
11 Services for people with a disability

Government aims to enhance the quality of life experienced by people with a disability. To achieve this aim, government funds and delivers a range of services through different programs. The focus of this chapter is on services provided under the Commonwealth/State Disability Agreement (CSDA) (excluding psychiatric disability services). These services are targeted at people younger than 65 years of age who have a severe or profound disability and who require ongoing support. The funding and delivery of CSDA services differ significantly across jurisdictions.

The performance indicators in this chapter primarily focus on accommodation support and employment services which account for approximately 70 per cent of total government expenditure on services provided under the CSDA. This Report expands the scope of reporting by including a new indicator focusing on access by people with a disability to some form of day activity. The purpose of this indicator is to identify the unmet need of those people aged 15–64 years with a severe or profound handicap who may be eligible for, but do not receive, some form of day activity under the CSDA.

There will be significant progress in the reporting of indicators of service quality for the 2000 Report. The Steering Committee in conjunction with the Disability Services Subcommittee has commissioned a survey of the satisfaction of clients of disability services. Currently in progress, the survey will provide information on client satisfaction with accommodation services, employment services, respite services, case management and direct client funding. It will also provide information on quality of life outcomes.

11.1 Profile of services for people with a disability

In addition to services provided under the CSDA, services specifically designed for people with a disability are provided under the Home and Community Care (HACC) program and Commonwealth Rehabilitation Service Australia. In addition, approximately 4 per cent of nursing home residents are younger people with a disability. HACC services are targeted at both the aged and younger people with a disability, but generally focus on younger people with a less severe disability than

those targeted under the CSDA; in general, persons eligible for services provided under the CSDA usually do not receive HACC services.

There are some difficulties in identifying the proportion of HACC clients who are aged and the proportion who are people with a disability who are under the age of 65 years. It is estimated that 30 per cent of all users of HACC services are younger people with a disability (DHFS 1997), but all HACC services are currently reported in the aged care chapter (see chapter 10).

Mainstream services provided to the community as a whole as well as to people with a disability — such as school education, acute hospital care, public housing and rent assistance — are also covered elsewhere in this Report. 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.

Family and friends meet most needs of people with a disability. Recognising the cost of providing such informal support, the Commonwealth Government provides income support to families, carers and people with a disability in the form of the Child Disability Allowance and Carer Payments. Expenditure on income support for people with a disability and their carers totalled \$5.6 billion in 1996-97 (DSS 1997).

Governments fund both government and non-government providers of services for people with a disability under the CSDA, Commonwealth Rehabilitation Service Australia and HACC programs. Total expenditure on these services was \$2.17 billion in 1997-98 including \$1.82 billion on services provided under the CSDA, \$108 million on Commonwealth Rehabilitation Service Australia and \$242 million on HACC services (estimated as 30 per cent of total HACC expenditure attributed to younger people with a disability).

Non-government service providers receive, in addition to government grants and input tax concessions from governments, funds from the private sector and the general public. Volunteers, for example, help provide a significant proportion of the services delivered by non-government organisations; an estimated 17.1 million hours of volunteer work (valued at \$230 million) was provided to people with a disability in 1994-95 (AIHW 1997a).

Disabilities in Australia

The Australian Bureau of Statistics conducts the Survey of Disability, Ageing and Carers every five years, and results of the 1998 survey will be available in 1999. The precision of survey estimates depends on the survey sample size and the sample estimate. Larger sample sizes result in higher precision, while smaller sample sizes

result in lower precision. Further, higher estimate proportions have more precision than that of lower estimate proportions. Consequently, caution should be used when interpreting small differences in results (see attachment 11A).

The 1993 survey found that almost half of all people that identified as having some form of disability (and who do not live in institutional care, hospitals or nursing/retirement homes) reported a need for help with one or more activity (box 11.1). There were 577 500 principal carers in that year (or 4.2 per cent of the total household population aged over 15 years), providing the majority of help with self care, mobility or verbal communication for a person with a disability (ABS 1993a).

Box 11.1 What is a disability?

The most widely accepted definition of disability is provided by the International Classification of Impairments, Disabilities and Handicaps from the World Health Organisation. The 1980 International Classification of Impairments, Disabilities and Handicaps provided a framework for disability described in three dimensions: impairment, disability and handicap. The 1993 ABS Survey of Disability, Ageing and Carers used this framework, which defined the three dimensions in the context of health experience as:

- *impairment* — any loss or abnormality of psychological, physiological or anatomical structure or function;
- *disability* — any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being; and
- *handicap* — a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex and cultural factors) for that individual.

The Australian Bureau of Statistics classifies handicaps as:

- *mild* — person requires no personal help or supervision and has no difficulty with day-to-day tasks, but may require an aid or have a mild mobility handicap;
- *moderate* — person requires no personal help or supervision but has difficulty in performing one or more tasks;
- *severe* — person sometimes requires personal help or supervision; and
- *profound* — person always requires personal help or supervision.

The World Health Organisation has proposed a new draft International Classification of Impairments, Disabilities and Handicaps (version 2) in which the three dimensions are defined in terms of impairment, activity and participation.

Sources: ABS (1993a); Madden and Hogan (1997).

Of the total Australian population aged 5–64 years in 1993, 10.7 per cent had some form of disability. People with a profound handicap (who always require personal help or supervision) accounted for 1.1 per cent of that age group and a further 1.5 per cent were persons with a severe handicap (who sometimes require personal help or supervision) (table 11.2).

Of all people in Australia aged over 5 years in 1993, the most common forms of handicap were mobility (11 per cent) and employment (9 per cent). Six per cent of people aged over 5 years had some form of handicap that affected self care (table 11.3).

It was not possible to determine the area of handicap for children younger than 5 years. Nationally 4.3 per cent of children in this age group had some form of handicap (table 11.4).

Table 11.5 People with a disability in the total population, 1993 (per cent)^a

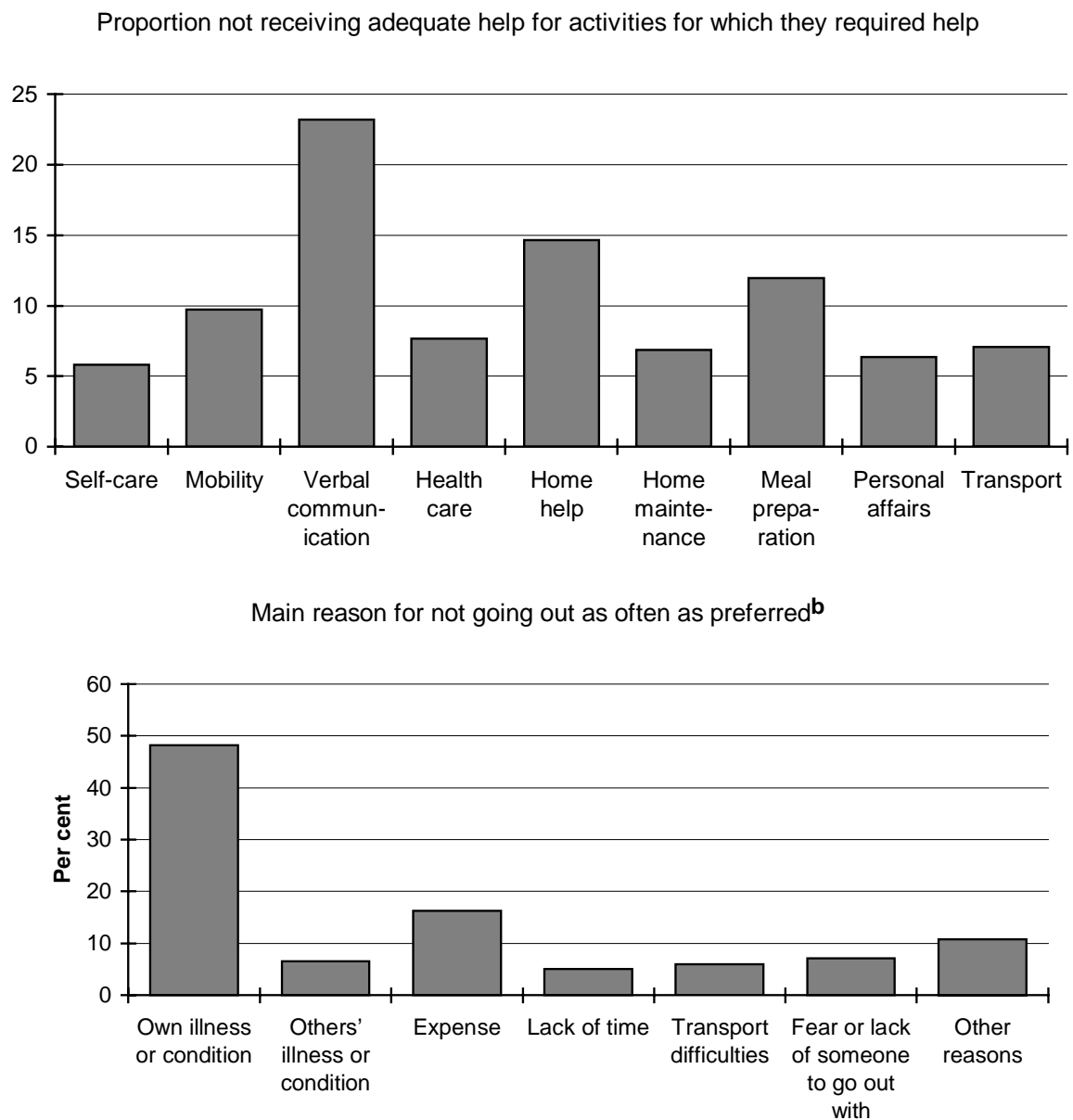
	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT^b</i>	<i>Aust</i>
<i>Proportion of the total population aged 5–64 years, by severity of handicap</i>									
Moderate to no handicap ^c	7.0	8.0	9.0	9.4	9.2	8.1	7.8	6.4	8.1
Severe handicap	1.3	1.5	1.8	1.5	1.4	1.4	1.7	1.4	1.5
Profound handicap	1.1	1.0	1.1	1.0	1.2	1.2	1.1	0.5	1.1
<i>Proportion of the total population aged 5 years and over, by area of handicap^d</i>									
Self care	5.6	5.9	5.9	6.3	7.8	6.9	5.6	3.3	6.0
Mobility	10.7	11.3	10.7	10.6	13.6	11.6	8.7	7.4	11.0
Communication	2.9	3.2	2.6	2.7	3.2	2.9	2.4	1.3	2.9
Schooling	0.9	0.9	1.0	1.2	1.1	1.0	1.4	0.3	1.0
Employment	8.4	9.0	9.6	9.0	11.0	10.5	7.1	6.0	9.0
<i>Persons younger than 5 years of age with a handicap as a proportion of total persons in that age group</i>									
	3.9	4.6	4.5	4.9	4.4	5.7	4.0	3.5	4.3

^a Estimates for jurisdictions with smaller populations should be interpreted with caution because sample sizes were small. Caution should be used where there are small differences in the results, which are affected by sample and estimate size, (see attachment 11A). ^b Data for the NT exclude remote areas. ^c 'Moderate to no handicap' includes moderate handicap, mild handicap, disability with no handicap and undetermined handicap. ^d Persons may have more than one area of handicap.

Sources: tables 11A.1 and 11A.2.

