## Data quality information — Services for people with disability, chapter 14

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| Data Quality Information |
| Data quality information (DQI) provide information against the seven Australian Bureau of Statistics (ABS) data quality framework dimensions, for a selection of performance indicators in the Services for people with disability chapter.  Technical DQI has been supplied or agreed by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers. |
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DQI are available for the following performance indicators:

Access to NDA specialist disability services 2

Service use by severity of disability 8

Service use by special needs groups 14

Service use by special needs groups – Aboriginal and Torres Strait Islander people 20

Assistance for younger people with disability in residential aged care 26

Labour force participation and employment of people with disability 29

Client and carer satisfaction 31

Labour force participation of primary carers of people with disability 35

Social participation of people with disability 39

Access to NDA specialist disability services

Data quality information for this indicator has been sourced from the Australian Institute of Health and Welfare (AIHW) with additional Steering Committee comments.

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| **Indicator definition and description** | |
| **Element** | Equity — access. |
| **Indicators** | Access to NDA specialist disability services. |
| **Measure (computation)** | 1. Numerator: Number of users of specialist disability services (all ages) in the reporting period.  2. Denominator: Estimated potential population for specialist disability services on 30 June at start of reporting period.  The potential population is defined as people aged 0–64 years with the potential to require disability support services. For more information on the potential population, see Section 14.7 Definition of key terms: ‘Potential population’.  3. Percentage: R/N x 100 where R = number of service users (all ages) in the DS NMDS during the reporting period and N = estimated potential population on 30 June at the start of the reporting period.  Performance indicators for disability services provided by the Australian Government (disability employment services only) are restricted to the age range 15–64 years. |
| **Data source/s** | Numerator: Disability Services National Minimum Data Set (DS NMDS). For general issues relating to the DS NMDS, refer to the DS NMDS data quality statement on the AIHW website.  Denominator: 2009 and 2012 Survey of Disability Ageing and Carers (SDAC), 2011 Census of Population and Housing (Census 2011), Estimated Resident Population (ERP) and Indigenous Population Projections. |
| **Data Quality Framework Dimensions** | |
| **Institutional environment** | **AIHW**  The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio. More information about the AIHW is available on the AIHW website.  When errors are found in published data, those errors are corrected immediately in publications on the AIHW website, and where necessary, in online tables and online interactive data cubes. Corrections are documented on the AIHW website.  **DS NMDS/CSTDA**  All states and territories and the Australian Government Department of Social Services (DSS) supply data on the disability services provided under the National Disability Agreement (NDA) to the AIHW annually. These are compiled into the DS NMDS. (The DS NMDS’ name was changed, from the Commonwealth–State/Territory Disability Agreement National Minimum Dataset (CSTDA NMDS), on 1 January 2009.) Service providers collate data in relation to each of their service type outlets providing services under the NDA, as well as the service users who access these outlets. A limited number of data items are provided by government agencies. Government agencies compile, edit and verify the data, and supply a final data set to the AIHW for further verification, national collation and analysis.  The set of privacy and data principles for the DS NMDS/CSTDA NMDS collection are outlined in the Data Guide, the most recent version of which is available on the AIHW website.  All State and Territory governments and the Australian Government are required to provide data annually for the DS NMDS, and are responsible for the quality and timeliness of the data.  **ABS**  For information on the institutional environment of the ABS, including the legislative obligations of the ABS, please see ABS Institutional Environment.  **DSS Disability Employment Services (DES) collection (from which Disability Management Services (DMS) data are sourced)**  The DSS DES collection provides monthly and annual estimates of the number of people receiving DMS.  The DES collection is conducted in the course of operations by Employment Service Provider Agencies funded by DSS to provide employment services. These providers are required to use the DSS–built and supplied Employment Services System to monitor the provision of services, to manage client information and to provide management information to DSS, including DES collection information |
| **Relevance** | Data from several different sources, each referencing different time periods, are used to produce data:   * the CSTDA NMDS 2008–09 and earlier * the DS NMDS 2009–10 and later * the Home and Community Care Minimum Dataset (HACC MDS) * the DSS DES collection * the 2009 and 2012 SDAC * ABS ERP at 30 June * the 2011 Census * ABS Indigenous Population Projections.   For instance, tables for 2013-14 referenced DS NMDS for 2013-14, the 2009 and 2012 SDAC, ERP June 2013, the 2011 Census and 30 June 2013 Indigenous population projections. This may reduce the overall accuracy of the estimates.  **SDAC 2009 and 2012**  Data from the SDAC do not cover very remote areas or Indigenous communities, whereas the other data sources cover all geographical areas of Australia.  The potential population rate increased from 2.6 per cent of the population in 2009 to 2.8 per cent in 2012. The change for each age–sex group was smoothed for years between 2009 and 2012, and the same annual changes were applied in calculating 30 June 2008, 2013 and 2014 rates.  The use of national level SDAC 2009 and 2012 age–sex specific potential population rates assumes these rates to be consistent across states and territories. This assumption is untested.  **2011 Census of Population and Housing**  Information from the 2011 Census about people with need for assistance with core activities is based on the self–enumerated completion of four questions, whereas people are defined as being in the potential population in SDAC on the basis of a comprehensive interviewer administered module of questions. These two populations are thus different but conceptually closely related.  The use of 2011 Census data about country of birth and remoteness area distributions for people with need for assistance with core activities assumes these distributions to be consistent over time. This assumption is untested.  **DS NMDS/CSTDA**  DS NMDS data are generated by processes that deliver services to people (as were CSTDA NMDS data). It is assumed that these processes involve the determination of eligibility and the assessment of disability support needs following broadly consistent principles across jurisdictions, although it is known that differing assessment tools are in use across jurisdictions. This assumption is untested.  The DS NMDS collects data about specialist disability support services according to nationally agreed data definitions. It includes data on all such services (including Employment Support Services (ESS) data) except DMS data, which is collected from the DSS DES collection. The 2008–09 CSTDA NMDS includes services received, or purchased with, funding under the third CSTDA during the period 1 July 2008 to 31 December 2008, and/or provided under the NDA during the period 1 January 2009 to 30 June 2009. The 2009–10 and later years DS NMDS include services provided under the NDA during each of those years.  Data collected in the DS NMDS include characteristics of specialist disability services provided during the reporting period, the people receiving services and the outlets providing services. Disaggregation by State and Territory, remoteness area, demographic characteristics, support needs, broad service groups and service types are available.  The scope of services varied in terms of programs that were provided under the NDA across jurisdictions. In particular, the provision of specialist psychiatric disability and early childhood intervention services differed across states and territories. As well, in Victoria and Queensland (in some cases), specialist psychiatric disability services were provided under the NDA. In all other jurisdictions specific mental health services were funded and provided under health, rather than disability, portfolios. To facilitate comparability of data, specialist psychiatric disability services in Victoria and Queensland are excluded from the NDA performance indicators. That is, the data excludes those who only receive specialist psychiatric disability services, but does not exclude those people with a psychiatric condition who receive other specialist disability services.  In addition, the predominant service models vary across jurisdictions, and this may affect comparability of data. For example, differences across the states and territories in the predominant model of accommodation support lead to differences in the number of people accessing those services. Caution is recommended in the use or interpretation of performance at the service type level. There is a risk when service type level data are interpreted in isolation as various service types are complementary and the emphasis on different services reflects jurisdictional policy directions. For more information, see Disability support services: services provided under the NDA 2013–14 (AIHW 2015a).  Counts of service users are estimates derived using a statistical linkage key. Invalid or incomplete linkage keys mean that it is not possible to fully eliminate multiple counting of service users. This is believed to lead to a slight overestimate of service user numbers. In 2013–14, the proportion of invalid linkage keys was 0.3 per cent, ranging from zero to 1.2 per cent of the total number of service user records in each jurisdiction. In 2012–13, the proportion of invalid linkage keys was 0.3 per cent, ranging from zero to 1.3 per cent of the total number of service user records in each jurisdiction. A small number of invalid linkage keys was recovered for the final data sets by comparison with records from current or previous years.  The process for collecting the statistical linkage key in Victoria leads to a relatively high number of invalid linkage keys and an associated high estimate of service users. In Victoria, the process for collecting service user information is an ‘opt–in’ approach. All other states and territories follow an ‘opt–out’ approach in which individuals may elect not to provide their information for the NMDS, although procedures for opting out of the data collection vary. This affects the comparability of counts of service users across jurisdictions.  **DSS DES collection (source of DMS numerators)**  DES eligibility criteria are determined by DSS, resulting in consistency of eligibility across all states/territories. Eligibility for DMS support is based on the presence of a disability or medical condition, which results in ongoing support in the workplace. It is not currently possible to distinguish between DMS users who do and who do not have a disability.  DMS services are funded as part of DSS’ general funding allocation.  Data collected in the DES collection include the State/Territory where the service was provided, referrals/commencements/exits, job placement outcomes, Indigenous status, country of birth, age, sex, broad medical condition and allowance type, and homeless/refugee/previous offender flags.  The scope of services provided under the DMS is not known to vary across jurisdictions. |
