population**a, b** |
| Figure 14.9 Users of NDA accommodation support services as a proportion of the estimated potential population  More details can be found within the text surrounding this image. |
| a See table 14A.18 for detailed notes relating to service user data. See sections 14.6 and 14.7 for information on how the potential population is defined. b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished) *DS NMDS 2009‑10 to 2012‑13*, *CSTDA National Minimum Data Set* (NMDS) 2008‑09; AIHW analysis of the ABS *Estimated Resident Population June 2008–2012, ABS Census of Population and Housing 2006 and 2011* and the ABS *Survey of Disability, Ageing and Carers 2009 and 2012*; table 14A.18. |
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Nationally, 25.3 per cent of the estimated potential population were using NDA community support in 2012‑13 (figure 14.10).

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| Figure 14.10 Users of NDA community support services as a proportion of the estimated potential population**a, b, c, d** |
| |  | | --- | | Figure 14.10 Users of NDA community support services as a proportion of the estimated potential population  More details can be found within the text surrounding this image. | |
| a See table 14A.19 for detailed notes relating to service user data. b See section sections 14.6 and 14.7 for information on how the potential population is defined. c Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. d For Victoria, additional agencies reporting clients and the change of data capturing for the Individualised Support Packages under the community support category resulted in an increase in the count of service users in 2008‑09. |
| *Source*: AIHW (unpublished), *DS NMDS 2009‑10 to 2012‑13*, C*STDA National Minimum Data Set (NMDS) 2008‑09*; AIHW analysis of the ABS *Estimated Resident Population June 2008–2012, ABS Census of Population and Housing 2006 and 2011* and the ABS *Survey of Disability, Ageing and Carers 2009 and 2012*; table 14A.19. |
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Nationally, 8.7 per cent of the estimated potential population were using NDA community access services in 2012‑13 (figure 14.11).

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| Figure 14.11 Users of NDA community access services as a proportion of the estimated potential population**a, b, c, d** |
| |  | | --- | | Figure 14.11 Users of NDA community access services as a proportion of the estimated potential population  More details can be found within the text surrounding this image. | |
| a See table 14A.20 for detailed notes relating to these data. b See sections 14.6 and 14.7 for information on how the potential population is defined. c Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on data quality issues. d As part of an output structure review in Victoria, an activity that was previously classified under community access was amalgamated under community support from 2012‑13 onwards. |
| *Source*: AIHW (unpublished), *DS NMDS 2009‑10 to 2012‑13*, *CSTDA National Minimum Data Set (NMDS)* *2008‑09*; AIHW analysis of the ABS *Estimated Resident Population June 2008–2012, ABS Census of Population and Housing 2006 and 2011* and the ABS *Survey of Disability, Ageing and Carers 2009 and 2012*; table 14A.20. |
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Nationally, 16.4 per cent of the estimated potential population who reported having a primary carer were using NDA respite services in 2012‑13 (figure 14.12).

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| Figure 14.12 Users of NDA respite services as a proportion of the estimated potential population for respite services**a, b, c** |
| |  | | --- | | Figure 14.12 Users of NDA respite services as a proportion of the estimated potential population for respite services  More details can be found within the text surrounding this image. | |
| a See table 14A.21 for detailed notes relating to these data. b See sections 14.6 and 14.7 for information on how the potential population is defined. c Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished), *DS NMDS 2009‑10 to 2012‑13*, *CSTDA National Minimum Data Set (NMDS) 2008‑09*; AIHW analysis of the ABS *Estimated Resident Population June 2008–2012, ABS Census of Population and Housing 2006 and 2011* and the ABS *Survey of Disability, Ageing and Carers 2009 and 2012*; table 14A.21. |
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Nationally in 2012‑13, 7.3 per cent of people aged 15–64 years with disability with an employment restriction were using NDA open employment services (Employment Support Services) (figure 14.13).

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| Figure 14.13 Users of NDA open employment services (Employment Support Services) (aged 15–64 years) as a proportion of the estimated number of people with an employment restriction**a, b** |
| |  | | --- | | Figure 14.13 Users of NDA open employment services (Employment Support Services) (aged 15–64 years) as a proportion of the estimated number of people with an employment restriction  More details can be found within the text surrounding this image. | |
| a See table 14A.22 for detailed notes relating to these data. b See section 14.7 for further information on employment services. |
| *Source*: AIHW (unpublished), *DS NMDS 2009‑10 to 2012‑13*, *CSTDA National Minimum Data Set (NMDS) 2008‑09*; AIHW analysis of the ABS *Estimated Resident Population June 2008–2012, ABS Census of Population and Housing 2006 and 2011* and the ABS *Survey of Disability, Ageing and Carers 2009 and 2012*; table 14A.22. |
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Nationally in 2012‑13, 8.4 per cent of people aged 15–64 years with disability with an employment restriction were using NDA open employment services (Disability Management Services) (figure 14.14).

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| Figure 14.14 Users of NDA open employment services (Disability Management Services) (aged 15–64 years) as a proportion of the estimated number of people with an employment restrictiona, b |
| |  | | --- | | Figure 14.14 Users of NDA open employment services (Disability Management Services) (aged 15–64 years) as a proportion of the estimated number of people with an employment restriction  More details can be found within the text surrounding this image. | |
| a See table 14A.23 for detailed notes relating to these data. b See section 14.7 for further information on employment services. |
| *Source*: AIHW (unpublished), *DS NMDS 2010‑11 to 2012‑13*, DEEWR (unpublished) *administrative IT system 2011‑12*, DSS (unpublished) *administrative IT system 2012‑13*, AIHW analysis of the ABS *Estimated Resident Population June 2010–2012, ABS Census of Population and Housing 2006 and 2011* and the ABS *Survey of Disability, Ageing and Carers 2009 and 2012*; table 14A.23. |
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Nationally in 2012‑13, the number of people with disability who used NDA supported employment services as a proportion of the potential population (aged 15–64 years) was 7.5 per cent (figure 14.15).

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| Figure 14.15 Users of NDA supported employment services/Australian Disability Enterprises (aged 15–64 years) as a proportion of the total estimated potential population for supported employment services**a, b** |
| |  | | --- | | Figure 14.15 Users of NDA supported employment services/Australian Disability Enterprises (aged 15–64 years) as a proportion of the total estimated potential population for supported employment services  More details can be found within the text surrounding this image. | |
| a See table 14A.24 for detailed notes relating to these data. b See 14.7 for further information on employment services. |
| *Source*: AIHW (unpublished), *DS NMDS 2009‑10 to 2012‑13*, *CSTDA National Minimum Data Set (NMDS) 2008‑09*; AIHW analysis of the ABS *Estimated Resident Population June 2008–2012, ABS Census of Population and Housing 2006 and 2011* and the ABS *Survey of Disability, Ageing and Carers 2009 and 2012*; table 14A.24. |
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##### Service use by severity of disability

‘Service use by severity of disability’ is an indicator of governments’ objective to use available resources to provide services to people on the basis of relative need, where need for services is assumed to vary according to the need for help with the activities of daily living (ADL) and for help with activities of independent living (AIL) or activities of work, education and community living (AWEC) (box 14.8). This indicator provides additional information for interpreting the access to NDA services measures reported.

Data on the need for assistance are derived using information on the level of support needed in one or more of the following support areas:

* ADL — self care, mobility, and communication (the core support areas) (conceptually comparable to people who have a profound or severe core activity limitation)
* AIL — interpersonal interactions and relationships, learning, applying knowledge and general tasks and demands; and domestic life
* AWEC — education, community (civic) and economic life; and work.

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| Box 14.8 Service use by severity of disability |
| ‘Service use by severity of disability’ is defined as the proportion of people who access National Disability Agreement (NDA) specialist disability services, by need for help with activities of daily living (ADL) or activities of independent living (AIL), or activities of work, education and community living (AWEC). Four categories are reported:   * need help with ADL * need help with AIL or AWEC but not ADL * does not need assistance or information on ADL, AIL or AWEC * not stated/collected.   Measures are reported for accommodation support, community support, community access, respite and employment services.  A high or increasing proportion of people using a particular service type who need help with ADL suggests greater access 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 based on relative need taking into account access to other formal and informal support. The need for services is assumed to vary according to the need for help with ADL, or AIL, or AWEC. Data on ADL, AIL and AWEC are self/carer identified, not based on formal clinical assessments of individual limitations. Other factors may also be important in determining relative need, such as the complexity of a service user’s needs in other activity areas.  Data reported for this measure are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2012‑13 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2015. |
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Nationally, in 2012‑13:

* 83.5 per cent of users of NDA accommodation support services needed help with ADL, 10.1 per cent required assistance with AIL or AWEC but not with ADL, 1.7 per cent did not report need for any assistance in major life areas and for 4.7 per cent information on need for assistance was not collected/not stated (figure 14.16a)
* 71.6 per cent of users of NDA community support services needed help with ADL, 6.6 per cent required assistance with AIL or AWEC but not with ADL, 2.1 per cent did not report need for any assistance in major life areas and for 19.7 per cent information on need for assistance was not collected/not stated (figure 14.16b)
* 68.7 per cent of users of NDA community access services needed help with ADL, 9.0 per cent required assistance with AIL or AWEC but not with ADL, 3.8 per cent did not report need for any assistance in major life areas and for 18.5 per cent information on need for assistance was not collected/not stated (figure 14.16c)
* 82.0 per cent of users of NDA respite services needed help with ADL, 6.1 per cent required assistance with AIL or AWEC but not with ADL, 0.9 per cent did not report need for any assistance in major life areas and for 11.0 per cent information on need for assistance was not collected/not stated (figure 14.16d)
* 37.4 per cent of users of NDA open and supported employment services needed help with ADL, 25.6 per cent required assistance with AIL or AWEC but not with ADL, 10.1 per cent did not report need for any assistance in major life areas and for 26.9 per cent information on need for assistance was not collected/not stated (figure 14.16e).

Data on users of NDA specialist disability services for people aged 0–64 years as a proportion of the estimated potential population for 2007‑08 to 2012‑13 are also available (tables 14A.25, 14A.27, 14A.29, 14A.31, 14A.33). Tables on users of NDA employment services for people aged 15–64 years as a proportion of the estimated potential population for 2007‑08 to 2012‑13 are also available (14A.35‑36).

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| Figure 14.16 Users of NDA specialist disability services, by need for help with activities 2012‑13**a, b, c, d** |
| |  | | --- | | Figure 14.16 Users of NDA specialist disability services, by need for help with activities 2012-13  (a) Accommodation support  More details can be found within the text surrounding this image. Figure 14.16 Users of NDA specialist disability services, by need for help with activities 2012-13  (b) Community support  More details can be found within the text surrounding this image.  Figure 14.16 Users of NDA specialist disability services, by need for help with activities 2012-13  (c) Community access  More details can be found within the text surrounding this image. Figure 14.16 Users of NDA specialist disability services, by need for help with activities 2012-13  (d) Respite  More details can be found within the text surrounding this image.  Figure 14.16 Users of NDA specialist disability services, by need for help with activities 2012-13  (e) Employment  More details can be found within the text surrounding this image. Figure 14.16 Users of NDA specialist disability services, by need for help with activities 2012-13  Legend to figure  More details can be found within the text surrounding this image. | |
| a Need for help with ADL relates to the level of support needed in self care, mobility and communication. It does not necessarily relate to the level of support needed to find or maintain employment or with other activities. b See tables 14A.26, 14A.28, 14A.30, 14A.32 and 14A.34 for detailed notes about these data. c Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. d Need help with AIL or AWEC does not include people who also need help with ADL. |
| *Source*: AIHW (unpublished) *DS NMDS 2012‑13*; tables 14A.26, 14A.28, 14A.30, 14A.32 and 14A.34. |
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##### Service use by special needs groups

‘Service use by special needs groups’ is an indicator of governments’ objective that access to services should be equitable for all members of the community and provided on the basis of relative need (box 14.9). This indicator compares access for people from special needs groups with access for people from outside the special needs group.

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| Box 14.9 Service use by special needs groups |
| ‘Service use by special needs groups’ is defined by two measures:   * the proportion of service users per 1000 total population in a particular special needs group, compared with the proportion of service users per 1000 total population outside the special needs group * the proportion of service users per 1000 potential population in a particular special needs group, compared with the proportion of service users per 1000 potential population outside the special needs group.   Both measures are reported for accommodation support, community support, community access and employment services. For respite services, data are reported  per 1000 total population only, due to data limitations.  Data are reported for three special needs groups:   * people from outer regional and remote/very remote locations * people identified as Aboriginal and Torres Strait Islander Australians * people who were born in a non‑English speaking country.   For both measures, while a lower proportion can indicate reduced access for a special needs group, it can also represent strong alternative informal support networks (and a consequent lower level of otherwise unmet need), or a lower tendency of people in a special needs group to choose to access NDA specialist disability services. Similarly, a higher proportion can suggest poor service targeting, the lack of alternative informal support networks or a greater tendency of people in a special needs group to choose to access NDA specialist disability services. For the measure that compares access per 1000 population, significant differences in access can also reflect the special needs group having a higher/lower prevalence of disability.  This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted on the basis of relative need. The indicator does not take into account differences in 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, should be considered with care, because alternatives to government funded accommodation support services are likely to be more readily available in these areas.  (Continued next page) |
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| Box 14.9 (continued) |
| This is because 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.  Data reported for this measure are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2012‑13 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2015. |
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The numerators and denominators of these measures use different age groups. The numerators include service users of all ages. The denominators are based on specific age groups of people aged:

* under 65 years for accommodation support, community support, community access and respite services
* 15–64 years for employment services.