Not all people of all ages with a disability who desire assistance receive it, either privately or from government. Of all people with a disability living in households in 1993, 6 per cent who expressed a need for help with self care were not receiving help from either formal or informal sources. This was also the case for 15 per cent who expressed a need for home help and 13 per cent who expressed a need for help with meal preparation (figure 11.1).

Figure 11.2 People with a disability—all ages living in households, 1993^a



^a Caution should be used where there are small differences in the results, which are affected by sample and estimate size (see attachment 11A). ^b People who said they did not go out were not asked whether they went out as often as preferred.

Data sources: tables 11A.3 and 11A.4.

A primary objective for government services for people with a disability is to enhance clients' quality of life (box 11.2). Government seeks to advance the rights and wellbeing of people with a disability by helping them to live as valued and participating members of the community. The Survey of Disability, Ageing and Carers collected some information on quality of life; for example, of those people with a disability living in households in 1993, 23 per cent did not go out as often as

they preferred (ABS 1993b). The main reason was their own illness or condition, which accounted for 48 per cent of cases (other significant reasons included the expense and fear or lack of someone to go out with) (figure 11.3).

Support for people with a disability

Roles and responsibilities

The CSDA was designed to address considerable overlaps and gaps in the services provided by Commonwealth and State and Territory Governments. Its broad aims are to:

- establish a national framework to underpin the provision of specialist disability services across Australia;
- outline the respective and collective roles and responsibilities of the Commonwealth and the States and Territories in funding, policy setting, planning and management of specialist disability services; and
- provide for the Commonwealth and the States and Territories to contribute funds under the agreement, and identify factors affecting the need for funds now and in future years (CSDA 1998).

There are a number of services under the auspice of the CSDA. Employment services are the administrative responsibility of the Commonwealth Government, and the State and Territory Governments are responsible for administering accommodation services, community support and access, and respite services. Both tiers of government jointly administer other services such as advocacy and research and development (box 11.3).

Box 11.4 Services included in the CSDA

The CSDA is a funding agreement that provides a framework for administering services for people with a disability.

Services administered by the Commonwealth Government

- *Open employment services* give people with a disability support from service outlets. Consumers are directly employed by another organisation not funded under the *Disability Services Act 1986*.
- *Supported employment services* provide employment support for the employees of the services' commercial operations. They employ both people being supported and support workers who provide on-the-job support.

Services administered by State and Territory Governments^a

- *Accommodation support services* provide people with a disability with accommodation (group homes, hostels, large institutions) and support to maintain accommodation (attendant care and in-home support).
- *Community access services* help people with a disability to develop or maintain the personal skills and self confidence necessary to enhance their independence and self reliance in the community.
- *Respite care services* relieve or support (for limited periods) people with a disability living in the community, and their families and carers.
- *Community support* helps people with a disability to integrate and participate in the community. It includes information/referral services, recreation and holiday programs, case management, brokerage, counselling, early intervention therapy, print disability services, mutual support/self help groups and other therapy services.

Services for which administration is shared

- *Advocacy services* enable people with a disability to increase their control over their lives by representing their interests and views in the community.
- *Research and development*.

^a A small number of community access, respite and community support services, such as print disability services, are also provided by the Commonwealth for historical reasons.

The CSDA was re-negotiated in 1998 and includes two elements. The first element renews the multilateral funding agreement between the Commonwealth and the State and Territory Governments. The second element provides a framework for these Governments to enter into bilateral agreements as 'a means of addressing strategic disability issues' relevant to a single State or Territory (DHFS 1998).

There were over 63 000 services provided to clients under the CSDA on the snapshot day (a single day of data collection) in 1997. The proportion of services provided by non-government organisations varied across jurisdictions. The

Commonwealth Government did not directly provide services; most Commonwealth services were purchased from non-government organisations (table 11.6).

Table 11.7 **Clients of government and non-government CSDA services, 1997 (number)^a**

	NSW	Vic ^b	Qld	WA ^b	SA	Tas	ACT	NT	Aust
<i>State and Territory responsibility</i>									
Government	6 181	5 292	1 499	2 632	1 528	353	205	0	17 690
Non-government	6 532	9 924	4 581	2 335	2 388	992	271	252	27 287
Not stated	0	305	0	32	10	0	13	2	362
Total^c	12 713	15 521	6 080	4 999	3 926	1 345	489	254	45 339
<i>Commonwealth responsibility</i>									
Government ^d	221	90	24	10	0	0	8	15	368
Non-government	5 803	3 991	2 626	2 037	2 070	584	254	93	17 458
Not stated				14					14
Total	6 024	4 081	2 650	2 061	2 070	584	262	108	17 840

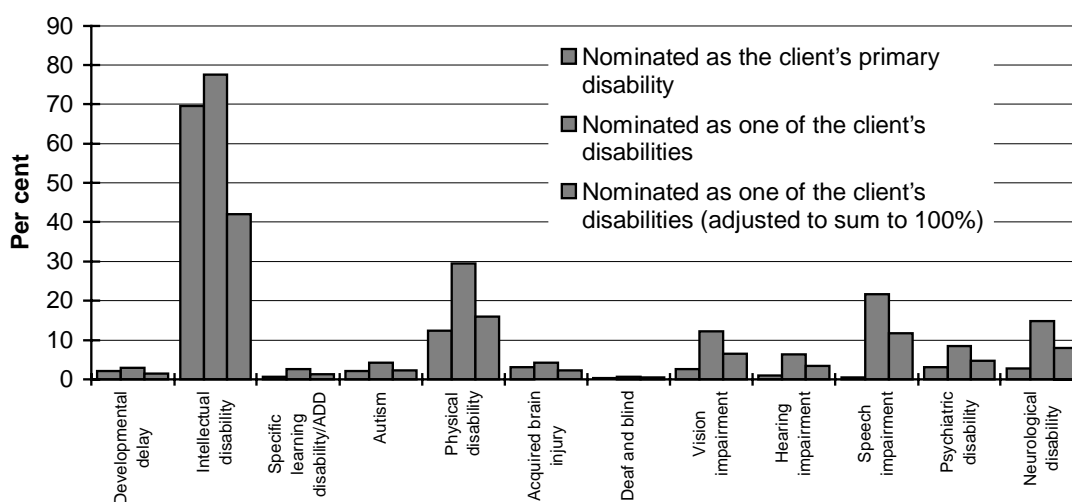
^a An individual may be counted more than once if more than one service type was accessed on the 'snapshot' day. The CSDA minimum data set 'snapshot day' is the basis for information about people receiving a service from a service provider. ^b Client numbers for accommodation support services in Victoria and WA were collected over a 12 month period. ^c Excludes data for recipients of CSDA funded psychiatric services and data that were not collected for recipients of some CSDA funded community support services. ^d Includes State/Territory and local government delivered employment services.

Source: table 11A.5.

Historically, people with an intellectual disability were the primary recipients of the services provided under the auspice of the CSDA. Intellectual disability was nominated as the primary disability for 69 per cent of all people with a disability who received CSDA funded services in 1997; physical disability was nominated as the primary disability for 12 per cent of recipients (figure 11.4).

Many CSDA clients with intellectual disabilities also had a range of other associated disabilities. When people with multiple disabilities were considered, physical disabilities, speech impairments, neurological disabilities and vision impairments accounted for a higher proportion of disability than was evident than when considering just primary disability. When recipients with multiple disabilities were adjusted to sum to 100 per cent, only 42 per cent of all disabilities were intellectual disabilities (figure 11.5). More detailed information by jurisdiction is provided in attachment 11A.

Figure 11.6 Total recipients of CSDA funded services, by disability type, 1997^a



^a The Health Department of WA provides services to people with a psychiatric disabilities which have not been counted in the CSDA minimum data set collection. ^b Individuals may have more than one disability type.

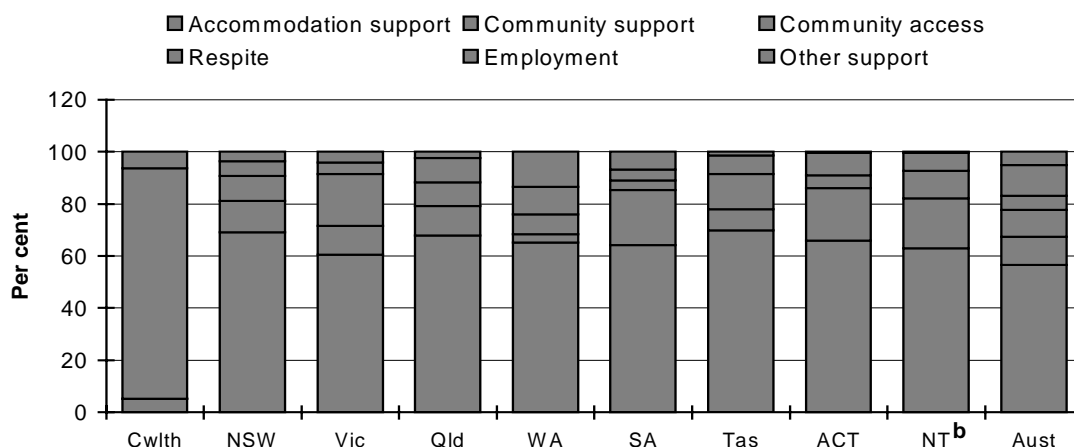
Data sources: tables 11A.6, 11A.7 and 11A.8.

Funding arrangements

The total expenditure on CSDA services was \$1.82 billion in 1997-98 — a real increase of 5.7 per cent from the level in 1996-97. Approximately 70 per cent (\$1.27 billion) of all CSDA funding came from State and Territory Governments. The Commonwealth Government provided the remaining funding (30 per cent) which included \$317 million in transfer payments to States and Territories.

State and Territory Government expenditure under the CSDA was \$1.57 billion in 1997-98 (including transfer payments from the Commonwealth Government). The main areas of State and Territory Government expenditure under the CSDA were accommodation support services (62 per cent of total direct service delivery expenditure), community support (11 per cent) and community access (11 per cent). In addition to transfer payments to State and Territory Governments, the Commonwealth Government spent \$202 million on employment services for people with a disability (figure 11.7).

Figure 11.8 Nominal government expenditure under the CSDA, by service type, 1997-98^a



^a Related only to services for which a jurisdiction had direct responsibility. ^b NT funded grants received 5 quarter payments in 1997-98, (instead of 4 quarters) because of advance first quarter payments for 1998-99. *Data source: table 11A.9.*

In recent years, government has tended to increase funding for community based services, partly as a substitute for government operated, intensive institutionalised care. To increase the overall level and range of services available for people staying in the community, programs have been developed that provide funding to clients (for example in WA), or service providers on behalf of clients, who then choose their service provider. These programs allow clients to choose a customised bundle of services which can better reflect individual needs (box 11.5).

11.2 Framework of performance indicators

The framework of performance indicators in this chapter is based on shared government objectives for services to people with a disability (box 11.6).

Box 11.7 Objectives for government services for people with a disability

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.

Box 11.8 Consumer funding and choice in disability services

Government support can be broadly categorised into standardised services — services available in the same form to all clients — and individualised services — services that a provider can tailor in a package form to meet a client's needs.

One method of providing individualised services is to provide funding to clients who then choose their service provider/s. Funding can be linked to clients in a number of ways, such as: allocating the right to a certain amount of services to consumers who choose a service provider (who then bills the government); reimbursing consumers for expenditure on certain goods and services; or providing consumers with funds to purchase disability services.

Each jurisdiction has developed programs using these various approaches; a client can choose from a number of services available under each program. One example from each jurisdiction is highlighted below.