| **Timeliness** | Performance measures are provided for years 2008–09 to 2013–14. The source data that becomes available at the latest date is the DS NMDS data. This is typically published 12-15 months after the end of the reference year, e.g. the 2013–14 report was released on 17 June 2015.  HACC MDS data is provided to the AIHW before publication for the current reporting year (for the 2016 report this is 2014–15).The latest HACC statistical report to be published is Home and Community Care Program Minimum Data Set: 2013–14 Annual Bulletin (DSS 2015).  DSS DES information for a reference year is generally available four months after the end of that year.  The 2009 and 2012 SDAC are used to provide prevalence rates of people in the potential population. Results of the 2012 SDAC were released on 13 November 2013.  Census TableBuilder, from which Census 2011 Need For Assistance data were extracted, was released in 2013.  ERP data are produced each quarter, with results published six months after the reference date. On 20 June 2013, the ABS released final ERP rebased to the 2011 Census for estimates from September 1991 to June 2011. These rebased/recast estimates have been used in calculation of the potential population for all years to June 2011, and the latest available ERP has been used for years from June 2012.  Indigenous Population Projections are produced irregularly – the most recent release was in April 2014. As these data are projections, there is no timeliness issue as information for the performance measure reference years has been available for some time prior to those reference years. |
| **Accuracy** | **DS/CSTDA NMDS**  Potential sources of error in the DS NMDS (and the CSTDA NMDS before it) are data items for which the response is not stated or not collected. If the characteristics of the people for whom the information is not available are different to those people for whom information is reported, there is potential for bias to be introduced into the data.  The DS NMDS aims to provide complete national data on all services provided under the NDA, service type outlets and service users each year. The national response rate for service type outlets is based on the number of service type outlets that responded out of the total number of funded outlets in each jurisdiction (98.0 per cent in 2013–14 and 2012–13). It is not possible to calculate a national response rate for service users, as some outlets do not report on all service users due to administrative or other error. In addition, some service types are not required to report service user information.  ‘Not stated/not collected’ rates for individual data items varied substantially across items and jurisdictions.  The 2008–09 CSTDA NMDS data was initially confirmed by State/Territory and Australian Government agencies in July 2010. Some coding errors were subsequently identified and, following National Disability Information Management Group (NDIMG) endorsement in March 2011, revisions were made to the data set. The revised data set was used to produce the 2008–09 performance indicators in this report. The 2009–10 DS NMDS data confirmed by State/Territory and Australian Government agencies in March 2011 were used to produce 2009–10 performance indicators. Coding errors advised subsequently were reported in Disability support services: Report on services provided under the NDA 2009–10 (AIHW 2011).  In response to concerns expressed by some jurisdictions, changes were made to the DS NMDS/CSTDA NMDS processing rules in 2010. These changes were to be effective for the 2008–09 NMDS and future collections. The changes involve no longer attempting to match records with either missing sex or an estimated date of birth with existing records within the same year’s data or previous years’ DS NMDS data. The matching process provided a means by which these not stated or estimated values could be updated based on other records that, given their high match in other items, were assumed to represent the same service user. By no longer performing these functions these records now stand alone, thereby increasing slightly the number of unique service users within the DS/CSTDA NMDS.  **SDAC 2009 and 2012**  Estimates from the SDAC are subject to sampling variability as the SDAC is a sample survey. A measure of the sampling variability, the relative standard error (RSE), is estimated below for the age–sex specific potential population rates.  **Estimated RSE for age–sex potential population rates at national level (per cent)**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | General population | potential | Respite care population | potential | DES/Open Employment population | potential | | Age group (years) | Male | Female | Male | Female | Male | Female | | 0–9 | 8.2 | 9.7 | 10.8 | 15.3 | na | na | | 10–14 | 9.3 | 15.0 | 13.9 | 18.2 | na | na | | 15–24 | 8.9 | 11.3 | 13.6 | 15.4 | 6.7 | 7.5 | | 25–34 | 11.7 | 12.0 | 24.3 | 24.9 | 6.8 | 5.9 | | 35–44 | 13.6 | 11.7 | 21.4 | 24.6 | 5.5 | 5.9 | | 45–49 | 15.3 | 17.4 | 28.9 | 46.1 | 6.1 | 6.0 | | 50–54 | 18.1 | 15.2 | 30.4 | 23.6 | 6.6 | 5.4 | | 55–64 | 10.3 | 7.9 | 14.3 | 16.9 | 3.5 | 3.0 | | na Not applicable.  *Source:* ABS (unpublished) *Disability, Ageing and Carers*, 2012. | | | | | | |   **DSS DES collection (source of DMS numerators)**  The quality of DMS data are enhanced using the Employment Services System, in three ways:   * the Employment Services System is used for all services provided by Employment Provider Agencies, not just DES users, which improves the quality of DMS data as missing or conflicting data can be resolved by comparison with data from other programs * information is linked with Centrelink data for the purposes of determining eligibility for payments, and this provides another opportunity to complete missing information and correct errors * it is a condition of provision of services that a client provide complete and correct information.   As a result, information presented on DMS data has negligible missing values.  Information on users is derived from data on episodes of assistance over the course of the reference year. Individuals' multiple episodes are linked by means of a linkage key called the Job Seeker ID. When a potential user contacts a Provider Agency for assistance, information including name, address and date of birth is used to match them to previous episodes of assistance.  **2011 Census of Population and Housing**  Potential sources of error in Census data include failure to return a Census form or failure to answer applicable questions. Data distributions calculated from 2011 Census data excluded people for whom data item information was not available. Should the characteristics of interest of the people excluded differ from those people included, there is potential for bias to be introduced into the data distributions. Quality statements about 2011 Census data items can be found on the ABS website.  See also ABS data quality statements. |
| **Coherence** | The DS/CSTDA NMDS consists of a set of nationally significant data items that are collected in all jurisdictions (State/Territory and Australian Government) and an agreed method of collection and transmission. Data items and definitions have remained consistent each year since the launch of the redeveloped national collection in 2002.  Data items are largely based on national community services data standards to enable comparability between collections. Items are also designed to be comparable with other major collections such as the SDAC and international standards including the World Health Organization’s International Classification of Functioning and Disability (ICF). More information about the design and comparability of CSTDA NMDS data items is given in the AIHW publication *Australia’s national disability services data collection: Redeveloping the Commonwealth–state/territory disability agreement National Minimum Data Set*. These data items were largely unchanged in the transition to the DS NMDS.  From 1 October 2008, targeted support services previously delivered by the Australian Government and included in the service group ‘employment services’ were transferred to State/Territory governments and thus recorded as State/Territory delivered disability support services. Targeted support services delivered by the Australian Government are not included in the NDA performance indicators.  As detailed in the ‘Relevance’ and ‘Timeliness’ sections, there are issues with the consistency of the numerator and denominator for this performance indicator, as the numerator and denominator are drawn from differently defined populations and different data sources. These issues reduce the consistency of the performance indicators and lead to quality issues such as rates of service use greater than 100 per cent.  The potential population for specialist disability services does not match well with the numerator, which comprises people who used specialist disability services. People who used these services do not necessarily have the same health conditions or core activity limitations as those people included in the potential population. They may instead have a mild/moderate core activity limitation or limitations in other activities — for example, with working or education. |
| **Accessibility** | **DS/CSTDA NMDS**  The AIHW provides a variety of products that draw upon the DS NMDS/CSTDA NMDS. Published products available on the AIHW website are:   * *Disability support services: services provided under the National Disability Agreement* (AIHW various) (annual report/bulletin): These publications are available for free download from the AIHW website * Interactive disability data cubes: These contain subsets of national information from the 1999 NMDS onwards, which allow people to construct data tables online according to their needs * *Australia’s Welfare* (AIHW 2015b) (biennial report) * Ad hoc data are available on request (charges apply to recover costs) * METeOR – online metadata repository * *National Community Services Data Dictionary 2014* (AIHW 2014).   DS NMDS data are used for service planning and monitoring in individual jurisdictions, and for reporting national performance indicators. Performance indicators formed part of the accountability measures under the third CSTDA, and were published annually as part of the FaHCSIA publication Commonwealth State/Territory Disability Agreement annual public report. The AIHW also released supporting web publications which included these indicator tables in more detail, and these are available on the AIHW website.  **ABS**  The ABS website provides information and data on the ERP, Census Need for Assistance and information on disability recorded in the SDAC. Detailed data extractions are available through the National Information Referral Service  (cost–recovery applies). |
| **Interpretability** | Supporting information on the quality and use of the DS/CSTDA NMDS are published annually in *Disability support services: services provided under the National Disability Agreement* (AIHW various) available in hard copy or on the AIHW website As well, the annual *Disability Services National Minimum Data Set: data guide, June 2015* (AIHW 2015). and the data specifications in METeOR, AIHW’s online metadata registry aid in interpretation of DS/CSTDA NMDS data. |
| **Data Gaps/Issues Analysis** | |
| **Key data gaps/ issues** | The Steering Committee notes the following key data gaps/issues:   * The potential population is not measured for 30 June of each year for which rates are presented. To account for this, the potential population has been estimated using several data sources. This estimation is based on several key assumptions. It assumes that the age–sex distribution of the potential population changes constantly from the 2009 SDDAC to the 2012 SDAC. It also assumes that national age–sex specific rates of the potential population in SDAC are the same as rates for each of the states and territories. The extent to which the change in age-sex-specific rates varies, and the extent of variation in State/Territory rates differ from national rates, has not been measured. * There are issues with the consistency of the numerator and denominator for this performance indicator, as the numerator and denominator are drawn from differently defined (though comparable) populations and different data sources. |