The measures of access per 1000 potential population should be interpreted with care, due to factors affecting data quality. Potential sources of error include:

* the existence of service users for whom special needs group status (for example, Indigenous status) is not stated or not collected — poor and/or inconsistent levels of identification across states and territories would affect comparisons
* the assumptions underlying the method used to derive the potential populations
* for the Aboriginal and Torres Strait Islander estimates, differential Census undercount across states and territories could introduce bias in the results.

Section 14.6 contains more detailed information on these quality issues.

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

Nationally in 2012‑13, the proportion of the outer regional and remote/very remote population who used NDA:

* accommodation support services was 1.7 service users per 1000 people, slightly lower than the proportion of the major cities and inner regional population who used these services (1.8 service users per 1000 people) (figure 14.17a). The proportion of the outer regional and remote/very remote potential population who used NDA accommodation support services (54.2 service users per 1000 potential population) was lower than that of the major cities and inner regional potential population who used these services (66.0 service users per 1000 potential population) (figure 14.18a).
* community support services was 7.0 service users per 1000 people, the same as the proportion of the major cities and inner regional population who used these services (7.0 service users per 1000 people) (figure 14.17b). The proportion of the outer regional and remote/very remote potential population who used NDA community support services (223.2 service users per 1000 potential population) was lower than the proportion of the major cities and inner regional potential population who used these services (253.1 service users per 1000 potential population) (figure 14.18b).
* community access services was 2.1 service users per 1000 people, lower than the proportion of the major cities and inner regional population who used these services (2.4 service users per 1000 people) (figure 14.17c). The proportion of the outer regional and remote/very remote potential population who used NDA community access services (67.7 service users per 1000 potential population) was lower than the proportion of the major cities and inner regional potential population who used these services (86.9 service users per 1000 potential population) (figure 14.18c).
* respite services was 1.8 service users per 1000 people, the same as the proportion of the major cities and inner regional population who used these services (1.8 service users per 1000 people) (figure 14.17d). Access to respite as a proportion of the potential population is not reported. Potential population data for respite services is not calculated at these levels because of conceptual, definitional and quality issues with carer data for special needs groups from the 2011 Census.

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| Figure 14.17 Users of State and Territory administered NDA specialist disability services per 1000 people, by geographic location, 2012‑13a**, b, c, d, e** |
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| a See tables 14A.37–40 for detailed notes relating to these data. b Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. c The ACT does not have outer regional or remote/very remote areas. d The NT does not have major cities and inner regional areas. eSome data for Tasmania, ACT and NT community access services are not published due to privacy reasons (see table 14A.39) though these data have been included. |
| *Source*: AIHW (unpublished) *DS NMDS 2012‑13*; AIHW (unpublished), AIHW analysis of the *ABS Estimated Resident Population June 2012*; tables 14A.37–40. |
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| Figure 14.18 Users of State and Territory administered NDA specialist disability services per 1000 potential population, by geographic location, 2012‑13**a, b, c, d, e** |
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| a See tables 14A.37–39 for detailed notes relating to these data. b See sections 14.6 and 14.7 for information on how the potential population is defined. c Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. d The ACT does not have outer regional or remote/very remote areas. e Some data for Tasmania, ACT and NT community access services are not published due to privacy reasons (see table 14A.39) though these data have been included in this figure. |
| *Source*:AIHW (unpublished) *DS NMDS 2012‑13*; AIHW (unpublished), AIHW analysis of the *ABS Estimated Resident Population June 2012*, *ABS Census of Population and Housing 2011* and the ABS *Survey of Disability, Ageing and Carers 2012*; tables 14A.37–39. |
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Nationally in 2012‑13, the proportion of the outer regional and remote/very remote population who used NDA employment services (8.9 service users per 1000 population) was higher than that of the major cities and inner regional population (8.5 service users per 1000 population) (figure 14.19). The proportion of the outer regional and remote/very remote potential population who used NDA employment services (406.3 service users per 1000 potential population) was lower than that of the major cities and inner regional potential population (460.0 service users per 1000 potential population) (figure 14.19).

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| Figure 14.19 Users of NDA employment services, by geographic location, 2012‑13**a, b, c** |
| Figure 14.19 Users of NDA employment services, by geographic location, 2012-13  Users/1000 people  More details can be found within the text surrounding this image. Figure 14.19 Users of NDA employment services, by geographic location, 2012-13  Users/1000 potential population  More details can be found within the text surrounding this image. Figure 14.19 Users of NDA employment services, by geographic location, 2012-13  Legend to figure  More details can be found within the text surrounding this image. |
| a See table 14A.41 for detailed notes relating to these data. b The ACT does not have outer regional and remote/very remote areas. c The NT does not have major cities and inner regional areas. |
| *Source*: AIHW (unpublished) *DS NMDS 2012‑13*; AIHW (unpublished), AIHW analysis of the *ABS Estimated Resident Population June 2012*, *ABS Census of Population and Housing 2011* and the *ABS* *Survey of Disability, Ageing and Carers 2012;* table 14A.41. |
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##### Service use by special needs groups — Aboriginal and Torres Strait Islander people

Nationally in 2012‑13, the proportion of the Aboriginal and Torres Strait Islander population who used NDA:

* accommodation support services was 3.0 service users per 1000 people, higher than the proportion of the non‑Indigenous population who used these services (1.8 service users per 1000 people) (figure 14.20a). The proportion of the Aboriginal and Torres Strait Islander potential population who used NDA accommodation support services (51.3 service users per 1000 potential population) was slightly lower than the   
  non‑Indigenous potential population who used these services (65.0 service users per 1000 potential population) (figure 14.21a)
* community support services was 14.3 service users per 1000 people, higher than the proportion of the non‑Indigenous population who used these services (6.6 service users per 1000 people) (figure 14.20b). The proportion of the Aboriginal and Torres Strait Islander potential population who used NDA community support services (248.0 service users per 1000 potential population) was higher than the proportion of the non‑Indigenous potential population who used these services (244.2 service users per 1000 potential population) (figure 14.21b)
* community access services was 3.2 service users per 1000 people, higher than the proportion of the non‑Indigenous population who used these services (2.3 service users per 1000 people) (figure 14.20c). The proportion of the Aboriginal and Torres Strait Islander potential population who used NDA community access services (54.8 service users per 1000 potential population) was lower than the proportion of the   
  non‑Indigenous potential population who used these services (84.2 service users per 1000 potential population) (figure 14.21c)
* respite services was 3.0 users per 1000 people, higher than the proportion of the   
  non‑Indigenous population who used these services (1.7 service users per 1000 people) (figure 14.20d). Access to respite as a proportion of the potential population is not reported. Potential population data for respite services is not calculated at these levels because of conceptual, definitional and quality issues with carer data for the special needs groups from the 2011 Census.

Data on users of NDA specialist disability support services as a proportion of the Aboriginal and Torres Strait Islander estimated potential population for 2008‑09 to   
2012‑13 are also available (tables 14A.42–46).

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| Figure 14.20 Users of State and Territory administered NDA specialist disability services per 1000 people, by Indigenous status, 2012‑13**a, b** |
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| a See tables 14A.43–46 for detailed notes relating to these data. b Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished) *DS NMDS 2012‑13*; AIHW (unpublished), AIHW analysis of the *ABS Estimated Resident Population June 2012*, *ABS Census of Population and Housing 2011* and the *ABS* *Survey of Disability, Ageing and Carers 2012;* tables 14A.43–46. |
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| Figure 14.21 Users of State and Territory administered NDA specialist disability services per 1000 potential population, by Indigenous status, 2012‑13**a, b, c** |
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| a See tables 14A.43–45 for detailed notes relating to these data. b See sections 14.6 and 14.7 for information on how the potential population is defined. c Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished) *DS NMDS 2012‑13*; AIHW (unpublished), AIHW analysis of the *ABS Estimated Resident Population June 2012*, *ABS Census of Population and Housing 2011* and the *ABS* *Survey of Disability, Ageing and Carers 2012;* tables14A.43–45. |
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Nationally in 2012‑13, the proportion of the Aboriginal and Torres Strait Islander population who used NDA employment services (14.4 service users per 1000 population) was higher than that of the non‑Indigenous population (8.4 service users per 1000 population) (figure 14.22). The proportion of the Aboriginal and Torres Strait Islander potential population who used NDA employment services (328.0 service users per 1000 potential population) was lower than that of the non‑Indigenous potential population (444.4 service users per 1000 potential population) (figure 14.22).

Data on users of NDA open and supported employment services as a proportion of the Aboriginal and Torres Strait Islander estimated potential population are also available disaggregated by age (tables 14A.48−50), from 2008‑09 to 2012‑13 for open (ESS) and supported (SES) services and from 2010‑11 to 2012‑13 for open (DMS) employment services.

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| Figure 14.22 Users of NDA employment services, by Indigenous status, 2012‑13**a, b, c** |
| Figure 14.22 Users of NDA employment services, by Indigenous status, 2012-13  Users/1000 people  More details can be found within the text surrounding this image. Figure 14.22 Users of NDA employment services, by Indigenous status, 2012-13  Users/1000 potential population  More details can be found within the text surrounding this image. Figure 14.22 Users of NDA employment services, by Indigenous status, 2012-13  Legend to figure  More details can be found within the text surrounding this image. |
| a See table 14A.47 or detailed notes relating to these data. b See sections 14.6 and 14.7 for information on how the potential population is defined. c Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished) *DS NMDS 2012‑13*; AIHW (unpublished), AIHW analysis of the *ABS Estimated Resident Population June 2012*, *ABS Census of Population and Housing 2011* and the *ABS* *Survey of Disability, Ageing and Carers 2012*; table 14A.47. |
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##### Service use by special needs groups — people born in a non‑English speaking country

Nationally in 2012‑13, the proportion of people born in a non‑English speaking country who used NDA:

* accommodation support services was 0.4 users per 1000 people, lower than the proportion of people born in an English speaking country (2.1 service users per 1000 people) (figure 14.23a). The proportion of the potential population born in a   
  non‑English speaking country who used NDA accommodation support services (24.3 users per 1000 potential population) was lower than the proportion of people born in an English speaking country who used these services (68.6 service users per 1000 potential population) (figure 14.24a)
* community support services was 2.0 service users per 1000 people, lower than the proportion of people born in an English speaking country who used these services (7.7 service users per 1000 people) (figure 14.23b). The proportion of the potential population born in a non‑English speaking country who used community support services (111.2 service users per 1000 potential population) was lower than the proportion of people born in an English speaking country who used these services (257.8 service users per 1000 potential population) (figure 14.24b)
* community access services was 0.9 users per 1000 people, lower than the proportion of people born in an English speaking country who used these services (2.5 service users per 1000 people) (figure 14.23c). The proportion of the potential population born in a non‑English speaking country who used community access services (48.7 service users per 1000 potential population) was lower than the proportion of people born in an English speaking country who used these services (84.6 service users per 1000 population) (figure 14.24c)
* respite services was 0.5 service users per 1000 people, lower than the proportion of people born in an English speaking country who used these services (2.0 service users per 1000 people) (figure 14.23d). Access to respite as a proportion of the potential population is not reported. Potential population data for respite services is not calculated at these levels because of conceptual, definitional and quality issues with carer data for the special needs groups from the 2011 Census.

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| Figure 14.23 Users of State and Territory administered NDA specialist disability services per 1000 people (aged 0–64 years), by country of birth, 2012‑13**a, b** |
| |  | | --- | | Figure 14.23 Users of State and Territory administered NDA specialist disability services per 1000 people (aged 0–64 years), by country of birth, 2012-13  (a) Accommodation support  More details can be found within the text surrounding this image. Figure 14.23 Users of State and Territory administered NDA specialist disability services per 1000 people (aged 0–64 years), by country of birth, 2012-13  (b) Community support  More details can be found within the text surrounding this image. | | Figure 14.23 Users of State and Territory administered NDA specialist disability services per 1000 people (aged 0–64 years), by country of birth, 2012-13  (c) Community access  More details can be found within the text surrounding this image. Figure 14.23 Users of State and Territory administered NDA specialist disability services per 1000 people (aged 0–64 years), by country of birth, 2012-13  (d) Respite  More details can be found within the text surrounding this image. |   Figure 14.23 Users of State and Territory administered NDA specialist disability services per 1000 people (aged 0–64 years), by country of birth, 2012-13  Legend to figure  More details can be found within the text surrounding this image. |
| a See tables 14A.51–54 for detailed notes relating to these data. b Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished), *DS NMDS 2012‑13*, AIHW (unpublished), AIHW analysis of the *ABS Estimated Resident Population June 2012*, *ABS Census of Population and Housing 2011* and the *ABS* *Survey of Disability, Ageing and Carers 2012*; tables 14A.51–54. |
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| Figure 14.24 Users of State and Territory administered NDA specialist disability services per 1000 potential population, by country of birth, 2012‑13**a, b, c** |
| |  | | --- | | Figure 14.24 Users of State and Territory administered NDA specialist disability services per 1000 potential population, by country of birth, 2012-13  (a) Accommodation support  More details can be found within the text surrounding this image. Figure 14.24 Users of State and Territory administered NDA specialist disability services per 1000 potential population, by country of birth, 2012-13  (b) Community support  More details can be found within the text surrounding this image. | | Figure 14.24 Users of State and Territory administered NDA specialist disability services per 1000 potential population, by country of birth, 2012-13  (c) Community access  More details can be found within the text surrounding this image. | | Figure 14.24 Users of State and Territory administered NDA specialist disability services per 1000 potential population, by country of birth, 2012-13  Legend to figure  More details can be found within the text surrounding this image. | |
| a See tables 14A.51–53 for detailed notes relating to these data. b See sections 14.6 and 14.7 for information on how the potential population is defined. c Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished) *DS NMDS 2012‑13*; AIHW (unpublished), AIHW analysis of the *ABS Estimated Resident Population June 2012*, *ABS Census of Population and Housing 2011* and the *ABS* *Survey of Disability, Ageing and Carers 2012*; tables 14A.51–53. |
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Nationally in 2012‑13, the proportion of people born in a non‑English speaking country who used NDA employment services (6.0 service users per 1000 population) was lower than that of people born in an English speaking country (9.1 service users per 1000 population) (figure 14.25). The proportion of the potential population of people born in a non‑English speaking country who used NDA employment services (440.2 service users per 1000 potential population) was lower than that of the potential population of people born in an English speaking country (453.5 service users per 1000 potential population) (figure 14.25).