New South Wales — Post School Options

Under this program, the State Government funds primarily not-for-profit organisations to establish individually designed programs which support young people who have a disability, helping them make the transition from school to community living and pre-vocational activities.

Victoria — Making a Difference

This program provides case managed, flexible support packages, with a discretionary fund for the purchase of services and supports that are not otherwise available. It is aimed at families with children aged under 18 years and adults aged over 18 years in every region across the State.

Queensland — Moving Ahead

This post-school services program is designed to provide services and support to enable special school leavers with disabilities, who have high and complex support needs, to make a successful transition to adult options.

Western Australia — Local Area Coordination

This program places local area coordinators into areas where people with disabilities live, to help those people receive services and achieve independent living. The scheme provides limited case management (to allow clients to make their own choices) and individualised direct funding (to allow clients to purchase services directly).

South Australia — Options Coordination

This program, involving tied funding through brokerage, provides a single entry point to the service system for individuals with disabilities, with the aim of ensuring consistent determination of eligibility, assessment of need and allocation of resources for the purchase of various services.

(Continued on next page)

Box 11.9 (Continued)

Tasmania — Personal Support Program

This program allocates a certain level (in terms of hours) of personal care services to clients. Clients are able to select the service provider.

Australian Capital Territory — Individual Support Packages

These packages are funded by the Territory Government and provided by not-for-profit agencies. ACT legislation only allows the department to fund not-for-profit providers, but these agencies are able to 'subcontract' to other providers.

Northern Territory — Care Coordination

Services under this program have been modelled on local area coordination in WA with some modification for local factors. The focus is on clients with complex care needs, particularly those with 'challenging behaviour'.

Source: SCRCSSP (1998a).

Governments, in working towards the above objective, aim to:

- provide access to specialist government funded or provided disability services on the basis of relative need and available resources;
- promote access to general community services and facilities;
- fund or provide quality services in an efficient and effective way, and be accountable to those using or funding services;
- ensure that clients and carers are consulted about the type and mix of services made available to meet their individual needs and goals; and
- promote the rights of people with a disability as members of the community, and empower them to exercise these rights.

The aim of the framework is to provide information on the efficiency and effectiveness of government services for people with a disability. Efficiency indicators report on unit cost and administrative efficiency. Effectiveness indicators focus on outcomes, service quality and access to services (figure 11.9).

Indicators for participation in other service areas by people with a disability are included in the performance indicator frameworks for those service areas. Currently, participation is reported in vocational education and training (see chapter 3), children's services (see chapter 12) and housing (see chapter 14).

Figure 11.10 **Performance indicators for disability services**

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11.3 Future directions

Measuring quality in disability services

A survey is being undertaken to provide information on the satisfaction of clients of disability services, by jurisdiction. A two stage approach to conducting the satisfaction survey (of both clients with a disability and their family members or nominated representatives) has been adopted.

The first stage — conducted in May 1998 — was a review of previous approaches and the development of options for collecting data for jurisdictional comparisons of disability services in Australia. The second stage — currently in progress — is the conduct of the satisfaction survey.

The review recommended the use of an established survey instrument — the Core Indicators Project—as a base on which to build the satisfaction survey. The Core Indicators Project is an attempt to create common performance indicators across 15 or more states in the United States. Conducted by the National Association of State Directors of Developmental Disability Services and the Human Services Research Institute, the project has produced some performance indicators which include some elements of client satisfaction and quality of life (E-Qual 1998).

The survey will provide information on client satisfaction with accommodation services, employment services, respite services and community support services (such as case management and direct client funding). The survey will also provide information on quality of life (such as the level of contact with, and access to, the community, and whether the person can exercise their rights and make choices). The results of the survey are expected to be completed for the 2000 Report.

Most jurisdictions are also working on methods to implement quality assurance monitoring of their disability services programs to ensure compliance with national standards. These methods may provide some quantitative information in the future.

Improving coverage

Significant gaps remain in the coverage of CSDA funded services to people with a disability. The feasibility of expanding the scope of reporting to cover other areas of the CSDA, such as services provided under community support and community access, is being considered for future Reports. The majority of data on clients of CSDA services is sourced from the CSDA Minimum data set which involves a single day of data collection ('a snapshot day'). This provides estimates of the number of services provided to clients on an average day. However, in most jurisdictions it is not possible to identify how many clients receive multiple services from different providers on that day, nor is it possible to determine the period for which a client receives a service. As a result, this data collection does not yet provide robust estimates of the number of people receiving services on that day or over the year.

A statistical link key is being trialed in four jurisdictions for the 1998 CSDA minimum data set collection; if successful, it will help identify the number of clients accessing more than one service. It may also allow the identification of the total number of clients accessing more than one service from both CSDA and HACC once a similar link key is trialed on the HACC minimum data set. This will provide some scope for capturing the efficiency and effectiveness of the significant areas of total government expenditure on disability services (other than accommodation and employment services under the CSDA) in future Reports.

Improving the treatment of superannuation

Next year's data collection will treat superannuation costs of government providers more consistently, in line with the Steering Committee's recommendations in *Superannuation in the Costing of Government Services* (SCRCSSP 1998b). This should improve the comparability and accuracy of cost information in future Reports.

11.4 Key performance indicator results

The sources of data for performance indicators are the 1997 CSDA minimum data set collection, the 1993 Survey of Disability, Ageing and Carers, and the Commonwealth, State and Territory Governments. Data sourced from the CSDA minimum data set on the number of clients or places provided in each jurisdiction may differ from information reported in annual reports, because the collection involved a single snapshot day.

The 1993 survey is the most recent survey of people with a disability; information from the 1998 Survey of Disability, Ageing and Carers was not available for this Report but is likely to be available for the 2000 Report.

Community participation outcomes

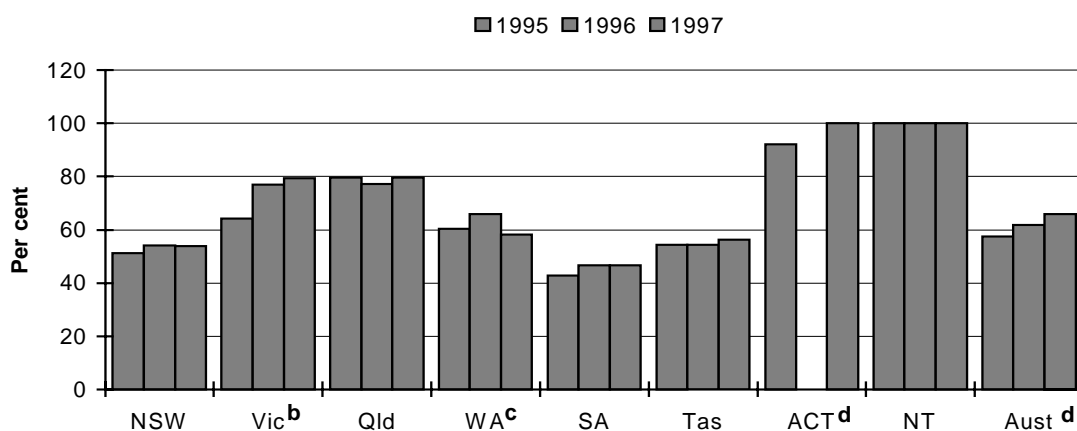
Three indicators of community participation are outlined in the framework: accommodation clients receiving community based accommodation care or support; labour force participation and employment of people with a disability; and the level of social participation of people with a disability. There is no comparable data available on the level of social participation of people with a disability, although the survey of client satisfaction may provide some information for the 2000 Report.

Proportion of accommodation clients receiving community based care or support

State and Territory Governments have sought to increase the provision of accommodation support services for people with a disability outside institutional settings. This process is aimed at meeting the government objective of assisting people with a disability to live as valued and participating members of the community. Community based accommodation care and support are considered to provide generally better opportunities for people with a disability.

Nationally 66 per cent of accommodation clients had community based accommodation or 'in-home' support in 1997, rising from 57 per cent in 1995. The ACT and the NT had the highest proportion of accommodation clients receiving community based care or support (100 per cent) in 1997 and SA had the lowest (47 per cent), although it had increased from 43 per cent in 1995 (figure 11.11).

Figure 11.12 Accommodation clients receiving community based care or support^a



^a 'Community based care or support' includes group homes, attendant care, outreach/other 'in-home'/drop-in support, alternative family placement and other accommodation. An individual may have been counted more than once if they accessed more than one service type on the 'snapshot' day. Data exclude psychiatric services. ^b Client numbers for accommodation support services in Victoria were collected over a 12 month period. ^c 1996 data for recipients of CSDA services funded by WA cover a 12 month period and have been adjusted for multiple use of services. ^d 1996 CSDA minimum data set excludes ACT data.

Data source: table 11A.11.

Labour force participation of people with a disability

No new data were available for labour force participation and employment rates for people with a disability. The source of data is the 1993 Survey of Disability, Ageing and Carers; for results of the 1993 survey, see table 11A.12 and the 1998 Report. New data should be available in 1999 from the 1998 survey.

Service quality

This Report contains no information on the quality of services provided to people with a disability. However, indicators of service quality are likely to be reported in the 2000 Report. The client satisfaction survey will provide information on quality of life outcomes, and on client satisfaction with accommodation services, employment services, respite services, and options and service coordination.

Access to services

Indicators of access include access to accommodation support and employment services, access to day activities (including both employment services and community support day activities), access to accommodation support and

employment services (by severity of disability), and access to disability services by people with special access difficulties (such as indigenous people and people from non-English speaking backgrounds). To address the issue of access to CSDA funded services, a study has been conducted on the level of unmet demand for accommodation support and respite services and day programs (box **11.10**).

Accommodation and in-home support

The proportion of the estimated 'potential population' using accommodation support services is one indicator of access. The 'potential population' is the population with 'the potential to require disability support services', not the population needing services. This includes all people younger than 65 years with a severe or profound handicap (Black, Maples, Wen and Madden 1998).

Box 11.11 Demand for disability support services in Australia

The Disability Services Subcommittee^a commissioned the Australian Institute of Health and Welfare to conduct a study into the unmet demand and growth factors for services funded under the CSDA. In particular, the study provided estimates of:

- the level of current unmet demand for accommodation and support, respite and day programs;
- the total cost to government of meeting this unmet demand; and
- the projected growth in demand for specialist disability services arising from demographic changes over the next five years.

The estimated unmet demand for accommodation support and respite services was 13 400 people in 1996 (that is, people who were living in households who reported an unmet need for formal help with self care, mobility or verbal communication, having unsuccessfully attempted to obtain assistance). The total estimated cost to government of meeting this unmet demand for accommodation, accommodation support and respite services was \$178.3 million (based on a \$50 000 per group home place per year and \$25 per hour per client for in-home accommodation support or respite services).

The estimated unmet demand for day programs was 12 000 people in 1996 (that is, people who always needed assistance with self care, mobility or verbal communication, and who were 'permanently unable to work', not studying, prevented from going out due to their illness or condition, and not receiving day programs under the CSDA). The total estimated cost to government of meeting this unmet demand for day programs was \$115.5 million (based on a \$6000 per low support needs client per year; \$12 000 per medium support needs client per year; and \$18 000 per high support needs client per year).