Service use by severity of disability

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments

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| **Indicator definition and description** | |
| **Element** | Equity — access. |
| **Indicators** | Service use by severity of disability. |
| **Measure (computation)** | 1. Numerator: Number of users of specialist disability services (all ages) in the reporting period.  2. Denominator: Estimated potential population for specialist disability services on 30 June at start of reporting period.  The potential population is defined as people aged 0–64 years with the potential to require disability support services. For more information on the potential population, see Section 14.7 Definition of key terms: ‘Potential population’.  3. Percentage: R/N x 100 where R = number of service users (all ages) in the DS NMDS during the reporting period and N = estimated potential population on 30 June at the start of the reporting period.  Performance indicators for disability services provided by the Australian Government (disability employment services only) are restricted to the age range 15–64 years. |
| **Data source/s** | Numerator: DS NMDS. For general issues relating to the DS NMDS, refer to the DS NMDS data quality statement on the AIHW website.  Denominator: AIHW calculation of potential population from SDAC, Census, ERP and Indigenous Population Projections (see ABS data quality statements). |
| **Data Quality Framework Dimensions** | |
| **Institutional environment** | **AIHW**  The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare* *Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio. More information about the AIHW is available on the AIHW website.  When errors are found in published data, those errors are corrected immediately in publications on the AIHW website, and where necessary, in online tables and online interactive data cubes. Corrections are documented on the AIHW website.  **DS NMDS/CSTDA NMDS**  All states and territories and the Australian Government DSS supply data on the disability services provided under the NDA to the AIHW annually. These are compiled into the DS NMDS. (The DS NMDS’ name was changed, from the Commonwealth–State/Territory Disability Agreement National Minimum Dataset (CSTDA NMDS), on 1 January 2009.) Service providers collate data in relation to each of their service type outlets providing services under the NDA, as well as the service users who access these outlets. A limited number of data items are provided by government agencies. Government agencies compile, edit and verify the data, and supply a final data set to the AIHW for further verification, national collation and analysis.  The set of privacy and data principles for the DS NMDS/CSTDA NMDS collection are outlined in the Data Guide, the most recent version of which is available on the AIHW website.  All State and Territory governments and the Australian Government are required to provide data annually for the DS NMDS, and are responsible for the quality and timeliness of the data.  **ABS**  For information on the institutional environment of the ABS, including the legislative obligations of the ABS, please see ABS Institutional Environment.  **DSS DES collection (from which Disability Management Services (DMS) data are sourced)**  The DSS DES collection provides monthly and annual estimates of the number of people receiving Disability Management Services.  The DES collection is conducted in the course of operations by Employment Service Provider Agencies funded by DSS to provide employment services. These providers are required to use the DSS–built and supplied Employment Services System to monitor the provision of services, to manage client information and to provide management information to DSS, including DES collection information. |
| **Relevance** | Data from several different sources, each referencing different time periods, are used to produce data.   * the CSTDA NMDS 2008–09 and earlier * the DS NMDS 2009–10 and later * the HACC MDS * the DSS DES collection * the 2009 and 2012 SDAC * ABS ERP at 30 June * the 2011 Census * ABS Indigenous Population Projections.   For instance, tables for 2013–14 referenced DS NMDS for 2013–14, the 2009 and 2012 SDAC, ERP June 2013, the 2011 Census and 30 June 2013 Indigenous population projections. This may reduce the overall accuracy of the estimates.  **SDAC 2009 and 2012**  Data from the SDAC do not cover very remote areas or Indigenous communities, whereas the other data sources cover all geographical areas of Australia.  The potential population rate increased from 2.6 per cent of the population in 2009 to 2.8 per cent in 2012. The change for each age–sex group was smoothed for years between 2009 and 2012, and the same annual changes were applied in calculating 30 June 2008, 2013 and 2014 rates.  The use of national level SDAC 2012 age–sex specific potential population rates assumes these rates to be consistent across states and territories. This assumption is untested.  **2011 Census of Population and Housing**  Information from the 2011 Census about people with need for assistance with core activities is based on the self–enumerated completion of four questions, whereas people are defined as being in the potential population in SDAC on the basis of a comprehensive interviewer administered module of questions. These two populations are thus different but conceptually closely related.  The use of 2011 Census data about country of birth and remoteness area distributions for people with need for assistance with core activities assumes these distributions to be consistent over time. 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The 2009‑10, and later year DS NMDS include services provided under the NDA during each of these years.  Data collected in the DS NMDS include characteristics of specialist disability services provided during the reporting period, the people receiving services and the outlets providing services. Disaggregation by State and Territory, remoteness area, demographic characteristics, support needs, broad service groups and service types are available.  The scope of services varied in terms of programs that were provided under the NDA across jurisdictions. In particular, the provision of specialist psychiatric disability and early childhood intervention services differed across states and territories. As well, in Victoria and Queensland (in some cases), specialist psychiatric disability services were provided under the NDA. In all other jurisdictions specific mental health services were funded and provided under health, rather than disability, portfolios. To facilitate comparability of data, specialist psychiatric disability services in Victoria and Queensland are excluded from the NDA performance indicators. That is, the data excludes those who only receive specialist psychiatric disability services, but does not exclude those people with a psychiatric condition who receive other specialist disability services.  In addition, the predominant service models vary across jurisdictions, and this may affect comparability of data. For example, differences across the states and territories in the predominant model of accommodation support lead to differences in the number of people accessing those services. Caution is recommended in the use or interpretation of performance at the service type level. There is a risk when service type level data are interpreted in isolation as various service types are complementary and the emphasis on different services reflects jurisdictional policy directions. For more information, see *Disability support services: services provided under the National Disability Agreement 2013–14—Appendix* (AIHW 2015)  Counts of service users are estimates derived using a statistical linkage key. Invalid or incomplete linkage keys mean that it is not possible to fully eliminate multiple counting of service users. This is believed to lead to a slight overestimate of service user numbers. In 2013–14, the proportion of invalid linkage keys was 0.3 per cent, ranging from zero to 1.2 per cent of the total number of service user records in each jurisdiction. In 2012–13, the proportion of invalid linkage keys was 0.3 per cent, ranging from zero to 1.3 per cent of the total number of service user records in each jurisdiction. A small number of invalid linkage keys was recovered for the final data sets by comparison with records from current or previous years.  The process for collecting the statistical linkage key in Victoria leads to a relatively high number of invalid linkage keys and an associated high estimate of service users. In Victoria, the process for collecting service user information is an ‘opt–in’ approach. All other states and territories follow an ‘opt–out’ approach in which individuals may elect not to provide their information for the NMDS, although procedures for opting out of the data collection vary. This affects the comparability of counts of service users across jurisdictions.  **DSS DES collection (source of DMS numerators)**  DES eligibility criteria are determined by DSS, resulting in consistency of eligibility across all states/territories. Eligibility for DMS support is based on the presence of a disability or medical condition, which results in ongoing support in the workplace. It is not currently possible to distinguish between DMS users who do and who do not have a disability.  DMS services are funded as part of DSS’ general funding allocation.  Data collected in the DES collection include the State/Territory where the service was provided, referrals/commencements/exits, job placement outcomes, Indigenous status, country of birth, age, sex, broad medical condition and allowance type, and homeless/refugee/previous offender flags.  The scope of services provided under the DMS is not known to vary across jurisdictions. |
| **Timeliness** | Performance measures are provided for years from 2008–09 to 2013–14. The source data that becomes available at the latest date is the DS/CSTDA NMDS data. This is typically published 12-15 months after the end of the reference year, e.g. the 2013–14 report was released on 17 June 2015.  HACC MDS data is provided to the AIHW before publication for the current reporting year (for the 2016 report this is 2014–15). However, the latest HACC statistical report to be published is *Home and Community Care Program Minimum Data Set: 2013–14 Annual Bulletin* (DSS 2015).  DSS DES information for a reference year is generally available four months after the end of that year.  The 2009 and 2012 SDAC are used to provide prevalence rates of people in the potential population. Results of the 2012 SDAC were released on 13 November 2013.  Census TableBuilder, from which Census 2011 Need For Assistance data were extracted, was released in 2013.  ERP data are produced each quarter, with results published six months after the reference date. On 20 June 2013, the ABS released final ERP rebased to the 2011 Census for estimates from September 1991 to June 2011. These rebased/recast estimates have been used in calculation of the potential population for all years to June 2011, and the latest available ERP has been used for years from June 2012.  Indigenous Population Projections are produced irregularly – the most recent release was in April 2014. As these data are projections, there is no timeliness issue as information for the performance measure reference years has been available for some time prior to those reference years. |
| **Accuracy** | **DS NMDS/CSTDA NMDS**  Potential sources of error in the DS NMDS (and the CSTDA NMDS before it) are data items for which the response is not stated or not collected. If the characteristics of the people for whom the information is not available are different to those people for whom information is reported, there is potential for bias to be introduced into the data..  The DS NMDS aims to provide complete national data on all services provided under the NDA, service type outlets and service users each year. The national response rate for service type outlets is based on the number of service type outlets that responded out of the total number of funded outlets in each jurisdiction (98.0 per cent in 2013–14 and 98.0 per cent in 2012–13). It is not possible to calculate a national response rate for service users, as some outlets do not report on all service users due to administrative or other error. In addition, some service types are not required to report service user information.  ‘Not stated/not collected’ rates for individual data items varied substantially across items and jurisdictions.  The 2008–09 CSTDA NMDS data was initially confirmed by State/Territory and Australian Government agencies in July 2010. Some coding errors were subsequently identified and, following National Disability Information Management Group (NDIMG) endorsement in March 2011, revisions were made to the data set. The revised data set was used to produce the 2008–09 performance indicators in this report. The 2009‑10 DS NMDS data confirmed by State/Territory and Australian Government agencies in March 2011 were used to produce 2009‑10 performance indicators. Coding errors advised subsequently were reported in *Disability support services* *2009‑10* (AIHW 2011).  In response to concerns expressed by some jurisdictions, changes were made to the DS NMDS/CSTDA NMDS processing rules in 2010. These changes were to be effective for the 2008–09 NMDS and future collections. The changes involve no longer attempting to match records with either missing sex or an estimated date of birth with existing records within the same year’s data or previous years’ DS NMDS data. The matching process provided a means by which these not stated or estimated values could be updated based on other records that, given their high match in other items, were assumed to represent the same service user. By no longer performing these functions these records now stand alone, thereby increasing slightly the number of unique service users within the DS/CSTDA NMDS.  **SDAC 2009 and 2012**  Estimates from the SDAC are subject to sampling variability as the SDAC is a sample survey. A measure of the sampling variability, the RSE, is estimated below for the age–sex specific potential population rates.  **Estimated RSE for age–sex potential population rates at national level (per cent)**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | General population | potential | Respite care population | potential | DES/Open Employment population | potential | | Age group (years) | Male | Female | Male | Female | Male | Female | | 0–9 | 8.2 | 9.7 | 10.8 | 15.3 | na | na | | 10–14 | 9.3 | 15.0 | 13.9 | 18.2 | na | na | | 15–24 | 8.9 | 11.3 | 13.6 | 15.4 | 6.7 | 7.5 | | 25–34 | 11.7 | 12.0 | 24.3 | 24.9 | 6.8 | 5.9 | | 35–44 | 13.6 | 11.7 | 21.4 | 24.6 | 5.5 | 5.9 | | 45–49 | 15.3 | 17.4 | 28.9 | 46.1 | 6.1 | 6.0 | | 50–54 | 18.1 | 15.2 | 30.4 | 23.6 | 6.6 | 5.4 | | 55–64 | 10.3 | 7.9 | 14.3 | 16.9 | 3.5 | 3.0 | | **na** Not applicable.  *Source:* ABS (unpublished) Disability, Ageing and Carers, 2012. | | | | | | |   **DSS DES collection (source of DMS numerators)**  The quality of DMS data are enhanced using the Employment Services System, in three ways:   * The Employment Services System is used for all services provided by Employment Provider Agencies, not just DES users, which improves the quality of DMS data as missing or conflicting data can be resolved by comparison with data from other programs * Information is linked with Centrelink data for the purposes of determining eligibility for payments, and this provides another opportunity to complete missing information and correct errors * It is a condition of provision of services that a client provide complete and correct information.   As a result, information presented on DMS data has negligible missing values.  Information on users is derived from data on episodes of assistance over the course of the reference year. Individuals’ multiple episodes are linked by means of a linkage key called the Job Seeker ID. When a potential user contacts a Provider Agency for assistance, information including name, address and date of birth is used to match them to previous episodes of assistance.  **2011 Census of Population and Housing**  Potential sources of error in Census data include failure to return a Census form or failure to answer applicable questions. Data distributions calculated from 2011 Census data excluded people for whom data item information was not available.  Should the characteristics of interest of the people excluded differ from those people included, there is potential for bias to be introduced into the data distributions. Quality statements about 2011 Census data items can be found on the ABS website.  See also ABS data quality statements. |
| **Coherence** | The DS/CSTDA NMDS consists of a set of nationally significant data items that are collected in all jurisdictions (State/Territory and Australian Government) and an agreed method of collection and transmission. Data items and definitions have remained consistent each year since the launch of the redeveloped national collection in 2002.  Data items are largely based on national community services data standards to enable comparability between collections. Items are also designed to be comparable with other major collections such as the SDAC and international standards including the World Health Organization’s International Classification of Functioning and Disability (ICF). More information about the design and comparability of CSTDA NMDS data items is given in the AIHW publication *Australia’s national disability services data collection: Redeveloping the Commonwealth–state/territory disability agreement National Minimum Data Set.* These data items were largely unchanged in the transition to the DS NMDS.  From 1 October 2008, targeted support services previously delivered by the Australian Government and included in the service group ‘employment services’ were transferred to State/Territory governments and thus recorded as State/Territory delivered disability support services. Targeted support services delivered by the Australian Government are not included in the NDA performance indicators.  As detailed in the ‘Relevance’ and ‘Timeliness’ sections, there are issues with the consistency of the numerator and denominator for this performance indicator, as the numerator and denominator are drawn from differently defined populations and different data sources. These issues reduce the consistency of the performance indicators and lead to quality issues such as rates of service use greater than 100 per cent.  The potential population for specialist disability services does not match well with the numerator, which comprises people who used specialist disability services. People who used these services do not necessarily have the same health conditions or core activity limitations as those people included in the potential population. They may instead have a mild/moderate core activity limitation or limitations in other activities — for example, with working or education. |
| **Accessibility** | **DS NMDS/CSTDA NMDS**  The AIHW provides a variety of products that draw upon the DS NMDS/CSTDA NMDS. Published products available on the AIHW website are:   * *Disability support services: services provided under the National Disability Agreement* (AIHW various) (annual report/bulletin): These publications are available for free download from the AIHW website * Interactive disability data cubes: These contain subsets of national information from the 1999 NMDS onwards, which allow people to construct data tables online according to their needs * Australia’s Welfare (AIHW 2015b) (biennial report) * Ad hoc data are available on request (charges apply to recover costs) * METeOR – online metadata repository * National Community Services Data Dictionary *2014* (AIHW 2014).   DS NMDS data are used for service planning and monitoring in individual jurisdictions, and for reporting national performance indicators. Performance indicators formed part of the accountability measures under the third CSTDA, and were published annually as part of the FaHCSIA publication Commonwealth State/Territory Disability Agreement annual public report. The AIHW also released supporting web publications which included these indicator tables in more detail, and these are available on the AIHW website.  **ABS**  The ABS website provides information and data on the ERP, Census Need for Assistance and information on disability recorded in the SDAC. Detailed data extractions are available through the National Information Referral Service  (cost–recovery applies). |
| **Interpretability** | Supporting information on the quality and use of the DS/CSTDA NMDS are published annually in *Disability support services: services provided under the National Disability Agreement* (AIHW various) available in hard copy or on the AIHW website As well, the annual *Disability Services National Minimum Data Set: data guide, June 2015* (AIHW 2015). and the data specifications in METeOR, AIHW’s online metadata registry aid in interpretation of DS/CSTDA NMDS data. |
| **Data Gaps/Issues Analysis** | |
| **Key data gaps/ issues** | The Steering Committee notes the following key data gaps/issues:   * The DS NMDS includes information on ‘Activity and participation life area’, which indicates whether users need assistance with activities of daily living, activities of independent living or activities of work, education and community living. These data are collected in a matrix, where how often a user needs help is collected at the same time as whether they need help with these activities. The concept of severity of need for assistance more closely aligns with data on how often help is needed. However, information presented for this measure is of whether users need assistance with these activities. For future reports, consideration should be given to using information on how often help is needed. * The potential population is not measured for 30 June of each year for which rates are presented. To account for this, the potential population has been estimated using several data sources. This estimation is based on several key assumptions. It assumes that the age–sex distribution of the potential population changes constantly from the 2009 SDDAC to the 2012 SDAC. It also assumes that national age–sex specific rates of the potential population in SDAC are the same as rates for each of the states and territories. The extent to which the change in age-sex-specific rates varies, and the extent of variation in State/Territory rates differ from national rates, has not been measured. * There are issues with the consistency of the numerator and denominator for this performance indicator, as the numerator and denominator are drawn from differently defined (though comparable) populations and different data sources. |

