
13 Services for people with a disability

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

This chapter focuses mainly on services covered by the third Commonwealth State/Territory Disability Agreement (CSTDA), which applies to the period 1 July 2002 to 30 June 2007. The CSTDA forms the basis for the provision and funding of services for people with a disability, where the person's disability manifests before the age of 65 years and for which they require ongoing or long term episodic support. Specialist psychiatric disability services are excluded from the chapter to improve data comparability across jurisdictions.

Services for people with a disability can be grouped into income support, disability support services and relevant generic services provided to the community as a whole. This Report generally does not report information on income support. Disability support services are primarily delivered under the CSTDA, as well as through programs such as Home and Community Care (HACC) and Commonwealth Rehabilitation Services (CRS) Australia. Performance information on the HACC program is provided in the 'Aged care services' chapter (chapter 12). CRS Australia's services are not covered in this Report.

Some mainstream services provided to the community as a whole are covered elsewhere in this Report — for example, school education (chapter 3), vocational education and training (VET) (chapter 4), public hospital care (chapter 9), specialised mental health services (chapter 11) and public housing (chapter 16). Other mainstream services provided to people with a disability — such as transport and utility services at concessional rates — are outside the scope of this Report.

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

- data on disability prevalence rates among Indigenous people
- descriptive information on younger people with a disability in residential aged care facilities
- access indicators for community support and respite services

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- data reported against the ‘service use by severity of disability’ and ‘service use by special needs groups — Indigenous people’ indicators for community support and respite services
 - data on the participation of people with a disability in education and training and their highest level of educational and training attainment.

A profile of services provided under the CSTDA for people with a disability appears in section 13.1. A framework of performance indicators is outlined in section 13.2. The performance of jurisdictions is discussed in section 13.3 and future directions for performance reporting are discussed in section 13.4. Section 13.5 contains jurisdictions’ comments and section 13.6 provides definitions of the data descriptors and indicators. Section 13.7 lists the supporting tables for this chapter. Supporting tables are identified in references throughout the chapter by an ‘A’ suffix (for example, table 13A.3 is table 3 in the attachment). Supporting tables are provided on the CD-ROM enclosed with the Report. Section 13.8 lists references used in this chapter.

13.1 Profile of specialist disability services

Service overview

The CSTDA defines ‘specialist disability services’ as ‘services or initiatives specially designed from time to time to meet the needs of people with disabilities’ (CSTDA 2003, p. 10). A definition of disability is provided in box 13.1.

Box 13.1 Definition of disability

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

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

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Box 13.1 (Continued)

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

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

The CSTDA (2003, p. 9) defines people with disabilities who are eligible for CSTDA funded services:

People with disabilities attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following:

- self-care/management
- mobility
- communication

requiring significant ongoing and/or long term episodic support and which manifests itself before the age of 65.

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

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

Roles and responsibilities

The CSTDA defines the roles and responsibilities of the Australian, State and Territory governments in the provision of services to people with a disability. Its agreed purposes are listed in box 13.2.

Box 13.2 The purposes of the CSTDA

The purposes of the CSTDA are to:

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

Source: CSTDA (2003, pp. 4–5).

The Australian Government administers the following services:

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

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

State and Territory governments administer the following services:

- accommodation support services that provide support to people with a disability in accommodation settings (hostels, institutions and group homes), and in their own home (including attendant/personal care, in-home support and alternative family placements)
- community access services that provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence — including learning and life skills development and recreation/holiday programs

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- community support services that help people with a disability to integrate and participate in the community, including case management, counselling, early intervention therapy and other therapy services
 - respite care services that provide relief or support (for limited periods) to families and carers of people with a disability who are living in the community.

Australian, State and Territory governments have continuing responsibility for the following services:

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

The CSTDA does not apply to the provision of:

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

Family and friends meet most needs of people with a disability. In 2003, an estimated 474 600 primary carers provided the majority of informal help with self-care, mobility and communication for people with a disability — an increase of 5.3 per cent on the number in 1998 (ABS 1999, 2004c). Recognising the cost of providing such informal support, the Australian Government provides income support in the form of the Carer Payment and other financial assistance through the Carer Allowance to carers of people with a disability (box 13.3). This financial assistance is not included under the CSTDA funding arrangements.

Box 13.3 Australian Government supplementary and income support arrangements

The Australian Government funds payments for people with a disability, those caring for people with a disability and those temporarily incapacitated from work as a result of illness. These payments include the Disability Support Pension, the Carer Payment, the Carer Allowance, the Sickness Allowance and the Mobility Allowance. Outlays on payments to people with a disability in 2005-06 (on an accrual basis) amounted to \$8.3 billion for the Disability Support Pension, \$1.2 billion for the Carer Payment (includes expenditure on carer bonus), \$1.3 billion for the Carer Allowance (includes expenditure on carer bonus), \$85.4 million for the Sickness Allowance and \$95.9 million for the Mobility Allowance (Department of Family, Community Services and Indigenous Affairs (FaCSIA) (unpublished) and Department of Employment and Workplace Relations (DEWR) (unpublished)). These income support arrangements do not constitute a CSTDA service.

At 30 June 2006, there were 712 163 recipients of the Disability Support Pension, 105 058 recipients of the Carer Payment, 382 926 recipients of the Carer Allowance, and 51 669 recipients of the Mobility Allowance. There were also 7510 recipients of the Sickness Allowance (table 13A.2).

Source: FaCSIA (unpublished); DEWR (unpublished); table 13A.2.

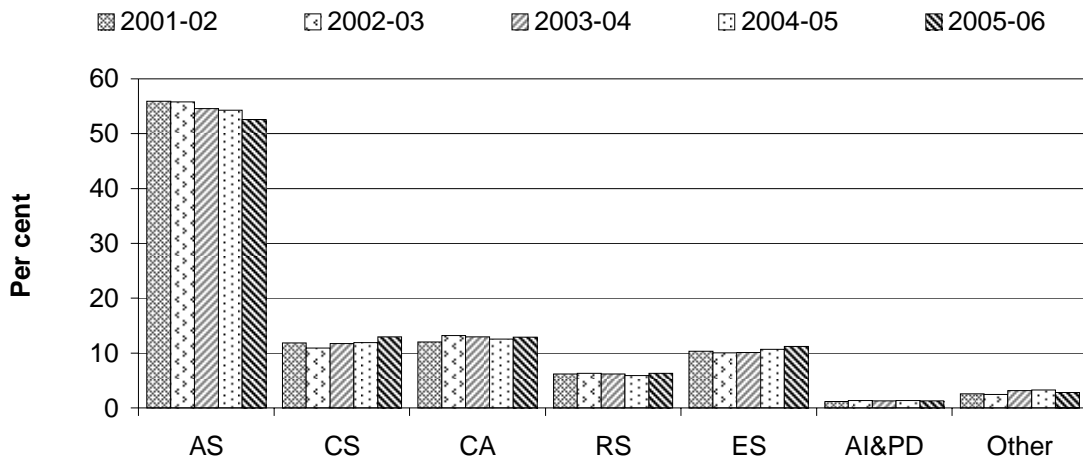
Funding

Under the CSTDA, Australian and State and Territory governments fund both government and non-government providers of services for people with a disability. Total government expenditure on CSTDA funded services was \$3.9 billion in 2005-06 — a real increase of 2.9 per cent on the expenditure in 2004-05 (\$3.8 billion) (table 13A.5). State and Territory governments funded the majority of this expenditure in 2005-06 (72.5 per cent, or \$2.8 billion). The Australian Government funded the remainder (27.5 per cent, or \$1.1 billion), which included \$595.1 million in transfer payments to states and territories (tables 13A.6 and 13A.7).

Direct government expenditure on CSTDA funded services (that is, excluding expenditure on administration) was \$3.6 billion in 2005-06 (table 13A.3). The distribution of direct government expenditure varied across jurisdictions in 2005-06. The main areas of State and Territory government expenditure were accommodation support services (52.6 per cent of total direct service expenditure), community access and community support services (both 12.9 per cent of total direct service expenditure) (figure 13.1). Employment services were the main area of Australian Government expenditure in 2005-06 (11.2 per cent of total direct

service expenditure and 89.6 per cent of Australian Government direct service expenditure) (table 13A.4).

Figure 13.1 **Direct expenditure on CSTDA funded services, by service type^a**



AS = accommodation support; CS = community support; CA = community access; RS = respite services; ES = employment services; AI&PD = advocacy, information and print disability. ^a See table 13A.3 for detailed notes accompanying expenditure data.

Source: Australian, State and Territory governments (unpublished); table 13A.4.

Size and scope

Disability prevalence

The 2003 ABS SDAC estimated that people with a core activity limitation, schooling or employment restriction accounted for 13.0 per cent of the total Australian population aged 5–64 years in 2003 (ABS 2004c). This proportion comprised 4.0 per cent who had a profound or severe core activity limitation, a further 6.6 per cent who had a mild to moderate core activity limitation, and 2.4 per cent who had a schooling or employment restriction only (ABS 2004c). Tables 13A.9 and 13A.10 contain additional information from the SDAC on people with a disability.

Aboriginal and Torres Strait Islander people

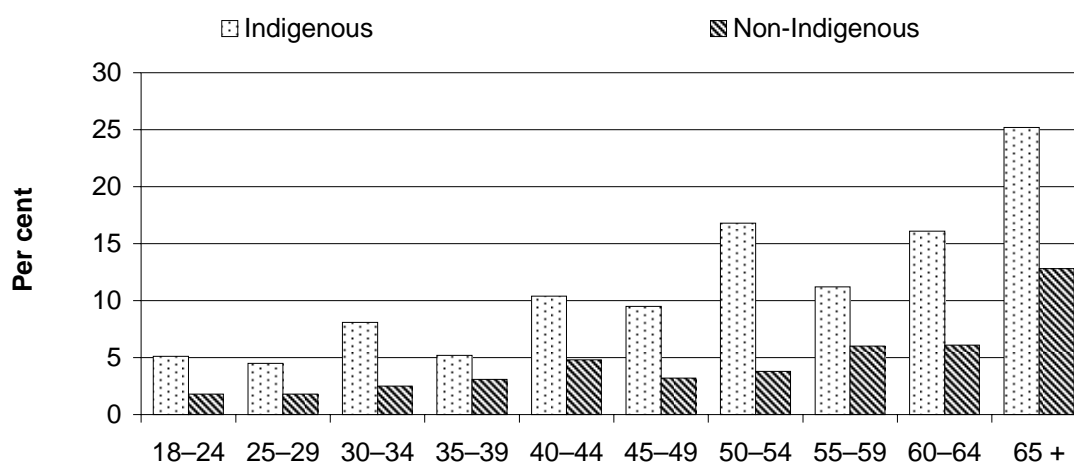
Indigenous people have significantly higher rates of profound or severe core activity limitation than non-Indigenous people. The Australian Institute of Health and Welfare (AIHW) estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation was approximately

2.4 times that of non-Indigenous people in 2002 (AIHW 2006c). This estimate is based on data from the ABS's General Social Survey (GSS) and National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and takes into account differences in the:

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

The difference (in rate ratio terms) between the populations is most marked for people aged 50–54 years and those aged 30–34 years (figure 13.2).

Figure 13.2 Proportion of age groups who have a profound or severe core activity limitation, by Indigenous status, 2002^a



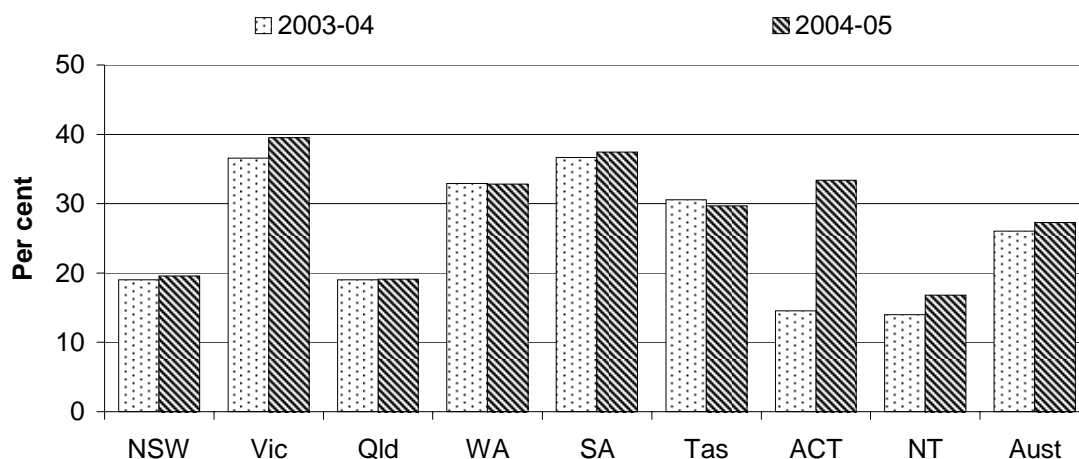
^a For the NATSISS, there were a number of differences in the 'screening' questions used to establish disability status and disability type for persons living in remote and non-remote areas. While a 'common' set of questions was asked in both remote and non-remote areas, some additional questions were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

Source: AIHW (2006c).

Use of CSTDA funded services

In 2004-05, 190 124 people were reported as using services provided under the CSTDA (excluding users who received specialist psychiatric disability services only) (table 13A.1). Nationally, this is 27.3 per cent of the estimated potential population (that is, people aged under 65 years who had the potential to require specialist disability services at some time) (figure 13.3).

Figure 13.3 Users of CSTDA funded services as a proportion of the estimated potential population^{a, b, c, d, e, f, g}

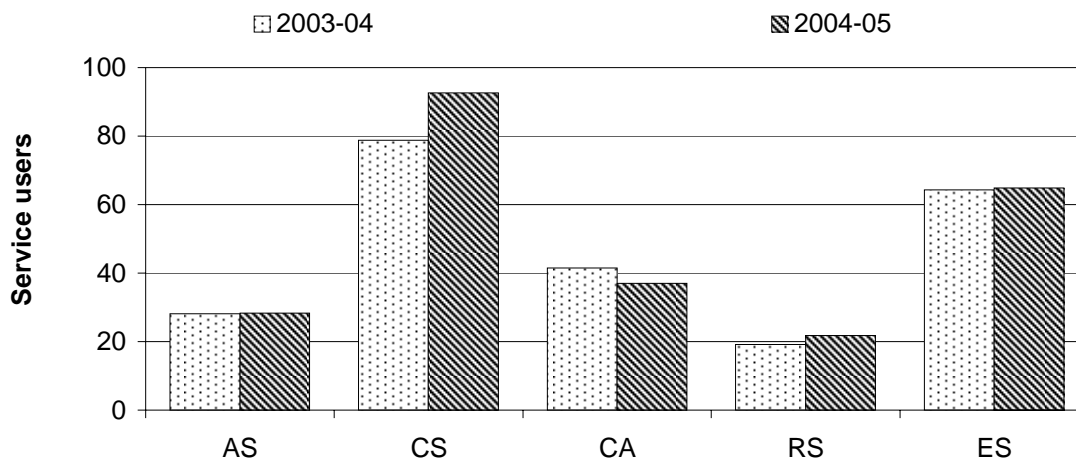


^a Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. For 2003-04, the NT has population estimates of less than 9000. ^b Individuals might have accessed services from more than one State or Territory during the relevant period. ^c The potential population estimates (national age- and sex-specific rates applied to each jurisdiction) for CSTDA funded services are the number of people aged under 65 years, with profound or severe core activity limitations, multiplied by the Indigenous factor for that jurisdiction. See section 13.6 for detailed information on the estimated potential population and the Indigenous factor. ^d Data for users of CSTDA funded services exclude specialist psychiatric disability services identified by the jurisdiction. ^e Data quality continues to improve following the implementation of the CSTDA National Minimum Data Set (NMDS). However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet and service user response rates between jurisdictions and across years, for example, should be taken into account when interpreting these data. ^f The service type outlet response rate was 93 per cent nationally in 2003-04 — 100 per cent for WA, SA, Tasmania and the Australian Government; 97 per cent for Queensland; 95 per cent for the NT; 94 per cent for Victoria; 93 per cent for the ACT; and 80 per cent for NSW. The service type outlet response rate was 94 per cent nationally in 2004-05 — 100 per cent for WA, SA and the Australian Government; 99 per cent for Queensland; 98 per cent for the ACT; 96 per cent for Tasmania; 92 per cent for Victoria; 85 per cent for NSW and 70 per cent for the NT. ^g For the ACT, improved data capture for therapy services resulted in an increased service user count between 2003-04 and 2004-05.

Source: ABS (2003a, 2004a, 2004d); AIHW (2005a, 2005b, 2006a, 2006b, 2006c); AIHW analysis of the 2003 ABS SDAC data; table 13A.1.

Service user numbers varied across service types (figure 13.4). Accommodation support, community access, community support and respite services reported 136 307 users and employment services reported 64 835 users.

Figure 13.4 Users of CSTDA funded services, by service type ('000)^{a, b}



AS = accommodation support; CS = community support; CA = community access; RS = respite services; ES = employment services. ^a Data for users of CSTDA funded services exclude specialist psychiatric disability services identified by the jurisdiction. ^b Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet and service user response rates between jurisdictions and across years, for example, should be taken into account when interpreting these data.

Source: AIHW (2005a, 2005b, 2006a, 2006b); table 13A.1.

Younger people with a disability in residential aged care

At its February 2006 meeting, the Council of Australian Governments (COAG) made a commitment to start to reduce the number of younger people with a disability living in residential aged care. COAG agreed to establish a five-year program, beginning in July 2006, with funding of up to \$122 million from the Australian Government and up to \$122 million from State and Territory governments. Funding for this program is separate and in addition to the general funding provided under the CSTDA. At 1 December 2006, the Australian Government and several jurisdictions had signed bilateral agreements, and the remaining jurisdictions were considering agreements.

There are three elements to the program:

- Move younger people with a disability currently accommodated in residential aged care into appropriate supported disability accommodation where it can be made available and if this is what clients choose.
- Divert future admission of younger people with a disability who are at risk of admission to residential aged care into more appropriate forms of accommodation.

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- Enhance the delivery of specialist disability services to those younger people with a disability who choose to remain in residential aged care or for whom residential aged care remains the only available suitable supported accommodation option.

Progress on the implementation of the program will be monitored and reported. The initial priority for the program will be people aged under 50, and participation will be voluntary. On 30 June 2006, there were 6731 people aged under 65 years living in residential aged care of whom 1049 were aged under 50 years (Australian Government unpublished).

13.2 Framework of performance indicators

The framework of performance indicators is based on the Australian, State and Territory governments' shared objectives under the CSTDA (box 13.4).

Box 13.4 Objectives of government funded services for people with a disability

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

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

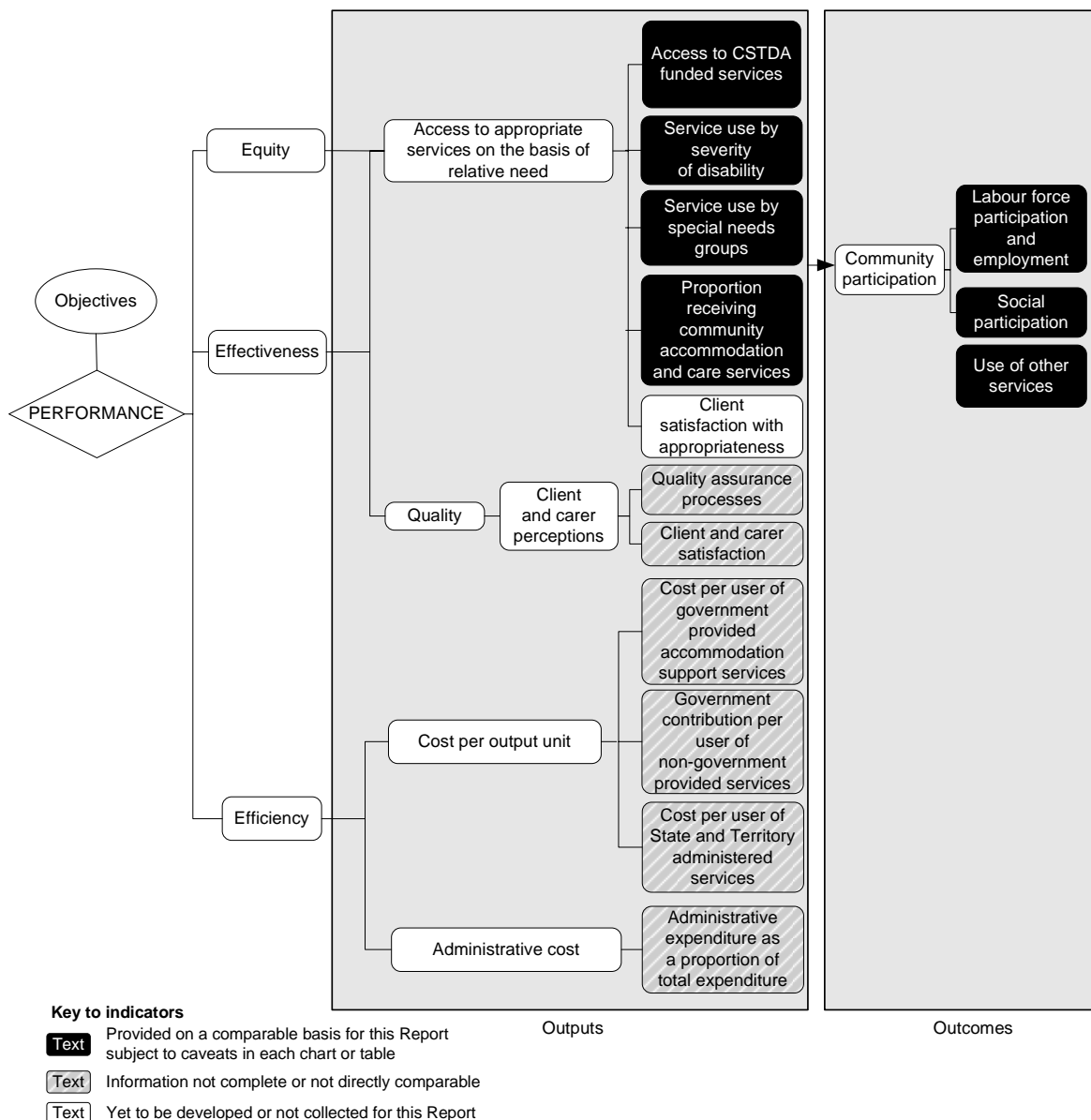
- strengthen access to generic services for people with a disability
- strengthen across government linkages — bilateral agreements between the Australian Government and each State and Territory have been negotiated to improve services
- strengthen individuals, families and carers
- improve long term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

Source: CSTDA (2003).