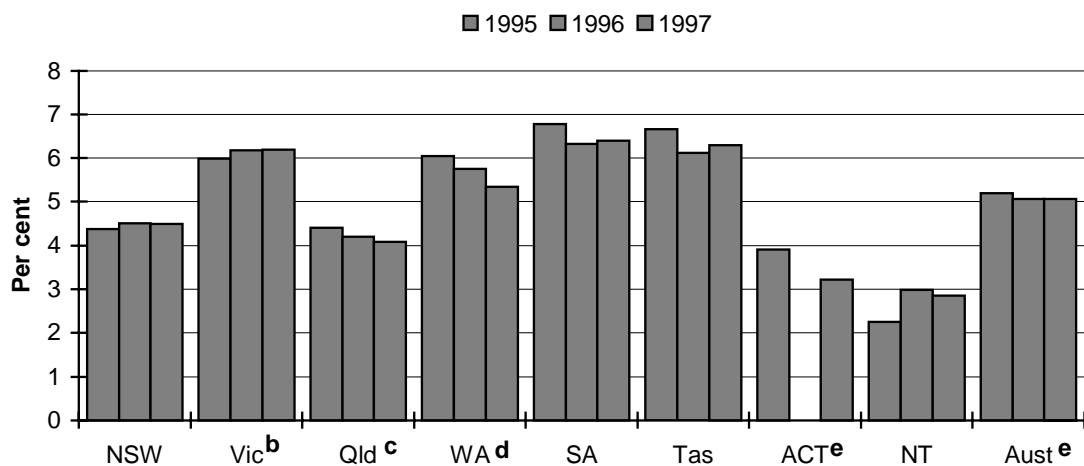
The study concluded that the total number of Australians with a severe or profound handicap was projected to increase by 13.7 per cent (109 200 people) over the next six years — primarily as a result of population ageing — and add to the demand for disability services.

^a A subcommittee of the Standing Committee of Community Services and Income Security Administrators.

Source: AIHW (1997b).

Nationally 5.1 per cent of the estimated potential population were using accommodation support services in 1997. Across jurisdictions, this proportion was highest in SA (6.4 per cent) and Tasmania (6.3 per cent) and lowest in the NT (2.9 per cent) (figure 11.13).

Figure 11.14 Proportion of the estimated potential population using accommodation support services^a



^a An individual may be counted more than once if they accessed more than one service type on the 'snapshot' day. Data exclude psychiatric services. Data were adjusted to account for the assumption of differing disability rates among the indigenous population across jurisdictions. ^b Client numbers for accommodation support services in Victoria were collected over a 12 month period. ^c 1996 data on the Intellectual Disability Service funded by Queensland were collected over a fortnight. ^d 1996 data for recipients of CSDA services funded by WA cover a 12 month period and have been adjusted for multiple use of services. ^e 1996 CSDA minimum data set excludes ACT data.

Data source: table 11A.13.

Employment services

Employment services were the sole responsibility of the Commonwealth Government under the CSDA, and it purchased most services from non-government providers.

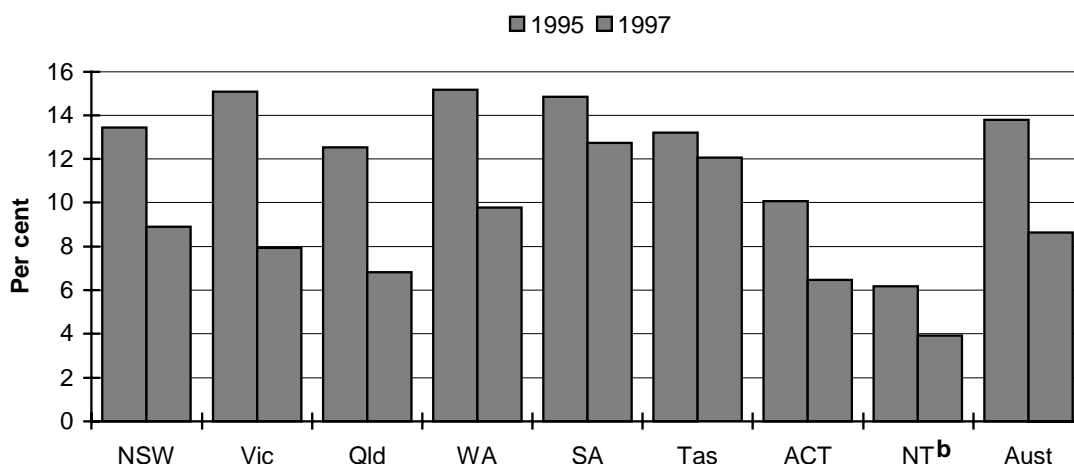
The 'potential labour force' differs from the 'potential population' by excluding people younger than 15 years and scaling the denominator for the variation in the labour force participation rate across jurisdictions (Black, Maples, Wen and Madden 1998). Nationally 8.6 per cent of the potential labour force were using employment services in 1997 — a decrease from 13.8 per cent in 1995.

Across jurisdictions, SA had the highest proportion of the estimated potential population using employment services (12.8 per cent) and the NT had the lowest (3.9 per cent). The proportion fell in all jurisdictions from 1995 to 1997; the

proportion fell from 15.1 per cent to 7.9 per cent in Victoria and from 13.2 per cent to 12.1 per cent in Tasmania (figure 11.15).

‘Snapshot’ data should be interpreted with caution particularly for year on year comparisons because the count of service recipients occurs only one day of the year. The ‘snapshot’ day may not represent an average day.

Figure 11.16 **Proportion of the estimated potential population using employment services^a**



^a An individual may be counted more than once if they accessed more than one service type on the ‘snapshot’ day. The use of a ‘snapshot’ day means that counts apply to one point in time and as a consequence a ‘snapshot’ day may differ from an average day. Data exclude psychiatric services. Data were adjusted to account for the assumption of differing disability rates among the indigenous population across jurisdictions. ^b NT data should be interpreted with caution because only 67 per cent of NT service providers responded to the 1995 CSDA minimum data set collection.

Data source: table 11A.14.

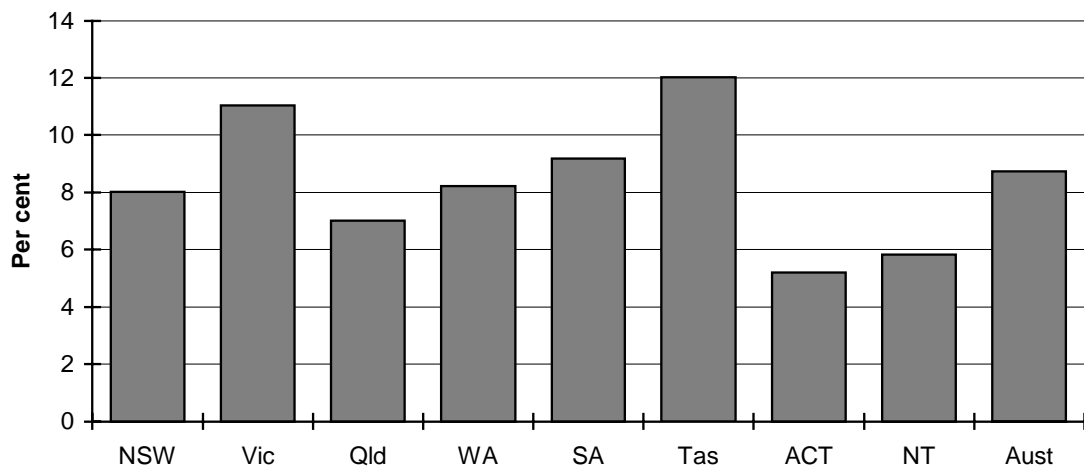
Day activities

A newly reported indicator of access is the proportion of people aged 15–64 years with a severe or profound handicap who received either a Commonwealth open employment place, a Commonwealth supported employment place, or a State or Territory day program place. The purpose of this indicator is to identify the potential unmet need of this target group who may be eligible for, but do not receive, some form of day activity under the CSDA.

Nationally 28 707 people with a severe or profound handicap aged 15–64 years (or 9 per cent) received either an employment place or a day activity in 1997 on the snapshot day. Across jurisdictions, Tasmania had the highest proportion of

recipients (12 per cent) on the snapshot day, and the ACT had the lowest (5 per cent) (figure 11.17).

Figure 11.18 **People with a severe or profound handicap aged 15– 64 years who received an employment place or day activity place, 1997**



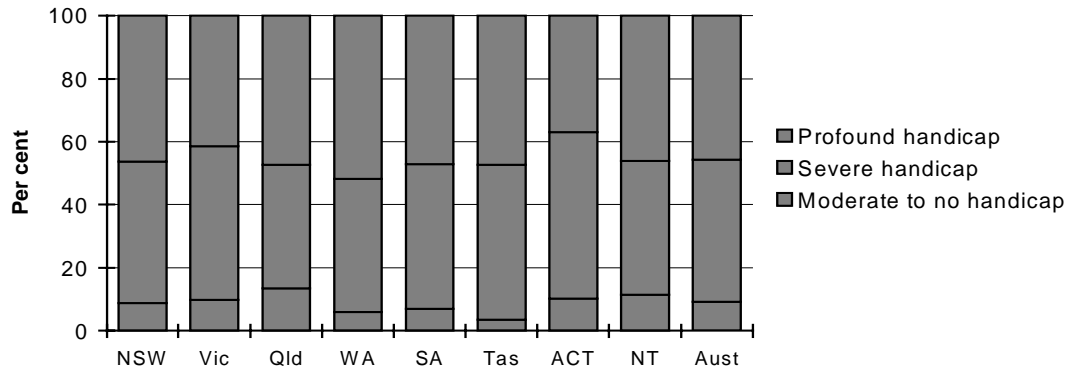
Data source: table 11A.15.

Service use, by severity of disability

Services provided under the CSDA are allocated to clients on the basis of relative need. This depends on their level of support needs (including severity of disability), their access to other formal and informal help, and their financial status. Two indicators of access to services are the level of use of accommodation services and the level of use of employment services by severity of disability (that is, moderate to no handicap, severe handicap or profound handicap).

Nationally 9 per cent of clients of accommodation services had a moderate to no handicap in 1997, 45 per cent had a severe handicap and 46 per cent had a profound handicap. Tasmania had the lowest proportion of clients with a moderate to no handicap (4 per cent) and Queensland had the highest (13 per cent). The highest proportion of clients with a profound handicap (that is, a person who always requires help or supervision) was in WA (52 per cent of accommodation clients) and the lowest was in the ACT (37 per cent of accommodation clients) (figure 11.19).

Figure 11.20 Users of accommodation services, by severity of disability, 1997^a

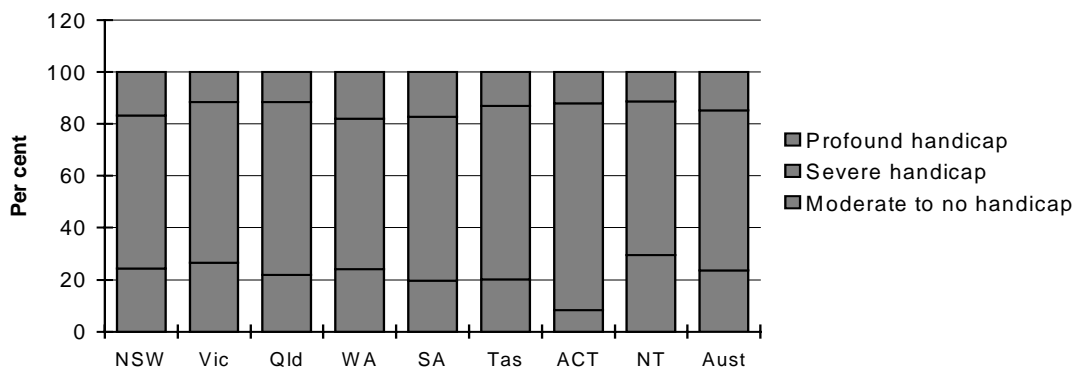


^a An individual may be counted more than once if they accessed more than one service type on the 'snapshot' day. Data exclude psychiatric services.