Service use by special needs groups

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments

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| **Indicator definition and description** | |
| **Element** | Equity — access. |
| **Indicators** | Service use by special needs groups. |
| **Measure (computation)** | 1. Numerator: Number of users of specialist disability services (0–64 years) in the reporting period.  2. Denominator: Estimated potential population for specialist disability services on 30 June at start of reporting period.  The potential population is defined as people aged 0–64 years with the potential to require disability support services. For more information on the potential population, see Section 14.7 Definition of key terms: ‘Potential population’.  3. Percentage: R/N x 100 where R = number of service users (all ages) in the DS NMDS during the reporting period and N = estimated potential population on 30 June at the start of the reporting period.  Performance indicators for disability services provided by the Australian Government (disability employment services only) are restricted to the age range 15–64 years. |
| **Data source/s** | Numerator: DS NMDS. For general issues relating to the DS NMDS, refer to the DS NMDS data quality statement on the AIHW website.  Denominator: AIHW calculation of potential population from SDAC, Census and ERP and Indigenous Population Projections (see ABS data quality statements). |
| **Data Quality Framework Dimensions** | |
| **Institutional environment** | **AIHW**  The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio. More information about the AIHW is available on the AIHW website.  When errors are found in published data, those errors are corrected immediately in publications on the AIHW website, and where necessary, in online tables and online interactive data cubes. Corrections are documented on the AIHW website.  **DS NMDS/CSTDA NMDS**  All states and territories and the Australian Government DSS supply data on the disability services provided under the NDA to the AIHW annually. These are compiled into the DS NMDS. (The DS NMDS’ name was changed, from the Commonwealth–State/Territory Disability Agreement National Minimum Dataset (CSTDA NMDS), on 1 January 2009.) Service providers collate data in relation to each of their service type outlets providing services under the NDA, as well as the service users who access these outlets. A limited number of data items are provided by government agencies. Government agencies compile, edit and verify the data, and supply a final data set to the AIHW for further verification, national collation and analysis.  The set of privacy and data principles for the DS NMDS/CSTDA NMDS collection are outlined in the Data Guide, the most recent version of which is available on the AIHW website.  All State and Territory governments and the Australian Government are required to provide data annually for the DS NMDS, and are responsible for the quality and timeliness of the data.  **ABS**  For information on the institutional environment of the ABS, including the legislative obligations of the ABS, please see ABS Institutional Environment.  **DSS DES collection (from which Disability Management Services (DMS) data are sourced)**  The DSS DES collection provides monthly and annual estimates of the number of people receiving Disability Management Services.  The DES collection is conducted in the course of operations by Employment Service Provider Agencies funded by DSS to provide employment services. These providers are required to use the DSS–built and supplied Employment Services System to monitor the provision of services, to manage client information and to provide management information to DSS, including DES collection information. |
| **Relevance** | Data from several different sources, each referencing different time periods, are used to produce data.   * the CSTDA NMDS 2008–09 and earlier * the DS NMDS 2009‑10 and later * the HACC MDS * the DSS DES collection * the 2009 and 2012 SDAC * ABS ERP at 30 June * the 2011 Census * ABS Indigenous Population Projections.   For instance, tables for 2013–14 referenced DS NMDS for 2013–14, the 2009 and 2012 SDAC, ERP June 2013, the 2011 Census and 30 June 2013 Indigenous population projections. This may reduce the overall accuracy of the estimates.  **SDAC 2009 and 2012**  Data from the SDAC do not cover very remote areas or Indigenous communities, whereas the other data sources cover all geographical areas of Australia.  The potential population rate increased from 2.6 per cent of the population in 2009 to 2.8 per cent in 2012. The change for each age–sex group was smoothed for years between 2009 and 2012, and the same annual changes were applied in calculating 30 June 2008, 2013 and 2014 rates.  The use of national level SDAC 2009 and 2012 age–sex specific potential population rates assumes these rates to be consistent across states and territories. This assumption is untested.  **2011 Census of Population and Housing**  Information from the 2011 Census about people with need for assistance with core activities is based on the self–enumerated completion of four questions, whereas people are defined as being in the potential population in SDAC on the basis of a comprehensive interviewer administered module of questions. These two populations are thus different but conceptually closely related.  The use of 2011 Census data about country of birth and remoteness area distributions for people with need for assistance with core activities assumes these distributions to be consistent over time. This assumption is untested.  **DS NMDS/CSTDA NMDS**  DS NMDS data are generated by processes that deliver services to people (as were CSTDA NMDS data). It is assumed that these processes involve the determination of eligibility and the assessment of disability support needs following broadly consistent principles across jurisdictions, although it is known that differing assessment tools are in use across jurisdictions. This assumption is untested.  The DS NMDS collects data about specialist disability support services according to nationally agreed data definitions. It includes data on all such services (including ESS data) except DMS data, which is collected from the DSS DES collection. The 2008–09 CSTDA NMDS includes services received, or purchased with, funding under the third CSTDA during the period 1 July 2008 to 31 December 2008, and/or provided under the NDA during the period 1 January 2009 to 30 June 2009. The 2009‑10 and later year DS NMDS include services provided under the NDA during each of those years.  Data collected in the DS NMDS include characteristics of specialist disability services provided during the reporting period, the people receiving services and the outlets providing services. Disaggregation by State and Territory, remoteness area, demographic characteristics, support needs, broad service groups and service types are available.  The scope of services varied in terms of programs that were provided under the NDA across jurisdictions. In particular, the provision of specialist psychiatric disability and early childhood intervention services differed across states and territories. As well, in Victoria and Queensland (in some cases), specialist psychiatric disability services were provided under the NDA. In all other jurisdictions specific mental health services were funded and provided under health, rather than disability, portfolios. To facilitate comparability of data, specialist psychiatric disability services in Victoria and Queensland are excluded from the NDA performance indicators. That is, the data excludes those who only receive specialist psychiatric disability services, but does not exclude those people with a psychiatric condition who receive other specialist disability services.  In addition, the predominant service models vary across jurisdictions, and this may affect comparability of data. For example, differences across the states and territories in the predominant model of accommodation support lead to differences in the number of people accessing those services. Caution is recommended in the use or interpretation of performance at the service type level. There is a risk when service type level data are interpreted in isolation as various service types are complementary and the emphasis on different services reflects jurisdictional policy directions. For more information, see *Disability support services: services provided under the National Disability Agreement 2013–14—Appendix* (AIHW 2015)  Counts of service users are estimates derived using a statistical linkage key. Invalid or incomplete linkage keys mean that it is not possible to fully eliminate multiple counting of service users. This is believed to lead to a slight overestimate of service user numbers. In 2013–14, the proportion of invalid linkage keys was 0.3 per cent, ranging from zero to 1.2 per cent of the total number of service user records in each jurisdiction. In 2012–13, the proportion of invalid linkage keys was 0.3 per cent, ranging from zero to 1.3 per cent of the total number of service user records in each jurisdiction. A small number of invalid linkage keys was recovered for the final data sets by comparison with records from current or previous years.  The process for collecting the statistical linkage key in Victoria leads to a relatively high number of invalid linkage keys and an associated high estimate of service users. In Victoria, the process for collecting service user information is an ‘opt–in’ approach. All other states and territories follow an ‘opt–out’ approach in which individuals may elect not to provide their information for the NMDS, although procedures for opting out of the data collection vary. This affects the comparability of counts of service users across jurisdictions.  **DSS DES collection (source of DMS numerators)**  DES eligibility criteria are determined by DSS, resulting in consistency of eligibility across all states/territories. Eligibility for DMS support is based on the presence of a disability or medical condition, which results in ongoing support in the workplace. It is not currently possible to distinguish between DMS users who do and who do not have a disability.  DMS services are funded as part of DSS’ general funding allocation.  Data collected in the DES collection include the State/Territory where the service was provided, referrals/commencements/exits, job placement outcomes, Indigenous status, country of birth, age, sex, broad medical condition and allowance type, and homeless/refugee/previous offender flags.  The scope of services provided under the DMS is not known to vary across jurisdictions. |
| **Timeliness** | Performance measures are provided for years from 2008–09 to 2013–14. The source data that becomes available at the latest date is the DS NMDS data. This is typically published 12-15 months after the end of the reference year, e.g. the 2013–14 report was released on 17 June 2015.  HACC MDS data is provided to the AIHW before publication for the current reporting year (for the 2016 report this is 2014–15).The latest HACC statistical report to be published is *Home and Community Care Program Minimum Data Set: 2013–14 Annual Bulletin* (DSS 2015).  DSS DES information for a reference year is generally available four months after the end of that year.  The 2009 and 2012 SDAC are used to provide prevalence rates of people in the potential population. Results of the 2012 SDAC were released on 13 November 2013.  Census TableBuilder, from which Census 2011 Need For Assistance data were extracted, was released in 2013.  ERP data are produced each quarter, with results published six months after the reference date. On 20 June 2013, the ABS released final ERP rebased to the 2011 Census for estimates from September 1991 to June 2011. These rebased/recast estimates have been used in calculation of the potential population for all years to June 2011, and the latest available ERP has been used for years from June 2012.  Indigenous Population Projections are produced irregularly – the most recent release was in April 2014. As these data are projections, there is no timeliness issue as information for the performance measure reference years has been available for some time prior to those reference years. |
| **Accuracy** | **DS NMDS/CSTDA NMDS**  Potential sources of error in the DS NMDS (and the CSTDA NMDS before it) are data items for which the response is not stated or not collected. If the characteristics of the people for whom the information is not available are different to those people for whom information is reported, there is potential for bias to be introduced into the data.  The DS NMDS aims to provide complete national data on all services provided under the NDA, service type outlets and service users each year. The national response rate for service type outlets is based on the number of service type outlets that responded out of the total number of funded outlets in each jurisdiction (98.0 per cent in 2013–14 and 2012–13). It is not possible to calculate a national response rate for service users, as some outlets do not report on all service users due to administrative or other error. In addition, some service types are not required to report service user information.  ‘Not stated/not collected’ rates for individual data items varied substantially across items and jurisdictions.  The 2008–09 CSTDA NMDS data was initially confirmed by State/Territory and Australian Government agencies in July 2010. Some coding errors were subsequently identified and, following National Disability Information Management Group (NDIMG) endorsement in March 2011, revisions were made to the data set. The revised data set was used to produce the 2008–09 performance indicators in this report. The 2009‑10 DS NMDS data confirmed by State/Territory and Australian Government agencies in March 2011 were used to produce 2009‑10 performance indicators. Coding errors advised subsequently were reported in *Disability support services: Report on services provided under the National Disability Agreement 2009‑10* (AIHW 2011).  In response to concerns expressed by some jurisdictions, changes were made to the DS NMDS/CSTDA NMDS processing rules in 2010. These changes were to be effective for the 2008–09 NMDS and future collections. The changes involve no longer attempting to match records with either missing sex or an estimated date of birth with existing records within the same year’s data or previous years’ DS NMDS data. The matching process provided a means by which these not stated or estimated values could be updated based on other records that, given their high match in other items, were assumed to represent the same service user. By no longer performing these functions these records now stand alone, thereby increasing slightly the number of unique service users within the DS/CSTDA NMDS.  **SDAC 2009 and 2012**  Estimates from the SDAC are subject to sampling variability as the SDAC is a sample survey. A measure of the sampling variability, the RSE, is estimated below for the age–sex specific potential population rates.  **Estimated RSE for age–sex potential population rates at national level (per cent)**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | General population | Potential | Respite care population | potential | DES/Open Employment population | potential | | Age group (years) | Male | Female | Male | Female | Male | Female | | 0–9 | 8.2 | 9.7 | 10.8 | 15.3 | na | na | | 10–14 | 9.3 | 15.0 | 13.9 | 18.2 | na | na | | 15–24 | 8.9 | 11.3 | 13.6 | 15.4 | 6.7 | 7.5 | | 25–34 | 11.7 | 12.0 | 24.3 | 24.9 | 6.8 | 5.9 | | 35–44 | 13.6 | 11.7 | 21.4 | 24.6 | 5.5 | 5.9 | | 45–49 | 15.3 | 17.4 | 28.9 | 46.1 | 6.1 | 6.0 | | 50–54 | 18.1 | 15.2 | 30.4 | 23.6 | 6.6 | 5.4 | | 55–64 | 10.3 | 7.9 | 14.3 | 16.9 | 3.5 | 3.0 | | na Not applicable.  *Source:* ABS (unpublished) *Disability, Ageing and Carers*, 2012. | | | | | | |   **DSS DES collection (source of DMS numerators)**  The quality of DMS data are enhanced using the Employment Services System, in three ways:   * The Employment Services System is used for all services provided by Employment Provider Agencies, not just DES users, which improves the quality of DMS data as missing or conflicting data can be resolved by comparison with data from other programs * Information is linked with Centrelink data for the purposes of determining eligibility for payments, and this provides another opportunity to complete missing information and correct errors * It is a condition of provision of services that a client provide complete and correct information.   As a result, information presented on DMS data has negligible missing values.  Information on users is derived from data on episodes of assistance over the course of the reference year. Individuals’ multiple episodes are linked by means of a linkage key called the Job Seeker ID. When a potential user contacts a Provider Agency for assistance, information including name, address and date of birth is used to match them to previous episodes of assistance.  **2011 Census of Population and Housing**  Potential sources of error in Census data include failure to return a Census form or failure to answer applicable questions. Data distributions calculated from 2011 Census data excluded people for whom data item information was not available. Should the characteristics of interest of the people excluded differ from those people included, there is potential for bias to be introduced into the data distributions. Quality statements about 2011 Census data items can be found on the ABS website.  See also ABS data quality statements. |
| **Coherence** | The DS/CSTDA NMDS consists of a set of nationally significant data items that are collected in all jurisdictions (State/Territory and Australian Government) and an agreed method of collection and transmission. Data items and definitions have remained consistent each year since the launch of the redeveloped national collection in 2002.  Data items are largely based on national community services data standards to enable comparability between collections. Items are also designed to be comparable with other major collections such as the SDAC and international standards including the World Health Organization’s International Classification of Functioning and Disability (ICF). More information about the design and comparability of CSTDA NMDS data items is given in the AIHW publication *Australia’s national disability services data collection: Redeveloping the Commonwealth–state/territory disability agreement National Minimum Data Set.* These data items were largely unchanged in the transition to the DS NMDS.  From 1 October 2008, targeted support services previously delivered by the Australian Government and included in the service group ‘employment services’ were transferred to State/Territory governments and thus recorded as State/Territory delivered disability support services. Targeted support services delivered by the Australian Government are not included in the NDA performance indicators.  As detailed in the ‘Relevance’ and ‘Timeliness’ sections, there are issues with the consistency of the numerator and denominator for this performance indicator, as the numerator and denominator are drawn from differently defined populations and different data sources. These issues reduce the consistency of the performance indicators and lead to quality issues such as rates of service use greater than 100 per cent.  The potential population for specialist disability services does not match well with the numerator, which comprises people who used specialist disability services. People who used these services do not necessarily have the same health conditions or core activity limitations as those people included in the potential population. They may instead have a mild/moderate core activity limitation or limitations in other activities — for example, with working or education. |
| **Accessibility** | **DS NMDS/CSTDA NMDS**  The AIHW provides a variety of products that draw upon the DS NMDS/CSTDA NMDS. Published products available on the AIHW website are:   * *Disability support services: services provided under the National Disability Agreement* (AIHW various) (annual report/bulletin): These publications are available for free download from the AIHW website * Interactive disability data cubes: These contain subsets of national information from the 1999 NMDS onwards, which allow people to construct data tables online according to their needs * Australia’s Welfare(AIHW 2015b) (biennial report) * Ad hoc data are available on request (charges apply to recover costs) * METeOR – online metadata repository * *National Community Services Data Dictionary* *2014* (AIHW 2014).   DS NMDS data are used for service planning and monitoring in individual jurisdictions, and for reporting national performance indicators. Performance indicators formed part of the accountability measures under the third CSTDA, and were published annually as part of the FaHCSIA publication Commonwealth State/Territory Disability Agreement annual public report. The AIHW also released supporting web publications which included these indicator tables in more detail, and these are available on the AIHW website.  **ABS**  The ABS website provides information and data on the ERP, Census Need for Assistance and information on disability recorded in the SDAC. Detailed data extractions are available through the National Information Referral Service  (cost–recovery applies). |
| **Interpretability** | Supporting information on the quality and use of the DS/CSTDA NMDS are published annually in *Disability support services: services provided under the National Disability Agreement* (AIHW various) available in hard copy or on the AIHW website As well, the annual *Disability Services National Minimum Data Set: data guide, June 2015* (AIHW 2015). and the data specifications in METeOR, AIHW’s online metadata registry aid in interpretation of DS/CSTDA NMDS data. |
| **Data Gaps/Issues Analysis** | |
| **Key data gaps/ issues** | The Steering Committee notes the following key data gaps/issues:   * The potential population is not measured for 30 June of each year for which rates are presented. To account for this, the potential population has been estimated using several data sources. This estimation is based on several key assumptions. It assumes that the age–sex distribution of the potential population changes constantly from the 2009 SDDAC to the 2012 SDAC. It also assumes that national age–sex specific rates of the potential population in SDAC are the same as rates for each of the states and territories. The extent to which the change in age-sex-specific rates varies, and the extent of variation in State/Territory rates differ from national rates, has not been measured. * There are issues with the consistency of the numerator and denominator for this performance indicator, as the numerator and denominator are drawn from differently defined (though comparable) populations and different data sources. |