The performance indicator framework shows which specialist disability services data are comparable in the 2007 Report (figure 13.5). For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see section 1.6). This year the three access indicators ('access to

accommodation’, ‘access to employment’ and ‘access to community access’) have been combined into one in the framework (‘access to CSTDA funded services’). This was done to reduce repetition and improve presentation. The same measures for these services are reported. Access measures for two additional services (community support and respite) are also reported under this indicator for the first time.

Figure 13.5 Performance indicators for services for people with a disability



The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of government funded services for people with a disability. This is consistent with the general

performance indicator framework and service process diagram (figures 1.2 and 1.3, chapter 1) on which the Steering Committee has agreed.

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

13.3 Key performance indicator results

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

The performance indicator results reported in this chapter generally relate to CSTDA funded services. This Report includes service user data for 2004-05. These data were sourced from the CSTDA National Minimum Data Set (NMDS) collection, which is coordinated by the AIHW. The CSTDA NMDS collection was implemented in 2002-03, with national data from the first collection available for the period 1 January 2003 to 30 June 2003. Before its implementation, service user data for this chapter were sourced from the Commonwealth State Disability Agreement (CSDA) Minimum Data Set (MDS). The most significant change from the CSDA MDS to the CSTDA NMDS collection is that, for most service types, funded agencies are required to provide information about all service users throughout the year (rather than just those who received a service on a snapshot day). Other information on the implementation of the CSTDA NMDS is contained in box 13.6 of the 2006 Report and in AIHW (2003).

When considering the indicator results derived using service user data, comparisons between jurisdictions and between the 2003-04 and 2004-05 data should be undertaken with care. While the implementation of the CSTDA NMDS continues to improve data quality, quality is still affected by a number of factors. In particular, the proportion of service users and service outlets that provided data (response rates) and the 'not stated' rates of particular data items vary across jurisdictions and between 2003-04 and 2004-05.

Outputs

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

The following equity and effectiveness access indicators are reported:

- ‘access to CSTDA funded services’
- ‘service use by severity of disability’
- ‘service use by special needs groups’
- ‘proportion of accommodation support service users receiving community accommodation and care services’.

Access to CSTDA funded services

‘Access to CSTDA funded services’ is an indicator of access to specialist disability services on the basis of relative need (box 13.5).

Box 13.5 Access to CSTDA funded services

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

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

The potential population estimate for *accommodation support, community access and community support services* is the number of people aged under 65 years with profound or severe core activity limitations, multiplied by the Indigenous factor for a jurisdiction. The potential population estimate for *employment services* is the number of people aged 15–64 years with severe or profound core activity limitations, multiplied by both the Indigenous factor and the labour force participation rate for a jurisdiction. The potential population estimate for *respite services* is the number of people aged under 65 years with profound or severe core activity limitations who also reported a primary carer, multiplied by the Indigenous factor for a jurisdiction. The potential populations are further defined in section 13.6.

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Box 13.5 (Continued)

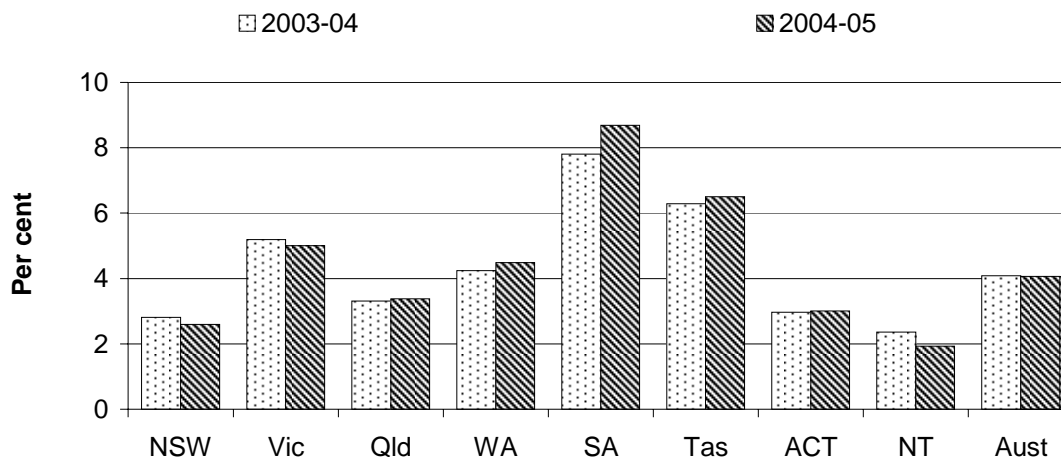
A higher proportion of the relevant estimated potential population using a particular CSTDA service suggests greater access to this service.

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

The numerators and denominators of the access measures do not match fully. The numerator of an access measure includes service users of all ages who have profound, severe, or moderate to no core activity limitations. The denominator, which is the 'potential population', is an estimate of the number of people who have a profound or severe core activity limitation and are aged under 65 years only. So while the numerator includes people who are aged 65 and over and/or people who have moderate to no core activity limitations this is not the case for the denominator. It would be helpful, therefore, to consider the results of this indicator in conjunction with the 'service use by severity of disability' indicator. The 'service use by severity of disability' indicator provides information in relation to access to specialist disability services on the basis of relative need, where level of core activity limitation is used as a proxy for relative need.

Nationally, 4.1 per cent of the estimated potential population were using CSTDA funded accommodation support services in 2004-05 (figure 13.6).

Figure 13.6 Users of CSTDA funded accommodation support services as a proportion of the estimated potential population^{a, b, c, d, e, f, g}

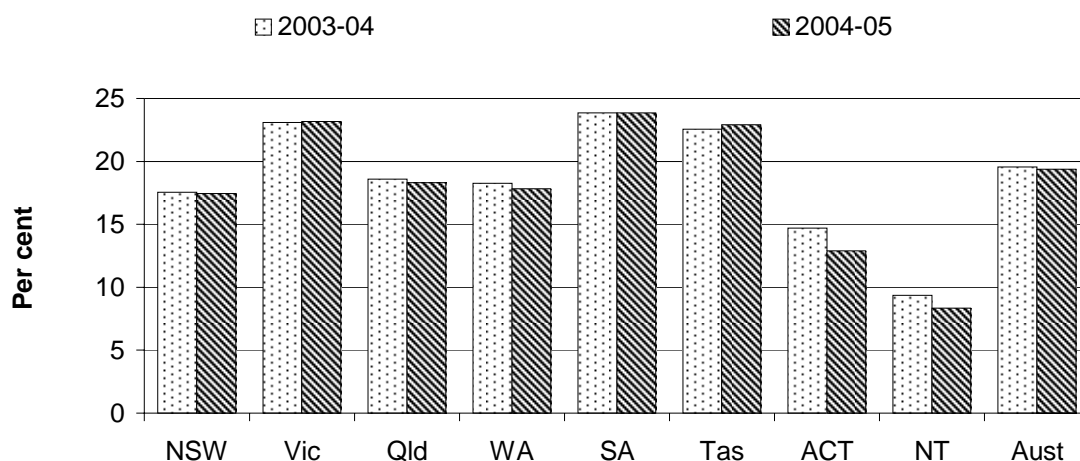


^a Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. For 2003-04, the NT has population estimates of less than 9000. ^b Individuals might have accessed services from more than one State or Territory during the relevant period. ^c The potential population estimates (national age- and sex-specific rates applied to each jurisdiction) for accommodation support services are the number of people aged under 65 years, with profound or severe core activity limitations, multiplied by the Indigenous factor for that jurisdiction. See section 13.6 for detailed information on the estimated potential population and the Indigenous factor. ^d Data for users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. ^e Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet and service user response rates between jurisdictions and across years, for example, should be taken into account when interpreting these data. ^f NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^g Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users.

Source: ABS (2003a, 2004a, 2004d); AIHW (2005a, 2005b, 2006a, 2006b, 2006c); AIHW analysis of the 2003 ABS SDAC data; table 13A.11.

During the reporting period, the Australian Government had responsibility for employment services under the CSTDA and provided most services through funding non-government organisations. Nationally, 19.4 per cent of the estimated potential population were using CSTDA funded employment services in 2004-05 (figure 13.7).

Figure 13.7 **Users of CSTDA funded employment services as a proportion of the estimated potential population for employment services**
a, b, c

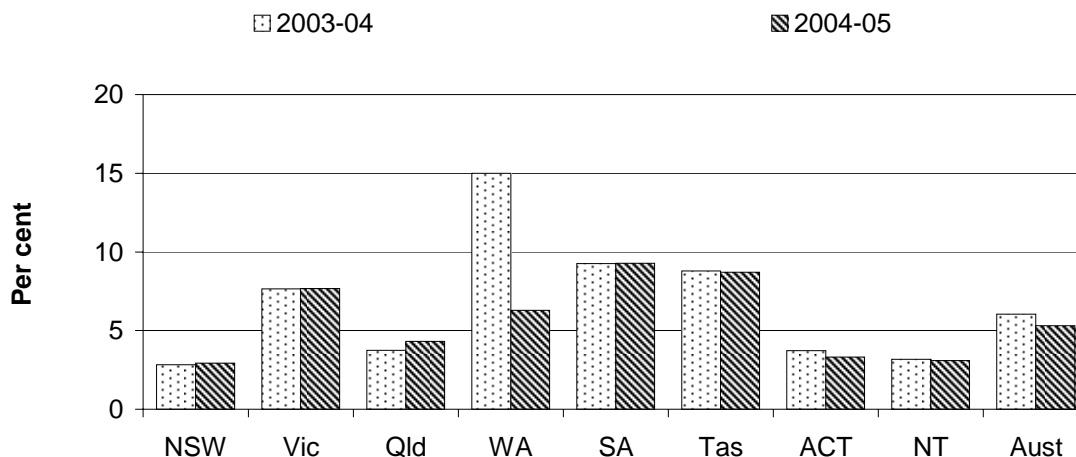


a Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. Tasmania, the ACT and the NT have population estimates of less than 9000. **b** Individuals might have accessed services from more than one State or Territory during the relevant period. **c** The potential population estimates (national age- and sex-specific rates applied to each jurisdiction) for employment services are the number of people aged 15–64 years with severe or profound core activity limitations, multiplied by both the Indigenous factor and the labour force participation rate for that jurisdiction. See section 13.6 for detailed information on the estimated potential population and the Indigenous factor.

Source: ABS (2003a, 2003b, 2004a, 2004b, 2004d); AIHW (2005a, 2005b, 2006a, 2006b, 2006c); AIHW analysis of the 2003 ABS SDAC data; table 13A.12.

Nationally, 5.3 per cent of the estimated potential population were using CSTDA funded community access services in 2004-05 (figure 13.8).

Figure 13.8 Users of CSTDA funded community access services as a proportion of the estimated potential population^{a, b, c, d, e, f, g}

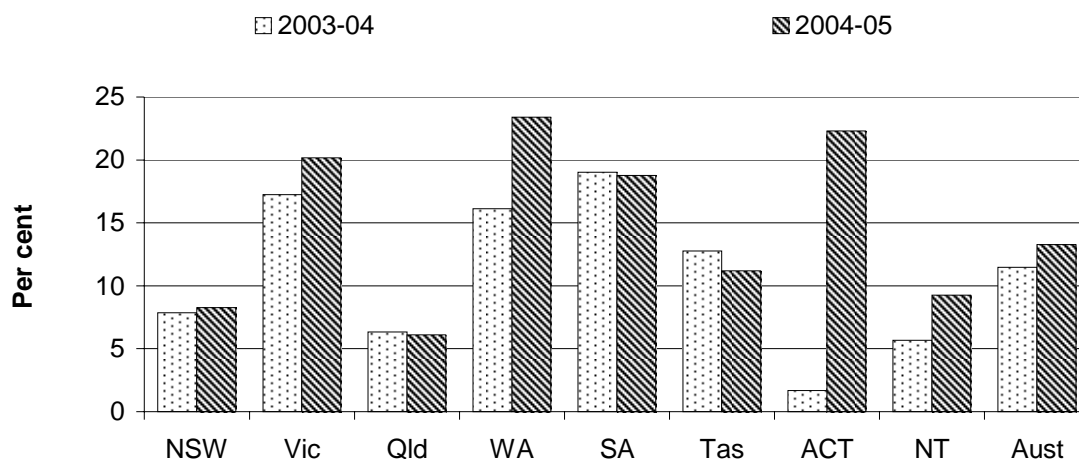


^a Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. For 2003-04, the NT has population estimates of less than 9000. ^b Individuals might have accessed services from more than one State or Territory during the relevant period. ^c Data for users of CSTDA funded community access services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^d Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet and service user response rates between jurisdictions and across years, for example, should be taken into account when interpreting these data. ^e NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^f Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. ^g The decrease in the number of WA service users in 2004-05 is due to a change in reporting by one recreation agency.

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

'Access to community support services' is reported for the first time in this Report. Nationally, 13.3 per cent of the estimated potential population were using CSTDA funded community support services in 2004-05 (figure 13.9).

Figure 13.9 Users of CSTDA funded community support services as a proportion of the estimated potential population^{a, b, c, d, e, f, g}

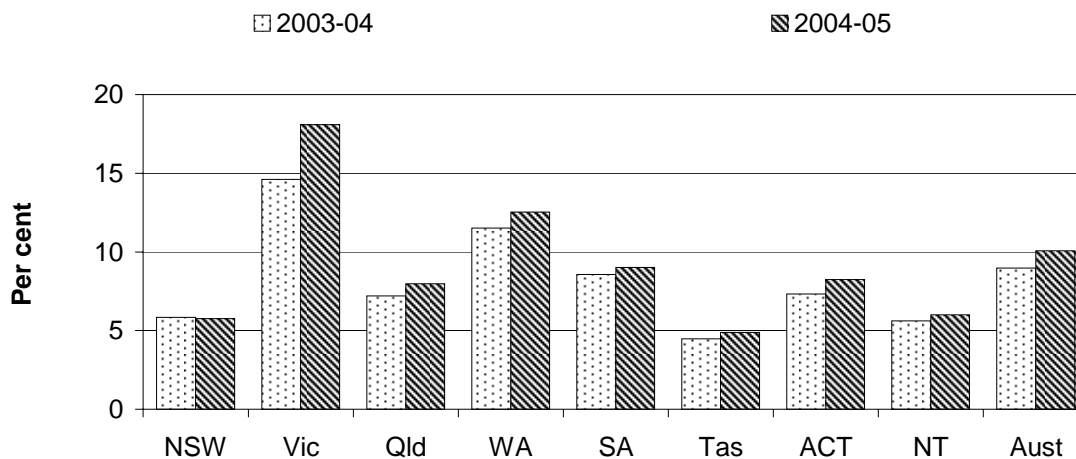


^a Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. For 2003-04, the NT has population estimates of less than 9000. ^b Individuals might have accessed services from more than one State or Territory during the relevant period. ^c Data for users of CSTDA funded community support services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^d Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet and service user response rates between jurisdictions and across years, for example, should be taken into account when interpreting these data. ^e NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^f The increase in the number of WA service users in 2004-05 is due to the inclusion of data from a new electronic database for the first time. ^g For the ACT, improved data capture for therapy services has resulted in an increased service user count for 2004-05. However, this figure continues to undercount service user numbers as it does not include casual clients of therapy services.

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

‘Access to respite services’ is reported for the first time in this Report. Nationally, 10.1 per cent of the estimated potential population were using CSTDA funded respite services in 2004-05 (figure 13.10).

Figure 13.10 Users of CSTDA funded respite services as a proportion of the estimated potential population for respite services^{a, b, c, d, e}



^a Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. Tasmania, the ACT and the NT have population estimates of less than 9000. ^b Individuals might have accessed services from more than one State or Territory during the relevant period. ^c Data for users of CSTDA funded community support services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^d Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet and service user response rates between jurisdictions and across years, for example, should be taken into account when interpreting these data. ^e NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years.

Source: ABS (2003a, 2004a, 2004d); AIHW (2005a, 2005b, 2006a, 2006b, 2006c); AIHW analysis of the 2003 ABS SDAC data; table 13A.15.

Service use by severity of disability

‘Service use by severity of disability’ is an indicator of access to specialist disability services on the basis of relative need (box 13.6). This indicator provides additional information for interpreting the access to CSTDA funded accommodation support, employment, community access, community support and respite services measures reported above.

Box 13.6 Service use by severity of disability

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

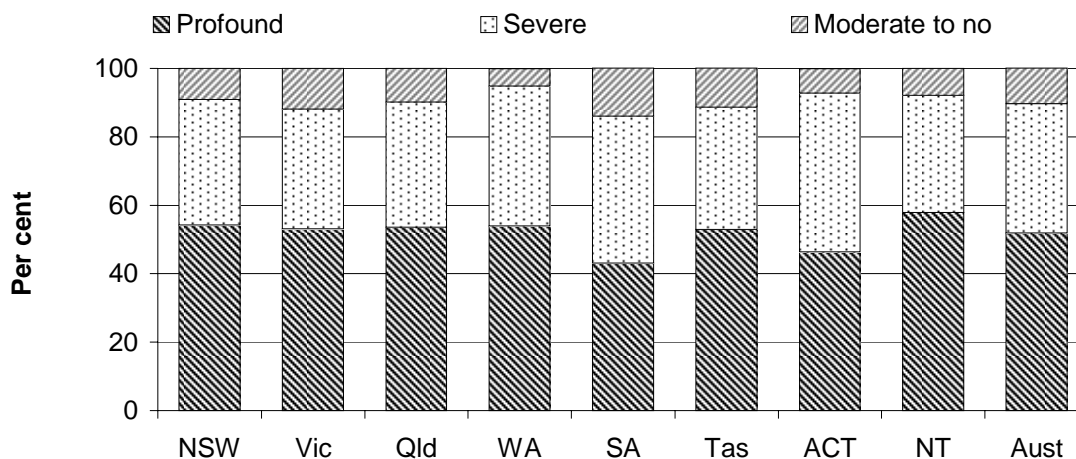
This indicator is defined as the proportion of people who access CSTDA funded services, by severity of core activity limitation. Three categories of core activity limitations are reported: profound, severe, and moderate to no core activity limitation. Measures are reported for accommodation support,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

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

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

Nationally, 51.9 per cent of users of CSTDA funded accommodation support services in 2004-05 had a profound core activity limitation, 37.8 per cent had a severe core activity limitation and 10.4 per cent had moderate to no core activity limitations (figure 13.11).

Figure 13.11 Users of CSTDA funded accommodation support services, by severity of core activity limitation, 2004-05^{a, b, c, d, e}

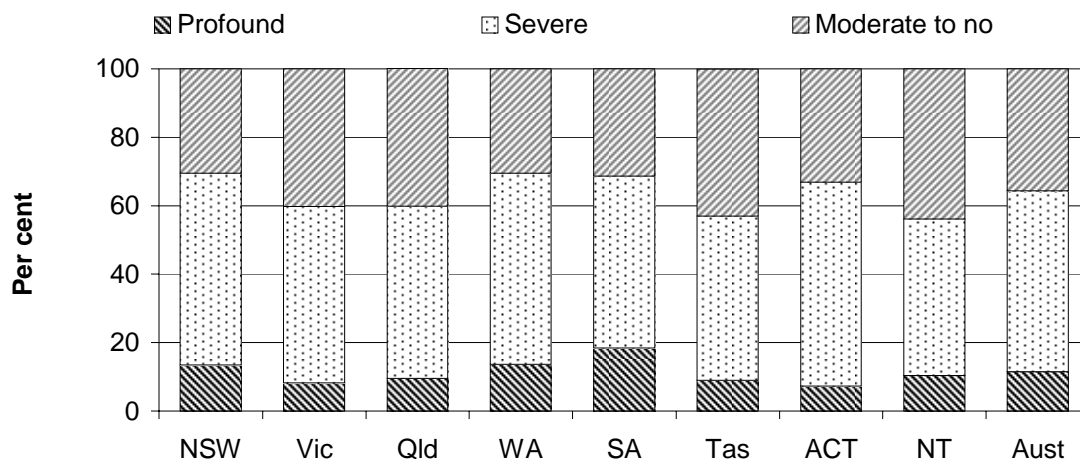


^a Severity of core activity limitation is derived using data on level of support needed in one or more of the support areas: self-care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate to no core activity limitation reported needing no support in all of these areas. ^b Individuals might have accessed services from more than one State or Territory during 2004-05. ^c Data exclude 1459 service users who did not report on a need for support with any of the areas: self-care, mobility, or communication. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Data for service users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. ^e Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality.