Data source: table 11A.16.

The proportion of employment service clients with a profound handicap was highest in WA (18 per cent) in 1997 and lowest in the NT (11 per cent). Nationally 15 per cent of clients of employment services had a profound handicap, 62 per cent had a severe handicap and 24 per cent had a moderate to no handicap. Across jurisdictions, the ACT had the lowest proportion of employment service clients with a moderate to no handicap (8 per cent) and the NT had the highest (30 per cent) (figure 11.21).

Figure 11.22 Users of employment services, by severity of disability, 1997^a



^a An individual may be counted more than once if they accessed more than one service type on the 'snapshot' day.

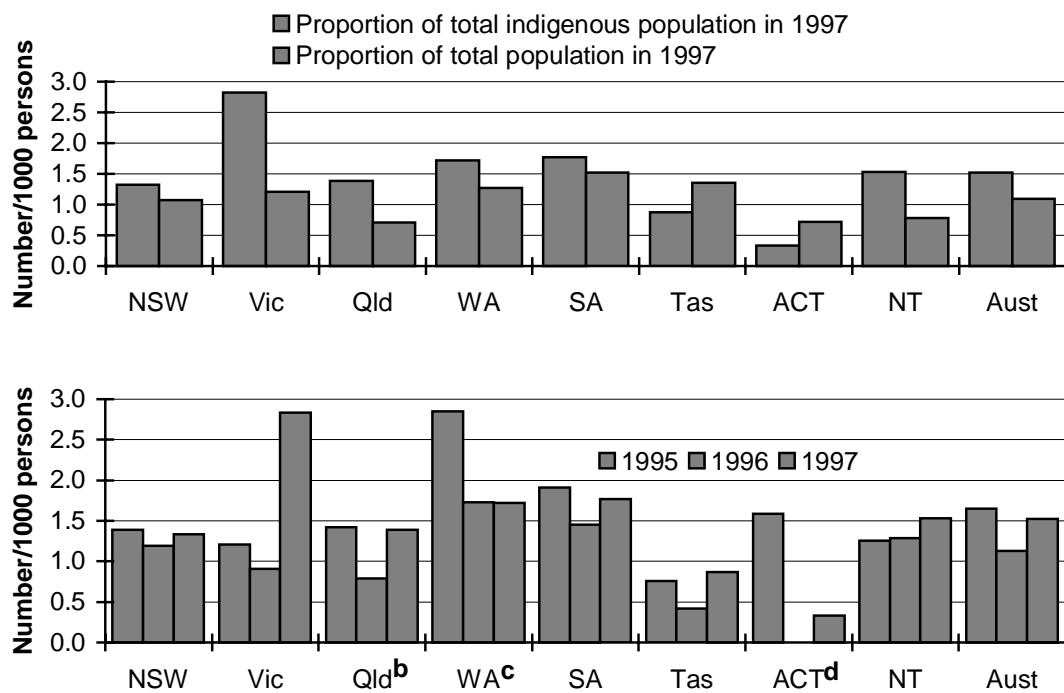
Data source: table 11A.17.

Access by special needs groups

An important indicator of access is the comparison between the proportion of all people with a disability who access services and the proportion of people from indigenous or non-English speaking backgrounds who access services. This information is only published for accommodation support and employment services.

In 1997, a higher proportion of the indigenous population used accommodation support services than that used by the general population in all jurisdictions except Tasmania and the ACT. The proportion of the indigenous population using accommodation support services increased by 1.6 per 1000 indigenous people in Victoria and decreased by 1.3 per 1000 indigenous people in the ACT from 1995 to 1997 (figure 11.23).

Figure 11.24 Indigenous people using accommodation support services^a



^a An individual may be counted more than once if they accessed more than one service type on the 'snapshot' day. For the purpose of comparing use by the general population with use by indigenous people, the general users exclude recipients whose indigenous origin was 'not known' or 'not stated'. Data exclude psychiatric services. ^b 1996 data for Intellectual Disability Service funded by Queensland cover a fortnight. ^c 1996 data for recipients of CSDA services funded by WA cover a 12 month period and have been adjusted for multiple use of services. ^d 1996 CSDA minimum data set excludes ACT data.

Data source: table 11A.18.

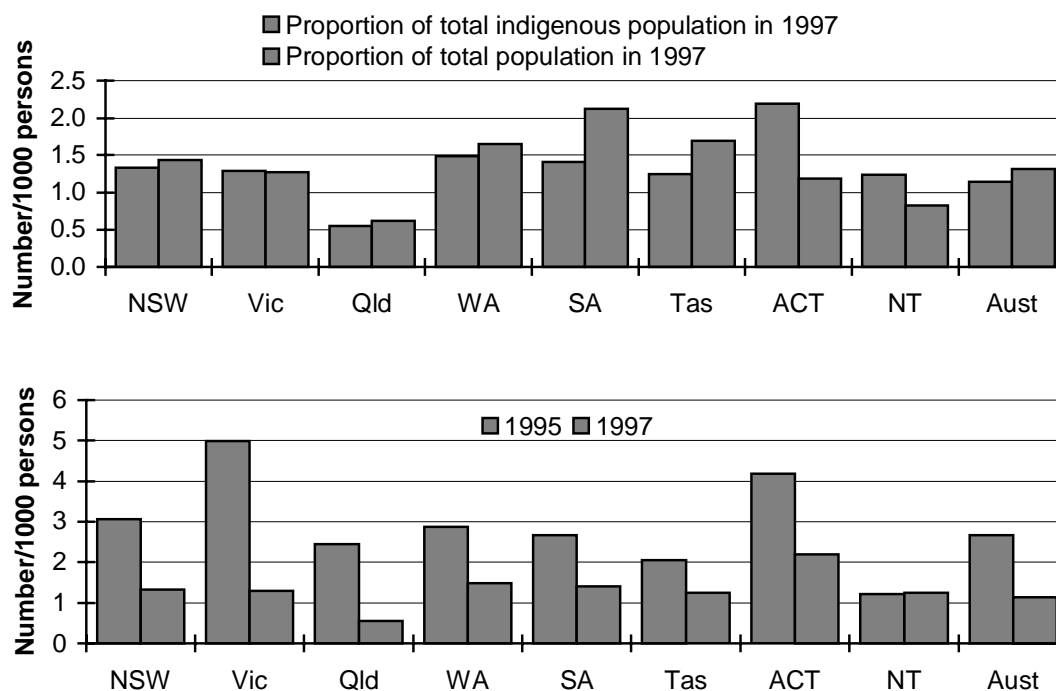
The proportion of the indigenous population using employment services was less than the proportion of the general population using employment services in all

jurisdictions except Victoria, the ACT and the NT in 1997. The largest difference was in the ACT where the number of the indigenous population using employment services was higher than that of the general population using employment services (figure 11.25).

Indigenous people using employment services decreased by 1.5 persons per 1000 indigenous people from 1995 to 1997. Across jurisdictions, Victoria experienced the largest decrease in this proportion from 1995 to 1997, although the proportion of indigenous people using employment services in that State was still higher than the national average in 1997 (figure 11.26).

‘Snapshot’ data should be interpreted with caution particularly for year on year comparisons because the count of service recipients occurs only one day of the year. The ‘snapshot’ day may not represent an average day.

Figure 11.27 Indigenous people using employment services^a



^a An individual may be counted more than once if they accessed more than one service type on the ‘snapshot’ day. The use of a ‘snapshot’ day means that counts apply to one point in time and as a consequence a ‘snapshot’ day may differ from an average day. For the purpose of comparing use by the general population with use by indigenous people, the general users exclude recipients whose indigenous origin was ‘not known’ or ‘not stated’.

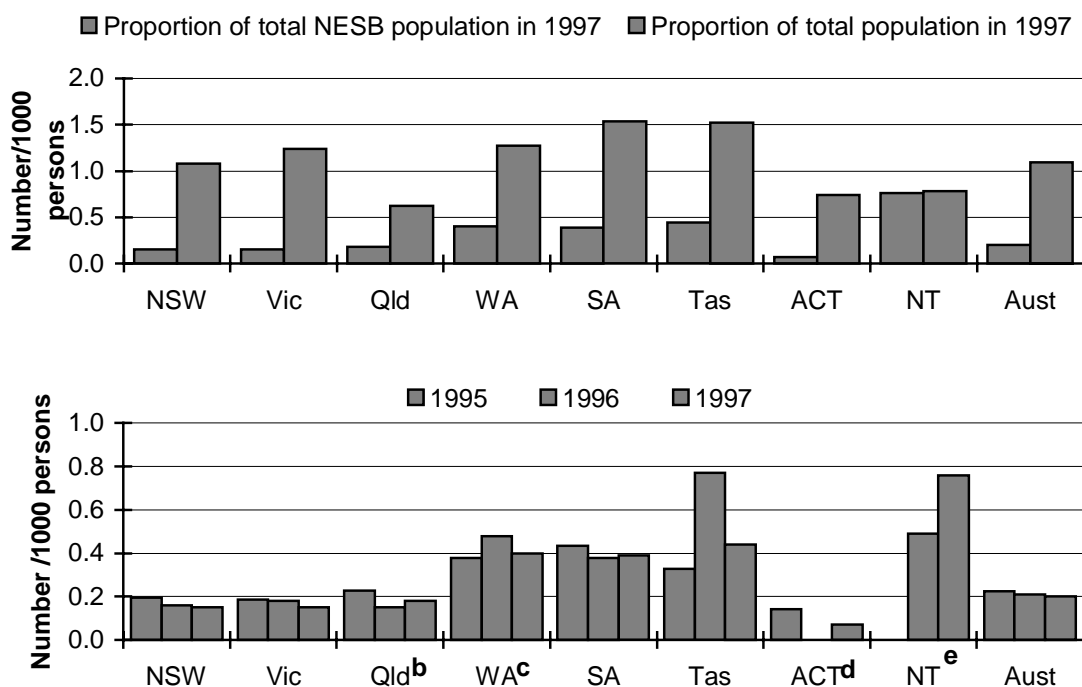
Data source: table 11A.18.

The proportion of people from non-English speaking backgrounds using accommodation support services was lower than the proportion of the general

population for all jurisdictions except the NT in 1997. The largest difference was in Victoria and SA, and the smallest difference was in the NT (figure 11.28).

Nationally, there was little change in the proportion of people from non-English speaking backgrounds who used accommodation support services from 1995 to 1997. In 1997, the NT had the highest proportion of people from non-English speaking backgrounds who used accommodation support services (0.8 per 1000 people from non-English speaking backgrounds) and the ACT had the lowest (0.1 per 1000 people from non-English speaking backgrounds) (figure 11.29).

Figure 11.30 **People from non-English speaking backgrounds using accommodation support services^a**



^a An individual may be counted more than once if they accessed more than one service type on the 'snapshot' day. For the purpose of comparing use by the general population with use by people from non-English speaking backgrounds, the general users exclude recipients whose non-English speaking origin was 'not known' or 'not stated'. Data exclude psychiatric services. ^b 1996 data for the Intellectual Disability Service funded by Queensland cover a fortnight. ^c 1996 data for recipients of CSDA services funded by WA cover a 12 month period and have been adjusted for multiple use of services. ^d 1996 CSDA minimum data set excludes ACT data. ^e 1996 NT data was zero.