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| Figure 14.25 Users of NDA employment services, by country of birth,  2012‑13**a, b, c** |
| Figure 14.25 Users of NDA employment services, by country of birth, 2012-13  Users/1000 people  More details can be found within the text surrounding this image. Figure 14.25 Users of NDA employment services, by country of birth, 2012-13  Users/1000 potential population  More details can be found within the text surrounding this image.  Figure 14.25 Users of NDA employment services, by country of birth, 2012-13  Legend to figure   More details can be found within the text surrounding this image. |
| a See table 14A.55 for detailed notes relating to these data. b See sections 14.6 and 14.7 for information on how the potential population is defined. c Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished) *DS NMDS*; AIHW (unpublished), AIHW analysis of the *ABS Estimated Resident Population June 2012*, *ABS Census of Population and Housing 2011* and the *ABS* *Survey of Disability, Ageing and Carers 2012*; table 14A.55. |
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##### Access to community accommodation and care services

‘Access to community accommodation and care services’ is an indicator of governments’ objective to assist people with disability to live as valued and participating members of the community (box 14.10). Governments provide or fund accommodation support services to people with 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 services provided in other community settings are attendant care/personal care, in home accommodation support, alternative family placement and other accommodation support.

State and Territory governments generally seek to provide accommodation support services to people with disability to enhance opportunities for people with disability to be involved in their community.

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| Box 14.10 Access to community accommodation and care services |
| ‘Access to community accommodation and care services’ is defined as the number of people using a NDA community accommodation and care service divided by the total number of people using NDA accommodation support services (excluding people who use specialist psychiatric disability services only).  A higher or increasing proportion of people accessing NDA community accommodation and care services might provide better opportunities for people with disability (who need accommodation support) to be involved in their community.  NDA specialist disability 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 on the basis of relative need.  Data reported for this measure are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2012‑13 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2015. |
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Nationally, 91.0 per cent of users of NDA accommodation support services received community accommodation and care services in 2012‑13 (figure 14.26).

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| Figure 14.26 Users of community accommodation and care services as a proportion of all NDA accommodation support service users**a, b** |
| |  | | --- | | Figure 14.26 Users of community accommodation and care services as a proportion of all NDA accommodation support service users  More details can be found within the text surrounding this image. | |
| a See table 14A.59 for detailed notes relating to these data. b Data need to be interpreted with care due to factors affecting data quality. Section 14.6 contains further information on data quality issues. |
| *Source*: AIHW (unpublished) *DS NMDS 2012‑13*; table 14A.59. |
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##### Assistance for younger people with disability in, or at risk of entering, residential aged care

‘Assistance for younger people with disability in, or at risk of entering, residential aged care’ is an indicator of governments’ objective to provide access to services to people with disability that are appropriate to their needs (box 14.11).

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| Box 14.11 Assistance for younger people with disability in, or at risk of entering, residential aged care |
| ‘Assistance for younger people in, or at risk of entering, residential aged care’ is defined by two measures:   * the percentage change in numbers of younger people in residential aged care * the percentage change in numbers of younger people admitted to residential aged care.   This indicator is considered relevant to disability service provision because, under the National Disability Agreement (NDA), all governments have agreed to maintain innovative and flexible support models for people with high and complex needs, including options for younger people in, or at risk of entry to, residential aged care.  In 2006, all governments jointly funded a five‑year Younger People in Residential Aged Care (YPIRAC) initiative to reduce the number of younger people with disability living in or at risk of entering residential aged care. The proportion of service users in the YPIRAC initiative, who achieved program objective, was included in the 2013 Report and earlier editions.  In 2011, the Australian Government funding for the YPIRAC program was rolled into the base National Disability Specific Purpose Payment funding provided to the State and Territory governments for specialist disability services for the NDA. The YPIRAC initiative ended on 30 June 2011 and data for the program are no longer collected. However, there are still younger people living in residential aged care and the YPIRAC initiative objectives remain as agreed in the previous bilateral agreements. Data on these younger people are reported against this indicator.  Data reported for these measures are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2013‑14 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2015. |
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Nationally on 30 June 2014, there were 587 people under the age of 50 years living in permanent residential aged care (table 14A.60). This is a 41.7 per cent decrease on the number of people under the age of 50 years living in permanent residential aged care on 30 June 2006 (figure 14.27).

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| Figure 14.27 Younger people in residential aged care, percentage change in numbers between 2006 and 2014, by age group**a, b, c** |
| |  | | --- | | Figure 14.27 Younger people in residential aged care, percentage change in numbers between 2006 and 2014, by age group  More details can be found within the text surrounding this image. | |
| a Data are for permanent residents in aged care. b These data should be interpreted with care. There may be issues related to the age of Aboriginal and Torres Strait Islander residents being incorrectly recorded. An assessment of the NT data has previously shown that approximately half of Aboriginal and Torres Strait Islander Australian’s ages were incorrectly recorded. c The percentage change for the ACT and the NT are not published due to confidentiality. |
| *Source*: DSS (unpublished) *Aged care data warehouse*, table 14A.60. |
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Nationally in 2013‑14, the number of people under the age of 50 years admitted to permanent residential aged care was 232 (table 14A.61). This is 0.9 per cent lower than the number of people under the age of 50 years admitted to permanent resident aged care in 2006‑07 (figure 14.28).

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| Figure 14.28 Younger people admitted to permanent residential aged care, percentage change in numbers between 2006‑07 and  2013‑14, by age group**a, b, c** |
| |  | | --- | | Figure 14.28 Younger people admitted to permanent residential aged care, percentage change in numbers between 2006-07 and 2013-14, by age group  More details can be found within the text surrounding this image. | |
| a Data are for permanent residents in aged care. b These data should be interpreted with care. There may be issues related to the age of Aboriginal and Torres Strait Islander residents being incorrectly recorded. An assessment of NT data has previously shown that approximately half of Aboriginal and Torres Strait Islander Australian’s ages were incorrectly recorded. c The percentage changes for the numbers of people aged 0–49 years and 0–64 years in Tasmania and the ACT, and 0–49 years in the NT are not reported due to confidentiality. ACT had no admissions of 0‑49 year olds in 2013‑14 (ie 100 per cent decline). |
| *Source*: DSS (unpublished) *Aged care data warehouse*, table 14A.61. |
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Nationally in 2013‑14, the number of younger people under the age of 50 years who separated from permanent residential aged care to return to home or family was 29. This is 16.0 per cent higher than in 2007‑08 (table 14A.62).

These data should be interpreted with care, as some younger people choose to remain in residential aged care for a variety of reasons, such as:

* their physical and nursing needs can be best met in residential aged care
* they are satisfied with their current living situation (that is, it is their preferred facility)
* the facility is located close to family and friends
* it is a familiar home environment.

Additional information on younger people in residential aged care, including the number of people receiving residential aged care, the rate of admission to and the separation from residential aged care, from 2007‑08 to 2013‑14, are available in the attachment tables (see tables 14A.63–68).

#### Equity and effectiveness — quality of services

The following quality indicators are reported:

* ‘quality assurance processes’
* ‘client and carer satisfaction’.

##### Quality assurance processes

‘Quality assurance processes’ is related to governments’ objective to deliver and fund disability services that meet a particular standard of quality (box 14.12).

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| Box 14.12 Quality assurance processes |
| ‘Quality assurance processes’ is defined as the proportion of NDA  disability service outlets that have been assessed (either by an external agency or through a self‑assessment process) against service standards.  A high or increasing proportion of disability service outlets that have been assessed against the standards (and are found to be compliant) suggests an improvement in the quality of government delivered or funded specialist disability services.  This indicator does not provide information on whether the standards or the quality assurance processes are appropriate. In addition, service outlets that are not quality assessed do not necessarily deliver services of lower quality.  Data reported for this measure are:   * comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions * complete (subject to caveats) for the current reporting period. All required 2013‑14 data are available for all jurisdictions.   Data quality information for this indicator is under development. |
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A revised set of six National Standards for Disability Services (National Standards) were endorsed by the Australian Government and all State and Territory governments in December 2013 (box 14.13). The Australian Government and all State and Territory governments agreed to implement these minimum standards. All State and Territory governments have developed, or are in the process of developing or re‑developing, mechanisms for assessing compliance with the standards (tables 14A.69–77).

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| Box 14.13 National Disability Service Standards |
| **Standard One — Rights**  The service promotes individual rights to freedom of expression, self‑determination and decision‑making and actively prevents abuse, harm, neglect and violence.  **Standard Two — Participation and Inclusion**  The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.  **Standard Three — Individual Outcomes**  Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.  **Standard Four — Feedback and Complaints**  Regular feedback is sought and used to inform individual and organisation‑wide service reviews and improvement.  **Standard Five — Service Access**  The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.  **Standard Six — Service Management**  The service has effective and accountable service management and leadership to maximise outcomes for individuals. |
| *Source*: DSS (2013) *National Standards for Disability Services.* |
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Quality assurance processes differ across jurisdictions. Most processes include some form of self‑assessment. Many include, or are working toward implementing, an external third party audit/certification process.

Data on quality assurance processes in 2013‑14 are reported in box 14.14. These results should be interpreted with reference to tables 14A.69–77, which contain information on the legislation under which jurisdictions implement standards, the relevant disability service standards and how quality is monitored.