Source: AIHW (2006a, 2006b); table 13A.16.

Nationally, 11.5 per cent of users of CSTDA funded employment services in 2004-05 had a profound core activity limitation, 52.9 per cent had a severe core activity limitation and 35.6 per cent had moderate to no core activity limitations (figure 13.12).

Figure 13.12 Users of CSTDA funded employment services, by severity of core activity limitation, 2004-05^{a, b, c, d}

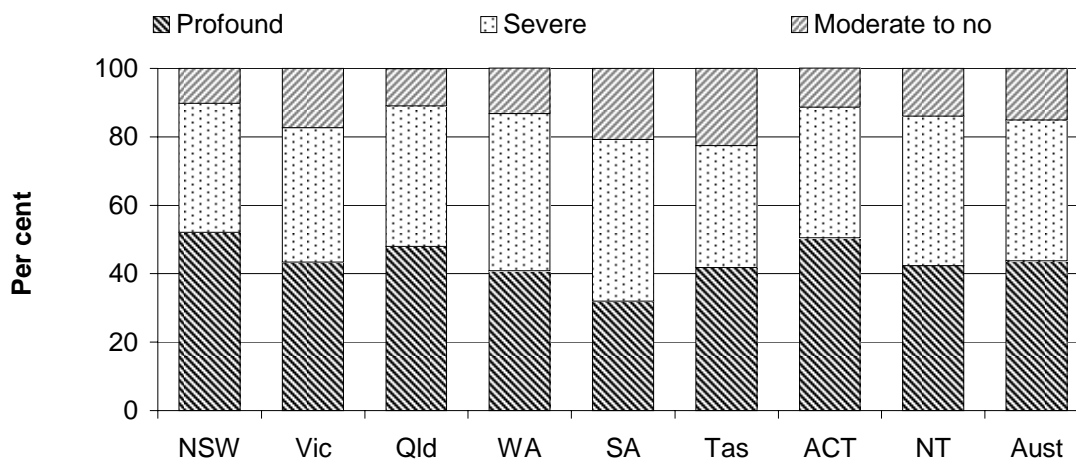


^a Severity of core activity limitation was derived using data on the level of support needed in one or more of the support areas: self-care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate or no core activity limitation reported needing no support in all of these areas. ^b Individuals might have accessed services from more than one State or Territory during 2004-05. ^c Data exclude 2003 service users who did not report on a need for support with any of the areas: self-care, mobility, or communication. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Severity of core activity limitation relates to the level of support needed in the areas of self care, mobility and communication. It does not necessarily relate to the level of support needed to find or maintain employment.

Source: AIHW (2006a, 2006b); table 13A.17.

Nationally, 43.8 per cent of users of CSTDA funded community access services in 2004-05 had a profound core activity limitation, 41.1 per cent had a severe core activity limitation and 15.1 per cent had moderate to no core activity limitations (figure 13.13).

Figure 13.13 Users of CSTDA funded community access services, by severity of core activity limitation, 2004-05^{a, b, c, d, e, f}

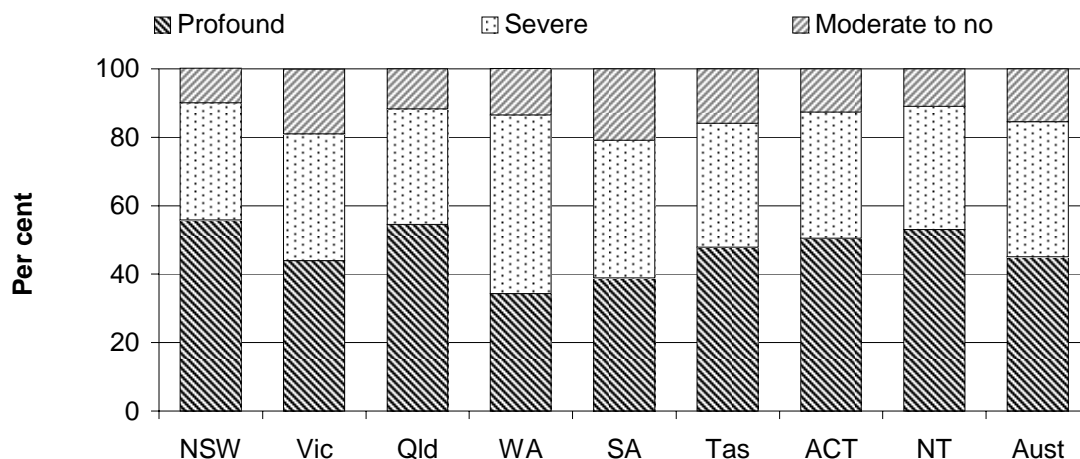


^a Severity of core activity limitation was derived using data on the level of support needed in one or more of the support areas: self-care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate or no core activity limitation reported needing no support in all of these areas. ^b Individuals might have accessed services from more than one State or Territory during 2004-05. ^c Data exclude 4517 service users who did not report on a need for support with any of the areas: self-care, mobility, or communication. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Data for service users of CSTDA funded community access services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^e Service users who accessed the service type 'recreation/holiday programs' (service type 3.02) were not required to complete the item on support needs; however, those who did provide a response are included in the data. ^f Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality.

Source: AIHW (2006a, 2006b); table 13A.18.

Use by severity of disability data for CSTDA funded community support services is reported for the first time in this Report. Care should be taken when interpreting this measure due to the high rate of missing data. Nationally, 45.1 per cent of users of CSTDA funded community support services in 2004-05 had a profound core activity limitation, 39.5 per cent had a severe core activity limitation and 15.4 per cent had moderate to no core activity limitations (figure 13.14).

Figure 13.14 Users of CSTDA funded community support services, by severity of core activity limitation, 2004-05^{a, b, c, d, e}

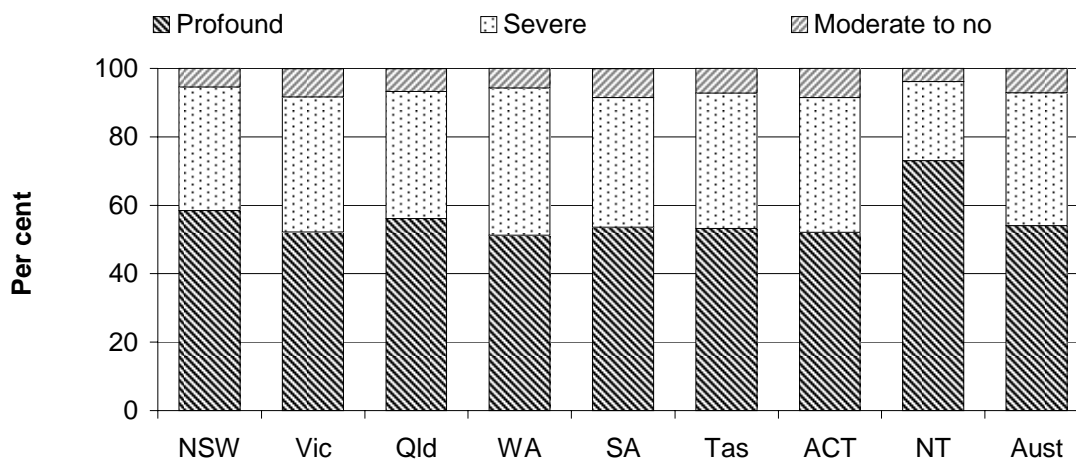


^a Severity of core activity limitation was derived using data on the level of support needed in one or more of the support areas: self-care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate or no core activity limitation reported needing no support in all of these areas. ^b Individuals might have accessed services from more than one State or Territory during 2004-05. ^c Data exclude 30 297 service users who did not report on a need for support with any of the areas: self-care, mobility, or communication. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Data for service users of CSTDA funded community support services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^e Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality.

Source: AIHW (2006a, 2006b); table 13A.19.

Use by severity of disability data for CSTDA funded respite services is reported for the first time in this Report. Nationally, 54.1 per cent of users of CSTDA funded respite services in 2004-05 had a profound core activity limitation, 38.8 per cent had a severe core activity limitation and 7.1 per cent had moderate to no core activity limitations (figure 13.15).

Figure 13.15 Users of CSTDA funded respite services, by severity of core activity limitation, 2004-05^{a, b, c, d, e}



^a Severity of core activity limitation was derived using data on the level of support needed in one or more of the support areas: self-care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate or no core activity limitation reported needing no support in all of these areas. ^b Individuals might have accessed services from more than one State or Territory during 2004-05. ^c Data exclude 2824 service users who did not report on a need for support with any of the areas: self-care, mobility, or communication. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Data for service users of CSTDA funded respite services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^e Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality.

Source: AIHW (2006a, 2006b); table 13A.20.

Service use by special needs groups

An additional indicator of access is the comparison between the representation of all people with a disability who use CSTDA funded services and the representation of people with a disability from special needs groups (box 13.7). The numerators and denominators of the ‘service use by special needs groups’ measures do not match fully. The numerators of the measures include service users of all ages whereas the denominators (populations) include people aged under 65 years only.

Box 13.7 **Service use by special needs groups**

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

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

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

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

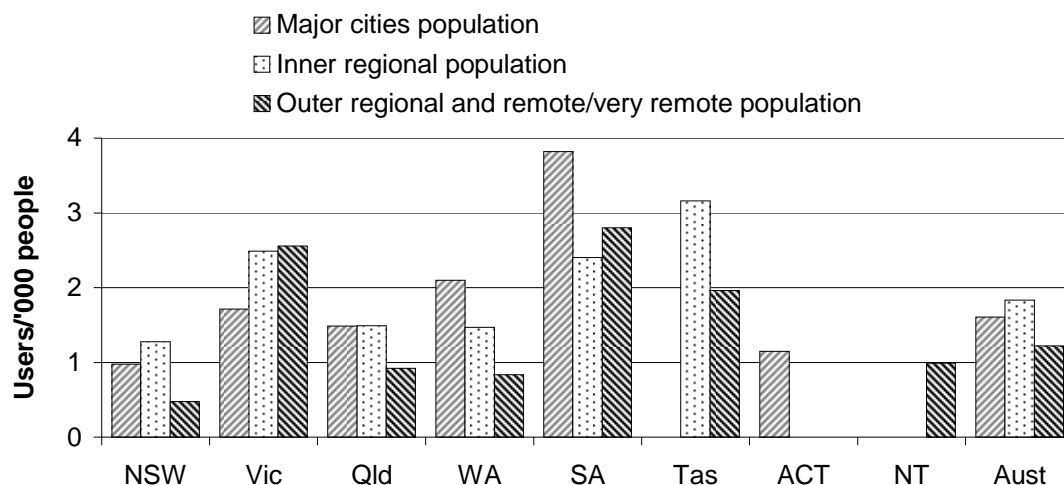
The CSTDA funded services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The indicator also does not take into account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

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

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

Nationally, the proportion of the outer regional and remote/very remote population who used CSTDA funded accommodation support services in 2004-05 (1.2 service users per 1000 people aged under 65 years) was lower than that of the major cities and inner regional populations (1.6 and 1.8 service users per 1000 people aged under 65 years, respectively) (figure 13.16). Comparisons between the outer regional and remote/very remote populations' and major cities and inner regional populations' access to CSTDA funded services should be undertaken with care. Outer regional and remote/very remote areas have a higher proportion of Indigenous people than major cities and inner regional areas and therefore the prevalence of disability may differ for these populations.

Figure 13.16 **Users of CSTDA funded accommodation support services per 1000 people, by geographic location, 2004-05** ^{a, b, c, d, e, f, g, h, i, j, k, l}

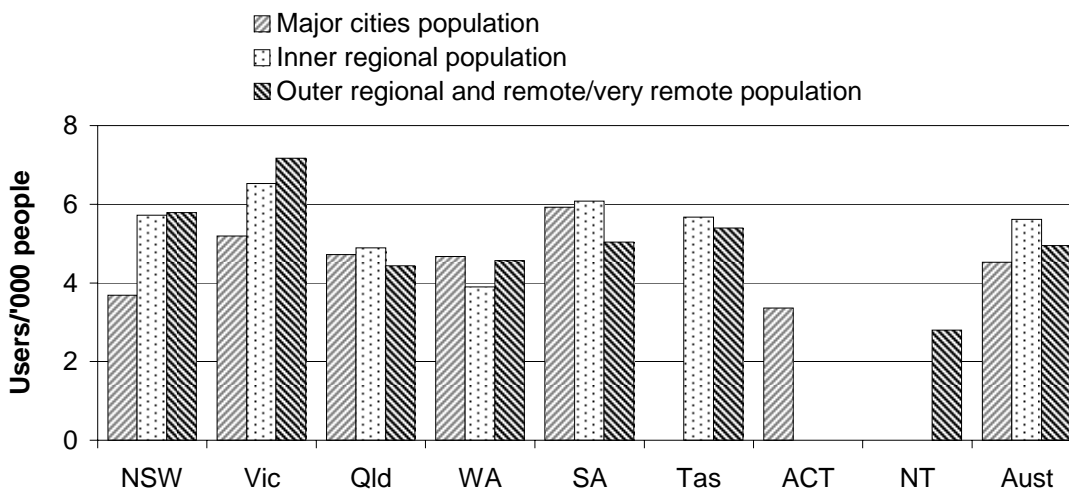


^a Data on outer regional and remote/very remote users per 1000 people were derived by dividing the number of outer regional and remote/very remote service users by the number of outer regional and remote/very remote people aged under 65 years, multiplied by 1000. The 'outer regional and remote/very remote' classification was derived by adding outer regional, remote and very remote data. ^b The State and Territory data on the Australian population were derived by the AIHW from ABS statistical local area (SLA) population estimates for June 2004. ^c The number of service users in each geographic location was estimated based on service users' residential postcodes. Some postcode areas were split between two or more geographic locations; in this case, the data were weighted according to the proportion of the population of the postcode area in each geographic location. ^d Individuals might have accessed services from more than one State or Territory during 2004-05. ^e Data exclude 290 service users whose postcode was not reported. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^f Data for service users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. ^g Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^h Comparisons of access between the outer regional and remote/very remote population and other populations should be undertaken with care. Outer regional and remote/very remote areas have a higher proportion of Indigenous people than other areas and therefore the need for services may be greater in outer regional and remote areas due to the higher prevalence of disability. ⁱ NSW experienced low data response rates. This led to the significant underreporting of service user numbers. ^j Tasmania does not have major cities. ^k The ACT does not have outer regional and remote/very remote areas. ACT data for service users per 1000 people in inner regional areas are not published as they are based on a small number of service users. ^l The NT does not have major cities or inner regional areas.

Source: AIHW analysis of ABS SLA population estimates for June 2004; AIHW (unpublished); table 13A.21.

Nationally, the proportion of the outer regional and remote/very remote population who used CSTDA funded employment services in 2004-05 (5.0 service users per 1000 people aged 15–64 years) was higher than the proportion of the major cities population (4.5 service users per 1000 people aged 15–64 years) and lower than the proportion of the inner regional population (5.6 service users per 1000 people aged 15–64 years) (figure 13.17).

Figure 13.17 Users of CSTDA funded employment services per 1000 people, by geographic location, 2004-05^{a, b, c, d, e, f, g, h}



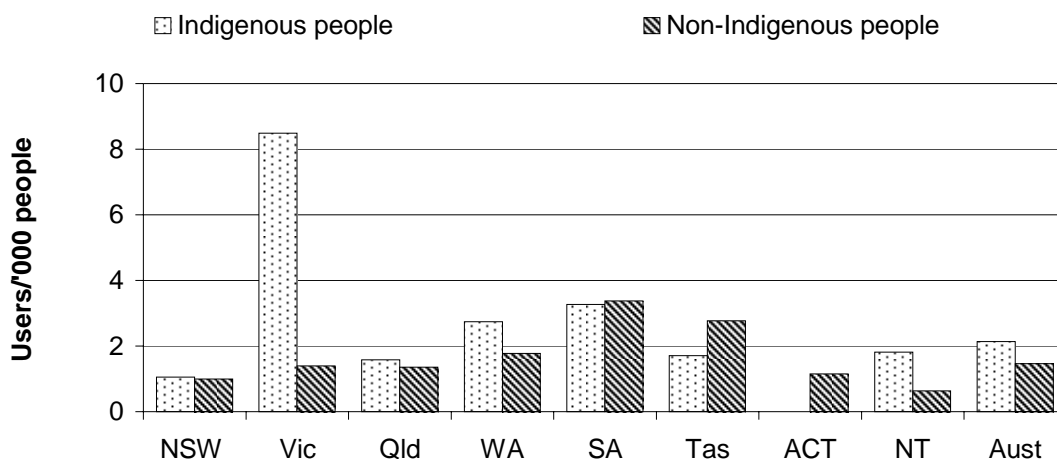
^a Data on outer regional and remote/very remote users per 1000 people were derived by dividing the number of outer regional and remote/very remote service users by the number of outer regional and remote/very remote people aged 15–64 years, multiplied by 1000. The ‘outer regional and remote/very remote’ classification was derived by adding outer regional, remote and very remote data. ^b The State and Territory data on the Australian population were derived by the AIHW from ABS SLA population estimates for June 2004. ^c The number of service users in each geographic location was estimated based on service users’ residential postcodes. Some postcode areas were split between two or more geographic locations; in this case, the data were weighted according to the proportion of the population of the postcode area in each geographic location. ^d Data exclude ten service users whose postcode was not reported. ^e Individuals might have accessed services from more than one State or Territory during 2004-05. ^f Comparisons of access between the outer regional and remote/very remote population and other populations should be undertaken with care. Outer regional and remote/very remote areas have a higher proportion of Indigenous people than other areas and therefore the need for services may be greater in outer regional and remote areas due to the higher prevalence of disability. ^g Tasmania does not have major cities. The ACT does not have outer regional and remote/very remote areas. The NT does not have major cities or inner regional areas. ^h The rate for the inner regional population in the ACT is not reported as nearly all users of ACT services who are from inner regional areas are from NSW residential postcodes.

Source: AIHW analysis of ABS SLA population estimates for June 2004; AIHW (unpublished); table 13A.22.

Service use by special needs groups — Indigenous people

Nationally, the proportion of the Indigenous population who used CSTDA funded accommodation support services in 2004-05 (2.1 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.5 service users per 1000 non-Indigenous people aged under 65 years) (figure 13.18). Comparisons between Indigenous and non-Indigenous populations’ access to services need to be undertaken with care as the prevalence of disability is significantly different for these two populations (figure 13.2).

Figure 13.18 **Users of CSTDA funded accommodation support services per 1000 people, by Indigenous status, 2004-05**^{a, b, c, d, e, f, g, h, i}

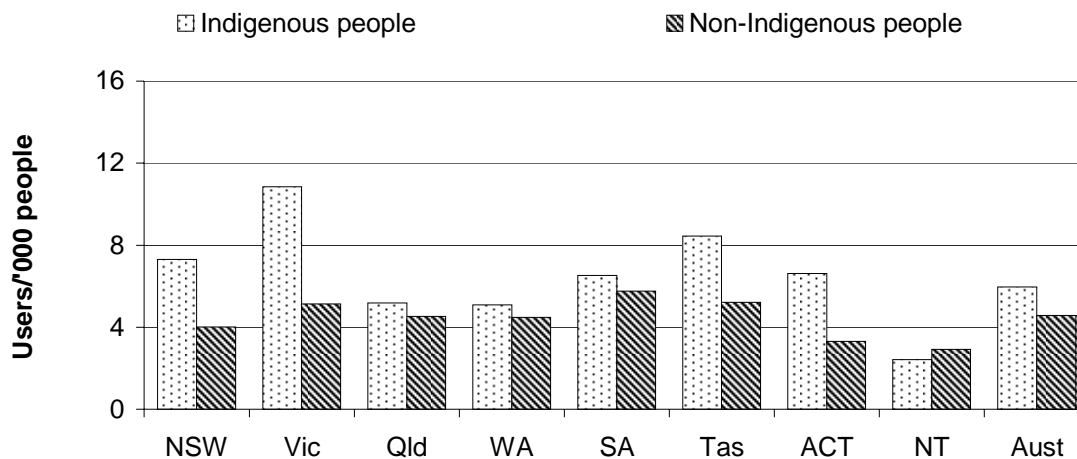


^a Users per 1000 people were derived by dividing the number of service users by the number of people aged under 65 years, multiplied by 1000. ^b Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. ^c Data for all service users exclude 2436 service users whose Indigenous status was not reported, so accommodation support service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Data for users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. ^e Individuals might have accessed services from more than one State or Territory during 2004-05. ^f Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^g Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people. ^h NSW experienced low data response rates. This led to the significant underreporting of service user numbers. ⁱ ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2004a, 2004d); AIHW (unpublished); table 13A.23.