Service use by special needs groups – Aboriginal and Torres Strait Islander people

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

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| **Indicator definition and description** | |
| **Element** | Equity – access. |
| **Indicator** | Service use by special needs groups – Aboriginal and Torres Strait Islander people. |
| **Measure (computation)** | 1. Numerator: Number of Aboriginal and Torres Strait Islander people (0–64 years) who used specialist disability services in the reporting period.  2. Denominator: Estimated Indigenous potential population for disability services aged 0–64 years on 30 June at start of reporting period.  The potential population is defined as people aged 0–64 years with the potential to require disability support services. For more information on the potential population, see Section 14.7 Definition of key terms: ‘Potential population’.3. Percentage: R/N x 100 where R = number of Aboriginal and Torres Strait Islander people (all ages) who used specialist disability services in the reporting period and N = estimated Indigenous potential population aged 0–64 years on 30 June at start of reporting period.  Performance Indicators reporting on disability services funded by the Australian Government (employment services only) are restricted to the age range 15–64 years and not stated age. |
| **Data source/s** | Numerator: DS NMDS. For general issues relating to the DS NMDS, refer to the DS NMDS data quality statement on the AIHW website.  Denominator: 2009 and 2012 SDAC, 2011 Census of Population and Housing (Census 2011), ERP and Indigenous Population Projections. |
| **Data Quality Framework Dimensions** | |
| **Institutional environment** | **AIHW**  The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio. More information about the AIHW is available on the AIHW website.  When errors are found in published data, those errors are corrected immediately in publications on the AIHW website, and where necessary, in online tables and online interactive data cubes. Corrections are documented on the AIHW website.  **DS NMDS/CSTDA NMDS**  All states and territories and the Australian Government DSS supply data on the disability services provided under the NDA to the AIHW annually. These are compiled into the DS NMDS. (The DS NMDS’ name was changed, from the Commonwealth–State/Territory Disability Agreement National Minimum Dataset (CSTDA NMDS), on 1 January 2009.) Service providers collate data in relation to each of their service type outlets providing services under the NDA, as well as the service users who access these outlets. A limited number of data items are provided by government agencies. Government agencies compile, edit and verify the data, and supply a final data set to the AIHW for further verification, national collation and analysis.  The set of privacy and data principles for the DS NMDS/CSTDA NMDS collection are outlined in the Data Guide, the most recent version of which is available on the AIHW website.  All State and Territory governments and the Australian Government are required to provide data annually for the DS NMDS, and are responsible for the quality and timeliness of the data.  **ABS**  For information on the institutional environment of the ABS, including the legislative obligations of the ABS, please see ABS Institutional Environment.  **DSS Disability Employment Services (DES) collection (from which Disability Management Services (DMS) data are sourced)**  The DSS DES collection provides monthly and annual estimates of the number of people receiving DMS.  The DES collection is conducted in the course of operations by Employment Service Provider Agencies funded by DSS to provide employment services. These providers are required to use the DSS–built and supplied Employment Services System to monitor the provision of services, to manage client information and to provide management information to DSS, including DES collection information. |
| **Relevance** | Data from several different sources, each referencing different time periods, are used to produce data:   * the CSTDA NMDS 2008–09 and earlier * the DS NMDS 2009–10 and later * the Home and Community Care Minimum Dataset (HACC MDS) * the DSS DES collection * the 2009 and 2012 SDAC * ABS ERP at 30 June * the 2011 Census * ABS Indigenous Population Projections.   For instance, tables for 2013–14 referenced DS NMDS for 2013–14, the 2009 and 2012 SDAC, ERP June 2013, the 2011 Census and 30 June 2013 Indigenous population projections. This may reduce the overall accuracy of the estimates.   * The Indigenous status data item from the SDAC 2009 and 2012 is not usable for the purposes of calculating the Indigenous potential population, so a rate ratio adjustment, calculated from information from the Census, is made to the national all person age–sex specific rates, as detailed in the Measure section. The use of these adjustments assumes consistency between the rate ratio as calculated from Census information, and the corresponding information if it were collected from the SDAC 2009 and 2012. Two particular points of note with regards to this assumption are: * Information from Census 2011 about people with need for assistance with core activities is based on the self–enumeration of four questions (except in Aboriginal and Torres Strait Islander communities, where people were interviewed), whereas people are defined as being in the potential population in SDAC 2009 and 2012 on the basis of a comprehensive interviewer–administered module of questions, and thus the two populations are different, although they are conceptually related. * ABS research indicates that the Aboriginal and Torres Strait Islander identification rate differs between the Census and interviewer administered surveys. * The cultural appropriateness for Aboriginal and Torres Strait Islander people of data collection instruments designed for the total population is not known; nor is it known how this, combined with different data collection methods, impacts on the accuracy of the estimated Indigenous potential population used in this indicator.   **2011 Census of Population and Housing**  Information from the 2011 Census about people with need for assistance with core activities is based on the self–enumerated completion of four questions, whereas people are defined as being in the potential population in SDAC 2009 and 2012 on the basis of a comprehensive interviewer administered module of questions. These two populations are thus different but conceptually closely related.  The use of 2011 Census data about country of birth and remoteness area distributions for people with need for assistance with core activities assumes these distributions to be consistent over time. This assumption is untested.  **DS NMDS/CSTDA NMDS**  DS NMDS/CSTDA NMDS data are generated by processes that deliver services to people (as were CSTDA NMDS data). It is assumed that these processes involve the determination of eligibility and the assessment of disability support needs following broadly consistent principles across jurisdictions, although it is known that differing assessment tools are in use across jurisdictions. This assumption is untested.  The DS NMDS collects data about specialist disability support services according to nationally agreed data definitions. It includes data on all such services (including ESS data) except DMS data, which is collected from the DSS DES collection. The 2008–09 CSTDA NMDS includes services received, or purchased with, funding under the third CSTDA during the period 1 July 2008 to 31 December 2008, and/or provided under the NDA during the period 1 January 2009 to 30 June 2009. Later years’ DS NMDS include services provided under the NDA.  Data collected in the DS NMDS include characteristics of specialist disability services provided during the reporting period, the people receiving services and the outlets providing services. Disaggregation by State and Territory, remoteness area, demographic characteristics, support needs, broad service groups and service types are available.  The scope of services varied in terms of programs that were provided under the NDA across jurisdictions. In particular, the provision of specialist psychiatric disability differed across states and territories. As well, in Victoria and Queensland (in some cases), specialist psychiatric disability services were provided under the NDA. In all other jurisdictions specific mental health services were funded and provided under health, rather than disability, portfolios. To facilitate comparability of data, specialist psychiatric disability services in Victoria and Queensland are excluded from the NDA performance indicators. That is, the data excludes those who only receive specialist psychiatric disability services, but does not exclude those people with a psychiatric condition who receive other specialist disability services.  In addition, the predominant service models vary across jurisdictions, and this may affect comparability of data. For example, differences across the states and territories in the predominant model of accommodation support lead to differences in the number of people accessing those services. Caution is recommended in the use or interpretation of performance at the service type level. There is a risk when service type level data is interpreted in isolation as various service types are complementary and the emphasis on different services reflects jurisdictional policy directions. For more information, see *Disability support services: services provided under the National Disability Agreement 2013–14—Appendix* (AIHW 2015a).  Counts of service users are estimates derived using a statistical linkage key. Invalid or incomplete linkage keys mean that it is not possible to fully eliminate multiple counting of service users. This is believed to lead to a slight overestimate of service user numbers. In2013–14, the proportion of invalid linkage keys was 0.3 per cent, ranging from zero to 1.2 per cent of the total number of service user records in each jurisdiction. In 2012–13, the proportion of invalid linkage keys was 0.3 per cent, ranging from zero to 1.3 per cent of the total number of service user records in each jurisdiction. A small number of invalid linkage keys was recovered for the final data sets by comparison with records from current or previous years.  The process for collecting the statistical linkage key in Victoria leads to a relatively high number of invalid linkage keys and an associated high estimate of service users. In Victoria, the process for collecting service user information is an ‘opt–in’ approach. All other states and territories follow an ‘opt–out’ approach in which individuals may elect not to provide their information for the NMDS, although procedures for opting out of the data collection vary. This affects the comparability of counts of service users across jurisdictions.  **DSS DES collection (source of DMS numerators)**  DES eligibility criteria are determined by DSS, resulting in consistency of eligibility across all states/territories. Eligibility for DMS support is based on the presence of a disability or medical condition, which results in ongoing support in the workplace. It is not currently possible to distinguish between DMS users who do and who do not have a disability.  DMS services are funded as part of DSS’s general funding allocation.  Data collected in the DES collection include the State/Territory where the service was provided, referrals/commencements/exits, job placement outcomes, Indigenous status, country of birth, age, sex, broad medical condition and allowance type, and homeless/refugee/previous offender flags.  The scope of services provided under the DMS is not known to vary across jurisdictions. |
| **Timeliness** | Performance measures are provided for years from 2008–09 to 2013–14. The source data that becomes available at the latest date is the DS NMDS data. This is typically published 12-15 months after the end of the reference year, e.g. the 2013–14 report was released on 17 June 2015.  HACC MDS data is provided to the AIHW before publication for the current reporting year (for the 2016 report this is 2014–15).The latest HACC statistical report to be published is *Home and Community Care Program Minimum Data Set: 2013–14 Annual Bulletin* (DSS 2015).  DSS DES information for a reference year is generally available four months after the end of that year.  The 2009 and 2012 SDAC is used to provide prevalence rates of people in the potential population. Results for the 2012 SDAC were released on 13 November 2013.  Census TableBuilder, from which Census 2011 Need For Assistance data were extracted, was released in 2013.  Indigenous Population Projections are produced irregularly – the most recent release was in April 2014. As these data are projections, there is no timeliness issue as information for the performance measure reference years has been available for some time prior to those reference years. |
| **Accuracy** | A potential source of error in the DS NMDS is not stated or uncollected Indigenous status. For example in 2013–14, the not stated/not collected rate varied across jurisdictions from a low rate of zero for Australian Government agencies, to a high rate of 10.4 per cent for Victorian agencies; the overall rate being 3.7 per cent. See the accompanying appendix for further details. Not stated or not collected Indigenous status may introduce bias into the results affecting both the accuracy of estimates and the comparability of estimates across jurisdictions. In addition, a coding audit of the Indigenous status data item has not been undertaken, thus the accuracy of the rate of Indigenous identification in the DS NMDS is not known.  For general issues relating to the DS NMDS, refer to the DS NMDS data quality information.  As SDAC is a sample survey, estimates are subject to sampling variability. A measure of the sampling variability, the RSE per cent, was estimated for the age–sex specific rates of the potential population and can be found in the Accuracy section of the Access to NDA specialist disability services data quality information.  The cultural appropriateness for Aboriginal and Torres Strait Islander people of data collection instruments designed for the total population is not known. Poor cultural sensitivity of data collection instruments is a potential source of non–sampling error which affects the accuracy of Indigenous potential population estimates. The size of this error, if present, has not been measured.  **2011 Census of Population and Housing**  Potential sources of error in Census data include failure to return a Census form or failure to answer applicable questions. Data distributions calculated from 2011 Census data excluded people for whom data item information was not available. Should the characteristics of interest of the people excluded differ from those people included, there is potential for bias to be introduced.  In particular for Indigenous estimates, undercounting of Aboriginal and Torres Strait Islander Australians may introduce bias into the results which would affect the comparability of estimates across jurisdictions. The net Census undercount for all Aboriginal and Torres Strait Islander Australians was estimated at 11.5 per cent, calculated as the difference between the Census count and estimated Aboriginal and Torres Strait Islander population on Census night. Estimates of the Aboriginal and Torres Strait Islander net undercount for all jurisdictions are included below.  **Estimated Aboriginal and Torres Strait Islander net Census undercount**   |  |  | | --- | --- | | Jurisdiction | Undercount rate (per cent) | | NSW | 16 | | Vic | 19 | | Qld | 17 | | WA | 18 | | SA | 20 | | Tas | 18 | | ACT | 17 | | NT | 15 | | *Source: ABS Cat. no. 3238.0.55.001* | |   Quality statements about Census 2011 data items can be found on the ABS website.  For general issues relating to the SDAC, Census and Indigenous Projected Population, refer to ABS data quality statements. |
| **Coherence** | For general issues relating to the DS NMDS, refer to the DS NMDS data quality information.  There are issues with the consistency of the numerator and denominator for this performance indicator, as the numerator and denominator are drawn from differently defined populations and different data sources.  The potential population for specialist disability services does not match well with the numerator, which comprises people who used specialist disability services. People who used these services do not necessarily have the same health conditions or core activity limitations as those people included in the potential population. They may instead have a mild/moderate core activity limitation or limitations in other activities — for example, with working or education. |
| **Accessibility** | **DS NMDS/CSTDA NMDS**  The AIHW provides a variety of products that draw upon the DS NMDS/CSTDA NMDS. Published products available on the AIHW website are:   * *Disability support services: services provided under the National Disability Agreement* (AIHW various) (annual report/bulletin): These publications are available for free download from the AIHW website * Interactive disability data cubes: These contain subsets of national information from the 1999 NMDS onwards, which allow people to construct data tables online according to their needs * Australia’s Welfare (AIHW 2015b) (biennial report) * Ad hoc data are available on request (charges apply to recover costs) * METeOR – online metadata repository * *National Community Services Data Dictionary*. *2014* (AIHW 2014).   DS NMDS data are used for service planning and monitoring in individual jurisdictions, and for reporting national performance indicators. Performance indicators formed part of the accountability measures under the third CSTDA, and were published annually as part of the FaHCSIA publication Commonwealth State/Territory Disability Agreement annual public report. The AIHW also released supporting web publications which included these indicator tables in more detail, and these are available on the AIHW website.  **ABS**  The ABS website provides information and data on the ERP, Census Need for Assistance and information on disability recorded in the SDAC. Detailed data extractions are available through the National Information Referral Service  (cost–recovery applies). |
| **Interpretability** | Supporting information on the quality and use of the DS/CSTDA NMDS are published annually in *Disability support services: services provided under the National Disability Agreement* (AIHW various) available in hard copy or on the AIHW website As well, the annual *Disability Services National Minimum Data Set: data guide, June 2015* (AIHW 2015). and the data specifications in METeOR, AIHW’s online metadata registry aid in interpretation of DS/CSTDA NMDS data. |
| **Data Gaps/Issues Analysis** | |
| **Key data gaps/ issues** | The Steering Committee notes the following key data gaps/issues:   * The quality of data about Aboriginal and Torres Strait Islander Australians varies substantially between jurisdictions and data sources. Caution should be exercised when interpreting these data. It is recommended that these data be viewed in close conjunction with information about data quality * The potential population is not measured for 30 June of each year for which rates are presented. To account for this, the potential population has been estimated using several data sources. This estimation is based on several key assumptions. It assumes that the age–sex distribution of the potential population changes constantly from the 2009 SDDAC to the 2012 SDAC. It also assumes that national age–sex specific rates of the potential population in SDAC are the same as rates for each of the states and territories. The extent to which the change in age-sex-specific rates varies, and the extent of variation in State/Territory rates differ from national rates, has not been measured. * The use of 2011 Census data to adjust underlying age–sex specific rates the potential population to account for the higher level of disability among Aboriginal and Torres Strait Islander Australians involves mixing self–report data from a relatively simple instrument for measuring need for assistance with sample survey data collected by trained interviewers using a comprehensive survey instrument. The cultural appropriateness for Aboriginal and Torres Strait Islander people of data collection instruments designed for the total population is not known; nor is it known how this, combined with different data collection methods, impacts on the accuracy of the estimated Indigenous potential population used in this indicator * There are issues with the consistency of the numerator and denominator for this performance indicator, as the numerator and denominator are drawn from differently defined populations (though comparable) and different data sources. |