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| Box 14.14 Quality assurance processes for NDA specialist disability services 2013‑14 |
| Australian Government  At 30 June 2014, the Australian Government funded a total of 333 disability employment organisations comprising a total of 2528 outlets across Australia. Of these:   * Disability Employment Services (DES) made up 142 (43 per cent) of the organisations but accounted for 2229 (88 per cent) of total outlets * Australian Disability Enterprises (ADE) made up 191 (57 per cent) of the organisations, with 299 (11 per cent) of total outlets * 50 (15 per cent) of the organisations operated as dual funded (both DES and ADE) employment services.   In 2013‑14:   * a total of 329 quality assurance audits were performed at 146 DES organisations, 138 ADE organisations and 45 dual (both DES and ADE) funded organisations * Department of Social Services (DSS) paid a total of $2.2 million towards the cost of these quality assurance audits * of the 146 audits performed at DES organisations, 58 were certification audits and 88 were surveillance audits * of the 138 audits performed at ADE organisations, 70 were certification audits and 68 were surveillance audits * of the 45 audits performed at dual organisations (both DES and ADEs), 18 were certification audits and 27 were surveillance audits.   State and Territory governments  Different quality assurance processes were in place in NSW, Victoria, Queensland, WA, SA, Tasmania, the ACT and the NT in 2013‑14. The evaluation processes related to both government and non‑government service outlets, although, in some jurisdictions, the requirements were different across service sectors.  NSW  All NSW non‑government providers are required annually to revalidate ongoing compliance with the NSW Disability Standards (NSW DSS). In 2013, 93 per cent of providers reported  self‑assessed compliance with the NSW DSS.  From 1 July 2012, NSW has implemented a Quality Framework which requires funded service providers to implement a range of new quality requirements, including:   * implementing a quality management system * undertaking third party verification to demonstrate compliance against the NSW DSS.   The Quality Framework Reporting (QFR) has been developed to assist organisations to review service performance and implement the quality requirements to meet the NSW DSS. Service providers are required to report on progress in achieving the milestones which are fundamental to the implementation of quality requirements of Ageing, Disability and Home Care (ADHC).  (Continued on next page) |
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| Box 14.14 (continued) |
| To reduce the administrative burden faced by providers in submitting reporting requirements, NSW has developed an online form for the QFR commencing on 1 July 2013. Quality data will be collected at six monthly intervals over five stages, to ensure that service providers are on track to meet their quality requirements by 30 June 2015, and to enable additional support and resources to be rolled out where trends or concerns have been identified.  A range of steps have been undertaken and accelerated by ADHC to prepare the sector for the NDIS transition, including:   * training for service providers on the NSW DSS, Standards in action manual and safeguard policy obligations in the NDIS trial site, including tailored training to Aboriginal providers * development and implementation of the Feedback and Complaints Management Log to drive organisational policy development and continuous improvement by supporting providers to record and analyse complaints * development and implementation of the Quality Framework Report to assist organisations to review service performance and progress in implementing quality requirements * development of Quality Assurance and Safeguards Working Arrangements for the launch of the NDIS in NSW as agreed between the NSW and Australian governments including complaints management and serious incident reporting protocol.   Victoria  On 1 July 2012, the Department of Human Services Standards (the Standards) were implemented. The Standards were developed to support quality services and in response to the assessment by service providers that the department’s previous approach of using program based standards affects the amount of time staff could work with clients and that the approach to standards and quality reviews could be improved. The standards are summarised as:   * empowerment — people’s rights are promoted and upheld * access and engagement — people’s right to access transparent, equitable and integrated services is promoted and upheld * wellbeing — people’s right to wellbeing and safety is promoted and upheld * participation — people’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld * a service provider’s governance and management systems will also be reviewed using the standards of the independent review body.   The Standards and the associated review processes replaced the Homelessness Assistance Service Standards, Standards for Disability Services in Victoria (which incorporated the National Disability Service Standards) and the Registration Standards for Community Service Organisations.  The Standards help to ensure a consistent quality of service no matter which departmentally funded service people access. Compliance with the Standards is an obligation of the Service Agreement, as well as a requirement of registration for those agencies registered either under the Children, Youth and Families Act 2005 or the Disability Act 2006. The Standards and independent review requirements apply to both internally and externally delivered services.  (Continued on next page) |
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| Box 14.14 (continued) |
| Queensland  From 1 February 2013, service providers commenced transitioning to the new Human Services Quality Framework (the framework). The framework is a quality system for measuring and improving the quality of human services. It applies to organisations delivering services under a service agreement with the Department of Communities, Child Safety and Disability Services or other specified arrangements.  Central to the framework are the Human Services Quality Standards (HSQS), which define the key elements of human service delivery. These standards address governance and management, service access, responding to individual need, safety wellbeing and rights, feedback, complaints and appeals and human resources.  Recurrently funded disability service providers are required to be externally audited against the HSQS by JAS‑ANZ accredited certification bodies. Audits occur over a three year certification cycle and include a mid‑term maintenance audit at 18 months to ensure continued conformance with the standards. The framework’s goal is to enable continuous improvement of human services through a streamlined client‑focused approach ranging from self‑assessment to independent audit against the standards.  Quality assessments help to ensure that organisations comply with the standards and guide them in their service improvements. The framework also reduces red tape and duplication involved in complying with multiple quality systems, allowing organisations to maintain a focus on quality, while freeing up resources to be redirected to frontline services.  Of the established 258 recurrently funded disability providers that have transitioned to the HSQF, 12 (4.7 per cent) did not meet all of the standards during their 2013‑14 audit. One organisation had non‑compliance issues that resulted in temporary suspension pending a follow‑up audit. All other issues raised for all other providers were addressed within the appropriate timeframes and certification was maintained for those providers. There are 15 new service providers that are in the process of implementing quality management systems in preparation for their first independent audit in 2014.  *WA*  The Quality Management Framework (QMF) commenced in May 2010. Service quality is evaluated from the perspective of outcomes achieved by people with disability, their families and carers via the evaluation of service points (comprising a number of service outlets).  Independent Quality Evaluation is conducted for each service point on a three yearly cycle and includes an evaluation of agreed service outcomes and the nine Disability Services Standards as part of the QMF.  In 2013‑14, 83 service points were evaluated. All nine Standards were met by 50 service points (60 per cent).  (Continued on next page) |
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| Box 14.14 (continued) |
| SA  In SA, non‑government service providers are required to meet quality assurance criteria before they can provide NDA specialist services. This includes the requirement for all service providers to be engaged with an approved quality improvement program.  Out of 144 organisations, 131 (91 per cent) have, or are working towards, accreditation.  As part of the department’s quality framework the Disability Service Provider Panel (DSPP) process is being reviewed to ensure quality standards are being met. This requirement will be a key component of the DSPP review during 2014‑15.  Tasmania  The Quality and Safety Framework for Tasmania’s Department of Health and Human Services (DHHS) Funded Community Sector (the Framework) requires funded community sector organisations to undertake quality and safety activities against recognised standards, have systems and processes in place to record and monitor improvement activities, and to ensure that feedback and learnings from incidents contribute towards enhancing service delivery.  The DHHS monitors compliance with the Framework through an annual meeting with the funded community sector organisation, discussing performance against contractual requirements, and a three yearly quality and safety review. The quality and safety review includes a site visit to view the organisation’s documentation, systems and processes, and to obtain feedback from consumers, staff, volunteers and management including Board or Committee members. A draft report is provided to the organisation and the organisation’s feedback is considered by the review team prior to finalising the report.  At 30 June 2014, 17 per cent of DHHS’ disability funded community sector organisations had participated in a quality and safety review. All 12 organisations demonstrated engagement with, and commitment to, the Framework; 66 per cent, or 8 of the 12 organisations, evidenced compliance with all requirements of the Framework.  ACT  In 2013‑14, the ACT continued implementation of the quality improvement measures for all services delivered by government and community sector service providers. All organisations have continued work into business continuity management practices.  All organisations are required to undertake an annual baseline self‑assessment against the National Disability Service Standards, with quality improvement action plans being developed and implemented on the basis of any identified issues.  NT  Disability services funded through the NT Government Department of Health’s Office of Disability are assessed against the National Standards for Disability Services and/or the NT Disability Services at least once every three years.  (Continued next page) |
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| Box 14.14 (continued) |
| The review process involves a desktop review of the relevant policies and procedures associated with the service; site visits; and interviews with clients, guardians, service staff, coordinators and management. Performance against the service standards is either rated as ‘met’, ‘partially met’ or ‘not met’. Where performance is rated as either partially met or not met, recommendations for service improvement was made.  A Service Improvement Plan is developed by the service provider and its implementation is monitored on a regular basis. A site visit is then conducted to monitor the service and assess whether the services provided meet the standards. Review Officers may also liaise with service stakeholders such as guardians, clients, support workers, advocates and management. During the reporting period two reviews were conducted against the Northern Territory Disability Service Standards.  Service Improvement Plans have been developed and actions taken so far have resulted in significant improvements in the service quality. It is anticipated that follow‑up reviews will be conducted on these services in the next reporting period.  The Office of Disability is currently in the process of updating quality assessment tools to be compatible with the revised National Standards for Disability Services, endorsed by all jurisdictions in December 2013. |
| *Source*: Australian, NSW, Victorian, Queensland, WA, SA, Tasmanian, ACT and NT governments (unpublished). |
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##### Client and carer satisfaction

‘Client and carer satisfaction’ is an indicator of governments’ objective to deliver and fund quality disability services that meet the needs and goals of the client (or carer of the client) receiving them (box 14.15).

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| Box 14.15 Client and carer satisfaction |
| ‘Client and carer satisfaction’ is defined as service users overall reported levels of satisfaction with services and satisfaction with individual services.  Results are reported from:   * State and Territory administered client and carer satisfaction surveys and is expressed as percentages * the 2012 SDAC and are expressed as numbers and proportions.   A high or increasing proportion of clients and carers who are satisfied is desirable, as it suggests that the service received was of a higher quality and better met the needs and goals of the client or carer.  State and Territory data reported for this measure are:   * comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions * incomplete for the current reporting period. 2013‑14 data were not available for NSW, Victoria, Queensland, SA, Tasmania and the NT. These data may not be collected in the future.   SDAC data reported for this measure are:   * comparable across jurisdictions * complete (subject to caveats) for the current reporting period.   Data quality information for this indicator is available for 2012 SDAC data at www.pc.gov.au/rogs/2015. Data quality information for State and Territory data are under development. |
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State and Territory administered client and carer satisfaction survey data for 2013‑14 are only available for this report for WA and the ACT (box 14.16). Data for earlier years for Queensland, WA, and the ACT were included in the 2014 Report (SCRGSP 2014,   
pp. 62–64).

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| Box 14.16 Client and carer satisfaction with specialist disability services |
| ‘Client and carer satisfaction’ data relate to NDA specialist disability services only.  NSW  Surveys are not conducted in NSW.  Victoria  No survey was conducted in Victoria in 2013‑14.  Queensland  No survey was conducted in Queensland in 2013‑14.  WA  WA conducted a carer and client satisfaction survey in March 2014. In this survey, a total of 735 structured telephone interviews were completed from a sample of 1631 individuals with disability or their carers, which was stratified to ensure that it contained individuals representing users across all services funded by the Disability Services Commission. Of the 735 respondents, 144 (20 per cent) were service users and 591 (80 per cent) were carers responding on behalf of service users.  Overall service user satisfaction was 84 per cent. For individual services, reported satisfaction was:   * 92 per cent for accommodation * 87 per cent for community‑focused supports (includes Disability Professional Services and Day Options) * 75 per cent for coordination and individual support * 86 per cent for family and carer support.   SA  No survey was conducted in SA in 2013‑14.  Tasmania  No survey was conducted in Tasmania in 2013‑14.  (Continued on next page) |
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| Box 14.16 (continued) |
| ACT  In 2013‑14, the ACT conducted a client satisfaction survey that measured client satisfaction with all disability services funded through Disability ACT, including government provided services as well as services provided through non‑government agencies.  This survey asked clients to rate their overall level of satisfaction with the quality of the main disability services they had received over the past 12 months. Overall, 81 per cent of respondents to the survey reported that they were satisfied or very satisfied with disability services funded through Disability ACT.  The proportion of service users reporting that they were satisfied or very satisfied was:   * 81 per cent for accommodation support services — group home * 82 per cent for accommodation support services — in own home * 88 per cent for community access — recreation * 76 per cent for community access — support to participate in community * 92 per cent for respite — in home respite * 75 per cent for community support — case management/support * 90 per cent for respite — centre based respite * 86 per cent for information/referral.   NT  Surveys are not conducted in the NT. |
| *Source*:WA and ACT governments (unpublished). |
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Data on the satisfaction of clients and carers with the quality of formal services are available for the first time from the 2012 SDAC (tables 14A.79–86). Nationally, in 2012, the estimated rate of people aged 15–64 years with a reported disability who were satisfied with the quality of assistance they received from organised and formal services (79.5 ± 2.4 per cent) was higher than the estimated rate of primary carers who were satisfied with the quality of formal services received to help in their caring role (69.0 ± 5.0 per cent) (figure 14.29). SDAC data should not be compared to State and Territory administered client and carer satisfaction data as the definition of formal services in the SDAC is broader than the scope of specialist disability services as defined by the NDA.

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| Figure 14.29 Proportion of people with disability and primary carers who are satisfied with the quality of assistance receiveda**, b, c, d** |
| |  | | --- | | Figure 14.29 Proportion of people with disability and primary carers who are satisfied with the quality of assistance received  More details can be found within the text surrounding this image. | |
| a Data include only those people who undertook a personal interview, and do not include proxy interviews. b Data exclude need for assistance with health care. c Data exclude people who are residents of cared accommodation establishments.d Primary carers (aged 15 years or over) with a main recipient aged 0–64 years, or with a non‑main recipient aged 0–64 with a profound or severe core activity limitation. Only includes primary carers who reported receiving assistance from formal services to assist with their caring role in the last 6 months. |
| *Source*: ABS (unpublished) *2012 Survey of Disability, Ageing and Carers*; table 14A.79 and table 14A.83. |
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#### Efficiency — cost per output unit

The following cost per output unit efficiency indicators are reported:

* ‘government contribution per user of non‑government provided services’
* ‘cost per user of State and Territory administered services’.

This Report includes 2013‑14 expenditure data provided by Australian, State and Territory governments. However, as 2013‑14 service user data from the DS NMDS collection were not available for this Report, the cost per service user efficiency indicators are reported using expenditure and service use data for 2012‑13. Expenditure data in this Report might differ from information reported elsewhere (such as in departmental annual reports) because the financial counting rules and definitions used to calculate expenditure can differ and 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 1).

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 different methods of service use data collection (table 14A.78).

##### Financial data — expenditure items included/excluded

Financial data reported in this chapter include/exclude various expenditure items depending on the context in which the data are reported. Only direct recurrent expenditure on specific services is included (this may include administrative costs that can be directly attributed to a specific service/s). For the disability services system as a whole, expenditure includes general administrative overheads that cannot be allocated to a specific service/s and major capital grants to non‑government service providers. Capital grants to   
non‑government service providers are excluded from total recurrent expenditure for the indicator ‘administrative expenditure as a proportion of total recurrent expenditure’, as they are not a ‘recurrent’ expense. Exclusion of these grants improves the comparability of the indicator across jurisdictions and over time.

##### 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 that   
non‑government service providers receive from the private sector and the general public are outside the scope of this Report.

##### Government contribution per user of non‑government provided services

‘Government contribution per user of non‑government provided services’ is an indicator of governments’ objective to provide specialist disability services in an efficient manner (box 14.17).

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| Box 14.17 Government contribution per user of non‑government provided services |
| ‘Government contribution per user of non‑government provided services’ is defined as the net government expenditure per user of non‑government provided NDA services. Measures are reported for 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), low or decreasing government expenditure per service user reflects a more efficient provision of this service.  Efficiency data are difficult to interpret. Although high or increasing expenditure per unit of output can reflect deteriorating efficiency, it can also reflect improvements in the quality or other attributes of the services provided, or an increase in the service needs of users. Similarly, low or declining expenditure per unit of output can 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.  Data reported for this measure are:   * comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions (see caveats in attachment tables for specific jurisdictions) * complete (subject to caveats) for the current reporting period. All required 2012‑13 data are available for all jurisdictions that provide the service.   Data quality information for this indicator is under development. |
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##### 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 $63 519 per service user in 2012‑13 (figure 14.30).