Nationally, the proportion of the Indigenous population who used CSTDA funded employment services in 2004-05 (6.0 Indigenous service users per 1000 Indigenous people aged 15–64 years) was higher than the proportion of the non-Indigenous population who used these services (4.6 service users per 1000 non-Indigenous people aged 15–64 years) (figure 13.19).

Figure 13.19 Users of CSTDA funded employment services per 1000 people, by Indigenous status, 2004-05^{a, b, c, d, e}

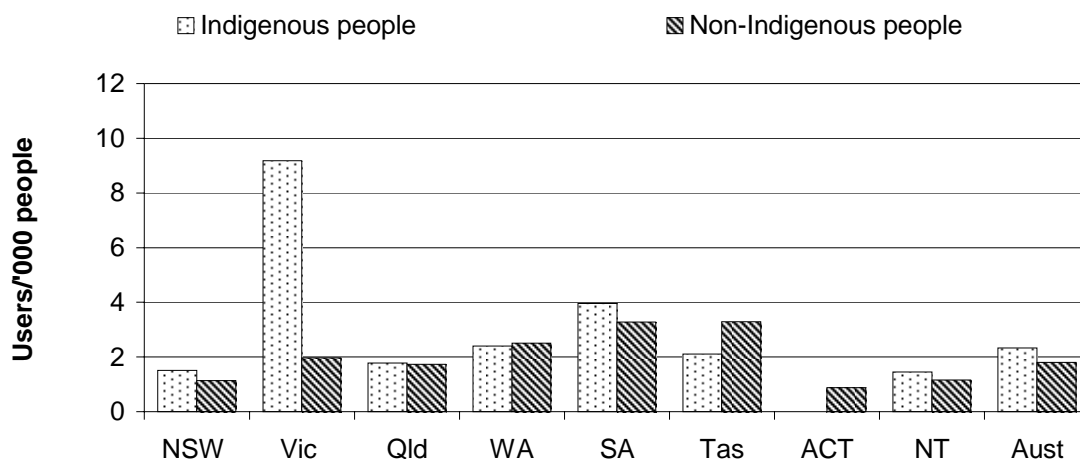


^a Users per 1000 people were derived by dividing the number of service users by the number of people aged 15-64 years, multiplied by 1000. ^b Data for all service users exclude 2665 service users whose Indigenous status was not reported, so employment service users per 1000 total population aged 15-64 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^c Individuals might have accessed services from more than one State or Territory during 2004-05. ^d Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^e Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people.

Source: ABS (2004a, 2004d); AIHW (unpublished); table 13A.24.

Nationally, the proportion of the Indigenous population who used CSTDA funded community access services in 2004-05 (2.3 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.8 service users per 1000 people aged under 65 years) (figure 13.20).

Figure 13.20 **Users of CSTDA funded community access services per 1000 people, by Indigenous status, 2004-05^{a, b, c, d, e, f, g, h, i, j}**

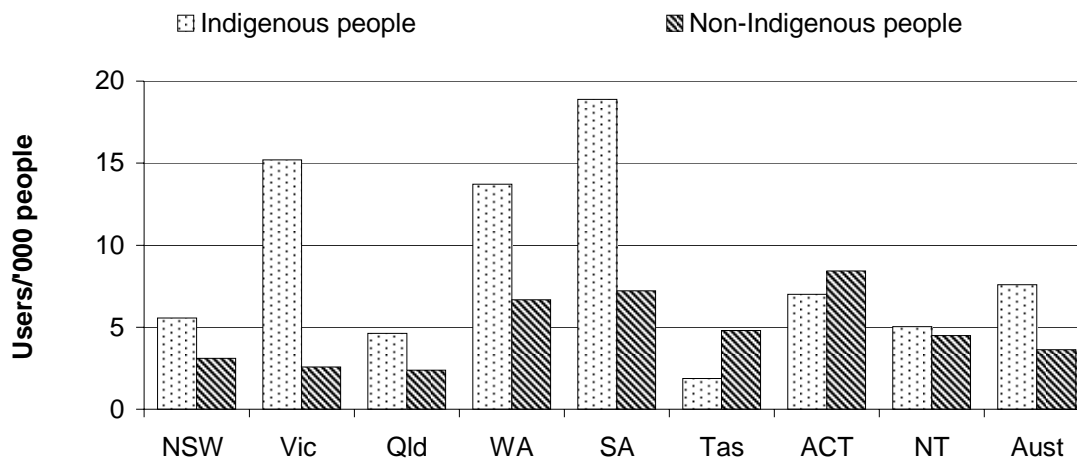


^a Data for users per 1000 people were derived by dividing the number of service users by the number of people aged under 65 years, multiplied by 1000. ^b Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. ^c Data for all service users exclude 5222 service users whose Indigenous status was not reported, so community access service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Service users who accessed the service type 'recreation/holiday programs' (service type 3.02) were not required to complete the item on Indigenous status; however, those who did provide a response are included in the data. ^e Data for users of CSTDA funded community access services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^f Individuals might have accessed services from more than one State or Territory during 2004-05. ^g Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^h Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people. ⁱ NSW experienced low data response rates. This led to the significant underreporting of service user numbers. ^j ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2004a, 2004d); AIHW (unpublished); table 13A.25.

Nationally, the proportion of the Indigenous population who used CSTDA funded community support services in 2004-05 (7.6 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (3.6 service users per 1000 people aged under 65 years) (figure 13.21).

Figure 13.21 Users of CSTDA funded community support services per 1000 people, by Indigenous status, 2004-05^{a, b, c, d, e, f, g, h}

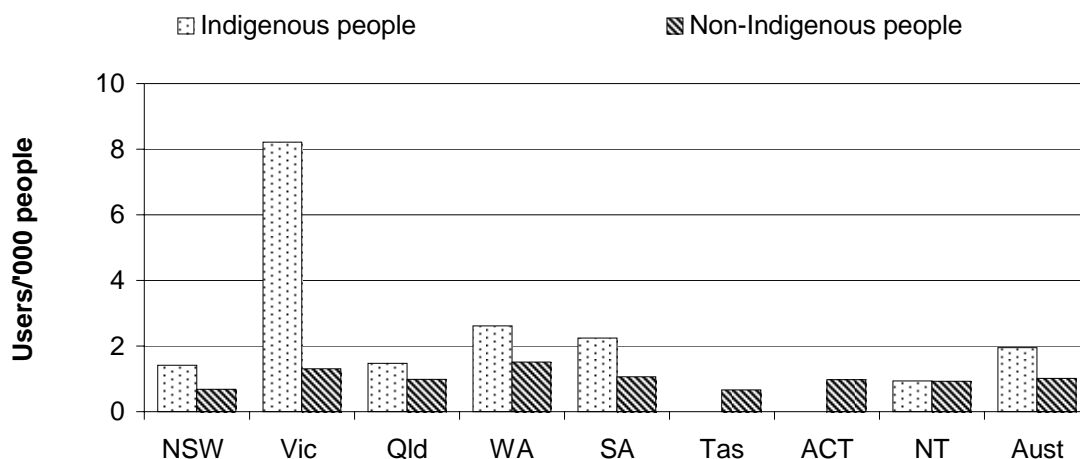


^a Data for users per 1000 people were derived by dividing the number of service users by the number of people aged under 65 years, multiplied by 1000. ^b Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. ^c Data for all service users exclude 27 356 service users whose Indigenous status was not reported, so community support service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Data for users of CSTDA funded community support services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^e Individuals might have accessed services from more than one State or Territory during 2004-05. ^f Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^g Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people. ^h NSW experienced low data response rates. This led to the significant underreporting of service user numbers.

Source: ABS (2004a, 2004d); AIHW (unpublished); table 13A.26.

Nationally, the proportion of the Indigenous population who used CSTDA funded respite services in 2004-05 (1.9 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.0 service users per 1000 people aged under 65 years) (figure 13.22).

Figure 13.22 **Users of CSTDA funded respite services per 1000 people, by Indigenous status, 2004-05^{a, b, c, d, e, f, g, h, i}**



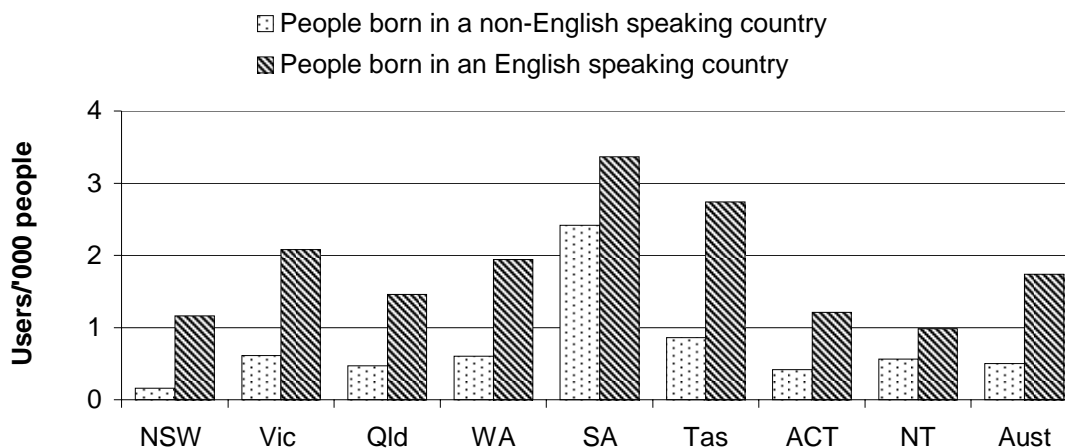
^a Data for users per 1000 people were derived by dividing the number of service users by the number of people aged under 65 years, multiplied by 1000. ^b Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. ^c Data for all service users exclude 3667 service users whose Indigenous status was not reported, so respite service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Data for users of CSTDA funded respite services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^e Individuals might have accessed services from more than one State or Territory during 2004-05. ^f Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^g Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people. ^h NSW experienced low data response rates. This led to the significant underreporting of service user numbers. ⁱ Tasmanian and ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2004a, 2004d); AIHW (unpublished); table 13A.27.

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

Nationally, the proportion of people born in a non-English speaking country who used CSTDA funded accommodation support services in 2004-05 (0.5 service users per 1000 people aged under 65 years) was lower than the proportion of people born in an English speaking country who used these services (1.7 service users per 1000 people aged under 65 years) (figure 13.23).

Figure 13.23 Users of CSTDA funded accommodation support services per 1000 people, by country of birth, 2004-05^{a, b, c, d, e, f, g, h, i}

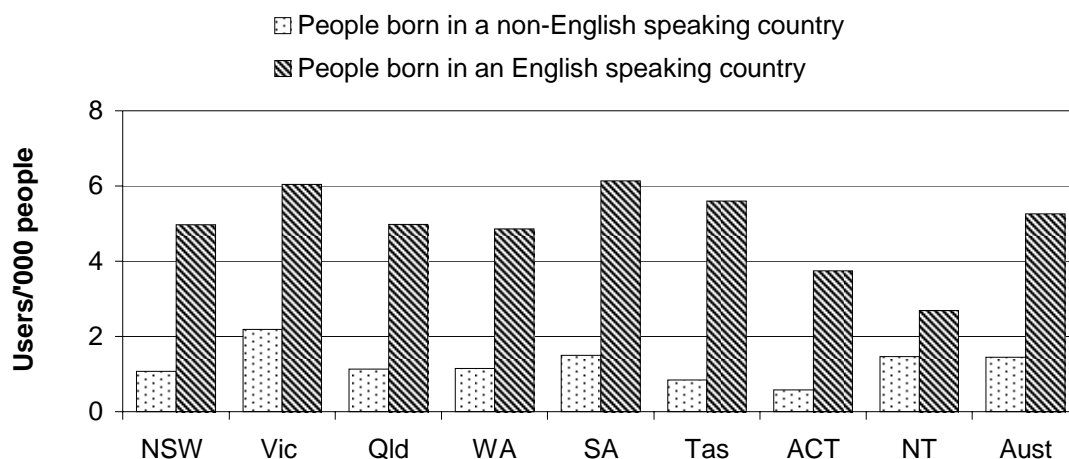


^a Data for service users per 1000 people were derived by dividing the number of service users by the number of people aged under 65 years, multiplied by 1000. ^b Data for service users born in a non-English speaking country were based on responses for country of birth in English Proficiency Groups 2–4 (which includes all countries except Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States). ^c The State and Territory data on people born in a non-English speaking country were derived from country of birth data for the corresponding 2001 Australian Census proportional distribution of the population of states and territories. Estimates exclude people whose country of birth was not stated or who were visitors to Australia from overseas. ^d Individuals might have accessed services from more than one State or Territory during 2004-05. Where country of birth was inconsistently recorded for the same service user, the service user was counted as having been born in a non-English speaking country. ^e Data for all service users exclude 866 service users whose country of birth was not reported, so accommodation support service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^f Data for service users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. ^g Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^h Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people. ⁱ NSW experienced low data response rates. This led to the significant underreporting of service user numbers.

Source: ABS (2004a; 2005); ABS Australian Census of Population and Housing (unpublished); AIHW (unpublished); table 13A.28.

Nationally, the proportion of people born in a non-English speaking country who used CSTDA funded employment services in 2004-05 (1.4 service users per 1000 people aged 15–64 years) was lower than the proportion of people born in an English speaking country who used these services (5.3 service users per 1000 people aged 15–64 years) (figure 13.24).

Figure 13.24 **Users of CSTDA funded employment services per 1000 people, by country of birth, 2004-05^{a, b, c, d, e}**



^a Data for service users per 1000 people were derived by dividing the number of service users by the number of people aged 15–64 years. ^b Data for service users born in a non-English speaking country were based on responses for a country of birth in English Proficiency Groups 2–4 (which includes all countries except Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States). ^c The State and Territory data on people born in a non-English speaking country were derived from country of birth data for the corresponding 2001 Australian Census proportional distribution of the population of states and territories. Estimates exclude people whose country of birth was not stated or who were visitors to Australia from overseas. ^d Individuals might have accessed services from more than one State or Territory during 2004-05. ^e Data for all service users exclude 2248 service users whose country of birth was not reported, thus employment service users per 1000 total population aged 15–64 years might differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator.

Source: ABS (2004a; 2005); ABS Australian Census of Population and Housing (unpublished); AIHW (unpublished); table 13A.29.

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

The ‘proportion of accommodation support service users receiving community accommodation and care services’ is an indicator of access to appropriate services (box 13.8). Governments provide or fund accommodation support services to people with a disability in institutional/residential settings and through community accommodation and care services. Institutional or residential accommodation support services are provided in both institutions and hostels. Community accommodation and care services are provided in group homes and other community settings. The accommodation support services provided in other community settings are attendant care/personal care, in-home accommodation support, alternative family placement and other accommodation support.

Box 13.8 Proportion of CSTDA funded accommodation support service users receiving community accommodation and care services

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

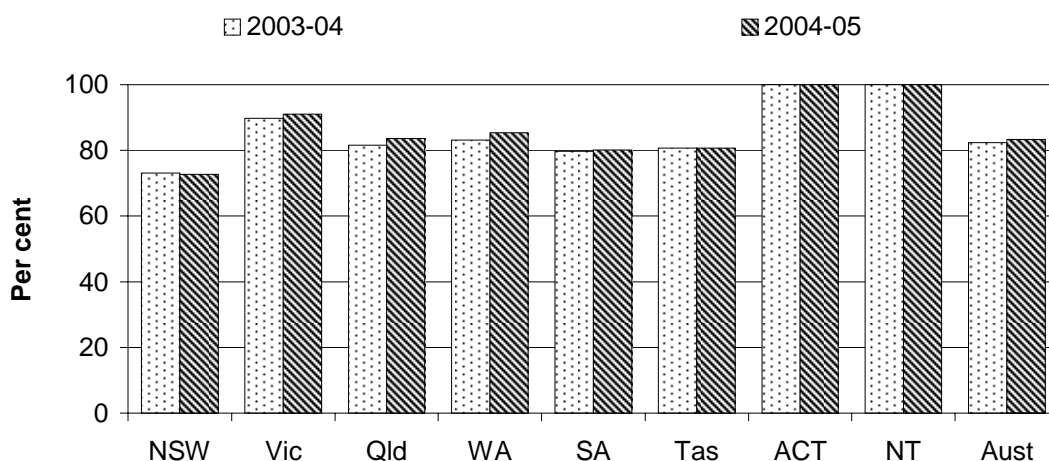
This indicator is defined as the number of people using a CSTDA funded community accommodation and care service divided by the total number of people using CSTDA funded accommodation support services (excluding people who use specialist psychiatric disability services only).

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

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

Nationally, 83.3 per cent of users of CSTDA funded accommodation support service received community accommodation and care services in 2004-05 (figure 13.25).

Figure 13.25 **Users of community accommodation and care services as a proportion of all CSTDA funded accommodation support service users^{a, b, c, d, e, f}**



^a Individuals might have accessed services from more than one State or Territory and/or from both accommodation service type categories (institutional/large residential or community accommodation and care services). ^b Data for service users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. ^c Community accommodation and care services include group homes, attendant care/personal care, in-home accommodation support, alternative family placement and other accommodation support. ^d Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^e NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^f Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users.

Source: AIHW (2005a, 2005b, 2006a, 2006b); table 13A.30.

Client satisfaction with appropriateness

The Steering Committee has identified 'client satisfaction with appropriateness' as an indicator of access to services that are appropriate to client needs (box 13.9). This indicator is for development in future reports. Data for this indicator are currently not available.

Box 13.9 Client satisfaction with appropriateness

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

Equity and effectiveness — quality of services

The following equity and effectiveness quality indicators are reported:

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

Information on quality assurance processes for providers of specialist disability services in 2005-06 are available for eight jurisdictions — the Australian Government, NSW, Victoria, Queensland, WA, SA, Tasmania and the ACT. Client/carer satisfaction data are included for Queensland (2004 data) and WA (2006 data).

Quality assurance processes

‘Quality assurance processes’ are an indicator of the quality of specialist disability services (box 13.10). All services funded under the CSTDA are required to comply with national standards, so most jurisdictions have been examining ways of implementing quality assurance monitoring systems for specialist disability services.

Box 13.10 Quality assurance processes

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

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

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

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

Data on quality assurance processes in 2005-06 are reported in box 13.11. These quality assurance processes data relate to service providers from all disability service types provided under the CSTDA. Data come from service quality reviews and self-assessment processes. The jurisdictions implementing monitoring of

quality assurance processes expect to review all service providers in a rolling process over several years.

Box 13.11 Quality assurance processes for specialist disability services

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

Australian Government

Australian Government funded disability employment assistance organisations are required to meet quality standards as a prerequisite for continued funding. The disability employment services quality assurance standards comprise 12 standards and 26 key performance indicators. Since 31 December 2004 around 380 (100 per cent) organisations have been required to be assessed by independent accredited certification bodies and have achieved certification against the revised standards. Organisations' compliance with the quality standards continue to be monitored by certification bodies through a programme of surveillance audits.

NSW, Victoria, Queensland, WA, SA, Tasmania and the ACT

In 2005-06, different quality assurance processes were in place in NSW, Victoria, Queensland, WA, SA, Tasmania and the ACT, but these jurisdictions collected data on similar indicators. Specialist disability services providers (outlets and organisations) refer to providers of accommodation support; community support; community access; respite; advocacy, information and print disability; and other support services. The evaluation processes relate to both government and non-government service outlets.

In NSW, the Integrated Monitoring Framework (IMF) was introduced in 2005-06. Under the IMF, service providers report annually regarding their compliance with funding requirements and against performance indicators. Service providers are monitored through an on-site service review against 23 Key Performance Indicators (KPI). For any areas identified as not being fully met against the requirements of a KPI, a service provider is required to complete an Action Plan. In August 2006, all funded service providers were required to return an annual accountability report for 2005-06. On-site monitoring under the IMF commenced in October 2005, with 180 service outlets having completed an on-site service review.

In Victoria, by December 2005, 60 (of a possible 382) government and non-government disability service organisations had participated in an independent strategic review. The program of strategic review has now ceased, however, evaluation of the program contributed to a revision of the Quality Framework for Disability Services, which will include an independent quality monitoring mechanism. A Monitoring Framework for the Health, Housing and Community Services Sectors was also introduced in Victoria during 2005, and all funded disability service providers have gone through an initial desktop review.

(Continued on next page)

Box 13.11 (Continued)

In Queensland, the Disability Sector Quality System was introduced in 2004. Disability services that are recurrently funded or provided by Disability Services Queensland have four years from 1 July 2004 to become certified against service standards. As at 30 June 2006, 15 services (out of a possible 250 non-government and government services) have undertaken an external assessment with a further 140 services scheduled to be externally assessed in the 2006-07 financial year.

In WA, 26.6 per cent (186 of 698) of total service outlets had been independently monitored (comprehensive and abridged monitoring) against the service standards, and 86.0 per cent (160 of 186) of the assessed disability service outlets had been quality assured against all assessed service standards. Outlets that are not independently assessed are required to provide a self-assessment. The number of outlets that completed self assessments was 511.