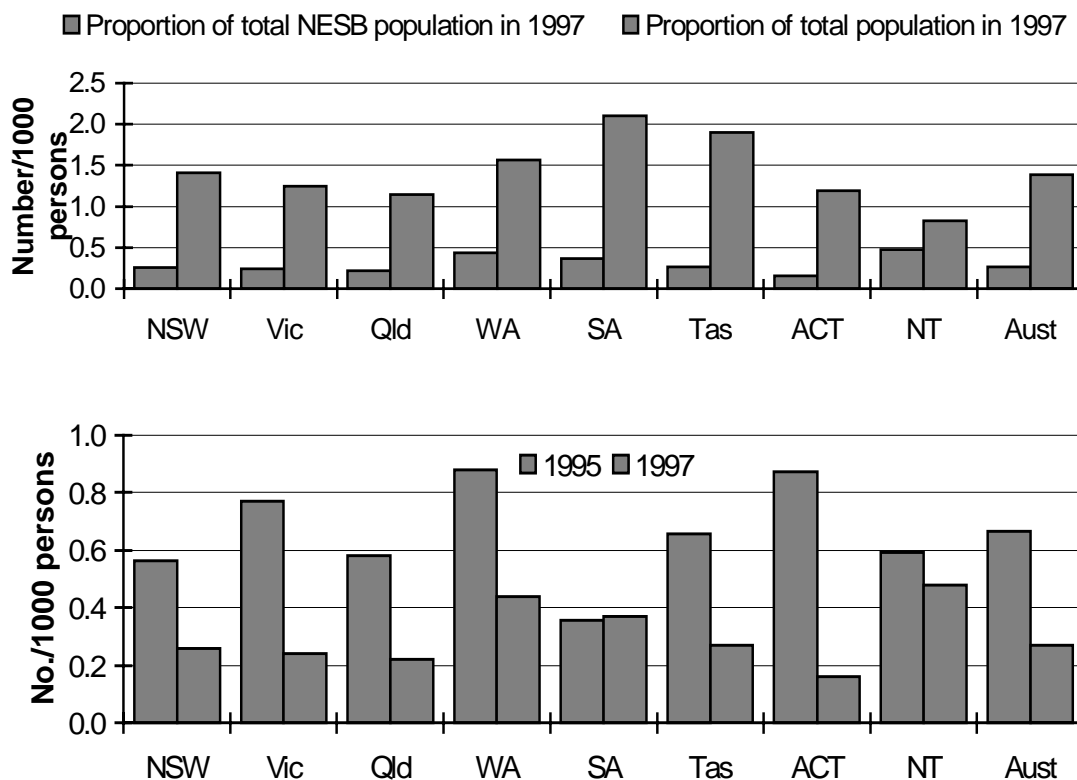
Data source: table 11A.19.

The proportion of people from non-English speaking backgrounds who used employment services was less than the proportion of the total population who used employment services in all jurisdictions in 1997. The largest difference was in SA and the smallest difference was in the NT (figure 11.31).

Nationally, the proportion of people from non-English speaking backgrounds who used employment services decreased from 1995 to 1997. Across jurisdictions, the largest decrease was in the ACT and the smallest decrease was in the NT, while the proportion remained stable in SA over that period (figure 11.32).

‘Snapshot’ data should be interpreted with caution particularly for year on year comparisons because the count of service recipients occurs only one day of the year. The ‘snapshot’ day may not represent an average day.

Figure 11.33 People from non-English speaking backgrounds using employment services^a



^a An individual may be counted more than once if they accessed more than one service type on the ‘snapshot’ day. The use of a ‘snapshot’ day means that counts apply to one point in time and as a consequence a ‘snapshot’ day may differ from an average day. For the purpose of comparing use by the general population with use by people from non-English speaking backgrounds, the general users exclude recipients whose non-English speaking origin was ‘not known’ or ‘not stated’.

Data source: table 11A.19.

Efficiency

A proxy indicator of efficiency is government inputs per unit of output (unit cost). Indicators in this chapter include:

- the cost to government of delivering institutional/large residential and community accommodation places;
- the level of government funding of non-government delivered institutional/large residential and community accommodation places; and
- the proportion of total expenditure on disability services spent on administration expenditure.

Institutional/large residential accommodation support includes both large institutions and hostels. Community accommodation support includes smaller group homes.

There has been an ongoing process across States and Territories of de-institutionalisation of services for people with a disability. As a result, the level of government expenditure on institutional or large residential accommodation places has decreased, and the level of government expenditure on 'non-institutional' accommodation and care has increased. Indicators in this chapter only capture the government expenditure on non-institutional community accommodation places such as group homes. An additional indicator will be included in the 2000 Report to capture government expenditure on other community accommodation support services such as in-home support services.

Significant effort has been made to improve the counting rules for efficiency indicators in the 1999 Report, but concerns remain over the comparability of the results because jurisdictions use different methods of data collection.

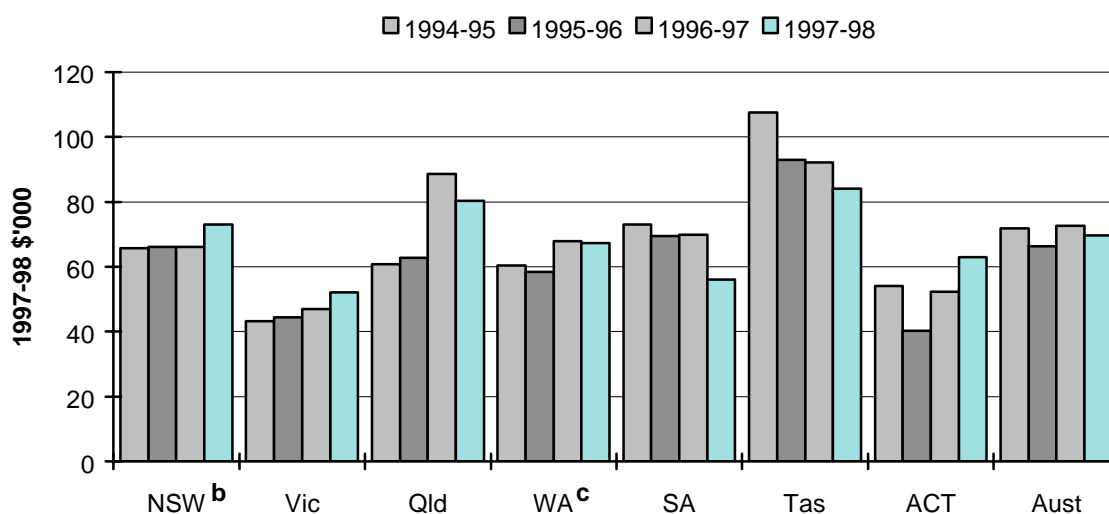
Cost to government of government delivered places¹

The average cost to government of delivering institutional/large residential accommodation was \$69 760 per place in 1997-98. Across jurisdictions, the highest expenditure per institutional/large residential accommodation place was in Tasmania (\$84 078) and the lowest expenditure was in Victoria (\$52 099). The NT Government did not deliver institutional/large residential accommodation (figure 11.15).

¹ Data on unit cost of government delivered places has been revised since publication of the paper version of the Report.

Nationally the average real cost per government delivered institutional/large residential accommodation place was \$70 122 from 1994-95 to 1997-98. Across jurisdictions, the real cost rose in only NSW, Victoria and the ACT from 1996-97 to 1997-98. The decrease in the real cost was largest in SA, where the cost per place fell by 20 per cent over that period. There was little change in the cost per institutional/large residential accommodation place in WA (figure 11.15).

Figure 11.15 Real unit cost per government delivered institutional/large residential place^a



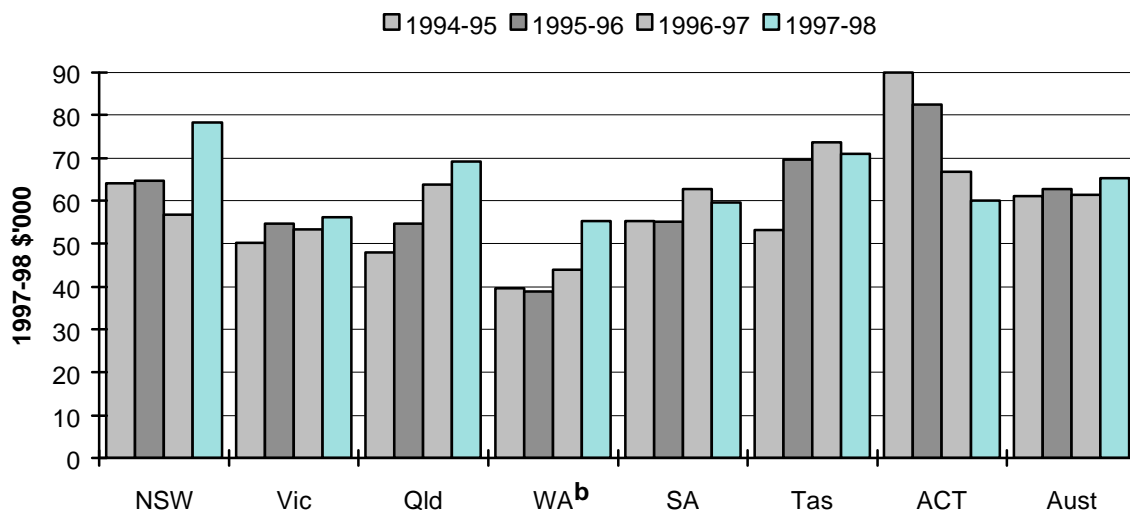
^a The NT Government did not provide institutional or large residential accommodation care and support. ^b NSW was unable to separate out professional and other non-accommodation services provided within the institutional environment. ^c Improvements in the data collection process in WA have allowed reporting of the number of individuals provided with accommodation placements for 1995-96 and 1996-97. Bed numbers were used for 1994-95 data because the number of individuals placed was less accurate. Improved data quality and realignment of some non-government services across programs partly explain changes in the places data over time.

Data source: table 11A.21.

Nationally, the cost per government delivered community accommodation and care place was \$65 306 in 1997-98. Across jurisdictions, the cost per place was highest in NSW (\$78 341) and lowest in WA (\$55 320). The NT Government did not directly provide community accommodation and care places (figure 11.16).

Nationally, the real cost per government delivered community accommodation and care place increased by 6 per cent from 1996-97 to 1997-98. Across jurisdictions, the real cost per place over that period increased in NSW, Victoria, Queensland and WA, and decreased in SA, Tasmania and the ACT (figure 11.16).

Figure 11.16 Real unit cost per government delivered community accommodation and care place^a



^a The NT Government did not provide community accommodation care and support. ^b Improvements in the data collection process in WA have allowed reporting of the number of individuals provided with accommodation placements for 1995-96 and 1996-97. Bed numbers were used for 1994-95 data because the number of individuals placed was less accurate. Improved data quality and realignment of some non-government services across programs partly explain changes in the places data over time.

Data sources: tables 11A.20 and 11A.21.