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| Figure 14.30 Estimated annual government funding per user of  non‑government provided accommodation support services in institutional/residential settings (2012‑13 dollars)**a, b, c, d, e** |
| |  | | --- | | Figure 14.30 Estimated annual government funding per user of  non government provided accommodation support services in institutional/residential settings (2012-13 dollars)  More details can be found within the text surrounding this image. | |
| a See table 14A.87 for detailed notes relating to these data. b Service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. Section 14.6 contains further information on data quality issues. c Government and non‑government sectors have not been accurately recorded in the NSW DS MDS up to 2009‑10. Some non‑government providers have been coded as government and this will affect the comparability of the number of service users from government and non‑government sectors over time. d There were no non‑government provided accommodation support services in institutional/residential settings in the ACT and the NT. e Real dollars are previous years’ expenditure in current year’s dollars after basing expenditure on the ABS GGFCE chain price deflator 2012‑13=100 (table 2A.51). See chapter 2 (section 2.5‑6) for details. |
| *Source*: AIHW (unpublished) *DS NMDS 2008‑09 to 2012‑13*; State and Territory governments (unpublished); table 14A.87. |
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Estimated annual government funding per user of non‑government provided accommodation support services in group homes and other community settings from   
2003‑04 to 2012‑13 are reported in table 14A.87.

##### Government contribution per user of non‑government provided services — government contribution per employment service user assisted

Nationally, for all employment services, estimated government expenditure per service user assisted was $4945 in 2012‑13 (figure 14.31). Nationally, estimated annual government expenditure per service user in 2012‑13, by employment service type, was $3681 on open services (employed or seeking employment in the open labour market) and $10 598 on supported services (employed by the service provider) (table 14A.89).

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| Figure 14.31 Government contribution per employment service user assisted (2012‑13 dollars)**a, b, c** |
| |  | | --- | | Figure 14.31 Government contribution per employment service user assisted (2012-13 dollars)  More details can be found within the text surrounding this image. | |
| a See table 14A.88 for detailed notes relating to these data. b Cost per employment service user data reported here might differ from those reported in the Australian Government’s annual report, where different rules are used to count the number of employment service users. c Real dollars are previous years’ expenditure in current year’s dollars after basing expenditure on the ABS GGFCE chain price deflator 2012‑13=100 (table 2A.51). See chapter 2 (section 2.5‑6) for details. |
| *Source*: Australian Government (unpublished); AIHW (unpublished) *DS NMDS 2008‑09 to 2012‑13;* table 14A.88. |
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##### 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 (box 14.18).

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| Box 14.18 Cost per user of State and Territory administered services |
| ‘Cost per user of State and Territory administered services’ is defined as government expenditure on NDA State and Territory administered services per service user. Two measures are reported:   * estimated government expenditure per user of NDA State and Territory administered services (data are reported separately for government expenditure net of payroll tax and for government expenditure including actual and/or imputed payroll tax) * cost per user of government provided accommodation support services in: * institutional/residential settings * group homes * other community settings.   Holding other factors constant (such as service quality and accessibility), low or decreasing government expenditure per service user reflects a more efficient provision of this service.  Efficiency data are difficult to interpret. Although high or increasing expenditure per unit of output can reflect deteriorating efficiency, it can 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 decreasing expenditure per unit of output can 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.  Data reported for this measure are:   * comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions * complete (subject to caveats) for the current reporting period. All required 2012‑13 data are available for all jurisdictions that provide the service.   Data quality information for this indicator is under development. |
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Total estimated government expenditure per user of NDA State and Territory administered specialist disability services in 2012‑13 is reported both net of payroll tax and including actual or imputed payroll tax. Nationally, estimated expenditure per service user was $37 773 excluding payroll tax and $38 224 including actual and/or imputed payroll tax (figure 14.32).

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| Figure 14.32 Estimated annual government expenditure per user of NDA State and Territory administered services, 2012‑13**a, b, c, d** |
| |  | | --- | | Figure 14.32 Estimated annual government expenditure per user of NDA State and Territory administered services, 2012-13  More details can be found within the text surrounding this image. | |
| a In some jurisdictions (NSW, Victoria, SA, Queensland, Tasmania and the NT), payroll tax data are actual; in other jurisdictions (WA and ACT), payroll tax data are 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) *DS NMDS 2012‑13*; State and Territory governments (unpublished); table 14A.90. |
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##### Cost per user of State and Territory administered services — government provided accommodation support services — institutional/residential settings

Nationally, estimated annual government expenditure on accommodation support services in institutional/residential settings was $162 529 per service user in 2012‑13 (figure 14.33).

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| Figure 14.33 Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2012‑13 dollars)**a, b, c, d, e, f, g** |
| |  | | --- | | Figure 14.33 Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2012-13 dollars)  More details can be found within the text surrounding this image. | |
| a See table 14A.87 for detailed notes relating to these data. b Service user data used to derive this measure have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. Section 14.6 contains further information on these quality issues. c Government and non‑government sectors have not been accurately recorded in the NSW DS MDS up to 2009‑10. Some non‑government providers have been coded as government and this will affect the comparability of the number of service users from government and non‑government sectors over time. d The increase in NSW expenditure in 2011‑12 is partially the result of a change in the methodology for distributing depreciation expenditure e Queensland data include funding provided by the Department of Communities only. f There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT or the NT. g Real dollars are previous years’ expenditure in current year’s dollars after basing expenditure on the ABS GGFCE chain price deflator 2012‑13=100 (table 2A.51). See chapter 2 (section 2.5) for details. |
| *Source*: AIHW (unpublished) *DS NMDS 2008‑09 to 2012‑13*; State and Territory governments (unpublished); table 14A.87. |
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Estimated annual government expenditure per user of government provided accommodation support services in group homes and other community settings from   
2003‑04 to 2012‑13 are reported in table 14A.87.

#### Efficiency — administrative cost

##### Administrative expenditure as a proportion of total recurrent expenditure

‘Administrative expenditure as a proportion of total recurrent expenditure’ is an indicator of governments’ objective to provide specialist disability services in an efficient manner (box 14.19). The proportion of total expenditure on administration is not yet comparable across jurisdictions, as it is apportioned by jurisdictions using different methods (table 14A.91). However, administrative expenditure data can indicate trends within jurisdictions over time.

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| Box 14.19 Administrative expenditure as a proportion of total recurrent expenditure |
| ‘Administrative expenditure as a proportion of total recurrent expenditure’ is defined as government expenditure on administration as a proportion of total recurrent NDA expenditure. Major capital grants to non‑government service providers are excluded to improve comparability across jurisdictions and over time.  Holding other factors constant (such as service quality and accessibility), lower or decreasing administrative expenditure as a proportion of total recurrent NDA expenditure might 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 decreasing administrative expenditure as a proportion of total expenditure may reflect improving efficiency, or lower quality and less effective administrative services. This may in turn affect service delivery effectiveness. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.  Data reported for this measure are:   * comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions (see caveats in attachment tables for specific jurisdictions) * complete (subject to caveats) for the current reporting period. All required 2012‑13 data are available for all jurisdictions.   Data quality information for this indicator is under development. |
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Nationally, administrative expenditure as a proportion of total government expenditure on specialist disability services (excluding actual and imputed payroll tax) decreased from 6.7 per cent in 2012‑13 to 6.6 per cent in 2013‑14 (figure 14.34). When actual or imputed payroll tax is included, the average national administrative expenditure as a proportion of total NDA expenditure was 6.5 per cent in 2013‑14 (table 14A.91). Real total NDA expenditure is reported in table 14A.9, both excluding and including actual or imputed payroll tax amounts.

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| Figure 14.34 Administrative expenditure as a proportion of total recurrent expenditure**a, b, c, d, e** |
| |  | | --- | | Figure 14.34 Administrative expenditure as a proportion of total recurrent expenditure  More details can be found within the text surrounding this image. | |
| a See table 14A.91 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 The decrease in NSW administration expenditure in 2012‑13 results from a change to the way in which administration expenditure has been calculated and from efficiency savings arising from an organisational restructure. e In Tasmania, in 2012‑13 and 2013‑14, administrative expenditure increased due to a change in methodology for allocating corporate and divisional overheads. |
| *Source*: Australian, State and Territory governments (unpublished); table 14A.91. |
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### Outcomes

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

The following outcome indicators are included in the performance framework:

* ‘labour force participation and employment of people with disability’
* ‘labour force participation of primary carers of people with disability’
* ‘social participation of people with disability’
* ‘use of other services by people with disability’.

#### Interpreting data for some outcome indicators

For the outcome indicators reported using survey data, 95 per cent confidence intervals are presented. These intervals assist with making comparisons across jurisdictions, and across 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 ± 4, for example, means that if another sample had been drawn there is a 95 per cent chance that the result would lie between 76 and 84. Where ranges do not overlap, there is a statistically significant difference. If one jurisdiction’s results range from 78–80 and another’s from 82–89, then it is possible to say that one differs from the other (because 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 disability

‘Labour force participation and employment of people with disability’ is an indicator of governments’ objective of assisting people with disability to participate fully in the community (box 14.20). Participation in the labour force and employment is important to the overall wellbeing of people with disability, providing opportunities for personal development and financial independence.

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| Box 14.20 Labour force participation and employment of people with disability |
| ‘Labour force participation and employment of people with disability’ 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.  Two measures are reported:   * employment to population rate for people with disability aged 15–64 years, by disability status * unemployment rate for people with disability aged 15–64 years, all with reported disability, by disability status.   High or increasing labour force participation and employment rates for people with disability are desirable. Higher rates are likely to increase the quality of life of people with disability by providing greater opportunities for self‑development and for economic and social participation.  This indicator does not provide information on why people choose not to participate in the labour force and why people are not employed. It also does not provide information on whether the employment positions are appropriate or fulfilling.  Data reported for this measure are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period.   Data quality information for this indicator is at www.pc.gov.au/rogs/2015. |
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Nationally, in 2012, the estimated employment rate of people aged 15–64 years with a profound or severe core activity limitation (26.4 ± 2.5 per cent) was lower than the rate for people with disability excluding those with a profound or severe core activity limitation (54.7± 1.5 per cent) and the rate for people with no disability (78.5 ± 0.4 per cent) (figure 14.35).

Detailed definitions of the employment rate and its calculation method are provided in section 14.7. Employment rates should be interpreted in conjunction with labour force participation rates. Other data on the employment of people with disability, including labour force participation rates are reported in tables 14A.92–109.

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| Figure 14.35 Estimated employment rate for people aged  15–64 years, by disability status, 2012**a, b, c** |
| |  | | --- | | Figure 14.35 Estimated employment rate for people aged  15–64 years, by disability status, 2012  More details can be found within the text surrounding this image. | |
| a For people aged 15–64 years, living in households. 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 (unpublished) *Survey of Disability, Ageing and Carers, 2012*; table 14A.94. |
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Nationally, in 2012, the estimated unemployment rate of people aged 15–64 years with a profound or severe core activity limitation (10.3 ± 3.3 per cent) was higher than the rate for people with disability excluding those with a profound or severe core activity limitation (9.2 ± 1.2 per cent) and the rate for people with no disability (4.9 ± 0.3 per cent) (figure 14.36).

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| Figure 14.36 Estimated unemployment rate of people aged 15–64 years, by disability status, 2012**a, b, c, d** |
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| a For people aged 15–64 years, living in households. 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 Some data for WA, and NT is not included as this data is not reliable. d Error bars represent the 95 per cent confidence interval associated with each point estimate. Confidence intervals can exceed 100 per cent or zero due to the low reliability of the estimate. |
| *Source*: ABS (unpublished) *Survey of Disability, Ageing and Carers, 2012*; table 14A.95. |
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##### Labour force participation of primary carers of people with disability

‘Labour force participation of primary carers of people with disability’ is an indicator of governments’ objective of assisting primary carers of people with disability to participate fully in the community (box 14.21). Participation in the labour force is important to the overall wellbeing of carers, providing opportunities for personal development and financial independence.

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| Box 14.21 Labour force participation of primary carers of people with disability |
| ‘Labour force participation of primary carers of people with disability’ is defined as the labour force participation rate for primary carers aged 15–64 years of people with disability.  Primary carer is defined as a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. A detailed definition is provided in section 14.7.  Higher or increasing labour force participation rates for primary carers of people with disability are desirable. Higher rates are likely to increase the quality of life of primary carers of people with disability by providing greater opportunities for self‑development.  This indicator does not provide information on why people choose not to participate in the labour force. It also does not provide information on whether the participation in the labour force is fulfilling.  Data reported for this measure are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period.   Data quality information for this indicator is at www.pc.gov.au/rogs/2015. |
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Nationally in 2012, the estimated labour force participation rate for people aged 15–64 years of primary carers of people with disability (52.8 ± 3.2 per cent) was less than both the estimated labour force participation rate for all carers (66.9 ± 1.7 per cent) and the estimated labour force participation rate for non‑carers (79.7 ± 0.4 per cent) (figure 14.37).

Detailed definitions of the labour force participation rate and its calculation method are provided in section 14.7. Other data on the labour force participation for primary carers of people with disability are reported in tables 14A.110–117.