In SA, service providers are required to meet quality assurance criteria before they can provide CSTDA funded services. From 2006-07 the criteria have been further enhanced to include participation in an independently audited quality assurance system. As of May 2006, 48 per cent (66 of 136) of agencies were engaged in the Service Excellence Framework, however, a significant number of agencies are involved in other independently assessed quality assurance programs.

In Tasmania, the evaluation process was re-developed. As a result, no new evaluations were undertaken in this period. Of the total number of service outlets that had previously undergone a comprehensive evaluation against the service standards, 100 per cent (43 out of 43) were monitored through service development plans. Service development plans were also provided by 56.1 per cent of all non-evaluated service outlets (92 out of 164).

In 2005, Disability ACT implemented a new quality improvement system for all funded agencies. Following an assessment against the National Disability Services Standards, all agencies developed quality improvement action plans. In 2005-06, external consultants audited five agencies and Disability ACT assisted these agencies to work through audit recommendations. In 2006, agencies provided progress reports and revised action plans for 2006–2007.

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

Client and carer satisfaction

‘Client and carer satisfaction’ is an indicator of the quality of specialist disability services (box 13.12). Data are available for reporting for Queensland and WA only. It is anticipated that data for other jurisdictions will be included in future reports.

Box 13.12 Client and carer satisfaction

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

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

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

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

Queensland conducted a consumer satisfaction survey for specialist disability services in late November 2004. Overall, 85 per cent of service users and 73 per cent of carers across Queensland were satisfied with the services they received. The survey provided results according to the type of disability services received and showed the following:

- 92 per cent of service users and 85 per cent of carers were satisfied with accommodation support services
- 87 per cent of service users and 78 per cent of carers were satisfied with accommodation (supported community living) services
- 81 per cent of service users and 65 per cent of carers were satisfied with community support services
- 85 per cent of service users and 82 per cent of carers were satisfied with respite services
- 85 per cent of service users and 74 per cent of carers were satisfied with community access services
- 81 per cent of service users and 63 per cent of carers were satisfied with local area coordination services
- 75 per cent of service users were satisfied with their quality of life
- 87 per cent of service users considered that disability services enhanced their environment and well being (Disability Services Queensland 2006).

WA conducted a carer and client satisfaction study in 2006. In this study, 1250 disability services clients of all ages (or their carers) were asked whether they

were satisfied with services. Questions about specific services were combined with two global satisfaction questions. Overall, 77 per cent of people responded that they were happy with their quality of life. Across the six CSTDA service types, 65–93 per cent of clients were satisfied with the services they received (WA Government (unpublished)).

Efficiency — cost per output unit

The following cost per output unit efficiency indicators are reported:

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

This Report includes 2005-06 expenditure data provided by Australian, State and Territory governments. However, as 2005-06 service user data from the CSTDA NMDS collection were not available for this Report, the cost per service user efficiency indicators are reported for 2004-05. Expenditure data might differ from information reported elsewhere (such as in departmental annual reports) because the financial counting rules and definitions used to calculate expenditure may differ. Data in this Report may also differ from information reported elsewhere because the data here exclude users of specialist psychiatric disability services.

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

Considerable effort has been made to document any differences in calculating the reported efficiency indicators. Concerns remain over the comparability of the results, because jurisdictions use somewhat different methods of data collection (table 13.1). Expenditure data reported in this section are from individual jurisdictions’ collections and may differ from cost per service user data reported elsewhere.

Table 13.1 Comparability of expenditure estimates for government provided specialist disability services, by items included

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

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

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

Government and non-government provided services

Efficiency indicators are reported for both government and non-government provided services. Government provision means that a service is both funded and directly provided by a government department, agency or local government. Non-government provision is a service purchased or part-funded by a government department or agency, but provided by a non-government organisation. Non-government service providers may receive funds from the private sector and the general public in addition to funding, grants and input tax concessions (such as payroll tax exemptions) from governments. Data on funds received by non-government service providers from the private sector and the general public are not included in this Report.

When considering the results of the efficiency indicators, it is important to note that services provided by local governments are counted as:

- government for the service user data
- non-government by some states for the expenditure data.

This discrepancy between service user data and expenditure data for local government services only applies to accommodation support services provided in group homes and other community settings. It is not relevant for Queensland, Tasmania, the ACT and the NT. For the 2008 Report, local government provided services data will be classified consistently for all jurisdictions.

Accommodation support services

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

Cost per user of government provided accommodation support services

‘Cost per user of government provided accommodation support services’ is an indicator of the efficiency of specialist disability services (box 13.13).

Box 13.13 Cost per user of government provided accommodation support services

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

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

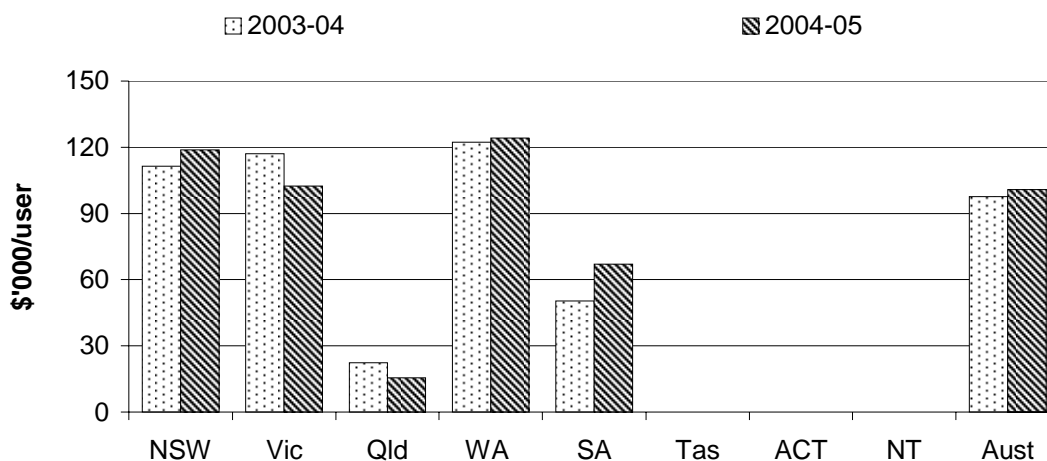
Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service.

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

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

Nationally, estimated annual government expenditure on accommodation support services in institutional/residential settings was \$100 763 per service user in 2004-05. There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT or the NT (figure 13.26).

Figure 13.26 Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2004-05 dollars)^{a, b, c, d, e}



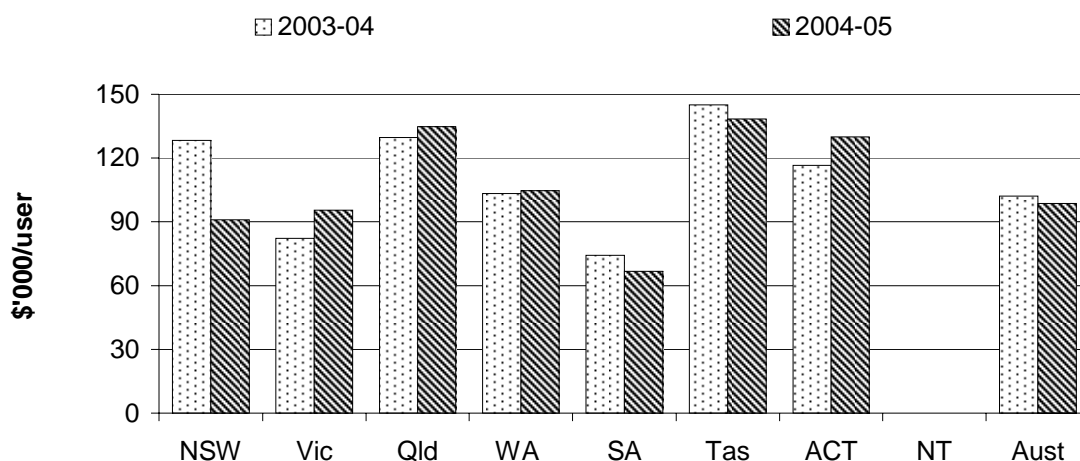
^a The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. ^b Service type outlet response rates (figure 13.3 notes) and service user response rates by outlet (table 13A.32) should be taken into consideration when interpreting this indicator. ^c NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^d Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. ^e There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT and the NT.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 13A.31.

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

Nationally, estimated annual government expenditure on government provided accommodation support services in group homes was \$98 629 per service user in 2004-05. There were no government providers of accommodation support services in group homes in the NT (figure 13.27).

Figure 13.27 **Estimated annual government expenditure per user of government provided accommodation support services in group homes (2004-05 dollars)^{a, b, c, d, e, f}**



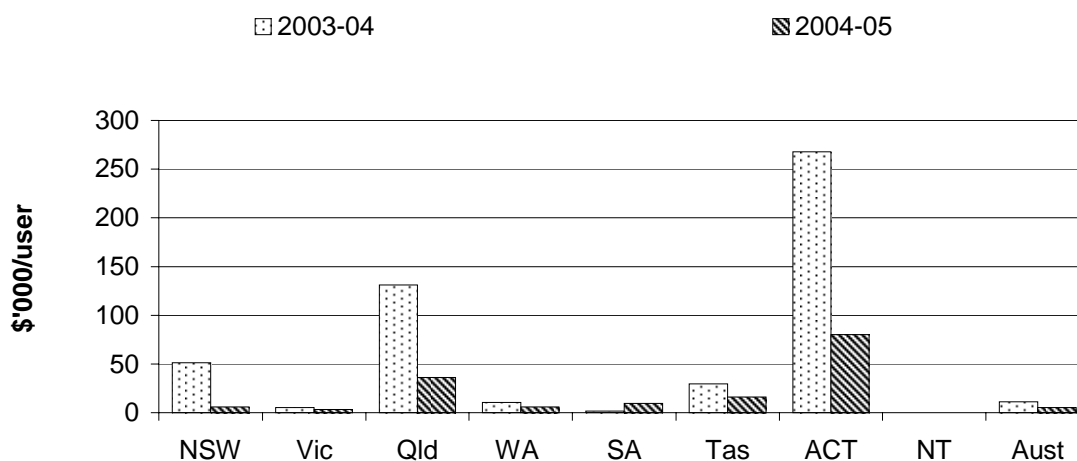
^a The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. ^b Service user data used to derive this indicator include users of services provided by local government, while NSW, Victorian, WA and SA expenditure data exclude services provided by local governments. Thus this indicator needs to be interpreted with care. ^c Service type outlet response rates (figure 13.3 notes) and service user response rates by outlet (table 13A.32) should be taken into consideration when interpreting this indicator. ^d NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^e Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. ^f There were no government provided accommodation support services in group homes in the NT.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 13A.31.

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

Nationally, estimated annual government expenditure on government provided accommodation support services in other community settings was \$5178 per service user in 2004-05. There were no government providers of accommodation support services in other community settings in the NT (figure 13.28).

Figure 13.28 Estimated annual government expenditure per user of government provided accommodation support services in other community settings (2004-05 dollars)^{a, b, c, d, e, f, g, h}



^a The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. ^b Service user data used to derive this indicator include users of services provided by local government, while NSW, Victorian, WA and SA expenditure data exclude services provided by local governments. Thus this indicator needs to be interpreted with care. ^c Service type outlet response rates (figure 13.3 notes) and service user response rates by outlet (table 13A.32) should be taken into consideration when interpreting this indicator. ^d NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^e Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. ^f For Queensland, improved direct attribution of expenditure to service types resulted in a significant reduction in expenditure per user between 2003-04 and 2004-05. ^g The change in expenditure per user in the ACT (between 2003-04 and 2004-05) is the result of care arrangement changes for a small number of high care need service users. ^h There were no government provided accommodation support services in other community settings in the NT.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 13A.31.

Government contribution per user of non-government provided services

'Government contribution per user of non-government provided services' is an indicator of the efficiency of specialist disability services (box 13.14).

Box 13.14 Government contribution per user of non-government provided services

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

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

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

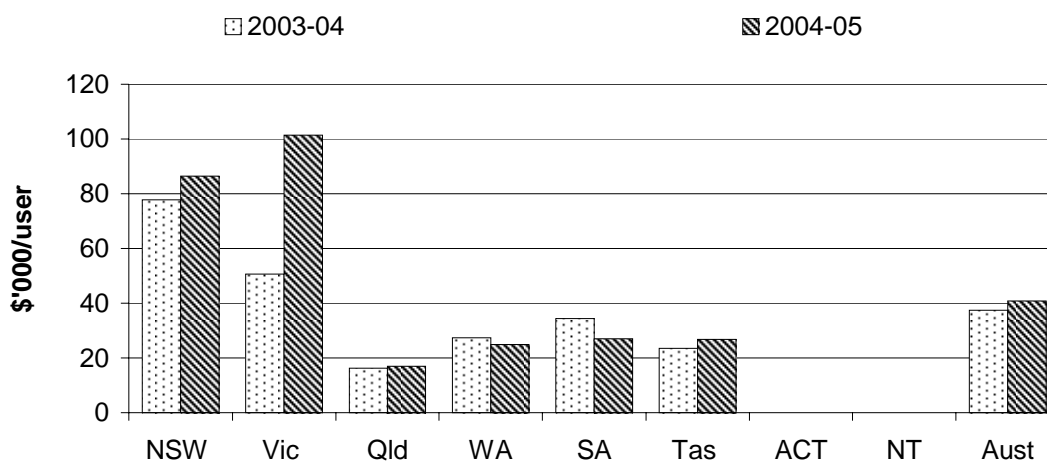
Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service. Efficiency data, however, are difficult to interpret.

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

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

Nationally, estimated annual government funding of non-government provided accommodation support services in institutional/residential settings was \$40 828 per service user in 2004-05 (figure 13.29). There were no non-government provided accommodation support services in institutional/residential settings in the ACT and the NT.

Figure 13.29 Estimated annual government funding per user of non-government provided accommodation support services in institutional/residential settings (2004-05 dollars)^{a, b, c, d, e}



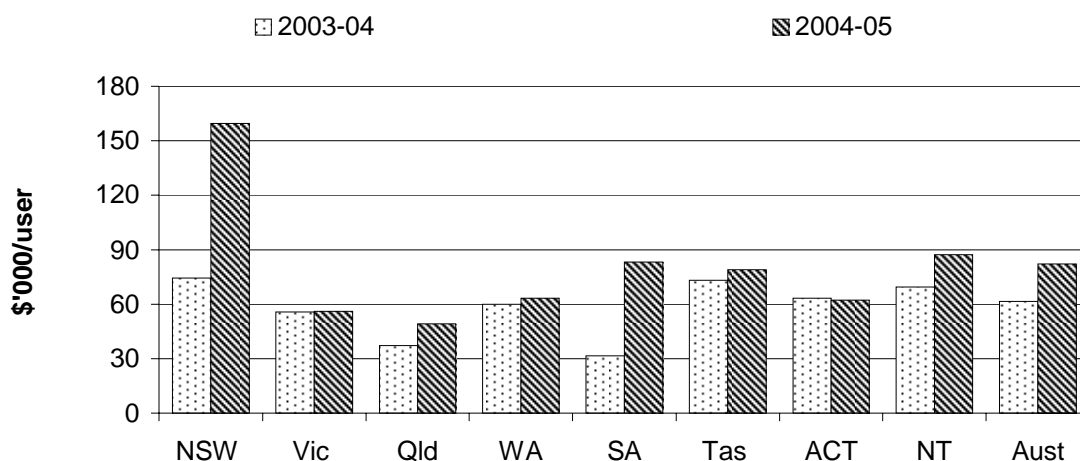
^a The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. ^b Service type outlet response rates (figure 13.3 notes) and service user response rates by outlet (table 13A.32) should be taken into consideration when interpreting this indicator. ^c NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^d The Victorian cost per service user for 2004-05 is overstated due to a move towards community based and individualised settings, which was not reflected in the expenditure data. ^e There were no government provided accommodation support services in other community settings in the ACT and the NT.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 13A.31.

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

Nationally, estimated annual government funding of non-government provided accommodation support services in group homes was \$82 203 per service user in 2004-05 (figure 13.30).

Figure 13.30 **Estimated annual government funding per user of non-government provided accommodation support services in group homes (2004-05 dollars)^{a, b, c, d, e}**



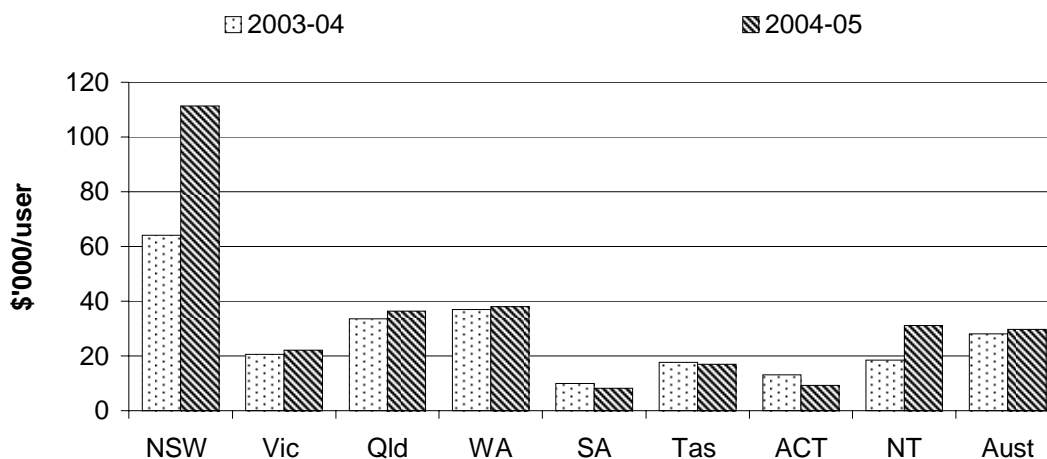
^a The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. ^b Service type outlet response rates (figure 13.3 notes) and service user response rates by outlet (table 13A.32) should be taken into consideration when interpreting this indicator. ^c Service user data used to derive this indicator exclude users of services provided by local government, while NSW, Victorian, WA and SA expenditure data include services provided by local governments. The ACT and the NT do not have services provided by local governments. Thus this indicator needs to be interpreted with care. ^d NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^e Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 13A.31.

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

Nationally, estimated annual government funding of non-government provided accommodation support services in other community settings was \$29 649 per service user in 2004-05 (figure 13.31).

Figure 13.31 Estimated annual government funding per user of non-government provided accommodation support services in other community settings (2004-05 dollars)^{a, b, c, d, e}



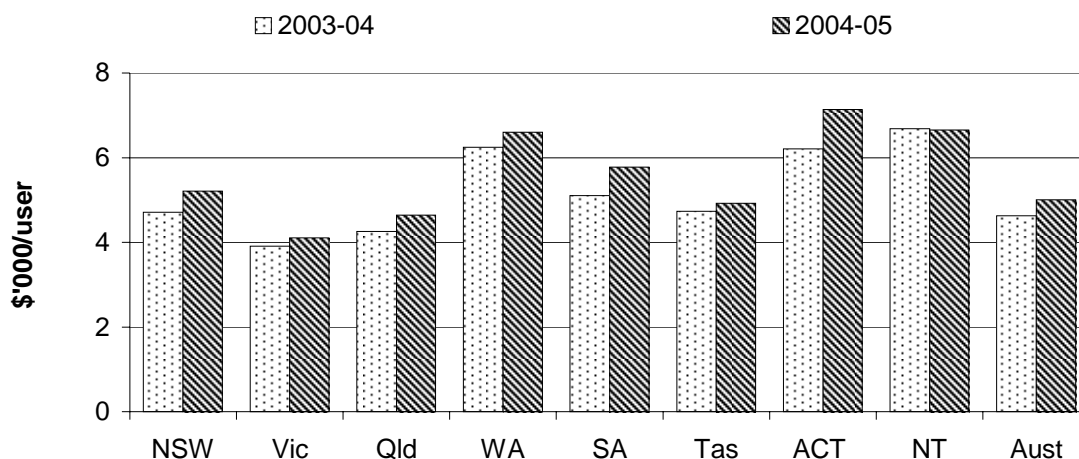
^a The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. ^b Service user data used to derive this indicator exclude users of services provided by local government, while NSW, Victorian, WA and SA expenditure data include services provided by local governments. The ACT and the NT do not have services provided by local governments. Thus this indicator needs to be interpreted with care. ^c Service type outlet response rates (figure 13.3 notes) and service user response rates by outlet (table 13A.32) should be taken into consideration when interpreting this indicator. ^d NSW experienced low and varied data response rates for 2003-04 and 2004-05. This led to the underreporting of service user numbers for both years and affected the comparability of the data across the two years. ^e Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 13A.31.

Government contribution per employment service user assisted

Assistance with employment for people with a disability was the responsibility of the Australian Government under the CSTDA in 2004-05. Nationally, for all employment services, government expenditure per service user assisted was \$5005 in 2004-05 (figure 13.32).