Assistance for younger people with disability in residential aged care

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments

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| **Indicator definition and description** | |
| **Element** | Equity – access. |
| **Indicator** | Assistance for younger people with disability in residential aged care. |
| **Measure (computation)** | 1. Numerator: Number of people with disability aged 0-64 years in residential aged care assisted with more appropriate forms of accommodation, diversionary strategies and/or enhanced services.  Measure (1): Percentage change in the number of people aged 0–64 years (and Aboriginal and Torres Strait Islander Australians aged 0–49 years) in residential aged care.  Measure (2): The proportion of service users (people aged 0–64 years and Aboriginal and Torres Strait Islander Australians aged 0–49 years) in the Younger People in Residential Aged Care program (YPIRAC) who have achieved program objectives since its inception.  2. Denominator: Measure (1): Estimated potential population for specialist disability services on 30 June at the start of the reporting period.  The potential population is defined as people aged 0–64 years with the potential to require disability support services. For more information on the potential population, see Section 14.7 Definition of key terms: ‘Potential population’.  3. Rate: For measure (1): R/N x 10 000 where R = number of younger people with disability aged 0–64 years admitted to permanent residential aged care in the reporting period and N = estimated potential population on 30 June at the start of the reporting period. |
| **Data source/s** | Numerator: Australian Government DSS Aged Care Data Warehouse. The Aged Care Data Warehouse is a consolidated data warehouse of service, approved–provider and service recipient data.  Denominator: 2009 and 2012 SDAC, 2011 Census, ERP and Indigenous Population Projections. |
| **Data Quality Framework Dimensions** | |
| **Institutional environment** | Approved providers of residential and community care submit data to Medicare Australia to claim subsidies from the Australian Government. These data are provided to the DSS to administer services under the *Aged Care Act 1997* and the Aged Care Principles. Data for the numerator of this benchmark were prepared by the DSS. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator.  The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio. More information about the AIHW is available on the AIHW website.  For information on the institutional environment of the ABS, including the legislative obligations of the ABS, please see ABS Institutional Environment. |
| **Relevance** | Data from several different sources, each referencing different time periods, are used to produce this performance indicator. Data used are from:   * DSS Aged Care Data Warehouse * the 2009 and 2012 SDAC * ABS ERP at 30 June (various years) * the 2011 Census * ABS Indigenous Population Projections (various years).   **SDAC 2009 and 2012**  Data from the SDAC 2009 and 2012 do not cover very remote areas or Aboriginal and Torres Strait Islander communities, whereas the other data sources cover all geographical areas of Australia.  The potential population rate increased from 2.6 per cent of the population in 2009 to 2.8 per cent in 2012. The change for each age–sex group was smoothed for years between 2009 and 2012, and the same annual changes were applied in calculating 30 June 2008, 2013 and 2014 rates.  The use of national level SDAC 2009 and 2012 age–sex specific potential population rates assumes these rates to be consistent across states and territories. This assumption is untested.  **2011 Census of Population and Housing**  Information from the 2011 Census about people with need for assistance with core activities is based on the self–enumerated completion of four questions, whereas people are defined as being in the potential population in SDAC on the basis of a comprehensive interviewer administered module of questions. These two populations are thus different but conceptually closely related.  The use of 2011 Census data about country of birth and remoteness area distributions for people with need for assistance with core activities assumes these distributions to be consistent over time. This assumption is untested.  **The DSS Aged Care Data Warehouse**  The Ageing and Aged Care data warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the DSS. |
| **Timeliness** | Performance measures are provided from 2008–09 to 2014–15.  DSS Aged Care Data Warehouse: Claims are submitted by approved providers on a monthly basis for services delivered under residential age care. Data for the previous financial year are available in October each year.  The 2009 and 2012 SDAC are used to provide prevalence rates of people in the potential population. Results of the 2012 SDAC were released on 13 November 2013.  Census TableBuilder, from which Census 2011 Need For Assistance data were extracted, was released in 2013.  ERP data are produced each quarter, with results published six months after the reference date. On 20 June 2013, the ABS released final ERP rebased to the 2011 Census for estimates from September 1991 to June 2011. These rebased/recast estimates have been used in calculation of the potential population for all years to June 2011, and the latest available ERP has been used for years from June 2012.  Indigenous Population Projections are produced irregularly – the most recent release was in April 2014. As these data are projections, there is no timeliness issue as information for the performance measure reference years has been available for some time prior to those reference years. |
| **Accuracy** | **The DSS Aged Care Data Warehouse**  The DSS aged care data used to calculate the numerator of this benchmark are from an administrative data collection designed for payment of subsidies to service providers and the collation of accurate information on the number and location of funded aged care places.  **SDAC 2009 and 2012**  Estimates from the SDAC are subject to sampling variability as the SDAC is a sample survey. A measure of the sampling variability, the RSE, is estimated below for the age–sex specific potential population rates.  **Estimated RSE for age–sex potential population rates at national level (per cent)**   |  |  |  | | --- | --- | --- | | Age group (years) | Male | Female | | 8.2 | 9.7 | 8.2 | | 9.3 | 15.0 | 9.3 | | 8.9 | 11.3 | 8.9 | | 11.7 | 12.0 | 11.7 | | 13.6 | 11.7 | 13.6 | | 15.3 | 17.4 | 15.3 | | 18.1 | 15.2 | 18.1 | | 10.3 | 7.9 | 10.3 | | *Source: Disability, Ageing and Carers*, 2012 unpublished data | | |   **2011 Census of Population and Housing**  Potential sources of error in Census data include failure to return a Census form or failure to answer applicable questions. Data distributions calculated from Census 2011 data excluded people for whom data item information was not available. Should the characteristics of interest of the people excluded differ from those people included, there is potential for bias to be introduced into the data distributions. Quality statements about Census 2011 data items can be found on the ABS website.  See also ABS data quality statements. |
| **Coherence** | The DSS aged care data used to construct the numerator of this benchmark are consistent and comparable over time. There are issues with the consistency of the numerator and denominator, as the numerator and denominator are drawn from differently defined populations and different data sources. These issues reduce the consistency of the performance indicators and lead to quality issues.  The potential population for specialist disability services does not match well with the numerator, which comprises people who used specialist disability services. People who used these services do not necessarily have the same health conditions or core activity limitations as those people included in the potential population. They may instead have a mild/moderate core activity limitation or limitations in other activities — for example, with working or education. |
| **Accessibility** | Information on definitions used in the DSS Aged Care Data Warehouse is available in the *Aged Care Act 1997* and Aged Care Principles, and in The Residential Aged Care Manual 2009.  The ABS website provides information and data on the ERP, Census Need for Assistance, Indigenous population projections and the SDAC. Detailed data extractions are available through the National Information Referral Service  (cost–recovery applies). |
| **Interpretability** | Aggregated data can be obtained on request from the DSS. |
| **Data Gaps/Issues Analysis** | |
| **Key data gaps/ issues** | The Steering Committee notes the following key data gaps/issues:   * The data used to measure the number of younger people in residential aged care are from an administrative data collection designed for payment of subsidies to service providers and have accurate data on the number and location of funded aged care places * The potential population is not measured for 30 June of each year for which rates are presented. To account for this, the potential population has been estimated using several data sources. This estimation is based on several key assumptions. It assumes that the age–sex distribution of the potential population changes constantly from the 2009 SDDAC to the 2012 SDAC. It also assumes that national age–sex specific rates of the potential population in SDAC are the same as rates for each of the states and territories. The extent to which the change in age-sex-specific rates varies, and the extent of variation in State/Territory rates differ from national rates, has not been measured. * There are issues with the consistency of the numerator and denominator for this performance benchmark, as the numerator and denominator are drawn from differently defined (though comparable) populations and different data sources |

Labour force participation and employment of people with disability

Data quality information for this indicator has been sourced from the Survey of Disability, Ageing and Carers (data supplied by ABS)