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| Figure 14.37 Labour force participation rate for people aged 15–64 years by whether a primary carer of someone with a disability aged 0–64 years, a carer of someone with a disability aged 0–64 years, or not caring for someone with a disability aged 0–64 years, by State/Territory, 2012**a** |
| |  | | --- | | Figure 14.37  Labour force participation rate for people aged 15–64 years by whether a primary carer of someone with a disability aged 0–64 years, a carer of someone with a disability aged 0–64 years, or not caring for someone with a disability aged 0–64 years, by State/Territory, 2012  More details can be found within the text surrounding this image. | |
| a Error bars represent the 95 per cent confidence interval associated with each point estimate. |
| *Source*: ABS (unpublished) *Survey of Disability, Ageing and Carers, 2012,* tables 14A.110 and 14A.112. |
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##### Social participation of people with disability

‘Social participation of people with disability’ is an indicator of governments’ objective to assist people with disability to live as valued and participating members of the community (box 14.22).

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| Box 14.22 Social participation of people with disability |
| ‘Social participation of people with disability’ is defined as the proportion of people who participate in selected social or community activities by disability status:   * profound or severe core activity limitation * other disability.   A high or increasing proportion of people with disability who participate in social or community activities reflects their greater inclusion 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.  Data reported for this measure are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period.   Data quality information for this indicator is at www.pc.gov.au/rogs/2015. |
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Nationally in 2012, the estimated proportion of people with disability aged 15‑64 years with a profound or severe disability who had face‑to‑face contact with ex‑household family or friends in the previous week (70.6 ± 2.6 per cent) was lower than the rate for people with disability without a profound or severe core activity limitation (75.4 ± 1.5 per cent) (figure 14.38).

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| Figure 14.38 People with disability aged 15–64 years who had face‑to‑face contact with ex‑household family or friends in the previous week, 2012**a, b, c** |
| |  | | --- | | Figure 14.38 People with disability aged 15–64 years who had face to face contact with ex household family or friends in the previous week, 2012  More details can be found within the text surrounding this image. | |
| a For people aged 15–64 years, living in households. 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 (unpublished) *Survey of Disability, Ageing and Carers, 2012;* table 14A.12. |
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Nationally in 2012, the estimated proportion of people with disability aged 5–64 years with a profound or severe disability who reported the main reason for not leaving home as often as they would like is their disability or condition (31.4 ± 1.8 per cent) was significantly higher than the rate for people with disability without a profound or severe core activity limitation (8.2 ± 1.0 per cent) (figure 14.39).

Other data on participation of people with disability in selected social and community activities are reported in tables 14A.124–132.

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| Figure 14.39 People with disability aged 5–64 years who report the main reason for not leaving home as often as they would like is their disability or condition, by disability status, 2012**a, b, c** |
| |  | | --- | | Figure 14.39 People with disability aged 5–64 years who report the main reason for not leaving home as often as they would like is their disability or condition, by disability status, 2012  More details can be found within the text surrounding this image. | |
| a For people aged 5‑64 years, living in households. 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 (unpublished) *Survey of Disability, Ageing and Carers, 2012;* table 14A.134. |
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##### Use of other services by people with disability

‘Use of other services by people with disability’ is an indicator of governments’ objective of enhancing the quality of life experienced by people with disability by assisting them to gain access to mainstream government services (box 14.23).

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| Box 14.23 Use of other services by people with disability |
| ‘Use of other services by people with disability’ is yet to be defined and reported on a consistent basis.  A higher or increasing proportion of people with disability who use mainstream government services suggests greater access to these services.  This indicator does not provide information on whether the service accessed is the most appropriate, or the degree to which the service contributes to people’s quality of life. It also does not provide information on why some people do not access mainstream services.  Data for this indicator were not available for the 2015 Report.  Data quality information for this indicator is under development. |
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##### ‘Use of other services’ data reported elsewhere in this Report

Data on the participation of people with disability in various government services are incorporated in the performance indicator frameworks for other chapters of this Report. Participation is reported for early childhood education and care (chapter 3); VET (chapter 5); social, community and State owned and managed Indigenous housing (chapter 17) and Commonwealth Rent Assistance (sector overview G). In addition, the following chapters include data on services provided to people with disability:

* ‘School education’ (chapter 4) reports data on students with disability in the student body mix, disaggregated by sector
* ‘Mental health management’ (chapter 12) reports performance data on specialised mental health services
* ‘Aged care services’ (chapter 13) reports data on the age‑specific usage rates (including for younger people) of residential and home care services provided under the aged care program. Data are also reported on the use of HACC services, including those received by people with a profound, severe or moderate core activity limitation, for people aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years
* ‘Housing’ (chapter 17) reports data on people with disability for the ‘dwelling condition’, ‘amenity/location’ and ‘customer satisfaction’ indicators.

## 14.4 Future directions in performance reporting

### Scope for further improvements to 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:

* ensuring the DS NMDS remains relevant to informing the rollout of the NDIS
* seeking access to NDIS data to report against performance indicators in the framework
* reporting more comprehensive social and community participation data, when available
* reporting nationally consistent client and carer satisfaction with service quality for all jurisdictions.

### COAG developments

The Steering Committee is committed to ensuring this chapter remains aligned with the significant reforms being implemented by COAG.

Indicators in the chapter will continue to be aligned with indicators in the NDA, and the chapter will reflect development in the National Disability Strategy and the continued implementation of the National Disability Insurance Scheme.

#### National Disability Strategy

The National Disability Strategy 2010–2020 was formally endorsed by COAG on 13 February 2011 and launched by the Australian Government on 18 March 2011. This represents the first time that all governments have committed to a unified, national approach to improving the lives of people with disability, their families and carers.

The Strategy is designed to guide public policy across governments and aims to bring about changes to all mainstream services and programs, as well as community infrastructure, to ensure they are accessible and responsive to the needs of people with disability.

Every two years, a high level progress report will track achievements under the Strategy and provide a picture of how people with disability are faring.

#### National Health Reform Agreement

COAG agreed the National Health Reform Agreement out of session in August 2011. The Agreement gives effect to the commitment COAG made on 13 February 2011, and in doing so, supersedes the National Health and Hospitals Network Agreement and the Heads of Agreement on National Health Reform.

The Agreement will deliver major reforms to the organisation, funding and delivery of health and aged care. It sets out the shared intention of the Australian, State and Territory governments to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the national health system. The reforms aim to help patients gain better access to services, improve local accountability and responsiveness to the needs of communities, and provide a stronger financial basis for our health system into the future.

## 14.5 Jurisdictions’ comments

This section provides comments from each jurisdiction on the services covered in this chapter.

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| **“** | Australian Government comments |  |
| During 2013‑14 the Australian Government funded supported employment for over 21 250 people with disability in 299 Australian Disability Enterprise (ADE) outlets across Australia.   * Transition of supported employment to the National Disability Insurance Scheme commenced in trial sites in NSW, Victoria and Tasmania on 1 July 2013, and preparatory work for the commencement of the new ACT and Perth Hills trial sites from 1 July 2014 was completed. * Case management and practical support continued for more than 2500 supported employees aged 55 years and older to assist them to explore options for retirement and to try alternative non‑work  community‑based activities. * Jurisdictional endorsement of the revised National Standards for Disability Services (NSDS) was finalised in December 2013. The NSDS have been through extensive consultation, validation, and user testing, culminating in a set of six standards that focus on person centred approaches and promoting choice and control by people with disability. The NSDS are able to be applied across a broad range of service types. Commonwealth funded employment services for people with disability are transitioning from the Disability Service Standards to the NSDS between 1 January 2014 and 31 December 2014. * During 2013‑14, the responsibility of the Disability Employment Services programme transferred to the Department of Social Services following the Machinery of Government changes that took effect on 18 September 2013. * The Department continued managing the Disability Employment Services (DES) programme, finding 46 500 jobs for Australians with disability. This includes over 24 300 jobs for Australians with disability in the Disability Employment Services ― Employment Support Service programme. * The Evaluation of Disability Employment Services 2010–2013 final report was published, adding to our knowledge of DES strengths and enabling us to increase the quality and responsiveness of our support for people with disability and their employers. The report is available at www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/evaluation-of-disability-employment-services-2010-2013. * Proportion of job seekers in employment three months following participation in Employment Support Service was 31.8 per cent as at June 2014. | **”** |

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| **“** | New South Wales Government comments |  |
| *Ready Together* continues the NSW *Stronger Together 2* reforms, committing $2 billion in new funding from 2011‑12 to 2015‑16, for 47 200 new places to support people with disability. *Living Life My Way* *Framework* continues toprovide individualised funding arrangements, giving people choice and control over their supports.  **Ready Together 2013‑14 Highlights**   * Introduction of the *National Disability Insurance Scheme (NSW Enabling) Act 2013* to support the transition to the NDIS; and the *Disability Inclusion Act 2014* to make communities more inclusive and accessible, to provide safeguards and protect the rights of people during and following NDIS transition. * Increasing opportunities for people to make decisions about their supports, and reducing barriers to participation in daily life by expanding individualised funding arrangements and opportunities for consolidating funding for multiple supports. * As at 30 June 2014, 2251 active NDIS participants had approved plans, including 119 residents at the Stockton Large Residential Centre. An additional 300 people had been deemed eligible and were awaiting plan approval. * Over 1300 people were directly supported by Ability Links program, which links people with disability with their communities, and over 44 500 community contacts were made. Ability Links commenced State‑wide on 1 July 2014 with 248 Linkers operating across the community, building on the already established Ability Links in the Hunter New England district. * Continuing investment in the My Choice Matters NSW Consumer Development Fund, to assist people with disability, their families and carers to build the skills they need to have more choice and control now and in the context of the NDIS. * NSW has spent $39.84 million in capital expenditure on redeveloping large residential centres (LRCs), both government and non‑government operated. 27 people transitioned from these centres into new community‑based homes. The redevelopment of LRCs continues the move away from institutional housing models, and increases the availability of housing options in preparation for the NDIS. * A range of capacity building initiatives and supports were delivered to the non‑government organisation disability sector as part of the ongoing investment of the $17 million Industry Development Fund. * Funding of a Chair in Intellectual Disability and Behaviour Support at the University of NSW to develop a framework for provision of services to clients with complex support needs. * Over 2700 respite places provided within the community and to support people living in LRCs. | **”** |
| **“** | Victorian Government comments |  |
| Victoria continues to work with our funded service providers and community partners, families, individuals and communities to ensure people with a disability have more choice and tailored supports to live their lives more independently.  Notable achievements in 2013‑14 include:   * More than 14 500 Victorians with a disability were provided with individual support to live in the community in 2013‑14. * Over 29 100 people received assistance through the Victorian aids and equipment program. * $14.1 million was provided in the 2013‑14 State Budget to further move from outmoded congregate care models to supported accommodation. The funding allows for the closure of the Oakleigh Centre congregate services, which accommodates 29 people with an intellectual disability. Plans are also underway to build new accommodation for the residents of another congregate care facility, Sandhurst Residential Services. * A new facility based respite service opened in June 2014, providing respite options for people with a disability and their families in the Morwell area. * In May 2014, more than 400 people with a disability from metropolitan and rural Victoria provided their views on the progress of Victorian state disability plan 2013–16, as part of a statewide survey. The results will be used to monitor the effectiveness of the plan and help ensure that it is meeting the needs of people with a disability. * Victoria continues to build on its achievements in disability reform to ensure people with a disability have more choice and more tailored supports to live independently. * A three year trial of the National Disability Insurance Scheme (NDIS) in the Barwon area commenced on 1 July 2013 and will support over 5000 people with disability by the end of trial period. * The Victorian Government committed $320 million during the trial period to support the establishment of the NDIS. A further $25 million was also provided over three years to support the establishment of the National Disability Insurance Agency (NDIA) headquarters in Geelong. In the first year of trial 2897 participants were supported by the scheme. All clients on the Disability Support Register and the Early Childhood Intervention Service wait list were the first cohorts to transition into the scheme and there is no wait list for these services operating in the trial site. Other State funded clients progressively transferred into the scheme throughout 2012‑13 and this process will be completed in the first half of 2014‑15. | **”** |

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| **“** | Queensland Government comments |  |
| In December 2013, the Queensland Government released the *Queensland Disability Plan 2014–19* — *Enabling choices and opportunities*, to prepare Queensland for the roll‑out of the National Disability Insurance Scheme (NDIS) from July 2016 and expected to be fully implemented by 2019.  As part of the state’s commitment to the NDIS, an additional $868 million was invested in disability services. In 2013‑14, $25 million of the additional funding was made available to deliver additional accommodation and support services, assist young people with disability to move from the care of the state into supported accommodation, and provide immediate responses to urgent situations.  In 2013‑14, the Queensland Government invested $1.98 million in delivering training and resources for people with disability, families and disability services providers to prepare for the consumer‑driven NDIS market.  Planning commenced between the Australian and Queensland Governments for an agreement that will set out arrangements for eligible people with disability to transition between 2016 and 2019 to the NDIS. The bilateral agreement is scheduled to be in place by December 2014 in line with the Heads of Agreement timetable.  In 2013‑14, planning commenced for a Queensland Sector NDIS Workforce Strategy and a Queensland Aboriginal and Torres Strait Islander NDIS Workforce Strategy with the aim to assist organisations to attract and retain skilled workers to meet the expected increased workforce demand of 13 000 jobs.  Your Life Your Choice self‑directed support framework provides people with disability the opportunity to have greater choice and control over their disability services. As at 30 September 2014, there were 1197 people with disability who had chosen self‑directed support; 75 chose to receive direct payments and 1122 chose to use a host provider.  Commencing from 2012‑13, the three‑year Elderly Parent Carer Innovation Trial supports elderly parents of adult sons or daughters with disability to secure sustainable and long‑term future living arrangements for when they are no longer able to care for their family member with disability. In 2013‑14, two funding rounds were completed and over $7.18 million was awarded to create up to 61 places for adults with disability.  In 2013‑14, the Queensland Government provided Disability Services funding of $16.24 million for the Spinal Cord Injuries Response (SCIR) program assisting 175 people with disability including 26 clients with new individual funding. In addition, $2.68 million was funded to 51 people for home modifications.  In 2013‑14, $2 million was allocated for 25 younger people with disability, who were long‑stay residents in Queensland public health facilities, to transition to community living. | **”** |