Figure 13.32 **Government contribution per employment service user assisted (2004-05 dollars)^a**



^a This indicator is derived using service user data provided by the AIHW. Cost per employment service user data may differ from those reported in the Australian Government's annual report, as the Australian Government and the AIHW use different rules to count the number of employment service users. The Australian Government focuses on the total number of service outlets used, whereas the AIHW focuses on the number of service users, irrespective of the number of service outlets the individual accesses. In addition, the Australian Government includes independent workers (1004 persons in 2003-04 and 804 persons in 2004-05) in calculating service user numbers, whereas the AIHW does not.

Source: Australian Government (unpublished); AIHW (unpublished); table 13A.33.

Nationally, estimated annual government expenditure per service user in 2004-05, by employment service type, was \$3652 on open services (employed in the open labour market), \$8286 on supported services (employed by the service provider) and \$2801 on open and supported mixed services (table 13A.34).

Cost per user of State and Territory administered services

'Cost per user of State and Territory administered services' is an indicator of the efficiency of specialist disability services (box 13.15).

Box 13.15 Cost per user of State and Territory administered services

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

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

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

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

Total estimated government expenditure per user of CSTDA State and Territory administered specialist disability services in 2004-05 is reported both net of payroll tax and including actual and/or imputed payroll tax. Nationally, estimated expenditure per service user was \$23 005 excluding payroll tax and \$23 453 including actual and/or imputed payroll tax (figure 13.33).

Figure 13.33 **Estimated annual government expenditure per user of CSTDA State and Territory administered services, 2004-05^{a, b, c, d}**



^a In some jurisdictions (NSW, Victoria in part, Queensland, Tasmania and the NT), payroll tax data is actual; in other jurisdictions (Victoria in part, WA, SA and the ACT), payroll tax data is imputed. ^b Government expenditure per service user for Australia excludes Australian Government expenditure on State and Territory administered services that was not provided as transfer payments. ^c Payroll tax data for Queensland includes paid payroll tax and accrued payroll tax. ^d In the NT, payroll tax relates to government service provision and excludes expenditure for program management and administration.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 13A.35.

Efficiency — administrative cost

Administrative expenditure as a proportion of total expenditure

‘Administrative expenditure as a proportion of total expenditure’ is an indicator of the efficiency of the administration of specialist disability services (box 13.16). The proportion of total expenditure on administration is not yet comparable across jurisdictions because they apportion it using different methods. Administrative expenditure data are useful, however, for indicating trends within jurisdictions over time.

Nationally, administrative expenditure as a proportion of total government expenditure on specialist disability services (excluding payroll tax) decreased from 8.6 per cent in 2004-05 to 8.4 per cent in 2005-06 (figure 13.34).

Box 13.16 Administrative expenditure as a proportion of total expenditure

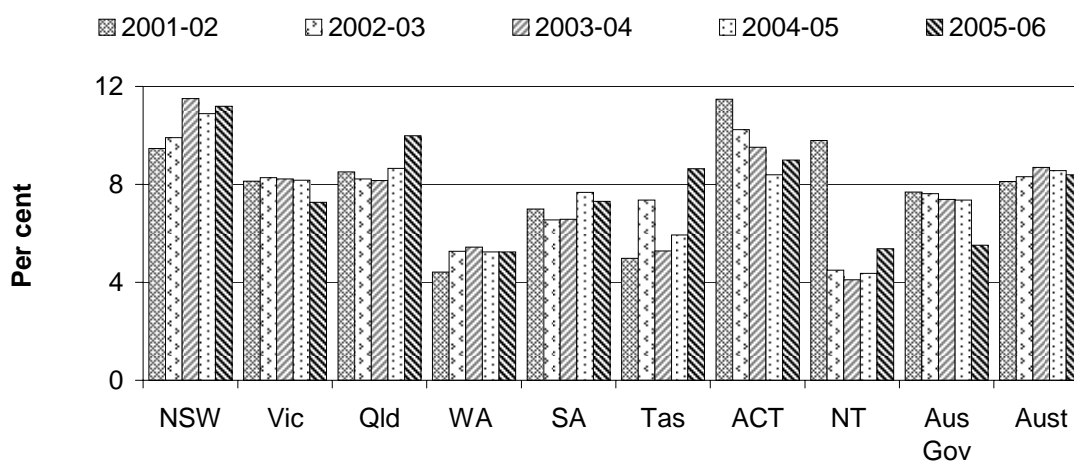
Administrative expenditure as a proportion of total expenditure is an output (efficiency) indicator of governments' objective to provide specialist disability services in an efficient manner. Administrative expenditure in this context represents the costs incurred by government agencies in administering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

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

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

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

Figure 13.34 Administrative expenditure as a proportion of total expenditure^{a, b, c, d, e}



^a See table 13.1 for an explanation of different methods of apportioning departmental costs. ^b Data exclude payroll tax. ^c Australian Government administrative expenditure is an estimate, based on average staffing levels. ^d For the ACT in 2005-06 the method of apportioning administrative expenditure changed as a result of internal restructure and an inclusion of some corporate overhead costs. ^e NT expenditure is underreported in 2001-02. For 2002-03, the method of apportioning administrative expenditure changed, resulting from a re-alignment of some costs previously reported under this category to direct service delivery. The NT changed from cash to accrual accounting in 2002-03, limiting the comparability of expenditure with previous years.

Source: Australian, State and Territory governments (unpublished); table 13A.36.

When actual or imputed payroll tax is included, the average national administrative expenditure as a proportion of total CSTDA expenditure was 8.3 per cent in 2005-06 (table 13A.36). Payroll tax data need to be interpreted with caution, however, because some jurisdictions (NSW, Victoria [in part], Queensland, Tasmania and the NT) have provided payroll or payroll tax data on the basis of direct service delivery expenditure for government provided services, and others (WA, SA and the ACT) have provided the data on the basis of total expenditure for government provided services. Real total CSTDA expenditure is reported in table 13A.8, both excluding and including actual or imputed payroll tax amounts.

Outcomes

The following outcome indicators are reported:

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

Labour force participation and employment rate data from the ABS’s *2005 Survey of Education and Training Experience, Australia* are reported for all jurisdictions. Social participation data for 2004 from the Household, Income and Labour Dynamics in Australia (HILDA) Survey¹ are also reported for all jurisdictions. For WA, 2006 social participation data are also included.

The participation of people with a disability in education and training in 2005 and their levels of attainment are also included. These data are sourced from the ABS’s *2005 Survey of Education and Training Experience, Australia*.

Interpreting data for the outcome indicators

The results for the outcome indicators are derived using survey data. To assist with making comparisons between jurisdictions, and different disability status groups, 95 per cent confidence intervals are presented. Confidence intervals are a standard way of expressing the degree of uncertainty associated with survey estimates or performance measurement. An estimate of 80 with a confidence interval of ± 2 , for example, means that if another sample had been drawn, or if another combination of

¹ The HILDA Survey was initiated, and is funded, by the Australian Government through the Department of Families, Community Services and Indigenous Affairs. Responsibility for the design and management of the Survey rests with a group comprising: the Melbourne Institute of Applied Economic and Social Research (University of Melbourne), the Australian Council for Educational Research and the Australian Institute of Family Studies.

test items had been used, there is a 95 per cent chance that the result would lie between 78 and 82. The learning outcomes proportion for a jurisdiction, therefore, can be thought of in terms of a range. If one jurisdiction's rate ranges from 78–82 and another's from 77–81, then it is not possible to say with confidence that one differs from the other (because there is unlikely to be a statistically significant difference). Where ranges do not overlap, there is a high likelihood that there is a statistically significant difference. To say that there is a statistically significant difference means there is a high probability that there is an actual difference; it does not imply that the difference is necessarily large or important.

Labour force participation and employment of people with a disability

'Labour force participation and employment of people with a disability' is an indicator of outcomes for specialist disability services (box 13.17). Detailed definitions and calculations of labour force participation and employment rates are provided in section 13.6.

Box 13.17 Labour force participation and employment of people with a disability

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

This indicator is defined as the labour force participation and employment rates of people aged 15–64 years with a disability (by level of core activity limitation). Labour force participation rates and employment rates of people aged 15–64 years without a disability are also reported.

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

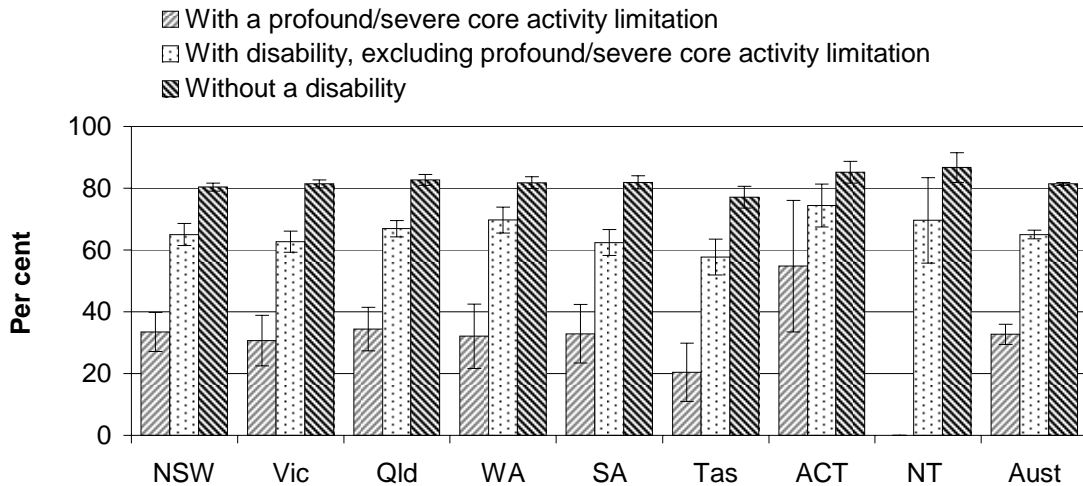
This indicator does not provide information on why people choose not to participate in the labour force and why people are not employed. Finally, it does not provide information on whether the jobs that people find are appropriate or fulfilling.

Labour force participation

Nationally, the estimated labour force participation rate of people aged 15–64 years with a profound or severe core activity limitation in 2005 (32.7 ± 3.3 per cent) was below the rate for other people with a disability, excluding those with a profound or

severe core activity limitation (65.0 ± 1.4 per cent) and the rate for people without a disability (81.4 ± 0.5 per cent) (figure 13.35).

Figure 13.35 Estimated labour force participation rates of people aged 15–64 years, by disability status, 2005^{a, b, c, d}



^a Due to differences in collection methodology, the data collected by the ABS Disability Module (used in the Survey of Education and Training Experience) relate to a broader 'disability and long-term health condition' population than the 'disability' population obtained from the much more detailed SDAC — however, the characteristics of the populations are similar. The data are suitable for population comparisons, but not for prevalence updates between SDAC surveys. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self-care. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate. ^d Data with relative standard errors (RSEs) over 50 per cent are not published. This is the case for the labour participation rate for people in the NT with a profound or severe core activity limitation.

Source: ABS Survey of Education and Training Experience (unpublished); table 13A.37.

The labour force participation rates of people aged 15–64 years with a profound or severe core activity limitation by geographic location, country of birth and Indigenous status, in 2005 are reported in table 13A.39. Nationally, the estimated labour force participation rate of people with a profound or severe core activity limitation was:

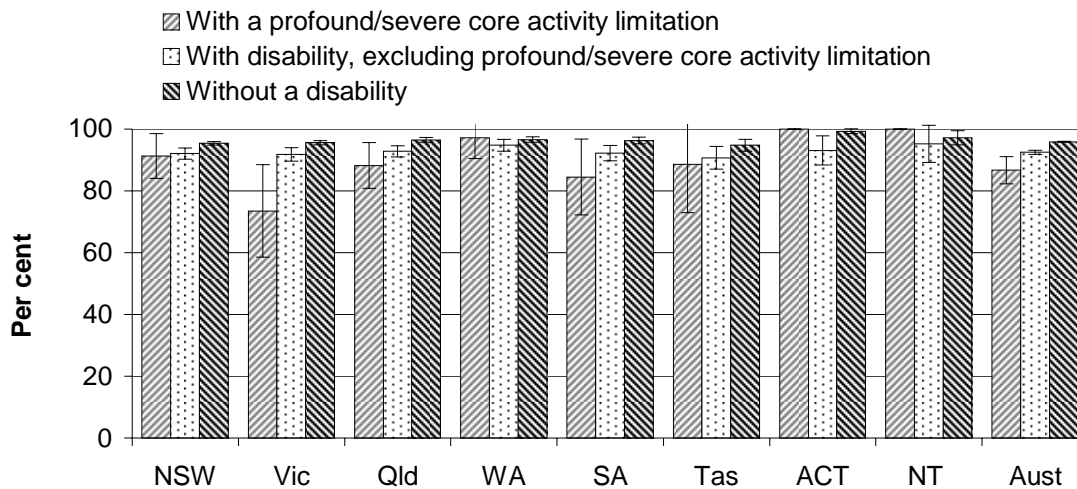
- 30.1 ± 7.0 per cent for those living in outer regional and remote areas, no different to the rate for those living in major cities and inner regional areas (33.1 ± 3.6 per cent)
- 23.6 ± 7.1 per cent for those born in a non-English speaking country, below the rate for those born in an English speaking country (34.5 ± 3.5 per cent)
- 23.0 ± 16.5 per cent for Indigenous people, no different to the rate for non-Indigenous people (33.0 ± 3.4 per cent) (table 13A.39).

Additional labour force participation data for 2003 from the ABS's SDAC are shown in tables 13A.38 and 13A.40.

Employment

Nationally, the estimated employment rate of people aged 15–64 years with a profound or severe core activity limitation in 2005 (86.7 ± 4.4 per cent) was below the rate for other people with a disability, excluding those with a profound or severe core activity limitation (92.5 ± 0.7 per cent) and below the proportion for people without a disability (95.9 ± 0.2 per cent) (figure 13.36).

Figure 13.36 Estimated employment rates of people aged 15–64 years, by disability status, 2005^{a, b, c}



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

Source: ABS Survey of Education and Training Experience (unpublished); table 13A.37.

The employment rates of people aged 15–64 years with a profound or severe core activity limitation by geographic location, country of birth and Indigenous status, in 2005 are reported in table 13A.39. Nationally, the estimated employment rate of people with a profound or severe core activity limitation was:

- 96.9 ± 6.3 per cent for those living in outer regional and remote areas, above the rate for those living in major cities and inner regional areas (85.3 ± 5.2 per cent)

- 81.9 ± 23.8 per cent for those born in a non-English speaking country, no different to the rate for those born in an English speaking country (87.3 ± 9.2 per cent)
- 96.0 ± 9.0 per cent for Indigenous people, no different to the rate for non-Indigenous people (86.5 ± 4.7 per cent) (table 13A.39).

Additional employment rate data for 2003 from the ABS's SDAC are shown in tables 13A.38 and 13A.40.

Social participation of people with a disability

'Social participation of people with a disability' is an indicator of outcomes for specialist disability services (box 13.18).

Box 13.18 Social participation of people with a disability

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

This indicator is defined as the proportion of people aged 15–64 years with a disability (by level of core activity limitation) who participate in selected social or community activities. The proportion of people without a disability who participate in these activities is also reported. Two measures are reported:

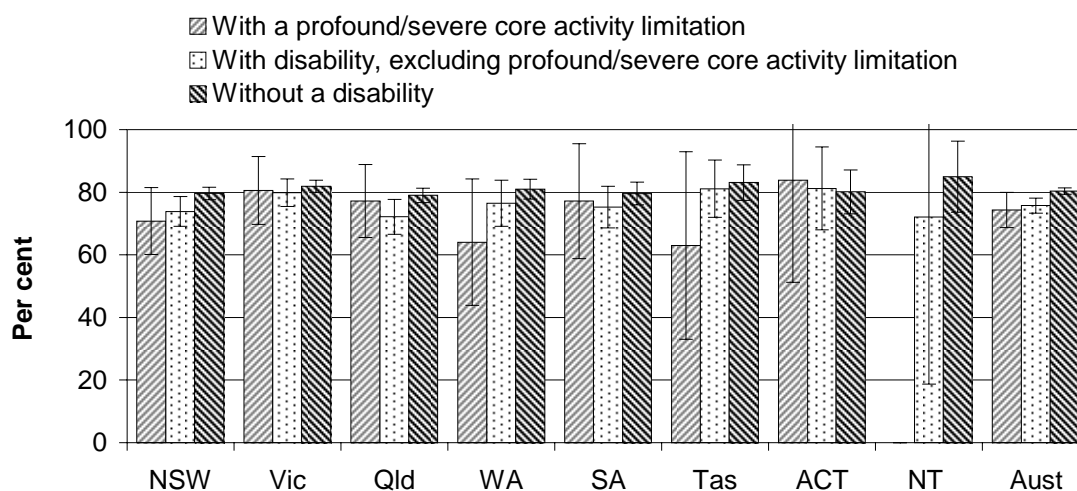
- estimated proportion who participated in social get togethers with friends/relatives not living with them more than once a month
- estimated proportion who were a current active member of a sporting/hobby/community based association.

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

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

Nationally, the estimated proportion of people with a profound or severe core activity limitation aged 15–64 years who participated more than once a month in social get togethers with friends/relatives not living with them in 2004 was 74.4 ± 5.6 per cent, no different to the proportion for other people with a disability, excluding profound or severe core activity limitation (75.7 ± 2.4 per cent) or the proportion for people without a disability (80.3 ± 1.0 per cent) (figure 13.37).

Figure 13.37 Estimated proportion of people aged 15–64 years who participated more than once a month in social get togethers, by disability status, 2004^{a, b, c, d}

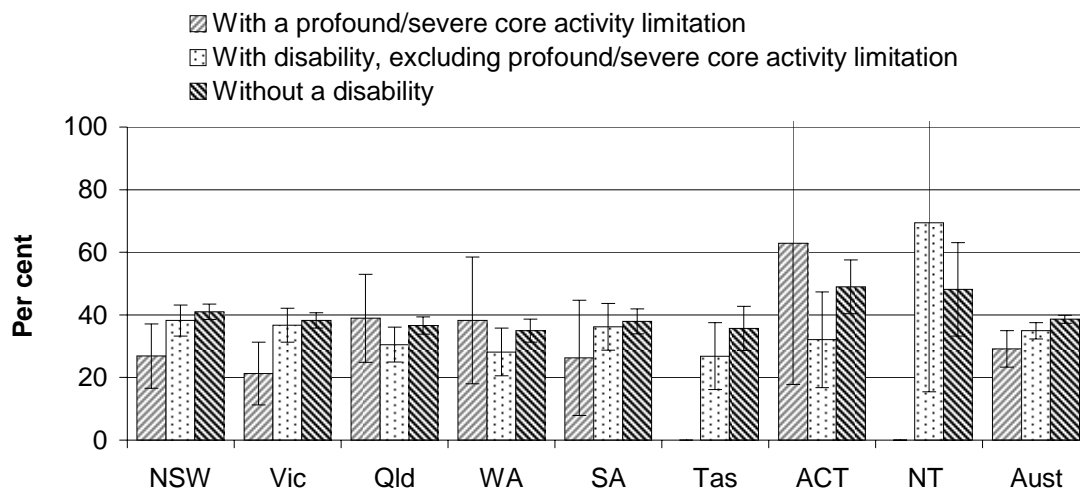


^a Due to differences in collection methodology, the data collected by the HILDA Survey relate to a broader 'disability and long-term health condition' population than the 'disability' population obtained from the much more detailed SDAC — however, the characteristics of the populations are similar.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

Source: HILDA Survey; table 13A.41.

Nationally, the estimated proportion of people with a profound or severe core activity limitation aged 15–64 years who were a current active member of a sporting/hobby/community based association in 2004 was 29.1 ± 5.8 per cent, no different to the proportion for other people with a disability, excluding profound or severe core activity limitation (34.9 ± 2.6 per cent), but below the proportion for people without a disability (38.6 ± 1.3 per cent) (figure 13.38).

Figure 13.38 **Estimated proportion of people aged 15–64 years who were a current active member of a sporting/hobby/community based association, by disability status, 2004^{a, b, c, d}**



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

Source: HILDA Survey; table 13A.41.

In 2006, WA conducted a survey of users of disability services (or their carers) on their participation in various social activities. Results of this survey are provided in box 13.19. Data from the 2003 ABS SDAC on the social participation of people with a disability are in table 13A.42.

Box 13.19 **Social participation of people with a disability in WA**

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

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

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

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

Source: WA Government (unpublished).

Use of other services

'Use of other services' is an indicator of outcomes for specialist disability services (box 13.20). In previous reports, the 'use of other services' indicator referred to other chapters of the Report only. This indicator has been enhanced for this year's Report by the inclusion of data under this indicator on the participation of people with a disability (by level of core activity limitation) in educational and training and their educational and training attainment.

Box 13.20 Use of other services

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

This indicator is defined as the proportion of people with a disability (by level of core activity limitation) who:

- participated in schools, VET and universities
- reached certain levels of educational and training attainment.

These proportions are also reported for people without a disability.

Higher proportions of people with a disability participating in education and training or having reached particular levels of educational and training attainment is desirable as it suggests greater access to mainstream government educational and training services.