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| **Indicator definition and description** | |
| **Element** | Equity (Outcomes) — Labour force participation rate for people with disability aged 15–64 years. |
| **Indicator** | Labour force participation and employment of people with disability. |
| **Measure (computation)** | **Numerator:** Number of people with disability aged 15–64 years who are in the labour force (employed or unemployed).  **Denominator:** Total number of persons with disability aged 15–64 years. |
| **Data source/s** | The numerator and denominator for this indicator are drawn from the ABS 2012 Survey of Disability, Ageing and Carers (SDAC). |
| **Data Quality Framework Dimensions** | |
| **Institutional environment** | SDAC data are collected, processed, and published by the ABS. The ABS operates within the framework of the Census and Statistics Act 1905 and the *Australian Bureau of Statistics Act 1975.* These ensure the independence and impartiality of the ABS, and the confidentiality of respondents.  For more information on the institutional environment of the ABS, including legislative obligations, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment. |
| **Relevance** | The SDAC contains the most comprehensive and accurate measure of disability produced by the ABS, using 125 questions to collect information on any conditions people may have, whether these conditions cause restrictions, and the nature and severity of any restrictions.  Labour force participation data are collected in the SDAC using the ABS standard ‘minimum set’ of questions to produce estimates of the current economically active population. Aggregates produced from these questions are designed to be consistent with international concepts of employment and unemployment. |
| **Timeliness** | The SDAC is conducted every three years over an approximate six month period. Results from the 2009 survey were released in April 2011. The results from the 2012 survey were released in November 2013. |
| **Accuracy** | **Sample and Response Rate:**  The SDAC is conducted in all states and territories, excluding very remote areas, and includes people in both private and non–private dwellings (including  cared–accommodation establishments). Dwellings in each State and Territory were selected at random using a multi–stage area sample. After sample loss, the 2012 SDAC sample included approximately 27 400 private dwellings, 1000 health establishments and 500 other non–private dwellings.  The 2012 SDAC response rate for private dwellings was 89.8 per cent, and for establishments was 87.5 per cent. SDAC data are weighted to account for  non–response.  **Scope and Coverage:**  Information on the scope and coverage for SDAC is available in the publication Explanatory Notes (paragraphs 7 and 8) for Disability, Ageing and Carers, Australia: Summary of Findings, 2012. The SDAC excludes very remote areas and discrete Aboriginal and Torres Strait Islander communities from its estimates. This exclusion has minimal impact on Australia level estimates if making inferences about the population at large. However, the NT has a significant proportion of the population in very remote areas and/or Aboriginal and Torres Strait Islander Communities. As such it is important to interpret NT estimates in light of these areas being excluded from scope.  For the first time in 2012, SDAC has excluded a small number of private dwellings that are in Collection Districts where the population contribution of an Aboriginal and Torres Strait Islander Community exceeds 75 per cent within the CD, but the private dwellings themselves are outside the community. This exclusion has minimal impact on Australia level estimates. However, it could have an impact on NT estimates, as around 10 per cent of NT households that were previously included are now excluded. As such, estimates in the 2012 publication are not comparable to the 2009 survey. Estimates displayed as proportions are comparable with previous surveys.  The SDAC also excludes people in gaols and correctional institutions.  **Reliability of Estimates:**  All sample surveys are subject to sampling and non–sampling error. For more information relating to the Survey of Disability, Ageing and Carers, please refer to the publication Disability, Ageing and Carers, Australia: Summary of Findings, 2012.  For SDAC data, the confidence interval for each estimate and proportion have been supplied. Where an estimate or proportion has a confidence interval above 50 per cent, the estimate or proportion is annotated to indicate that it is not reliable for general use, and the confidence interval is not published. |
| **Coherence** | The SDAC collect a range of demographic, financial and other information that can be analysed in conjunction with the disability status and labour force participation rate of respondents.  The labour force information collected in SDAC is designed to be comparable with data collected in the monthly Labour Force Survey and other surveys. |
| **Accessibility** | See publication Disability, Ageing and Carers, Australia: Summary of Findings, 2012 (cat. no.4430.0) for an overview of results from the SDAC. Other information from the survey is available on request – see further information in the SDAC Quality Declaration. |
| **Interpretability** | **Confidentiality**:  To minimise the risk of identifying individuals in aggregate statistics, a technique is used to randomly adjust cell values. This technique is called perturbation. Perturbation involves small random adjustment of the statistics and is considered the most satisfactory technique for avoiding the release of identifiable statistics while maximising the range of information that can be released. These adjustments have a negligible impact on the underlying pattern of the statistics.  After perturbation, a given published cell value will be consistent across all tables. However, adding up cell values to derive a total will not necessarily give the same result as published totals. The introduction of perturbation in publications ensures that these statistics are consistent with statistics released via services such as Table Builder.  **Additional** **Information**:  Information is available to aid interpretation of SDAC data in the publication, Disability, Ageing and Carers, Australia: Summary of Findings, 2012 on the ABS website. Detailed Explanatory Notes, a Technical note on Data Quality, and a Glossary are also included to provide information on the terminology, classifications and other technical aspects associated with these statistics. |

Client and carer satisfaction

Data quality information for this indicator has been sourced from the Survey of Disability, Ageing and Carers (ABS data) with additional Steering Committee comments.

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| **Indicator definition and description** | |
| **Element** | Effectiveness – Quality – Client and carer perceptions |
| **Indicator** | Client and carer satisfaction |
| **Measure (computation)** | *Client satisfaction —* the proportion of people with disability who are satisfied with the quality of assistance received from organised and formal services in the last six months  *Numerator:* number of people aged 15–64 years with disability who report being satisfied with the quality of formal services they have received, for all activities they receive assistance with  *Denominator:* number of people aged 15–64 years, who were personally interviewed and reported receiving formal assistance for at least one activity and/or who report needing formal assistance with at least one activity  *Carer satisfaction* *—* the proportion of primary carers of people with disability who are satisfied with the quality of assistance received from formal services, by the person with disability and by the carer in the last six months  *Numerator:* number of primary carers (of people aged 0–64 years) who report being satisfied with the quality of formal services received to help them in their caring role  *Denominator:* number of primary carers (of people aged 0–64 years) who were interviewed personally and reported receiving formal assistance in their caring role in the previous 6 months |
| **Data source/s** | The numerator and denominator for this indicator are drawn from the Survey of Disability, Ageing and Carers (SDAC). |
| **Data Quality Framework Dimensions** | |
| **Institutional environment** | The SDAC is collected, processed, and published by the ABS. The ABS operates within the framework of the *Census and Statistics Act* 1905 and the *Australian Bureau of Statistics Act* 1975. These ensure the independence and impartiality of the ABS, and the confidentiality of respondents.  For more information on the institutional environment of the ABS, including legislative obligations, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment. |
| **Relevance** | **Client satisfaction:**  The SDAC contains the most comprehensive and accurate measure of disability produced by the ABS, using 125 questions to collect information on any conditions people may have, whether these conditions cause restrictions, and the nature and severity of any restrictions.  Data on satisfaction with the quality of the formal services they have received was collected for the first time in the 2012 SDAC.  **Carer satisfaction:**  The SDAC collects information about primary carers and non–primary carers of people with disability.  A primary carer is a person who provides the most assistance that is informal in nature, in terms of help or supervision, to a person with one or more of the core activities of mobility, self–care or communication. The assistance has to be ongoing, or likely to be ongoing, for at least six months. 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.  People who confirm they are the primary carer of a person with disability are asked about the assistance they provide, the assistance they can call on, and their employment experience. They are also asked to complete a self–enumeration form which collects information about their attitudes to, and experience of, their caring role. Where the carer has more than one recipient of care, the information collected in the personal interview and self–enumeration form is in regard to the person receiving the most help or supervision from him/her (the main recipient of care).  The scope of primary carers are primary carers with a main recipient of care aged:  0–64 years, or 65 years and over, but only where the carer is also caring for someone aged 0–64 years who lives with the carer and the recipient aged 0–64 years has a profound or severe core activity limitation  As age and disability status are collected or derived from information provided in interviews with the responsible adult and/or the recipient of care, these data items are only available for recipients of care (other than the main recipient of care) where the recipient lives with the carer. Therefore, the data may exclude some primary carers who would otherwise be in–scope if age and disability status information was available for all their recipients of care.  Data are available for primary carers only.  In the SDAC self–enumeration form, primary carers are asked a series of questions about the assistance they receive from organised services:   * whether received assistance from any organised services in the last month * satisfaction with quality of assistance received from these organised services (e.g. with regard to timeliness and appropriateness of the service).   The primary carer population for both the numerator and denominator excludes:   * people who did not receive formal assistance in their caring role in the previous 6 months * primary carers who did not state their receipt and satisfaction with the quality of formal services received on the self–enumeration form * primary carers who were not interviewed personally (ie by proxy). |
| **Timeliness** | The ABS conducts the SDAC every three years. The most recent SDAC was conducted from August 2012 to March 2013. |
| **Accuracy** | **Sample and Response Rate:**  The SDAC is conducted in all states and territories, excluding very remote areas, and includes people in both private and non–private dwellings (including  cared–accommodation establishments). Dwellings in each State and Territory were selected at random using a multi–stage area sample. After sample loss, the 2012 SDAC sample included approximately 27 400 private dwellings, 1 000 health establishments and 500 other non–private dwellings.  The 2012 SDAC response rate for private dwellings was 89.8 per cent, and for establishments was 87.5 per cent. SDAC data are weighted to account for  non–response.  **Scope and Coverage:**  Information on the scope and coverage for SDAC is available in the publication Explanatory Notes (paragraphs 7 and 8) for Disability, Ageing and Carers, Australia: Summary of Findings, 2012. The SDAC excludes very remote areas and discrete Aboriginal and Torres Strait Islander communities from its estimates. This exclusion has minimal impact on Australia level estimates if making inferences about the population at large. However, the NT has a significant proportion of the population in very remote areas and/or Aboriginal and Torres Strait Islander Communities and therefore NT estimates should be interpreted with care.  For the first time in 2012, SDAC has excluded a small number of private dwellings that are in Collection Districts where the population contribution of an Aboriginal and Torres Strait Islander Community exceeds 75 per cent within the CD, but the private dwellings are outside the community. This exclusion has minimal impact on Australia level estimates. However, it could have an impact on NT estimates, as around 10 per cent of NT households that were previously included are now excluded. As such, estimates in the 2012 publication are not comparable to the 2009 survey. Estimates displayed as proportions are comparable with previous surveys.  The SDAC also excludes people in gaols and correctional institutions.  **Reliability of Estimates:**  All sample surveys are subject to sampling and non–sampling error. For more information relating to the Survey of Disability, Ageing and Carers, please refer to the publication Disability, Ageing and Carers, Australia: Summary of Findings, 2012 (cat. no. 4430.0). The RSE for each estimate and proportion have been supplied. Where an estimate or proportion has a RSE between 25 per cent and 50 per cent, the estimate or proportion is annotated to indicate that it is subject to a high RSE and should be used with caution. Where an estimate or proportion has a RSE above 50 per cent, the estimate or proportion is annotated to indicate that it is not reliable for general use, and the RSE is not published.  In addition, in a very small number of instances, an estimate is provided but the proportion has not been published, due to the impact of perturbation.  **‘Not–stated’ responses for self–enumerated data items relating to caring:**  In the 2012 SDAC some of the data items relating to caring which were  self–enumerated by primary carers had moderately high levels of not stated responses (approximately 25 per cent of the estimated population of primary carers). This introduces the potential for non–response bias if those who did respond were inherently different to the total population of primary carers. However, analysis showed there were no substantial differences between primary carers who responded and all primary carers on the following characteristics: sex, age, remoteness and country of birth. For more information on non–response rates for this indicator see the explanatory notes section of Disability, Ageing and Carers, Australia: Additional data cubes, 2012 (cat. no. 4430.0.55.009). |
| **Coherence** | The SDAC collects a range of information such as disability status, main health condition, use of aids, patient experience etc, that can be analysed in conjunction with these measures.  **Carer satisfaction:**  Both the numerator and the denominator are drawn from the same dataset, with the numerator being a subset of the denominator population.  Estimates of primary carers in a particular population group presented in these tables may not match estimates for primary carers in the same population group presented in other indicators.  The particular specification of the in–scope primary carer population for this indicator represents only 54 per cent of the primary carer population identified in the SDAC, and therefore comparisons with other published information on primary carers sourced from the SDAC should be made with caution. Mostly, the primary carers that are out–of–scope are not included because they are not caring for someone aged  0–64 years.  The Explanatory Notes section of Disability, Ageing and Carers, Australia: Summary of Findings, 2012 (cat. no. 4430.0) provides more detailed information on the differences between the SDAC over time. |
| **Accessibility** | See publication Disability, Ageing and Carers, Australia: Summary of Findings, 2012 (cat. no. 4430.0) for an overview of results from the SDAC. Other information from the survey is available on request – see further information in the SDAC Quality Declaration. |
| **Interpretability** | **Confidentiality:**  To minimise the risk of identifying individuals in aggregate statistics, a technique is used to randomly adjust cell values. This technique is called perturbation. Perturbation involves small random adjustment of the statistics and is considered the most satisfactory technique for avoiding the release of identifiable statistics while maximising the range of information that can be released. These adjustments have a negligible impact on the underlying pattern of the statistics.  After perturbation, a given published cell value will be consistent across all tables. However, adding up cell values to derive a total will not necessarily give the same result as published totals.  The introduction of perturbation in publications ensures that these statistics are consistent with statistics released via services such as Table Builder  **Additional Information:**  Information is available to aid interpretation of SDAC data in the publication, Disability, Ageing and Carers, Australia: Summary of Findings, 2012 (cat. no. 4430.0) on the ABS website. Detailed Explanatory Notes, a Technical note on Data Quality and a Glossary are also included to provide information on the terminology, classifications and other technical aspects associated with these statistics. |
| **Data Gaps/Issues Analysis** | |
| **Key data gaps/ issues** | The Steering Committee notes the following key data gaps/issues:   * The SDAC is planned to be conducted every three years (guaranteed to 2018). * For SDAC estimates and proportions with RSEs greater than 50 per cent, the ABS has supressed the RSE and 95 per cent confidence intervals (CI) as these are considered too unreliable for general use. * The size of the SEs means that SDAC data may not be adequate for measuring change over time. Small year to year movements may be difficult to detect if the size of the SEs is large compared to the size of the difference between estimates. * Disaggregation of this indicator by Aboriginal and Torres Strait Islander status is a high priority. |

Labour force participation of primary carers of people with disability

Data quality information for this indicator has been sourced from the Survey of Disability, Ageing and Carers (data supplied by ABS).