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| **“** | Western Australian Government comments |  |
| In 2013‑14, 24 017 Western Australians accessed a disability support service. The Disability Services Commission’s (the Commission) total expenditure was $794.12 million and averaged $33 065 per person in receipt of funded services. The Commission’s funding to disability sector organisations was $567.83 million, accounting for 71 per cent of the Commission’s total expenditure.  WA has engaged in multiple reform projects in the transition towards a system where the individual with disability, their family and carers can have an increased level of control over determining what support or service they need, when they need it and which organisation they will use.  Key initiatives implemented in 2013‑14 include:   * WA’s agreement to participate in the National Disability Insurance Scheme trial (NDIS). Following the August 2013 agreement between the states and Commonwealth governments, WA undertook significant steps to prepare for the 1 July 2014 start of the two‑model NDIS trial in WA, involving My Way NDIS in the Lower Southwest and NDIS‑NDIA in the Perth Hills. * This year saw the establishment of a Disability Justice Service which supports people with disability who come in contact with the criminal justice system. A particular focus will be on supporting people with intellectual or cognitive disability who have been charged with offences but are deemed by the court system to be unfit to plead. Two key focus areas are the planning and preparation required to build and begin operating the state’s first disability justice centre by mid‑2015, and the start of the in‑reach service which provides support for people within prisons who have been unfit to stand trial. * Roll‑out of the second round of State Government funding to support the sustainability of the not‑for‑profit sector. There was an allocation of $20 million for 2013‑14 and there will be further funding in 2014‑15. * The completion of a three‑year $95 million housing program that saw almost 240 people provided with universally designed community‑based accommodation. The housing program was a joint project between the Commission and the Department of Housing to find flexible appropriate housing that offered opportunities for people to live the life they chose in the community while meeting their disability‑related needs.   Preparations were made to enhance WA’s Quality System to incorporate the new national standards for disability services and ensure that requirements for the two‑model NDIS trial in WA are met. | **”** |

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| **“** | South Australian Government comments |  |
| The South Australian Government is progressing significant reforms in the provision of disability services. A range of initiatives are being implemented to improve the rights, inclusion and participation of people with disability. These reforms are guided by the former Social Inclusion Board’s report *Strong Voices: A Blueprint to Enhance Life and Claim the Rights of People with Disability in South Australia (2010–2020).*  Highlights for 2013‑14 include:   * Launch of the National Disability Insurance Scheme (NDIS). The focus of the trial in SA is on supporting children aged from birth to 14 years. In the first year, over 1500 eligible children aged from birth to five years were able to access support through the NDIS and the scope is expanding each year. * Expansion of State Government Individualised Funding Program, enabling people to have greater choice and control in the supports they need to achieve their goals and aspirations. Over 3200 individuals in receipt of disability support services now have ongoing personal budgets. * Implementation of a suite of policies which promote a systemic and systematic approach to safeguarding people with disability. These relate to management of care concerns, restrictive practices and supported decision making and consent. * Passing of the *Disability Services (Assessment of Relevant History) Regulations 2014*. These Regulations establish new screening arrangements for those who work or volunteer in the disability services sector, minimising the likelihood that a person who poses an unacceptable risk of harm or abuse is engaged in disability‑related work. A key feature of the Regulations is the concept of assessing an applicant’s ‘relevant history’ as opposed to simply ‘criminal history’. Relevant history is broader than criminal history and can also include police charges and workplace records held by government and non‑government agencies. Access to a greater range of information facilitates a more robust screening assessment. * Passing of the Disability Services (Rights, Protection and Inclusion) Amendment Act 2013. This followed significant consultation with people with disability, carers, advocates and organisations. The new Act contains a number of important provisions including referencing the United Nations *Convention of the Rights of Persons with Disabilities*, mandated safeguarding policies and strengthened powers to monitor and act on inadequate performance by agencies, both government and government‑funded. * Continued progress towards meeting the *South Australian Strategic Plan* www.saplan.org.au Target 11, to increase the number of people with disability in stable, supported community accommodation to 7000 by 2020. | **”** |

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| **“** | Tasmanian Government comments |  |
| In 2013‑14 Tasmania commenced a trial of the National Disability Insurance Scheme (NDIS) with a cohort of young people 15–24 years of age. Eligible young people commenced entering the Scheme from July 2013. As at 30 June 2014, 786 young people had become active participants in the NDIS.  The Disability Gateways, established in July 2010, provide an intake and referral model responsive to the needs of people with disability and work in partnership with mainstream and specialist disability services. The Disability Gateways have played an active role in the NDIS trial in Tasmania, providing Local Area Coordination to participants in the Scheme in partnership with the National Disability Insurance Agency (NDIA).  A review of Disability Gateways service model in 2012‑13 provided a comprehensive report and recommendations which Disability and Community Services and the Disability Gateways have worked together to implement over 2013‑14. The implementation of recommendations will continue through  2014‑15.  In 2013, Tasmania appointed a NDIS State Implementation Team (SIT) to work with the sector in order to ready non‑government disability service providers for the NDIS. The SIT have actively promoted sector development opportunities and worked with the NDIA, Disability Gateways and the sector to respond effectively to change.  Tasmania undertook a Self‑Directed Funding pilot project with disability services clients outside the NDIS cohort during 2013‑14. The pilot was evaluated  May‑June 2014. The evaluation showed that people participating in the pilot had positive experiences, demonstrated increased choice and control and reported greater wellbeing. Recommendations from the evaluation will be implemented during 2014‑15.  The continued implementation of initiatives arising from the *Disability Services Act 2011* in 2013‑14 included the appointment and training of Authorised Officers. Authorised Officers are empowered under the Act to enter premises, where services are funded by Government, to ensure that the services are being delivered, the person with disability is receiving the right support and the person with disability is safe and well. Authorised officers may inspect premises, open any container, filing cabinet or storage facility on the property and/or ask for copies of any documents or records. Consultation on the development of the Disability Services Strategic Plan, also a requirement of the *Disability Services Act 2011*, occurred during 2013‑14.  Tasmania continues to support the provision of appropriate housing for people with disability. There are a number of building projects currently under construction which will provide accessible accommodation for people with disability as they come on line in 2014‑15. During 2013‑14 Tasmania has had a focus on better understanding the housing needs of people with disability in the context of a NDIS. | **”** |

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| **“** | Australian Capital Territory Government comments |  |
| In 2013‑14, the Community Services Directorate, through Disability ACT continued to deliver on the ACT Government’s commitments under Future Directions: Towards Challenge 2014. During this period the ACT Government also announced the gradual withdrawal of Disability ACT supported accommodation services by June 2017 and Therapy ACT services by December 2016. This is to support the move to individual choice and control and a market based model of support under a National Disability Insurance Scheme (NDIS). The ACT will be the first jurisdiction in Australia to accept all eligible people into the scheme by July 2016.  In 2013‑14, a range of programs were implemented to improve outcomes and whole‑of‑life opportunities for people with disability in the ACT, while also preparing for the rollout of the NDIS from 1 July 2014. Highlights include:   * $7.7 million over two years in grants through an Enhanced Service Offer program to assist 1456 people with a disability, including psychosocial disability, to prepare for the NDIS. * 25 organisations were offered a Governance and Financial Management Package of $20 000 each, and 20 organisations were offered a Business Investment Package of $50 000 each as part of sector readiness for the NDIS. * The *Disability Services (Disability Service Providers) Amendment Act 2014* was passed in June 2014 to enable the ACT to maintain existing safeguards and quality standards for disability services during the NDIS trial. * Disability ACT consolidated its adult respite services and transferred the management of its three centre‑based respite houses to the non‑government sector. * The Everyone, Everyday program teaching resource to promote inclusion in the community has been implemented in nine mainstream primary schools involving 87 teachers and 2769 students. An additional five schools implemented the program in Semester 2, 2014. * Two Official Visitors for Disability Specialist Services were appointed to increase safeguards for people with disability living in supported accommodation, accessing centre based respite services or residential aged care. * The ACT Government continued to explore innovative housing options for people with disability including Project Independence; Living In Networked Communities; Homeshare model of support and a series of public information sessions and housing symposia to progress good outcomes. | **”** |

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| **“** | Northern Territory Government comments |  |
| The NT Government is committed to ensuring a society where people with a disability have productive and fulfilling lives as valued members of their communities. This is delivered through disability support provision that is based on contemporary best practice and underpinned by a collaborative approach. Through continued provision of improved access to support services for Territorians with a disability, the Territory also aims to ensure that carers of people with disability also enjoy good health, wellbeing, resilience and financial security.  Key initiatives undertaken to progress disability reform in the NT in 2013‑14 include:   * The portfolio of Minister for Disability Services was established in February 2014. This is the first time this portfolio has existed in the NT. * The Ministerial Advisory Council on Disability Reform (the MAC) was established in May 2014 to provide strategic advice to the NT Government on key disability reform issues. The MAC membership is comprised of disability service providers and consumers of disability services from across the NT. * In March 2014, the NT Government established the Disability Services Scholarship. The scholarships are aimed at building the capacity of the disability services sector in the NT. The scholarships are awarded to employees and staff working in the disability services sector (a non‑government organisation, Local Government, or front‑line NT Government agency) in the NT who are currently enrolled or intending to enrol in a course that is relevant to the strategic workforce directions of the disability services. Four annual scholarships will be awarded each year. * On 1 July 2014, the National Disability Insurance Scheme trial was launched in the Barkly region. As the only remote trial in the country, the Barkly is distinctly different from the other trials currently underway in Australia. More than 100 Barkly residents with significant and profound disabilities will have their needs assessed under the trial, and most of the participants are Aboriginal or Torres Strait Islander. The Barkly trial will run for two years concluding on 30 June 2016. * The Department of Health proudly contributed to the 2013 NT Disability Services Awards which celebrated its third year in the NT. This event provides a great opportunity to celebrate the achievements of outstanding individuals and organisations in the disability sector. | **”** |

## 14.6 Service user data quality and other issues

### Data quality

Data quality considerations should be taken into account when interpreting the DS 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 participation rates
* service user participation rates
* ‘not stated’ response 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 2012a).

‘Not stated’ rates for individual data items vary between jurisdictions (AIHW 2012a). Reasons 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 DS 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 2012a)
* changes in collection practices, such as data on communication and frequency of support needed for new users of open employment services not being collected in 2010‑11. This change resulted in high overall non‑response rates for these items and data not being strictly comparable with previous years.

### Other issues

#### Service user data/data items not collected

Service user data are not collected for the following NDA specialist disability service types: 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, sex, commencement date and date of last service)
* 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 NDA specialist disability service types. In some jurisdictions (Victoria and Queensland), specialist psychiatric disability services are funded specifically to provide such support (AIHW 2014a). Nationally in 2012‑13, 12 594 people used only specialist psychiatric disability services (AIHW unpublished). Data for these services are included in other publications on the DS NMDS, such as AIHW (2011a). Therefore, service user data for Victoria, Queensland, and Australia in this chapter will differ from 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 2014a). 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.

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 2014a).

#### Deriving potential populations for the special needs groups

Potential populations have been estimated for each of the special needs groups (outer regional and remote/very remote areas, Aboriginal and Torres Strait Islander and people born in a non‑English speaking country) and for those outside of the special needs groups (major cities and inner regional areas, non‑Indigenous and people born in an English speaking country). These potential populations are estimates of the number of people with the potential to require disability support services in the relevant group, including individuals who meet the service eligibility criteria but who do not use the services.

The approach used to derive the potential population estimates by country of birth and geographic location involved the following steps:

* deriving State/Territory based 10‑year age and sex specific proportions of people with A Core Activity Need for Assistance (ASSNP) by geographic location and country of birth using the 2011 Census
* multiplying these State/Territory based 10‑year age and sex specific proportions by the 10‑year age specific estimates of the number of people in the potential population in each State/Territory
* summing the resultant 10‑year age and sex group counts to derive the total potential populations for the geographic locations, people born in Australia, people born in another English speaking country and people born in a non‑English speaking country. Summing the potential populations for people born in Australia and people born in another English speaking country to derive the total potential population for people born in an English speaking country
* for employment, repeating the above steps, but restricting the calculations to those people aged 15–64 years, then multiplying each State/Territory total by State/Territory specific labour force participation rates for people aged   
  15–64 years.