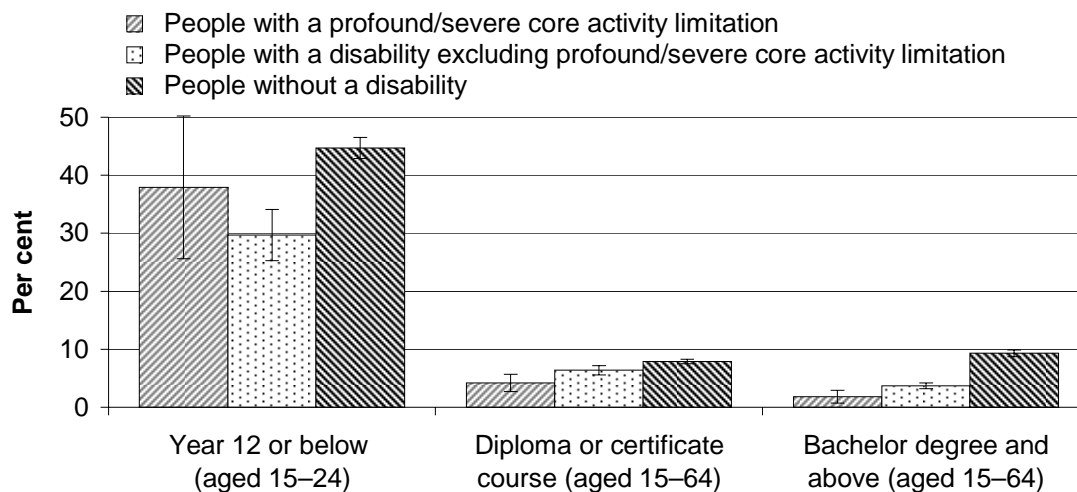
This indicator does not provide information on the degree to which the services contribute to people's quality of life. It also does not provide information on why some people do not access these services.

Nationally in 2005, the proportion of people with a profound or severe core activity limitation:

- aged 15–24 who participated in schools was 37.9 ± 12.3 per cent, no different to the proportion for other people with a disability, excluding those with a profound or severe core activity limitation (29.7 ± 4.4 per cent) or the proportion for people without a disability (44.7 ± 1.8 per cent)
- aged 15–64 who participated in VET was 4.2 ± 1.5 per cent, no different to the proportion for other people with a disability, excluding those with a profound or severe core activity limitation (6.4 ± 0.8 per cent), but below the proportion for people without a disability (7.9 ± 0.4 per cent)
- aged 15–64 who participated in university was 1.8 ± 1.1 per cent, below the proportion for other people with a disability, excluding those with a profound or severe core activity limitation (3.7 ± 0.5 per cent) and the proportion for people without a disability (9.3 ± 0.6 per cent) (figure 13.39).

Available jurisdictional results are reported in table 13A.43.

Figure 13.39 **Estimated proportion of people who participated in education and training, by disability status, 2005^{a, b, c}**



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

Source: ABS Survey of Education and Training Experience (unpublished); table 13A.43.

Nationally in 2005, the proportion of people with a profound or severe core activity limitation aged 15–64 whose highest level of educational attainment was:

- year 10 was 20.7 ± 3.1 per cent, no different to the proportion for other people with a disability, excluding those with a profound or severe core activity limitation (20.6 ± 1.0 per cent) and above the proportion for people without a disability (15.3 ± 0.7 per cent)
- year 11/12 was 18.1 ± 2.3 per cent, no different to the proportion for other people with a disability, excluding those with a profound or severe core activity limitation (20.6 ± 1.2 per cent) and below the proportion for people without a disability (27.2 ± 0.6 per cent)
- diploma/certificate course was 24.8 ± 3.9 per cent, no different to the proportion for other people with a disability, excluding those with a profound or severe core activity limitation (29.3 ± 1.1 per cent) or the proportion for people without a disability (26.2 ± 0.8 per cent)
- bachelor degree and above was 7.9 ± 1.9 per cent, below the proportion for other people with a disability, excluding those with a profound or severe core activity

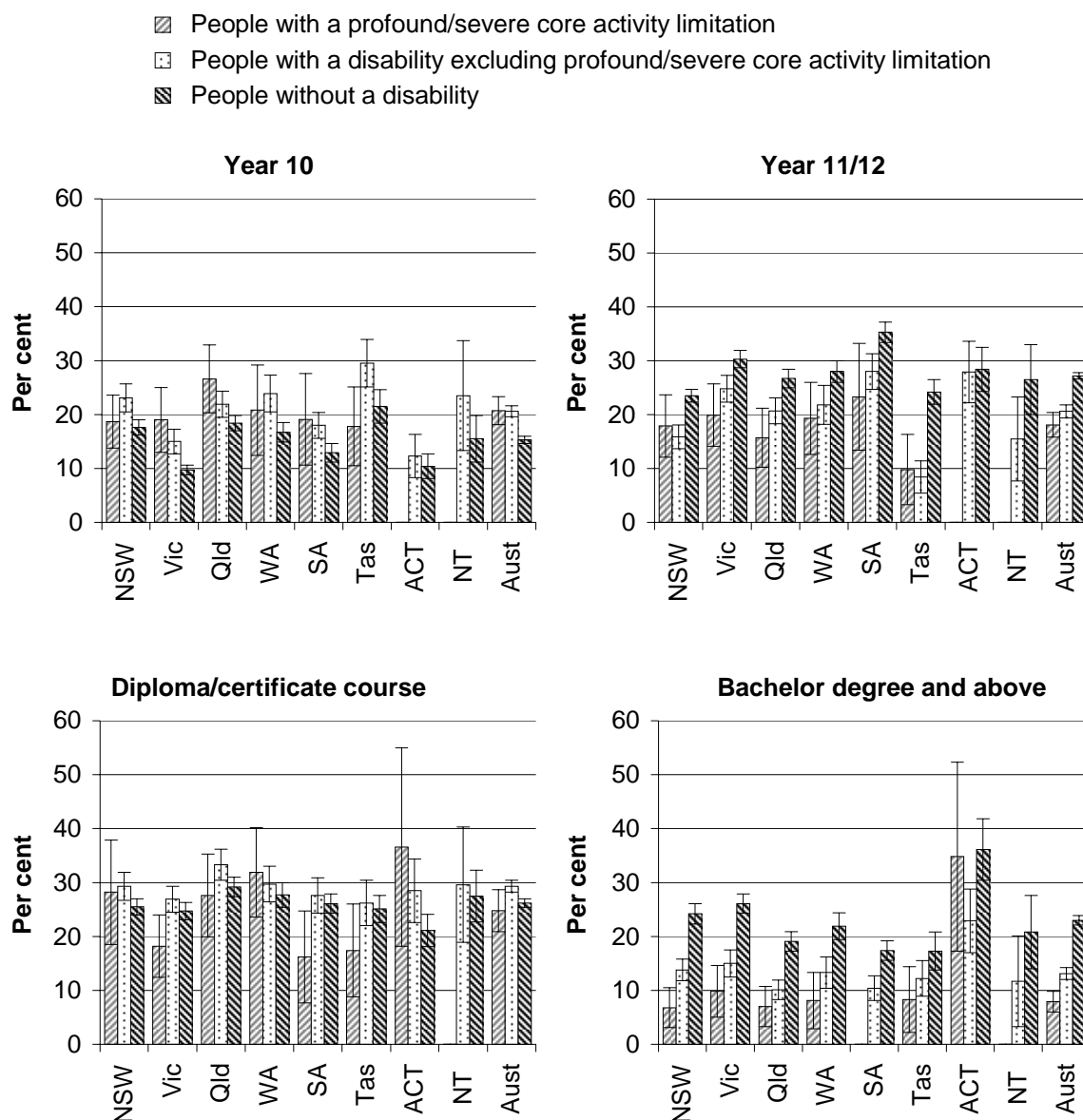
limitation (13.1 ± 1.1 per cent) and the proportion for people without a disability (23.0 ± 0.9 per cent) (figure 13.40).

There was a proportion of people, in all groups in 2005, whose level of educational attainment was not determined, or whose level of attainment was year 9 or below. For people with a profound or severe core activity limitation, the proportion was 28.5 per cent. For people with a disability, excluding those with a profound or severe core activity limitation, the proportion was 16.4 per cent, and for people without a disability, the proportion was 8.3 per cent (table 13A.44).

Data on the participation of people with a disability in various government services are also incorporated in the performance indicator frameworks for other chapters of this Report. Participation is reported for VET (see chapter 4), children's services (see chapter 14) and public, community and State owned and managed Indigenous housing (see chapter 16). In addition, the following chapters include data on services provided to people with a disability:

- 'School education' (chapter 3) reports data on students with a disability in the student body mix.
- 'Health management issues' (chapter 11) reports performance data on specialised mental health services.
- 'Aged care services' (chapter 12) reports data on HACC services received, including those received by people with a profound, severe or moderate core activity limitation, disaggregated by jurisdiction and geographic location.

Figure 13.40 Level of highest educational attainment, by estimated proportion of people aged 15–64, by disability status, 2005^{a, b, c, d}



^a Due to differences in collection methodology, the data collected by the ABS Disability Module (used in the Survey of Education and Training Experience) relate to a broader 'disability and long-term health condition' population than the 'disability' population obtained from the much more detailed SDAC — however, the characteristics of the populations are similar. The data are suitable for population comparisons, but not for prevalence updates between SDAC surveys. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self-care. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate. ^d Data with RSEs over 50 per cent are not published. This is the case for data related to people with a profound or severe core activity limitation in SA (bachelor degree and above), the ACT (year 10 and year 11/12) and the NT (diploma/certificate course). For the NT, there were no people identified by the Survey with a profound or severe core activity limitation who had the other levels of attainment.

Source: ABS Survey of Education and Training Experience (unpublished); table 13A.44.

13.4 Future directions in performance reporting

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

- considering whether the most recent year's service user data are available for reporting
- classifying services provided by local governments as government to ensure consistency across data sources
- investigating reporting a performance indicator on younger people with a disability in residential aged care facilities for future reports
- reporting national client and carer satisfaction with service quality
- reporting more complete, current, ongoing quality assurance processes data.

Reporting on quality assurance processes is expected to become more complete and comparable over time, with refinements to performance indicators and data collections.

13.5 Jurisdictions' comments

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

Australian Government comments

“ During 2005-06 the Australian Government has continued to build on gains made with reforms to business services, designed to enable services to operate as viable commercial enterprises while delivering quality employment outcomes for people with more significant disability.

The two-year phase-in of the new case based funding model for business services is now complete. The new arrangements have addressed historical funding inequities between services and funding now more closely matches individual support needs of workers, with explicit links between funding and employment outcomes. To help meet the demand for supported employment opportunities, an additional 380 places were allocated to business services in 2005-06.

The 2005-06 Quality Strategy evaluation confirms that disability employment services have made significant progress in providing a quality service to people with disability and that the independent certification of these services against legislated Quality Standards has played an important part in achieving this outcome. A major achievement of the Quality Strategy is that around 80 per cent of business services now pay their workers pro rata award-based wages, with the remaining services making steady progress towards this outcome.

The flexible assistance available through the *Security, Quality Services and Choice for People with Disabilities* package announced in April 2004 is proving to be a vital support for both business services and consumers with low productivity. Over 90 per cent of business services have participated in the package processes and \$27.6 million in funding has been approved so far to boost the viability of business services.

Other initiatives include the launch of a new website, BizAbility.com.au, showcasing the products and services provided by business services. Grants are also available to help business services build new alliances across the sector and attend events to promote their products. A new Rural and Remote Service Supplement was also introduced.

The Australian Government has worked closely with CRS Australia and business services to provide ongoing support to consumers with low productivity. Independent case managers help these consumers to decide if they wish to stay at work with additional assistance or explore non-vocational activities. Around 1420 consumers have been approved for case management assistance and of those assisted to date, around 80 per cent have chosen to stay in employment.

Full case based funding for the Disability Employment Network (formerly Disability Open Employment Services) was successfully implemented from 1 July 2005, providing stronger links between service funding and outcomes delivered.”

New South Wales Government comments

“ The NSW Government continued its commitment to providing services to people with a disability and their carers to assist them to live independently and participate in community life. Improving services to people with a disability has been a prime focus in NSW with funding increasing by \$640 million to \$1.1 billion during the past nine years.

In May 2006, the NSW Government announced its 10-year Plan, *Stronger Together: a new direction for disability services: 2006–2016*. It represents more than \$1 billion in additional funding over the next five years and a reshaping of the system to provide fairer and easier access to deliver more flexible and responsive support.

In NSW, the demand for disability accommodation is growing and we now assist more than 5000 people with their accommodation needs. In the last five years, more than 1000 people with a disability have received new group home accommodation — including relocation of people in boarding houses, large residential centres, in respite centres. A further 600 people received accommodation support through the Attendant Care Program and Emergency Response funding.

In 2005-06, funding was announced for around 1000 respite places ranging from limited to intensive support. The type of respite offered will be in line with the needs of the individual and their family or carer — whether it is centre-based, in-home or a combination of the two.

NSW aims for a mix of services that are flexible and responsive to the family's needs and assist families to remain together. To meet this need, the Behaviour Intervention Service has expanded, ensuring that there is locally based expertise. Additional funding has also ensured that more than 80 non-government organisations will be available to provide early childhood intervention services with \$2 million allocated for the purchase of equipment. New Intensive Family Support services will also give families access to a range of support services including counselling, education, support networks and assistance in developing sustainable family routines. Children's casework consultants were also appointed and will have a key role in facilitating systemic changes to improve service quality.

A new Community Participation program for school leavers means that service users and their families will be given greater flexibility and choice of the types of support they receive. Clients and families will also be allocated a minimum of 18 hours support a week for at least 48 weeks a year with increased hours available in 2006-07.

The NSW Government has input considerable efforts into improving the CSTDA MDS data return rate and the quality of data submitted.

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Victorian Government comments

“ The Victorian Government is committed to strengthening the options available to improve the lives of people with a disability. An emphasis on individual choice, carer support and early intervention help to enable people to live independently in the community.

The Disability Act 2006 was passed by Parliament in May 2006, and takes effect on 1 July 2007 unless proclaimed earlier. Consistent with the Victorian State Disability Plan 2002–2012, the Act’s objectives include:

- Promoting and protecting the rights of people with a disability.
- Creating mechanisms to make communities more accessible to people with a disability.
- Regulating disability services to ensure they are high quality and accountable to people with a disability and to government.
- Ensuring more transparent and accountable regulation of compulsory treatment of people with an intellectual disability, as recommended by the Victorian Law Reform Commission.

In 2005-06, some key achievements included:

- the ongoing redevelopment of Kew Residential Services, with 360 residents having moved into 73 community houses
 - the continued focus on the Individual Planning and Support approach with the provision of an additional 192 Support and Choice packages, 34 Transitional Assessment and Support packages, 424 Behaviour Intervention Support Therapy (BIST) packages and Aids and Equipment for over 4700 people
 - the ongoing commitment to families caring for family members with a disability with the provision of 565 respite episodes, which has been matched by the Commonwealth with an additional 565 respite episodes
 - the establishment of the inaugural Board of Directors of the Disability Housing Trust in February 2006. The Trust Board will establish its organisational structure to enable progress towards identification of the initial tranche of suitable capital projects to deliver additional housing opportunities for people with a disability
 - the ongoing commitment to ensuring Shared Supported Accommodation facilities reflect the best standard available for those living and working in them with the refurbishment and renewal project. All 27 new buildings are currently at design, tender, or construction stages, and the 20 refurbishment projects are at planning stage.
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Queensland Government comments



Through the continual implementation of legislative and administrative reforms, disability services in Queensland continue to be delivered via a fairer, more responsive and efficient system supported throughout the State. The Queensland Government continued to fulfil its responsibilities for the administration of specialist disability services under the *Commonwealth State/Territory Disability Agreement 2002–2007* (CSTDA). Queensland increased total funding for the provision of specialist disability services (including expenditure on specialist psychiatric disability services) by \$68 million to \$505.7 million in 2005-06. The increased funding enabled additional provision of accommodation support, community support, community access, respite, advocacy and information and print disability services across the State.

Queensland continued the momentum set in previous years to provide more services through established programs, such as the Adult Lifestyle Support Program — which assisted an additional 103 people to maintain living arrangements and build social relationships in their community. This increased the total number of people supported through this program to 1430. Increased support was also established in a greater number of regional and remote areas through the Local Area Coordinator Program, which helped 2908 families to access assistance in their local area.

We also strengthened our focus on early intervention strategies, providing early support to an additional 236 families supporting children with a disability. The total number of families to receive support was 1186. We will also implement early intervention strategies to reduce the long term demands and impacts of children aged 0–5 years with autism with complex and challenging behaviours. This initiative, introduced in 2006, will pay long-term dividends. An additional 61 adults with a disability who were at risk of becoming homeless as a result of closure or change in operations of private hostel accommodation were assisted through the Hostels Response Program. This increased the number supported through this program to 91. Through the Strengthening Non-Government Organisations Strategy, Queensland also assisted 136 service providers to purchase or replace assets. Additionally, under this Strategy, training was also delivered to 70 service providers to strengthen planning capacity skills.

Queensland continued its focus on enhancing the responsiveness of disability services through community consultation on proposed improvements in the key areas of assessment, prioritisation, services and funding approaches. The results were published in May 2006 and distributed to all key stakeholders. These results will inform government consideration for future improvements to the service system. The *Disability Services Act 2006* will commence on 1 July 2006. The new Act provides the strongest foundation ever in Queensland for promoting the rights of people with a disability, increasing their wellbeing and encouraging their participation in the life of the community. It includes measures to safeguard the rights and safety of people with a disability, increasing their protection from abuse and neglect, and combines with existing systems such as the Disability Sector Quality System to improve the quality of disability services.



Western Australian Government comments



The WA Government has continued its focus on developing and sustaining services for people with disabilities and their carers, strengthening partnerships with the disability sector, other government departments and local government, to build welcoming communities for people with disabilities and their families.

The third Strategic Plan was developed for the period 2006–2010, with the vision that ‘all people live in welcoming communities which facilitate citizenship, friendship, mutual support and a fair go for everyone’.

The joint ACROD-Commission community awareness campaign, *Open Your Mind. Count Us In* which ran statewide as a series of television, print, and outdoor advertisements between November 2004 and January 2005 has moved into a new phase. The new *Count Us In* website, an online tool kit providing community, schools and businesses with detailed information and resources to enable them to be more inclusive has been established, as well as, the *Count Us In!* curriculum support package which provides resource materials and guidelines for teachers to teach school children about disability rights and the importance of being an inclusive society.

Fair Play, a strategic framework aimed at making sport and recreation more inclusive for people with disabilities, was developed in collaboration with the Department of Sport and Recreation to guide sports clubs and recreation centres in creating opportunities for people with disabilities to participate.

The *Aboriginal People with Disabilities: Getting Services Right*, a policy guide and resource package was developed following a four-year statewide consultation project with more than 300 stakeholders and is a firm commitment to making disability services more culturally appropriate and welcoming to Aboriginal people with disabilities. The tri-state agreement was signed in July 2005 to ensure a coordinated approach to the provision of disability services to the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara lands covering 350 000 km² across WA, SA and the NT.

The 2006 Consumer Satisfaction Survey was undertaken to determine the level of satisfaction of service users with the services provided or funded by the Commission, and to explore social participation, quality of life, experiences of carers, awareness and use of the Commission’s complaints processes, and community inclusion.

As part of its commitment to improve data quality under the NMDS, WA is currently developing an online web-based system for the collection of client and service data in consultation with all non government agencies.

The Disability Research Network website which aims to improve communication and collaboration between researchers working in the area of disability in WA was developed and launched in October 2005.



South Australian Government comments

“ The Disability Services Office was renamed the Office for Disability and Client Services (ODACS) to be more inclusive of people with functional support needs, rather than just those with a diagnosed disability. ODACS continued its focus on improved service delivery, deinstitutionalisation and the needs of special groups.

Some key achievements for 2005-06 include:

- Establishment of two new respite homes and a group home in country regions — Clare, Strathalbyn and Murray Bridge.
- Established services for people with a psychiatric disability initially targeting homeless people and rough sleepers.
- Collaboration with Department of Health to meet high health care needs of people with disabilities.
- Established a protocol between agencies in the disability sector and Commonwealth Aged Care Assessment Teams to prevent younger people from being admitted to Aged Care facilities.
- \$1 million Trust Fund established to support Disability Arts.
- Extended eligibility criteria to include functional disabilities which would open up services to more people.
- Supported Accommodation Task Force established to improve access to supported accommodation for people with a disability through the development of a comprehensive Accommodation Services Plan for SA.
- Major review and enhancement of contracting procedures will lead to improved performance monitoring of funded agencies.
- Enhancements to Provider Panel requirements to ensure funded agencies implement continuous quality improvement and limit the use of self-employed subcontractors.
- ODACS now has the lead role in coordinating the whole of government reporting process for Disability Action Plans across the State.
- Support provided for service development in the Aboriginal communities (Pukatja, Amata and Ernabella)
- Partnership established with Autism SA to streamline services and a joint registration system which will improve access.
- Taken responsibility for the overall coordination of services to people in Supported Residential Facilities, thereby extending services to a wider client group.
- Research into unmet need for people with psychiatric disability and an audit of waiting list for disability services (intellectual, brain injury and adult physical and neurological).