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| **Indicator definition and description** | |
| **Element** | Equity (Outcomes) — Labour force participation rate for carers aged 15–64 of people with disability. |
| **Indicator** | Labour force participation of primary carers of people with disability. |
| **Measure (computation)** | **Numerator:** Number of carers aged 15–64 years (carers of people aged 0–64 years with disability) who are in the labour force (employed or unemployed).  **Denominator:** Total number of carers (carers of people aged 0–64 years with a disability) aged 15–64 years. |
| **Data source/s** | The numerator and denominator for this indicator are drawn from the ABS 2012 Survey of Disability, Ageing and Carers (SDAC). |
| **Data Quality Framework Dimensions** | |
| **Institutional environment** | SDAC data are collected, processed, and published by the ABS. The ABS operates within the framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality of the ABS, and the confidentiality of respondents.  For more information on the institutional environment of the ABS, including legislative obligations, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment. |
| **Relevance** | The SDAC collects information about primary carers and non–primary carers of people with disabilities.  Tables for this indicator are presented for two groups of carers – ‘primary carers’ and ‘all carers’ (primary and non–primary carers combined) – with a third population group (‘non–carers’) included for comparison purposes.  **SDAC Definitions of primary carers and carers:**  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 of the core activities of mobility, self–care or communication. The assistance has to be ongoing, or likely to be ongoing, for at least six months. In this survey, primary carers only include persons aged 15 years and over. Persons aged 15 to 17 years were only interviewed personally if parental permission was granted.  Where the primary carer has more than one recipient of care, the main recipient of care is the one receiving the most help or supervision. A sole recipient is also classed as a main recipient.  More generally, a carer is a person of any age who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long–term health conditions or persons who are elderly (i.e. aged 65 years or over). The assistance has to be ongoing, or likely to be ongoing, for at least six months. Assistance to a person in a different household related to ‘everyday 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 core and non–core activities:   * cognition/emotion * communication * health care * household chores * meal preparation * mobility * property maintenance * reading or writing * self–care * transport.   **Definitions used in this indicator:**  The scope of primary carers for these indicators are primary carers with a main recipient of care aged:   * 0–64 years, or * 65 years and over, but only where the carer is also caring for someone aged 0–64 years who lives with the carer and the recipient aged 0–64 years has a profound or severe core activity limitation.   The scope of ‘all carers’ for these indicators are primary carers as specified above, and non–primary carers of co–resident recipients of care aged 0–64 years. As these data pertain to carers of recipients aged 0–64 years, carers (including primary carers) who only provide care to persons aged 65 years and over have been excluded.  As age and disability status are collected or derived from information provided in interviews with the responsible adult and/or the recipient of care, these data items are only available for recipients of care (other than, for primary carers, the main recipient of care) where the recipient lives with the carer. Therefore, the data may exclude some carers who would otherwise be in–scope if age and disability status information was available for all their recipients of care.  ‘Non–carers’ consist of people not identified in the SDAC as having a caring role to people of any age.  **Labour force, employment and unemployment:**  Labour force participation data are collected in the SDAC using the ABS standard ‘minimum set’ of questions to produce estimates of the current economically active population. Aggregates produced from these questions are designed to be consistent with international concepts of employment and unemployment.  **Underemployment:**  A person is considered underemployed if they: are employed, usually work 34 hours or less per week, would like a job with more hours, and are available to start work with more hours if offered a job in the next four weeks.  In the SDAC, the definition of ‘underemployed’ excludes persons employed full–time who worked only part–time hours in the reference week for economic reasons (eg: through being stood down or due to insufficient work available).  **Age Restriction:**  All tables for this indicator are restricted to people aged 15–64 years. |
| **Timeliness** | The ABS conducts the SDAC every three years. The most recent SDAC was conducted from August 2012 to March 2013. Results from the 2012 survey were released in November 2013. |
| **Accuracy** | **Sample and Response Rate:**  The SDAC is conducted in all states and territories, excluding very remote areas, and includes people in both private and non–private dwellings (including  cared–accommodation establishments). Dwellings in each State and Territory were selected at random using a multi–stage area sample. After sample loss, the 2012 SDAC sample included approximately 27 400 private dwellings, 1 000 health establishments and 500 other non–private dwellings.  The 2012 SDAC response rate for private dwellings was 89.8 per cent, and for establishments was 87.5 per cent. SDAC data are weighted to account for  non–response.  **Scope and Coverage:**  Information on the scope and coverage for SDAC is available in the publication Explanatory Notes **(**paragraphs 7 and 8) for Disability, Ageing and Carers, Australia: Summary of Findings, 2012. The SDAC excludes very remote areas and discrete Aboriginal and Torres Strait Islander communities from its estimates. This exclusion has minimal impact on Australia level estimates if making inferences about the population at large. However, the NT has a significant proportion of the population in very remote areas and/or Aboriginal and Torres Strait Islander Communities. As such it is important to interpret NT estimates in light of these areas being excluded from scope.  For the first time in 2012, SDAC has excluded a small number of private dwellings that are in Collection Districts where the population contribution of an Aboriginal and Torres Strait Islander Community exceeds 75 per cent within the CD, but the private dwellings themselves are outside the community. This exclusion has minimal impact on Australia level estimates. However, it could have an impact on NT estimates, as around 10 per cent of NT households that were previously included are now excluded. As such, estimates in the 2012 publication are not comparable to the 2009 survey. Estimates displayed as proportions are comparable with previous surveys.  The SDAC also excludes people in gaols and correctional institutions.  **Reliability of Estimates:**  All sample surveys are subject to sampling and non–sampling error. For more information relating to the Survey of Disability, Ageing and Carers, please refer to the publication Disability, Ageing and Carers, Australia: Summary of Findings, 2012. The RSEs for each estimate and proportion have been supplied. Where an estimate or proportion has a RSE between 25 per cent and 50 per cent, the estimate or proportion is annotated to indicate that it is subject to a high RSE and should be used with caution. Where an estimate or proportion has a RSE above 50 per cent, the estimate or proportion is annotated to indicate that it is not reliable for general use, and the RSE is not published.  In addition, in a very small number of instances, an estimate is provided but the proportion has not been published, due to the impact of perturbation. |
| **Coherence** | The SDAC collects a range of demographic, financial and other information that can be analysed in conjunction with the labour force participation rate of carers of persons with disability.  The labour force information collected in SDAC is designed to be comparable with data collected in the monthly Labour Force Survey and other surveys. The exception is the definition of underemployment which excludes persons employed full–time who worked only part–time hours in the reference week for economic reasons (eg: through being stood down or due to insufficient work available). This information is not collected on the ABS standard ‘minimum set’ of labour force questions.  Both the numerator and the denominator are drawn from the same dataset, with the numerator being a subset of the denominator population. The denominator population is the same in all applicable tables (either total persons or total labour force, aged  15–64 years).  Estimates of primary carers in a particular population group presented in these tables may not match estimates for primary carers in the same population group presented in other NDA indicators.  The particular specification of the in–scope carer population for this indicator represents only 56 per cent of the carer population (aged 15–64 years), and 66 per cent of the primary carer population (aged 15–64 years) identified in the SDAC. Therefore comparisons with other published information on carers and primary carers sourced from the SDAC should be made with caution.  The sum of ‘all carers’ and ‘non–carers’ in these tables will not provide the total population aged 15–64 years as the tables exclude completely the remaining 44 per cent of carers (aged 15–64 years) identified in the SDAC who are  out–of–scope for this indicator. Mostly, these carers are out–of–scope because they are not caring for someone aged 0–64 years.  The Explanatory Notes section of Disability, Ageing and Carers, Australia: Summary of Findings, 2012 (cat. no. 4430.0) provides more detailed information on the differences between the SDAC over time. |
| **Accessibility** | See publication Disability, Ageing and Carers, Australia: Summary of Findings, 2012 (cat. no.4430.0) for an overview of results from the SDAC. Other information from the survey is available on request – see further information in the SDAC Quality Declaration. |
| **Interpretability** | **Confidentiality:**  To minimise the risk of identifying individuals in aggregate statistics, a technique is used to randomly adjust cell values. This technique is called perturbation. Perturbation involves small random adjustment of the statistics and is considered the most satisfactory technique for avoiding the release of identifiable statistics while maximising the range of information that can be released. These adjustments have a negligible impact on the underlying pattern of the statistics.  After perturbation, a given published cell value will be consistent across all tables. However, adding up cell values to derive a total will not necessarily give the same result as published totals.  The introduction of perturbation in publications ensures that these statistics are consistent with statistics released via services such as Table Builder.  **Additional Information:**  Information is available to aid interpretation of SDAC data in the publication, Disability, Ageing and Carers, Australia: Summary of Findings, 2012 on the ABS website. Detailed Explanatory Notes, a Technical note on Data Quality, and a Glossary are also included to provide information on the terminology, classifications and other technical aspects associated with these statistics. |

Social participation of people with disability

Data quality information for this indicator has been sourced from the Survey of Disability, Ageing and Carers (data supplied by ABS)

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| Indicator definition and description | |
| Element | Equity (Outcomes) — Social participation of people with disability in social and community activities. |
| Indicator | Various — Social participation of people with disability. |
| Measure (computation) | Numerator: Number of people with disability who had face–to–face contact with family or friends who don’t live with them in the previous week (15–64 years), or travelled to a social activity in the last two weeks (5–64 years), or reported the main reason they couldn’t leave home as often as they would like was their own disability or medical condition (5–64 years).  Denominator: Total number of persons with disability aged 15–64 years and total number of persons with disability aged 5–64 years. |
| Data source/s | The numerator and denominator for this indicator are drawn from the ABS 2012 Survey of Disability, Ageing and Carers (SDAC). |
| Data Quality Framework Dimensions | |
| Institutional environment | SDAC data are collected, processed, and published by the ABS. The ABS operates within the framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality of the ABS, and the confidentiality of respondents.  For more information on the institutional environment of the ABS, including legislative obligations, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment. |
| Relevance | The SDAC contains the most comprehensive and accurate measure of disability produced by the ABS, using 125 questions to collect information on any conditions people may have, whether these conditions cause restrictions, and the nature and severity of any restrictions.  A range of social and community participation data are collected in the SDAC from persons aged 5 years and over with disability. These include visits from family and friends and travelling to social events in the previous fortnight. Persons who reported one or more instances of social or community participation in the specified timeframes are included in this indicator. |
| Timeliness | The SDAC is conducted every three years over an approximate six month period. Results from the 2009 survey were released in April 2011. Results from the 2012 survey were released in November 2013. |
| Accuracy | **Sample and Response Rate:**  The SDAC is conducted in all states and territories, excluding very remote areas, and includes people in both private and non–private dwellings (including  cared–accommodation establishments). Dwellings in each State and Territory were selected at random using a multi–stage area sample. After sample loss, the 2012 SDAC sample included approximately 27 400 private dwellings, 1 000 health establishments and 500 other non–private dwellings.  The 2012 SDAC response rate for private dwellings was 89.8 per cent, and for establishments was 87.5 per cent. SDAC data are weighted to account for  non–response.  **Scope and Coverage:**  Information on the scope and coverage for SDAC is available in the publication Explanatory Notes (paragraphs 7 and 8) for Disability, Ageing and Carers, Australia: Summary of Findings, 2012. The SDAC excludes very remote areas and discrete Aboriginal and Torres Strait Islander communities from its estimates. This exclusion has minimal impact on Australia level estimates if making inferences about the population at large. However, the NT has a significant proportion of the population in very remote areas and/or Aboriginal and Torres Strait Islander Communities. As such it is important to interpret NT estimates in light of these areas being excluded from scope.  For the first time in 2012, SDAC has excluded a small number of private dwellings that are in Collection Districts where the population contribution of an Aboriginal and Torres Strait Islander Community exceeds 75 per cent within the CD, but the private dwellings themselves are outside the community. This exclusion has minimal impact on Australia level estimates. However, it could have an impact on NT estimates, as around 10 per cent of NT households that were previously included are now excluded. As such, estimates in the 2012 publication are not comparable to the 2009 survey. Estimates displayed as proportions are comparable with previous surveys.  The SDAC also excludes people in gaols and correctional institutions.  **Reliability of Estimates:**  All sample surveys are subject to sampling and non–sampling error. For more information relating to the Survey of Disability, Ageing and Carers, please refer to the publication Disability, Ageing and Carers, Australia: Summary of Findings, 2012.  For SDAC data, the confidence interval for each estimate and proportion have been supplied. Where an estimate or proportion has a confidence interval above 50 per cent, the estimate or proportion is annotated to indicate that it is not reliable for general use, and the confidence interval is not published. |
| **Coherence** | The SDAC collect a range of demographic, financial and other information that can be analysed in conjunction with the social participation of people with disability. |
| **Accessibility** | See publication Disability, Ageing and Carers, Australia: Summary of Findings, 2012 (cat. no.4430.0) for an overview of results from the SDAC. Other information from the survey is available on request – see further information in the SDAC Quality Declaration. |
| **Interpretability** | **Confidentiality**:  To minimise the risk of identifying individuals in aggregate statistics, a technique is used to randomly adjust cell values. This technique is called perturbation. Perturbation involves small random adjustment of the statistics and is considered the most satisfactory technique for avoiding the release of identifiable statistics while maximising the range of information that can be released. These adjustments have a negligible impact on the underlying pattern of the statistics.  After perturbation, a given published cell value will be consistent across all tables. However, adding up cell values to derive a total will not necessarily give the same result as published totals.  The introduction of perturbation in publications ensures that these statistics are consistent with statistics released via services such as Table Builder.  **Additional** **Information**:  Information is available to aid interpretation of SDAC data in the publication, Disability, Ageing and Carers, Australia: Summary of Findings, 2012 on the ABS website. Detailed Explanatory Notes, a Technical note on Data Quality, and a Glossary are also included to provide information on the terminology, classifications and other technical aspects associated with these statistics. |