The approach used to derive the potential populations by Indigenous status involved the following steps:

* deriving current State/Territory based 10‑year age and sex specific rate ratios of people with ASSNP by Indigenous status using the 2011 Census
* multiplying the current State/Territory Aboriginal and Torres Strait Islander and   
  non‑Indigenous 10‑year age and sex population estimates by national 10‑year age and sex specific rates of the potential population from the 2012 SDAC. Then multiplying the Aboriginal and Torres Strait Islander and non‑Indigenous counts for each 10‑year age and sex group by the 10‑year age and sex specific rate ratios of people with ASSNP to obtain an Aboriginal and Torres Strait Islander/non‑Indigenous potential population within each age and sex group
* summing the 10‑year age and sex group counts to derive a total Aboriginal and Torres Strait Islander and non‑Indigenous potential population for each State/Territory
* for employment, repeating the above steps, but restricting the calculations to those people aged 15–64 years, then multiplying each State/Territory total by State/Territory specific labour force participation rates for people aged 15–64 years.

#### Data quality issues

Data measuring the potential populations of the special needs groups are not explicitly available for the required time periods and have been estimated using several different data sources (as noted above), under several key assumptions. Some issues with this approach are:

* The method used to estimate the potential populations assumes:
* that disability rates vary only by age and sex, and there is no effect of remoteness, disadvantage, or any other variable — this is likely to affect the reliability of comparisons across states and territories, however, it is currently not possible to detect the size or direction of any potential bias
* that age‑ and sex–specific disability rates do not change significantly over time.
* New potential population estimates based on the 2012 SDAC have created a break in series, as potential population data extracted from this survey are substantially higher than those extracted from the 2009 SDAC. The growth in the potential population between 2009 and 2012 was 63 100 or 13 per cent. This contributed to an increase in prevalence amongst the population aged 0–64 years, from 2.6 per cent to 2.8 per cent. The growth in the number of people with a profound or severe core activity limitation over the same period was 47 300, or 7 per cent. This contributed to an increase in prevalence, from 3.6 per cent of the population aged 0–64 years to 3.7 per cent. To minimise the size of the change in the potential population from 2011‑12 to 2012‑13, SDAC data have been smoothed between 2009 and 2012 and the potential population has been backcast to 2008‑09 for this Report.
* The rate ratio/proportion adjustments (that is, multiplication) assumes consistency between the rate ratio/proportion as calculated from the 2011 Census and the corresponding information if it were collected from the 2012 SDAC. Two points to note about this assumption are that:
* information about people with ASSNP is based on the self‑enumeration of four questions under the 2011 Census (although personal interviews in were conducted in Aboriginal and Torres Strait Islander communities), whereas in SDAC 2012 people are deemed to be in the potential population on the basis of a comprehensive   
  interviewer–administered module of questions — although the two populations are different, they are conceptually related
* the special needs groups identification may not be the same between the   
  2011 Census and the 2012 SDAC (ABS research indicates, for example, that the Aboriginal and Torres Strait Islander identification rate differs between the Census and interviewer administered surveys).
* It is not known if the data collection instruments are culturally appropriate for all special needs groups; nor is it known how this, combined with different data collection methods, impacts on the accuracy of the estimated potential population
* There are a number of potential sources of error related to the Census that stem from failure to return a Census form or failure to answer every applicable question. 2011 Census data used in calculating the potential population exclude people for whom data is not stated. As with any collection, should the characteristics of interest (for example, ASSNP and/or special needs group status) of the people excluded differ from those people included, a potential for bias is introduced. In particular, for Aboriginal and Torres Strait Islander estimates, differential undercount of Aboriginal and Torres Strait Islander people across states and territories may introduce bias into the results that would affect the comparability of estimates across jurisdictions, if those missed by the Census had a different rate of disability status to those included.

## 14.7 Definitions of key terms

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| **Accommodation support service users receiving community accommodation and care services** | People using the following NDA 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 NDA accommodation support services (excludes service users of specialist psychiatric disability services only). See Australian Institute of Health and Welfare (AIHW) (2014b) 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 disability (including expenditure on both programs and administration, direct expenditure and grants to government service providers, and government grants to non‑government service providers (except major capital grants). |
| **Comparability** | Data are considered comparable if (subject to caveats) they can be used to inform an assessment of comparative performance. Typically, data are considered comparable when they are collected in the same way and in accordance with the same definitions. For comparable indicators or measures, significant differences in reported results allow an assessment of differences in performance, rather than being the result of anomalies in the data. |
| **Completeness** | Data are considered complete if all required data are available for all jurisdictions that provide the service. |
| **Core activities as per the 2012 ABS SDAC** | Communication, mobility and self‑care |
| **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 DS 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 DS 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 (2014b) for more information on service types 1.01–1.03. |
| **Disability** | The United Nation’s *Convention on the Rights of Persons with Disabilities*, ratified by Australia on 17 July 2008, defines ‘persons with disabilities’ as those who have long‑term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.  The World Health Organisation defines ‘disabilities’ as impairments, activity limitations, and participation restrictions: an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; and a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives (WHO 2009).  In the ABS SDAC 2012, a person has a disability if they ‘report they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes:   * 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, seizures, 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 being restricted * any other long‑term conditions resulting in a restriction.   The third CSTDA (2003, p. 9) defined ‘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 and communication. |
| **Employment services** | Employment services comprise open employment services and supported employment services. Where users of employment services are described without further qualification, this includes people who use either or both open and supported employment services.  All open employment services are now included in the Disability Employment Services (DES) program administered by the Department of Social Services (DSS).Disability Employment Services has two parts: Disability Management Service is for job seekers with disability, injury or health condition who need assistance to find a job and occasional support to keep a job; and Employment Support Service provides assistance to people with permanent disability and who need regular, ongoing support to keep a job. Supported employment services are administered by DSS (formerly FaHCSIA) under the Disability Employment Assistance activity as Australian Disability Enterprises. Australian Disability Enterprises are commercial businesses that provide employment for people with disability in a supportive environment. |
| **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 NDA service types (service type outlets). Funded agencies are usually legal entities. They are generally responsible for providing DS 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** | Geographic location is based on the Australian Statistical Geography Standard 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 2011b). The ‘outer regional and remote/very remote’ classification used in this Report was derived by adding outer regional, remote and very remote data. |
| **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 DS 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 (2014b) 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 DS 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 DS 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 DS 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. |
| **Aboriginal and Torres Strait Islander factor** | The potential populations were estimated by applying the 2012 national age‑ and sex‑ specific rates of the potential population to the age and sex structure of each jurisdiction in the current year. As Aboriginal and Torres Strait Islander people have significantly higher disability prevalence rates and greater representation in some NDA specialist disability services than non‑Indigenous people, and there are differences in the share of different jurisdictions’ populations who are Aboriginal and Torres Strait Islander, a further Aboriginal and Torres Strait Islander factor adjustment was undertaken. The Aboriginal and Torres Strait Islander factor was multiplied by the ‘expected current population estimate’ of people in the potential population in each jurisdiction to derive the ‘potential population’.  The following steps were undertaken to estimate the Aboriginal and Torres Strait Islander factors:   * Data for all people (weighted) were calculated by multiplying the data for Aboriginal and Torres Strait Islander people by 2.4 and adding the data for non‑Indigenous people. Hence Aboriginal and Torres Strait Islander people are weighted at 2.4 and non‑Indigenous people at one * Data for all people (weighted per person) were calculated by dividing the all people (weighted) data by the sum of the Aboriginal and Torres Strait Islander people data and the non‑Indigenous people data   The Aboriginal and Torres Strait Islander 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. |
| * 1. **Informal carer** | * 1. *ABS informal carer:* A person of any age who provides any informal assistance, in terms of help or supervision, to people with disabilities or long‑term conditions, or older people (that is, aged 65 years and over). This assistance has to be ongoing, or likely to be ongoing, for at least 6 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 2011a).   *DS NMDS informal carer:* an informal carer is a person such as a family member, friend or neighbour who provides regular and sustained care and assistance to the person requiring support (AIHW 2012a). This includes people who may receive a pension or benefit associated with their caring role, but does not include people, either paid or voluntary, whose services are arranged by a formal service organisation. Informal carers can be defined as primary if they help with one or more of the activities of daily living: self‑care, mobility or communication.  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 people) * worked one hour or more without pay in a family business, or on a farm (excluding people 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** | The person needs no help and has no difficulty with any of the core activity tasks, but:   * uses aids or equipment, or has one or more of the following limitations * cannot easily walk 200 metres * cannot walk up and down stairs without a handrail * cannot easily bend to pick up an object from the floor * cannot use public transport * can use public transport, but needs help or supervision * needs no help or supervision, but has difficulty using public transport. (as per the 2012 SDAC). |
| **Moderate core activity limitation** | The person needs no help, but has difficulty with a core activity task (as per the 2012 SDAC). |
| * 1. **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 2004‑05 data these countries include countries other than New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States. For 2005‑06 onwards, 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 NDA specialist disability services’.  The ‘potential population’ is the number of people 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 is the number of people aged 0–64 years who are most appropriately supported by disability services, require ongoing and/or long‑term episodic support, have a permanent or chronic impairment and with a substantially reduced capacity in one or more core activities. For respite services, only those people with a primary carer were included. For supported employment services, only the potential population aged 15–64 years participating in the labour force are included. For open employment services, the potential population is not used; instead, an estimate of all people with a disability and an employment restriction aged 15–64 is used. Where combined employment services denominators or rates are presented, the supported employment potential population is used.  The relatively high standard errors in the prevalence rates for smaller jurisdictions, as well as the need to adjust for the Aboriginal and Torres Strait Islander population necessitated the preparation of special estimates of the ‘potential population’ for specialist disability services.  Briefly, the potential population was estimated by applying the national age‑ and sex‑specific distribution of the potential population identified in the 2012 SDAC to the age and sex structure of each jurisdiction in the current year, to give an ‘expected current estimate’ of the potential population in that jurisdiction. These estimates were adjusted by the Aboriginal and Torres Strait Islander factor to account for differences in the proportion of jurisdictions’ populations who are Aboriginal and Torres Strait Islander. Aboriginal and Torres Strait Islander 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 NDA specialist disability services (AIHW 2006).   * 1. The potential populations for 2004‑05 to 2006‑07 were calculated using national age‑ and sex‑specific rates of severe or profound core activity limitation from the ABS Survey of Disability, Ageing and Carers (SDAC) conducted in 2003. In 2011, the 2009 SDAC was released, and recalculation of the potential population has resulted in a break in series between the 2003 and 2009 surveys. In 2014, the 2012 SDAC was released, and recalculation of the potential population has resulted in a break in series between the 2009 and 2012 surveys.   Data measuring the potential population is not available for each reported year and so has been estimated from several sources based on the following assumptions:  (a) for the purposes of calculation, it is assumed that age‑sex specific proportions of the potential population changed smoothly from 2009 to 2012.  (b) the assumption that national age‑sex specific proportions of the potential population from SDAC 2009 and SDAC 2012 apply consistently across states/territories is untested. |
| **Primary carer** | *ABS SDAC primary carer*: A primary carer is a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities, with one or more of the core activities of mobility, self‑care or communication. In this survey, primary carers only include people aged 15 years and over. People aged 15 to 17 years were only interviewed personally if parental permission was granted (ABS http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4430.0Glossary602012?opendocument&tabname=Notes&prodno=4430.0&issue=2012&num=&view=).  *DS NMDS primary carer*: an informal carer who assists the person requiring support, in one or more of the following ADL: self‑care, mobility or communication.  See also informal carer. |
| **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** | The person is unable to do or always needs help with, a core activity task. (as per the 2012 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** | *Schooling restriction*: 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.  *Employment restriction*: 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. |
| **Service** | A service is a support activity provided to a service user, in accord with the NDA. 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 NDA. |
| **Service type** | The support activity that the service type outlet has been funded to provide under the NDA. The DS 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 alternative forms of communication; 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 NDA 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 disability who receives a NDA specialist disability 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 need for assistance with ADL** | Data on service users with different levels of need for assistance with ADL are derived using information on the level of support needed in one or more of the core support areas: self‑care, mobility, and communication. Service users who need help with ADL reported always/sometimes needing help in one or more of these areas (people who need help with ADL are ‘conceptually comparable’ with people who have a profound or severe core activity limitation). Service users who did not need help with ADL reported needing no support in all the core activity support areas. |
| **Severe core activity limitation** | The person sometimes needs help with a core activity task, and/or 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. (as per the SDAC 2012). |
| **Users of NDA accommodation support services** | People using one or more accommodation support services that correspond to the following DS NMDS service types: 1.01 large residentials/institutions (more than 20 places); 1.02 small residentials/institutions (7–20 places); 1.03 hostels; 1.04 group homes (usually 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. |

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| **Users of NDA community access services** | People using one or more services that correspond to the following DS NMDS service types: 3.01 learning and life skills development; 3.02 recreation/holiday programs; and 3.03 other community access. See AIHW (2014a) for more information on service types 3.01–3.03. |
| **Users of NDA community support services** | People using one or more services that correspond to the following DS 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 (2014a) for more information on service types 2.01–2.07. |
| **Users of NDA employment services** | People using one or more services that correspond to the following DS 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 NDA respite services** | People using one or more services that correspond to the following DS 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/combination respite; and 4.05 other respite. See AIHW (2014a) for more information on service types 4.01–4.05. |

## 14.8 List of attachment tables

Attachment tables are identified in references throughout this chapter by a ‘14A’ prefix (for example, table 14A.1). Attachment tables are available on the Review website (www.pc.gov.au/gsp).

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## 14.9 References

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1. Data should be interpreted with caution. Indigenous status is not known for 58 per cent of participants. CALD status is known for most participants, with 13 per cent of records not stated. The NDIA is working to ensure that these data are collected for all participants. [↑](#footnote-ref-2)