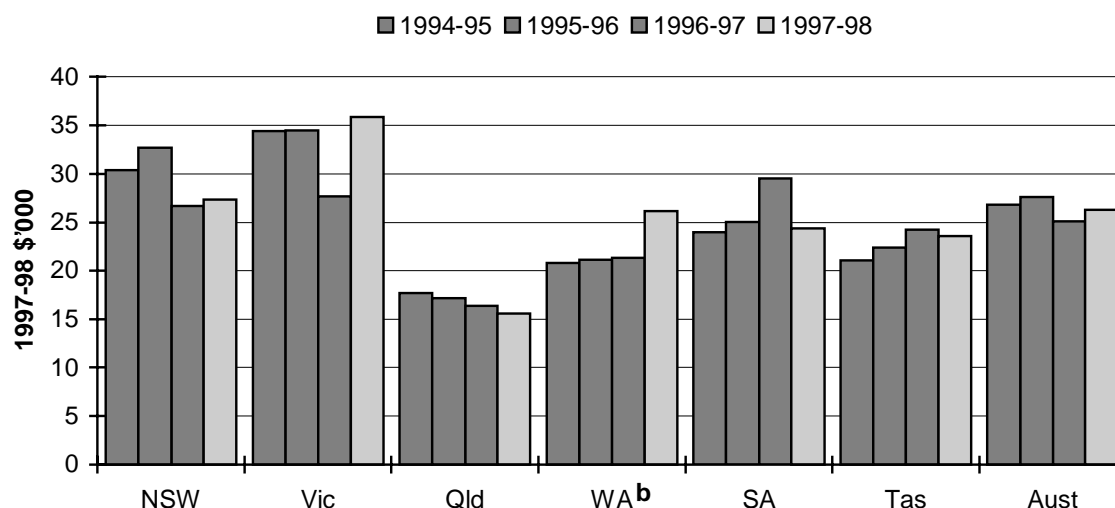
Government funding of non-government service providers

Frequently government does not entirely fund the accommodation for clients of non-government service providers; rather, government subsidises the accommodation provided by non-government service providers.

Nationally, government funding per non-government delivered institutional/large residential accommodation places was \$26 873 in 1997-98. Across jurisdictions, governments funding per place was highest in Victoria (\$35 830) and lowest in Queensland (\$15 544). There were no non-government providers of institutional/large residential accommodation in the ACT or the NT (figure 11.17).

Nationally the average real government funding per non-government delivered institutional/large residential accommodation place was \$26 255 from 1994-95 to 1997-98. SA had the largest decrease in real government funding per non-government delivered institutional/large residential accommodation place from 1996-97 to 1997-98 (17 per cent), and Victoria had the largest increase (30 per cent) (figure 11.17).

Figure 11.42 Real government funding per non-government institutional/large residential place^a



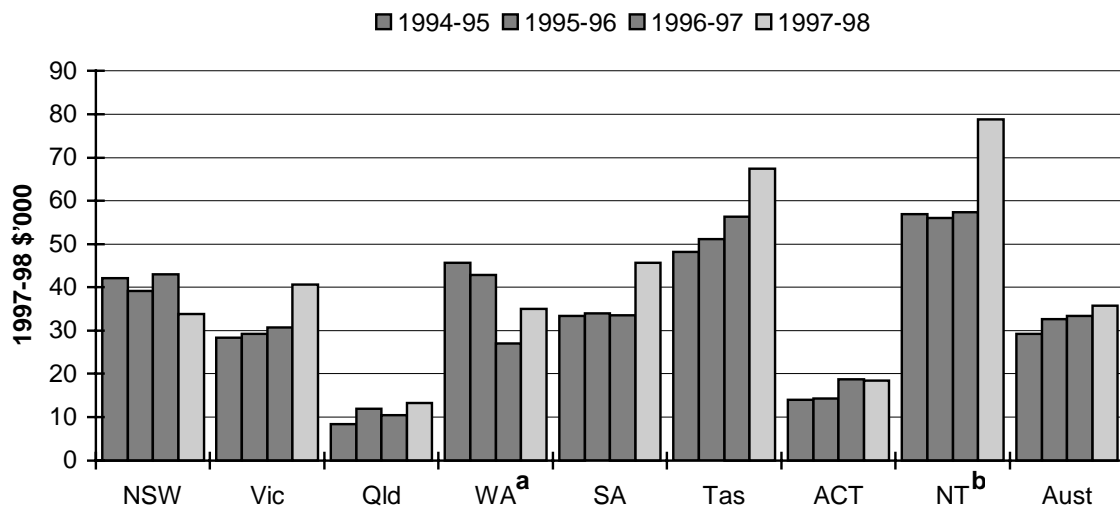
^a The ACT and NT Governments did not purchase non-government provided institutional or large residential accommodation care and support. ^b Improvements in the data collection process in WA have allowed the reporting of the number of individuals provided with accommodation placements for 1995-96 and 1996-97. Bed numbers were used for 1994-95 data because the number of individuals placed was less accurate. Improved data quality and realignment of some non-government services across programs partly explain changes in the places data over time. Expenditure on non-government provided accommodation in 1996-97 reflects adjustments made following a review to improve costing at program and output level in WA. Places that were jointly funded by the government agency and the non-government service provider were unable to be separated.

Data source: table 11A.21.

Nationally, real government funding per non-government community accommodation and care place was \$35 781 in 1997-98. Across jurisdictions, government funding was \$78 859 per place in the NT and \$13 365 per place in Queensland (figure 11.43).

The national average government funding per non-government community accommodation and care place was \$32 740 from 1994-95 to 1997-98. NT had the largest increase in government funding per non-government community accommodation and care places (38 per cent) and NSW had the largest decrease from 1996-97 to 1997-98 (21 per cent) (figure 11.44).

Figure 11.45 Real government funding per non-government community accommodation and care place



^a Improvements in the data collection process in WA have allowed reporting of the number of individuals provided with accommodation placements for 1995-96 and 1996-97. Bed numbers were used for 1994-95 data because the number of individuals placed was less accurate. Improved data quality and realignment of some non-government services across programs partly explain changes in the places data over time. Expenditure on non-government provided accommodation in 1996-97 reflects adjustments made following a review to improve costing at program and output level in WA. Places which were jointly funded by the government agency and the non-government service provider were unable to be separated. ^b NT funded grants received five quarter payments in 1997-98, (instead of four quarters) as a result of advance first quarter payments for 1998-99.

Data source: table 11A.21.

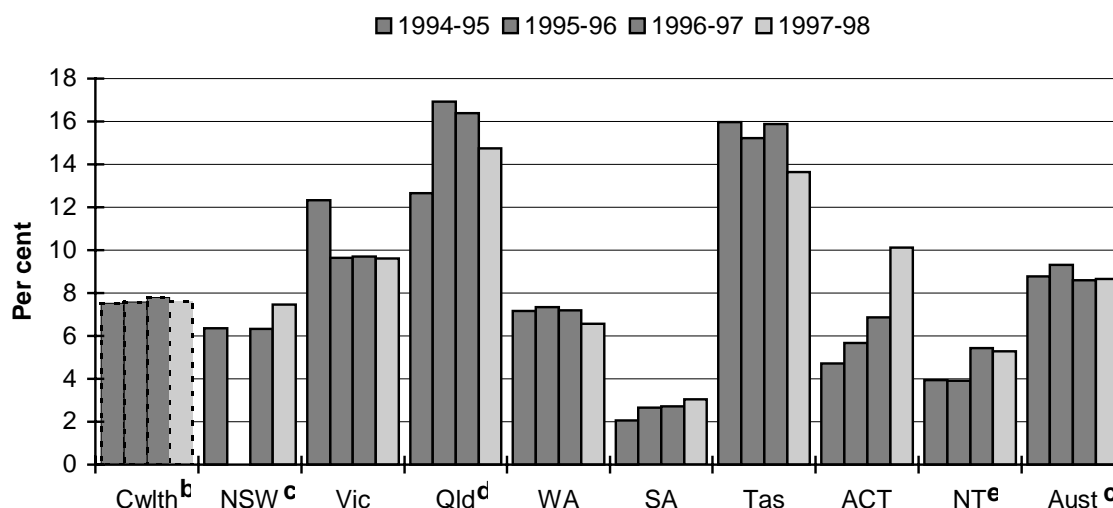
Administrative efficiency

The proportion of total expenditure spent on administration is not comparable across jurisdictions because they use different methods to apportion administration costs in each jurisdiction. However, this information is useful for indicating trends *within* jurisdictions over time.

The average administration proportion of total government expenditure on disability services for all jurisdictions remained around 9 per cent from 1994-95 to 1997-98. The administration proportion of total Commonwealth Government expenditure on disability services was 7.6 per cent in 1997-98, remaining relatively constant with the share in 1994-95 (figure 11.46).

Across jurisdictions, the administration proportion of expenditure from 1996-97 to 1997-98 decreased from 15.9 per cent to 13.6 per cent in Tasmania, and increased from 6.9 per cent to 10.1 per cent in the ACT (figure 11.47).

Figure 11.48 Administration expenditure as a proportion of total expenditure^a



^a The Commonwealth, NSW, Tasmania and the ACT apportioned umbrella department administration costs on the basis of the disability services proportion of total departmental budget. Victoria and WA apportioned umbrella department administration costs using the method of apportionment used by the department. Queensland, SA and the NT apportioned umbrella department administration costs using full time equivalent employees. ^b The Commonwealth Government administers a different set of services to State and Territory Governments. The 1996-97 Commonwealth figure included a one-off expense of \$320 000 for voluntary redundancy packages. ^c No 1995-96 data were available for NSW. ^d The method for apportioning corporate expenditure in Queensland changed from 1994-95 to 1995-96. ^e The NT grants funded organisations were advanced the first quarter 1996-97 payments in 1995-96. Therefore, expenditure for 1996-97 did not include the full year's funding to organisations. Some CSDA funded organisations were advanced the first quarter payments in 1996-97 for 1997-98; therefore expenditure for 1996-97 included the first quarter allocation for 1997-98.

Data source: table 11A.22.

11.5 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this chapter. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter. The information covers aspects such as age profile; geographic distribution of the population; income levels; education levels; tenure of dwellings; and cultural heritage (such as aboriginality and ethnicity).

Commonwealth Government comments

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The Commonwealth welcomes this third publication of information on service provision for people with disabilities. Considerable work has been undertaken to increase the comparability of the data between jurisdictions and to improve and expand the performance indicators for disability services. In particular, the work being undertaken to obtain qualitative information on service quality through the conduct of a national client satisfaction survey will significantly improve the reporting of indicators of service quality in future reports.

All jurisdictions have committed themselves under the second Commonwealth/State Disability Agreement to the further development and improvement of nationally comparable disability services data, which should build on the solid progress already made. The challenge is to improve the quality and comparability of disability services data and our understanding of the different policy, structural and delivery factors that exist between jurisdictions.

Work is proceeding to extend the Commonwealth's National Information Management System to all specialist employment assistance services. Currently used only by open employment services, the expanded system will provide full details about employment services nationally on an ongoing and cumulative basis.

It is important to note that the scope of this chapter is limited to specialist disability services funded under the Commonwealth/State Disability Agreement, so it does not fully represent the Commonwealth's contribution to supporting people with disabilities. In addition to providing over \$201 million for specialist disability employment assistance, the Commonwealth contributes over \$316 million in transfer payments to the State and Territory Governments. Combined with funding for advocacy services, national information and print disability services, the Contingency Aids Assistance Scheme, CRS Australia, the National Relay Service and the Office of Hearing Services, the total Commonwealth contribution in 1997-98 exceeded \$736 million.