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Tasmanian Government comments

“ The Tasmanian Government is committed to a comprehensive social justice approach to disability. In December 2005, the *Disability Framework for Action 2005–2010* was released. This whole-of-government framework seeks to remove barriers and enable people with disabilities to enjoy the same rights and opportunities as other Tasmanians.

The effective delivery of specialist disability services through the Department of Health and Human Services' (DHHS) Disability Services business unit is an important aspect of the Government's broader commitment to people with a disability.

Key strategic priorities guiding the Department's approach to the development of the disability service system include:

- building systems and processes to ensure the sustainability of frontline service delivery
- increasing the capacity of the service system
- developing innovative approaches to service delivery
- a focus on quality and safety.

Challenges for Disability Services in 2005-06 included workforce capacity issues, rising costs and an increasing demand for services. The key drivers were a range of factors including the increasing complexity of client need, changing community expectations and the growing and ageing population.

Budget initiatives for 2005-06 included the investment of an additional \$3 million in the *Care in the Community* initiative to provide individualised services to enable people with a disability to remain supported in their local community. A key outcome of this initiative is improved quality of life for people with a disability, their families and carers.

A number of significant projects were developed and implemented by Disability Services in 2005-06. These include:

- the *Living Independently* Project, under which the management of all disability group homes currently managed by the DHHS is being transferred to non-government organisations over a three year period; and
 - the Intensive Support Service incorporating the commencement of the Intensive Support Training Strategy, client support and planning of accommodation facilities associated with the service.
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Australian Capital Territory Government comments



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

- Promote an inclusive society,
- Strengthen the capacity of individuals with a disability and their families to maximise control over their lives,
- Improve planning and use of available resources, and
- In partnership with the Community Sector, strengthen the sustainability and responsiveness of the Service Delivery Sector.

Recent initiatives have included:

- The implementation of a community governance structure to implement *Future Directions: 2004–2008*.
- After extensive community consultation, DACT has developed an Individual Support Package (ISP) policy and procedures manual to ensure a more equitable and transparent ISP process. In 2005-06, 161 individuals with a disability were supported through Individual Support Packages. \$8.2 million is distributed through these packages on a recurrent yearly basis.
- In 2006, DACT commenced a Review of the Role of Government as Disability Services Provider. Community consultations commenced in August 2006 with a final in-principle report to Government expected in mid-2007 on what services are best provided by Government and what services are best provided by the community sector.
- In 2005, DACT implemented a new quality improvement system for all its funded agencies which included a baseline assessment against the National Disability Services Standards. DACT is currently working with other government and community agencies on an agreement to use a 'whole-of-community sector' Quality Framework, using a local tool called *Raising the Standard* to minimise agencies' multiple reporting obligations.
- In 2006, DACT commenced the development of a Workforce Development Strategy using a consultation process and building on the work of the former Workforce Reform Working Group.
- DACT has developing three new person-centred services: *A Family-centred Flexible Intensive Response Model* for families with children with high support needs; a new accommodation support service for people with acquired brain injury; and *Frameworks*, a day options service for young people with disabilities who have completed school and are unlikely to access full-time employment.
- *A Young People in Residential Aged Care Program* is also being developed for people aged under 65 with a disability who currently live in residential aged care accommodation or are at risk of entering residential aged care.



Northern Territory Government comments

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The unique environmental and socio-economic factors in the NT create specific challenges in the provision of specialist disability services for both the NT Government and Australian Government, particularly in providing appropriate and sustainable disability services to remote Indigenous communities

Promoting access to disability services in remote communities and for Indigenous people remains a priority for the NT Government. The introduction of trans-disciplinary practice has substantially improved access to assessment and allied health services in recent years. There is now a need to adopt new models of support provision in other areas such as accommodation support and day programs.

During 2005-06, the NT put a lot of effort in improving the participation rates as well as the quality of the NMDS from providers. This involved working collaboratively with disability service agencies and providing them with ongoing training and support and the roll out of web based data entry system throughout the Territory. There remains an ongoing challenge of ensuring good data quality from the large number of small and dispersed providers, particularly given that these providers receive funds from multiple funding sources.

During 2005-06, the NT Government placed great emphasis in supporting carers of people with a disability, frail aged and those with a chronic disease and people with mental illness. A new Carers' Recognition Act with specific Carers' Charter was developed. This is in recognition of carer's contribution to the community. The Act will come into effect in 2006-07. In addition, subsidies and concessions on cost of essential services similar to those available to pensioners was extended to carers in the NT and \$1.05 million was allocated by NT Government for these concessions in 2006-07.

During 2005-06, the NT Government commissioned an independent and whole of Government review on the provision of services to people with a disability and their carers. This review will be complete in 2005-06 and will form the basis of a future reform strategy focused on improvement in access, quality and responsiveness of disability services.

NT potential population estimates in the report are based on small sample sizes and subsequently have high standard error rates. Indicators based on these estimates need to be interpreted with caution. In addition small variations in NT disability services data appears in magnified proportions in the report.

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13.6 Definitions of key terms and indicators

Accommodation support service users receiving community accommodation and care services	People using the following CSTDA accommodation support services: group homes; attendant care/personal care; in-home accommodation support; alternative family placement and other accommodation support (types 1.04–1.08), as a proportion of all people using CSTDA accommodation support services (excludes specialist psychiatric disability services). See AIHW (2006b) for more information on service types 1.04–1.08.
Administration expenditure as a proportion of total expenditure	The numerator — expenditure (accrual) by jurisdictions on administering the disability service system as a whole (including the regional program management and administration, the central policy and program management and administration, and the disability program share of corporate administration costs under the umbrella department, but excluding administration expenditure on a service that has been already counted in the direct expenditure on the service) — divided by the denominator — total government expenditure on services for people with a disability (including expenditure on both programs and administration, direct expenditure and grants to government service providers, and government grants to non-government service providers).
Core activities as per the 2003 ABS SDAC	Self-care — showering or bathing, dressing, eating, toileting and bladder or bowel control; mobility — getting into or out of a bed or chair, moving about the usual place of residence, going to or getting around a place away from the usual residence, walking 200 metres, walking up and down stairs without a handrail, bending and picking up an object from the floor, using public transport (the first three tasks contribute to the definitions of profound and severe core-activity limitation); and communication — understanding and being understood by strangers, family and friends.
Cost per user of government provided accommodation support services — group homes	The numerator — government expenditure (accrual) on government provided accommodation support services in group homes (as defined by CSTDA NMDS service type 1.04) — divided by the denominator — the number of users of government provided accommodation support services in group homes.
Cost per user of government provided accommodation support services — institutional/residential settings	The numerator — government expenditure (accrual) on government provided accommodation support services in institutional/residential settings (as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03) — divided by the denominator — the number of users of accommodation support services in institutional/residential settings. See AIHW (2006b) for more information on service types 1.01–1.03.
Cost per user of government provided accommodation support services — other community settings	The numerator — government expenditure (accrual) on government provided accommodation support services in other community settings (as defined by CSTDA NMDS service types 1.05–1.08) divided by the denominator — the number of users of government provided accommodation support services in other community settings.
Disability	A multidimensional experience that may involve effects on organs or body parts, and effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognised in the International Classification of Functioning, Disability and Health: body structure and function (and impairment thereof), activity (and activity limitations) and participation (and participation restriction).

	<p>(WHO 2001). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.</p> <p>The ABS 2003 SDAC defined 'disability' as the presence of one or more of 17 limitations, restrictions or impairments, which have lasted, or are likely to last, for a period of six months or more: loss of sight (not corrected by glasses or contact lenses); loss of hearing where communication is restricted; or an aid to assist with, or substitute for, hearing is used; speech difficulties; shortness of breath or breathing difficulties causing restriction; chronic or recurrent pain or discomfort causing restriction; blackouts, fits or loss of consciousness; difficulty learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; nervous or emotional condition causing restriction; restriction in physical activities or in doing physical work; disfigurement or deformity; mental illness or condition requiring help or supervision; long term effects of head injury; stroke or other brain damage causing restriction; receiving treatment or medication for any other long term conditions or ailments and still restricted; any other long term conditions resulting in a restriction.</p>
Employment rate for people with a profound or severe core activity limitation	Total estimated number of people aged 15–64 years with a profound or severe core activity limitation who are employed, divided by the total estimated number of people aged 15–64 years with a profound or severe core activity limitation in the labour force, multiplied by 100.
Employment rate for total population	Total estimated number of people aged 15–64 years who are employed, divided by the total number of people aged 15–64 years in the labour force, multiplied by 100.
Funded agency	An organisation that delivers one or more CSTDA service types (service type outlets). Funded agencies are usually legal entities. They are generally responsible for providing CSTDA NMDS data to jurisdictions. Where a funded agency operates only one service type outlet, the service type outlet and the funded agency are the same entity.
Geographic location	<p>Geographic location is based on the ABS's Australian Standard Geographical Classification of Remoteness Areas which categorises areas as 'major cities', 'inner regional', 'outer regional', 'remote', 'very remote' and 'migratory'. The criteria for Remoteness Areas are based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre in each of five size classes (ABS 2001).</p> <p>The 'outer regional and remote/very remote' classification used in this Report was derived by adding outer regional, remote and very remote data.</p>
Government contribution per user of non-government provided employment services	The numerator — Australian Government grant and case-based funding expenditure (accrual) on specialist disability employment services (as defined by CSTDA NMDS service types 5.01 [open], 5.02 [supported], 5.03 [combined open and supported]) — divided by the denominator — number of service users who received assistance. See AIHW (2006b) for more information on service types 5.01–5.03.

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

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

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

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

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

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

Indigenous factor

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

The following steps were undertaken to estimate the Indigenous factors.

- Data for all people (weighted) were calculated by multiplying the data for Indigenous Australians by 2.4 and adding the data for non-Indigenous Australians. Hence Indigenous Australians are weighted at 2.4 and non-Indigenous Australians at one.
- Data for all people (weighted per person) were calculated by dividing the all people (weighted) data by the sum of the Indigenous Australians data and the non-Indigenous Australians data.
- The Indigenous factors were then calculated by multiplying the all people (weighted per person) data by 100 and dividing by the all people (weighted per person) total for Australia (AIHW 2006b).

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

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

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

	<ul style="list-style-type: none"> • worked one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (including employees, employers and self-employed persons) • worked one hour or more without pay in a family business, or on a farm (excluding persons undertaking other unpaid voluntary work), or • was an employer, employee or self-employed person or unpaid family helper who had a job, business or farm, but was not at work. <p>An unemployed person is a person aged 15–64 years who was not employed during the remuneration period, but was looking for work.</p>
Labour force participation rate for the total population	Total number of people aged 15–64 years in the labour force (where the labour force includes both employed and unemployed people) divided by the total number of people aged 15–64 years, multiplied by 100.
Mild core activity limitation	Not needing assistance with, and has no difficulty performing, core activity tasks, but uses aids and equipment (as per the ABS 2003 SDAC).
Moderate core activity limitation	Not needing assistance but having difficulty performing a core activity task (as per the ABS 2003 SDAC).
Non-English speaking country of birth	People with a country of birth other than Australia and classified in English proficiency groups 2, 3 or 4 (DIMA 1999). These countries include countries other than New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States.
Payroll tax	<p>A tax levied on employers based on the value of wages and certain supplements paid or payable to, or on behalf of, their employees (SCRCSSP 1999). Payroll tax arrangements for government funded and delivered services differ across jurisdictions. Differences in the treatment of payroll tax can affect the comparability of unit costs across jurisdictions and services. These differences include payroll tax exemptions, marginal tax rates, tax-free thresholds and clawback arrangements (see SCRCSSP 1999).</p> <p>There are two forms of payroll tax reported:</p> <ul style="list-style-type: none"> • <i>actual</i> — payroll tax actually paid by non-exempt services • <i>imputed</i> — a hypothetical payroll tax amount estimated for exempt services. A jurisdiction's estimate is based on the cost of salaries and salary related expenses, the payroll tax threshold and the tax rate.
Potential population	<p>Potential population estimates are used as the denominators for the performance measures reported under the indicator 'access to CSTDA funded services'.</p> <p>The term 'potential population' is not the same as the population needing the services. Rather, it indicates those with the potential to require disability support services, which include individuals who meet the service eligibility criteria but who do not demand the services.</p> <p>The potential population for CSTDA funded accommodation and community access and community support services is the number of people aged under 65 years who have a profound or severe core activity limitation, adjusted for the Indigenous factor. The potential population for CSTDA funded employment services is the number of people aged 15–64 years with a profound or severe core activity limitation, adjusted for the Indigenous factor and the labour force</p>

participation rate. The potential population for CSTDA funded respite services data is the number of people under 65 years with a profound or severe core activity limitation who have a primary carer, adjusted for the Indigenous factor.

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

Briefly, the potential population was estimated by applying the 2003 national age- and sex- specific rates of profound or severe core activity limitation to the age and sex structure of each jurisdiction in the current year, to give an 'expected current estimate' of people with a profound or severe core activity limitation in that jurisdiction. These estimates were adjusted by the Indigenous factor to account for differences in the proportion of jurisdictions' populations who are Indigenous. Indigenous people have been given a weighting of 2.4 in these estimates, in recognition of their greater prevalence rates of disability and their relatively greater representation in CSTDA funded services (AIHW 2006c).

Primary carer	A primary carer is a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility and self-care) (ABS 2004c).
Primary disability group	Disability group that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person (overall difficulty in daily life, not just within the context of the support offered by a particular service).
Profound core activity limitation	Unable to, or always needing assistance to, perform a core activity task (as per the ABS 2003 SDAC).
Real expenditure	Actual expenditure (accrual) adjusted for changes in prices, using the GDP(E) price deflator, and expressed in terms of current year dollars.
Schooling or employment restriction	<p><i>Schooling restriction:</i> as a result of disability, being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school.</p> <p><i>Employment restriction:</i> as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a preferred job.</p>
Service	A service is a support activity provided to a service user, in accord with the CSTDA. Services within the scope of the collection are those for which funding has been provided during the specified period by a government organisation operating under the CSTDA.

Service type	The support activity that the service type outlet has been funded to provide under the CSTDA. The NMDS classifies services according to 'service type'. The service type classification groups services into seven categories: accommodation support; community support; community access; respite; employment; advocacy, information and print disability; and other support services. Each of these categories has subcategories.
Service type outlet	A service type outlet is the unit of the funded agency that delivers a particular CSTDA service type at or from a discrete location. If a funded agency provides, for example, both accommodation support and respite services, it is counted as two service type outlets. Similarly, if an agency is funded to provide more than one accommodation support service type (for example, group homes and attendant care), then it is providing (and is usually separately funded for) two different service types — that is, there are two service type outlets for the funded agency.
Service user	A service user is a person with a disability who receives a CSTDA funded service. A service user may receive more than one service over a period of time or on a single day.
Service users with different levels of severity of core activity limitation	Data on service users with different levels of severity of core activity limitation are derived by the AIHW based on the level of support needed in one or more of the three areas of daily living: self-care, mobility and communication. Service users with: <ul style="list-style-type: none"> • a profound core activity limitation reported 'always needing support' in one or more of these areas • a severe core activity limitation reported 'sometimes needing support' in one or more of these areas • moderate to no core activity limitations reported needing 'no support' (including needing no support but using aids) in all of these areas.
Severe core activity limitation	Sometimes needing assistance to perform a core activity task (as per the ABS 2003 SDAC).
Users of CSTDA accommodation support services	People using one or more accommodation support services that correspond to the following CSTDA NMDS service types: 1.01 large residential/institutions (more than 20 places); 1.02 small residential/institutions (7–20 places); 1.03 hostels; 1.04 group homes (less than seven places); 1.05 attendant care/personal care; 1.06 in-home accommodation support; 1.07 alternative family placement; and 1.08 other accommodation support.
Users of CSTDA community access services	People using one or more services that correspond to the following CSTDA NMDS service types: 3.01 learning and life skills development; 3.02 recreation/holiday programs; and 3.03 other community access. See AIHW (2006b) for more information on service types 3.01–3.03.
Users of CSTDA community support services	People using one or more services that correspond to the following CSTDA NMDS service types: 2.01 therapy support for individuals; 2.02 early childhood intervention; 2.03 behaviour/specialist intervention; 2.04 counselling; 2.05 regional resource and support teams; 2.06 case management, local coordination and development; and 2.07 other community support. See AIHW (2006b) for more information on service types 2.01–2.07.
Users of CSTDA employment services	People using one or more services that correspond to the following CSTDA NMDS service types: 5.01 open employment; 5.02 supported employment; and 5.03 combined open and supported employment.

Users of CSTDA respite services People using one or more services that correspond to the following CSTDA NMDS service types: 4.01 own home respite; 4.02 centre-based respite/respite homes; 4.03 host family respite/peer support respite; 4.04 flexible/combination respite; and 4.05 other respite. See AIHW (2006b) for more information on service types 4.01–4.05.

13.7 Supporting tables

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the attachment). Supporting tables are provided on the CD-ROM enclosed with the Report. The files containing the supporting tables are provided in Microsoft Excel format as \Publications\Reports\2007\Attach13A.xls and in Adobe PDF format as \Publications\Reports\2007\Attach13A.pdf. The files containing the supporting tables can also be found on the Review web page (www.pc.gov.au/gsp). Users without access to the CD-ROM or Internet can contact the Secretariat to obtain the supporting tables (see contact details on the inside front cover of the Report).

Table 13A.1	Users of Commonwealth State/Territory Disability Agreement (CSTDA) government and non-government provided services, by service type
Table 13A.2	Recipients of Disability Support Pension, Mobility Allowance, Carer Payment, Carer Allowance and Sickness Allowance ('000)
Table 13A.3	Real government direct service delivery expenditure, by service type (2005-06 dollars) (\$'000)
Table 13A.4	Government expenditure, by service type (per cent)
Table 13A.5	Government expenditure, by type (\$'000)
Table 13A.6	Total government expenditure, by source of funding (2005-06 dollars) (\$'000)
Table 13A.7	Government expenditure, by source of funding (per cent)
Table 13A.8	Real government direct service delivery and total expenditure adjusted for payroll tax (2005-06 dollars) (\$'000)
Table 13A.9	People aged 5–64 years with a disability, 2003
Table 13A.10	People aged 0–64 years with a profound or severe core activity limitation who received help as a proportion of those who needed help, 2003 (per cent)
Table 13A.11	Users of CSTDA accommodation support services, as a proportion of the total estimated potential population for accommodation support services
Table 13A.12	Users of CSTDA employment services, as a proportion of the total potential population for employment services
Table 13A.13	Users of CSTDA community access services, as a proportion of the total potential population for community access services
Table 13A.14	Users of CSTDA community support services, as a proportion of the total potential population for community support services
Table 13A.15	Users of CSTDA respite services, as a proportion of the total potential population for respite services
Table 13A.16	Users of CSTDA accommodation support services, by severity of core activity limitation
Table 13A.17	Users of CSTDA employment services, by severity of core activity limitation
Table 13A.18	Users of CSTDA community access services, by severity of core activity limitation

Table 13A.19	Users of CSTDA community support services, by severity of core activity limitation
Table 13A.20	Users of CSTDA respite services, by severity of core activity limitation
Table 13A.21	Users of CSTDA accommodation support services, by geographic location
Table 13A.22	Users of CSTDA employment services, by geographic location
Table 13A.23	Users of CSTDA accommodation support services, per 1000 people, by Indigenous status
Table 13A.24	Users of CSTDA employment services, per 1000 people, by Indigenous status
Table 13A.25	Users of CSTDA community access services, per 1000 people, by Indigenous status
Table 13A.26	Users of CSTDA community support services, per 1000 people, by Indigenous status
Table 13A.27	Users of CSTDA respite services, per 1000 people, by Indigenous status
Table 13A.28	Users of CSTDA accommodation support services, per 1000 people, by country of birth
Table 13A.29	Users of CSTDA employment services, per 1000 people, by country of birth
Table 13A.30	Users of CSTDA community accommodation and care services as a proportion of all accommodation support service users (per cent)
Table 13A.31	Real government expenditure per user of CSTDA accommodation support services (2004-05 dollars)
Table 13A.32	Service user data response rates for CSTDA funded accommodation support service type outlets (per cent), 2004–05
Table 13A.33	Australian Government funding per user of non-government provided employment services
Table 13A.34	Real Australian Government funding per user of non-government provided employment services (2004-05 dollars)
Table 13A.35	Total estimated expenditure per service user, State and Territory government administered programs, 2004-05
Table 13A.36	Government administration expenditure as a proportion of total expenditure on services (per cent)
Table 13A.37	Labour force participation and employment, 2005 (per cent)
Table 13A.38	Labour force participation and employment, 2003 (per cent)
Table 13A.39	Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2005 (per cent)
Table 13A.40	Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2003 (per cent)
Table 13A.41	Social participation, by disability status, 2004 (per cent)
Table 13A.42	Social activities participated in by people with a profound or severe core activity limitation, 2003 (per cent)
Table 13A.43	Participation in education and training, by disability status, 2005
Table 13A.44	Educational and training attainment, by disability status, 2005

13.8 References

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