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New South Wales Government comments

“ The Government of NSW remains committed to the national data improvement project and welcomes the opportunity to compare our progress on performance in the delivery of services to people with disabilities and their families and carers. Further work is required in NSW to ensure that we are counting service inputs and outputs in a manner that ensures the accuracy of these comparisons.

The Ageing and Disability Department has initiated significant reforms in the NSW specialist disability service sector to improve transparency and accountability. In 1999, improvements to our data on supply and demand factors will be underpinned by three significant projects. The first, an expansion of our Population Group Planning resource allocation model, will improve our capacity to target the needs of people with disabilities in the context of the broader social infrastructure. Services provided by the NSW Health Department and the Commonwealth Department of Family and Community Services will be incorporated into the data model. The second project will assist the Ageing and Disability Department, in collaboration with representatives of other related human service portfolios at both levels of government and community representatives, to set benchmarks of service delivery for specific locations. The third project, which refocusses our needs based planning framework away from programs towards regional service systems and the needs of local residents, is made possible by the roll out of these expanded data models. Accompanied by the introduction of unit costs framework and support coordination models, the Ageing and Disability Department's capacity to expose the real costs and benefits of our service delivery system will be greatly enhanced. Unmet demand for disability services Australia-wide was estimated by the Australian Institute of Health and Welfare to be in the order of \$300 million in late 1997. One third of this population resides in NSW and the Government looks forward to exploring a national response to this significant issue in early 1999.

This year's Report identifies a range of issues currently under examination in NSW, including a greater reliance on large residential services in this State than in others and the increased costs of service provision which reflect the full implementation of award entitlements in government services, some of which required substantial levels of backpayments. A decrease in grants to the non-government sector is consistent with the now completed provision of transition funding made available in previous years.

Considerable joint planning activity is being focused on these and other related matters in NSW. The introduction of the second Commonwealth/State Disability Agreement offers opportunities to cooperatively explore and fund strategic interventions where problems of shared interest to both levels of government emerge.

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Victorian Government comments

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Information included in this chapter of the 1999 Report marks further progress towards nationally consistent and comparable data on disability services. In recent years, significant advances have been made through the efforts of the Disability Services Working Group, the Secretariat and others such as the Australian Institute of Health and Welfare to obtain objective and reliable performance information.

However, a continuation of this work is required before data presented here can serve as an unqualified yardstick of comparative performance across jurisdictions. Victoria recognises that problems with data consistency and comparability remain. A notable case relates to the apportionment of costs to service outputs and resulting efficiency measures. For example, as has been noted in the chapter, the proportion of total expenditure spent on administration is not comparable across jurisdictions due to the different methods used to apportion administration cost in each jurisdiction.

It also remains the case that there are a range of services provided to people with disabilities for which performance data are not reported and the chapter does not provide any indicators on service quality.

The issues of obtaining data with respect to service quality are being addressed by the Working Group, in conjunction with the Disability Services Sub-Committee, through a survey designed to capture information on client satisfaction.

In addition, advances are occurring with respect to the Minimum Data Set collection which provides a vital source of information for this Report. During 1998, Victoria successfully trialed the use of a link key as part of the collection. The future use of the link key will significantly enhance the value of disability data collected through the Minimum Data Set. The Disability Services Sub-Committee, together with the Australian Institute of Health and Welfare, is planning to redevelop the Minimum Data Set particularly with respect to the support needs of disability clients. Such data enhancements will not only support the provision of flexible service models being introduced in Victoria and other jurisdictions, they will aid future reporting on performance and achievements in disability services.

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Queensland Government comments

“ Queensland continues to recognise the value of this chapter as part of the continual step towards nationally comparable data on disability services. While there continues to be some question about data comparability between States and Territories, Queensland still welcomes the inclusion of the additional information in this year's chapter. It should be noted that the chapter still only reports on a very small proportion of the functions of the total disability sector.

The Disability Program is undertaking a number of reforms within the Queensland disability sector. These reforms include the establishment of regionally based priority assessment panels to deal with applications for adult lifestyle support packages, which are linked to the completion of a needs based registration form. The needs based registration form will provide for the creation of a needs register for Queensland. This will be useful information for needs based planning at a regional and also State level. Linked to the priority panel process is an initiative to introduce a consistent approach to individual needs assessment. This should provide better and more standardised information to enable needs based planning linked to funding priority determination. The introduction of a single agreed quality assurance and enhancement approach to service delivery in both funded services and direct services is also a major priority within Queensland's reform agenda.

The Disability Program is also piloting a local area coordination approach (five pilots) in rural and remote areas of Queensland where there are few, if any, formal services available. Detailed data collection will be a vital part of these pilots. Specific initiatives are being developed between the Disability Program and other Queensland Government agencies to improve the access of people with a disability and their families to Queensland Government mainstream and community services such as transport, housing and health, and in particular the provision of integrated support services for people with psychiatric disability and other specific disability groups seen as a priority as part of the reform agenda. The development of new family support services which will establish and fund a range of flexible service responses focused on the diverse needs of families with children with disabilities is expected to be introduced in 1999. These approaches will have a strong emphasis on ensuring the continuing viability of family support networks, early intervention and a seamless support continuum for children as they enter adulthood.

The Disability Program has developed a five year information management strategic plan focusing on the information management needs for the program. The introduction of a number of new systems will strengthen the accountability to clients, but also provide new and improved data collections across all services types, ultimately leading to a far more comprehensive picture of services to people with disability in Queensland.

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Western Australian Government comments

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WA supports continued efforts to develop nationally consistent performance data but continues to have reservations about the validity and reliability of the data which underpin the indicators contained in the Report. The problems with the data place major limitations on comparisons that can be made between jurisdictions and the interpretations over time. It is important to resolve these problems because it is only by such efforts that national benchmarks can be constructed. These benchmarks can then guide the development of policies and services that best meet the needs of people with disabilities and their families in a cost effective manner.

In WA in 1997-98, 131 new accommodation places were created with \$2.74 million growth in funding as part of a State Government five year plan which will see an additional \$40.4 million for disability services, including \$14.3 million for accommodation. WA continues to build on its strong preventative focus through its 'caring for carers' strategy. Providing support for carers to help them maintain their caring role not only promotes individual and family wellbeing, but also helps contain the demand for more costly and intrusive crisis intervention support and reduces premature entry into residential care. WA also has a strong focus on community based support and individual services. In 1997-98 local area coordination was extended to an additional 1 800 individuals, schoolbased therapy services were extended to an additional 691 children, and an additional 88 individuals received post-school options. Such initiatives, which have a profound positive impact on numerous individuals, may well be lost sight of in the overall context of broadly based performance indicators.

Specialist disability services in WA are complemented by a proactive approach to improving access for people with disabilities to mainstream services and facilities provided by State Government agencies, local government and the private sector. This initiative is underpinned by the *Disability Services Act (1993)* which requires public authorities to develop and implement disability service plans.

It is important to note that differences in effectiveness and efficiency indicators between jurisdictions may also reflect a complex range of factors, including differences in the nature and composition of services falling within the Commonwealth/State Disability Agreement, differences in the composition of client groups and support needs, differences in the level of service provision by the non-government sector and differences in the availability of services which are substitutable for accommodation.

With a closer working relationship being developed between the Australian Institute of Health and Welfare and the Productivity Commission, and improvements in national data collections, the reliability and consistency of performance information can only continue to improve, and WA will continue to support such endeavours.

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South Australian Government comments

“ SA is committed to the task of and supports the efforts of the Productivity Commission in improving the quality of nationally consistent and comparable data on the performance of services for people with disabilities. SA acknowledges this is a developmental and ongoing process. The 1999 Report is a further refinement of national disability data collection and analysis.

Overall SA performs well compared with the national average in the 1999 Report's chapter on disability services. Nevertheless, any meaningful interpretation of the results contained in this chapter must include reference to contextual factors, such as historical and policy related differences between jurisdictions and acknowledgment of the limitations on the data selected for comparisons.

People with disabilities in SA who are eligible for services funded under the CSDA may also be eligible for services funded under the Home and Community Care (HACC) program. The HACC program is a significant source of community care for people with disabilities through brokerage and other services available through the Options Coordination system. Given that HACC services are not included in this chapter, a full picture of the level of community based care and support to people with disabilities and their carers is not possible and therefore comparisons between jurisdictions on these indicators must be made with caution.

SA's role in providing accommodation services for the NT in the past and its unique history in supporting people with acquired brain injury and neurological conditions, such as Huntington's disease, through the disability program have influenced the level of institutional residential places in this State. However, new funding from the State Government and through the CSDA over recent years has been directed to community based support services.

In addition, comparisons in this report on the costs of community accommodation care places only include data on group homes. A better indication of the cost to government for community accommodation care will only be possible with the inclusion of other measures (such as in-home support) in the 2000 Report.

Government expenditure on services and service use have been the focus of reports to date. Another important aspect of service provision is the quality of services being delivered for people with disabilities and their carers. SA looks forward to contributing to the further development of the Report through a national survey on the level of service satisfaction of people with disabilities. This will be undertaken next year as a measure of quality.

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Tasmanian Government comments

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Once again Tasmania is pleased to be part of the Disability Services Working Group's efforts to provide information on the effectiveness and efficiency of Commonwealth, State and Territory services. This fourth Report on Government Services has been expanded to include 12 key service areas and for the first time includes data on day support services.

Generally the range and scope of indicators now available provide data which enables, at least within specific jurisdictions, comparisons to be made as to general trends. The limitations of the Minimum data set have by now been well documented and the issue of accounting for non-CSDA disability specific services such as HACC and rehabilitation services will need to be addressed. In Tasmania a number of non-government organisations receive funding from CSDA and HACC, and clients are not distinguished on the basis of funding source.

This year's Report highlights Tasmania's good performance in ensuring access to services, with the proportion of the potential population accessing accommodation and employment services (figures 11.6 and 11.7) the second highest in the country and the population with severe and profound handicaps accessing employment and day support the highest in the country (figure 11.8).

Apart from the planned closure of Willow Court Centre by the end of 1999, Tasmania has progressed a number of other service enhancement initiatives.

Systems reform initiatives being undertaken include establishing consistent eligibility and priority access criteria, developing transparent, accountable and equitable funding models and performance measures which are capable of incorporating individual client outcomes.

There will also be a concerted effort to strengthen links to related and complementary services such as education, employment, HACC and aged care, and to foster a more responsive mainstream service system. These initiatives will go some way to easing the current high level of growth in demand and unmet need.

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Australian Capital Territory Government comments

“ The ACT welcomes the continuing efforts of the Productivity Commission, States, and Territories in seeking to develop reporting data that allows a comparison of efficiencies and effectiveness in the delivery of disability services across jurisdictions.

However, the ACT recognises that further work remains to be done not only in refining this data but also in improving its quality. Of particular concern is the issue of consumer expectation and how historical and cultural factors in a particular jurisdiction can influence opinion about services. For example, the ACT is largely an urban environment with a community that has come to expect high levels of service. This expectation, based as it is on a ‘public service culture’, continues to influence opinion about the nature of services, their quantity and their availability. If expectation of this kind is not taken into account when measuring consumer satisfaction, it may serve to distort survey findings.

The ACT is developing a strategic plan for disability services. The plan will provide a more structured approach to the planning, development, redevelopment and delivery of services to people with a disability. The plan will build on the many good things about disability services in the ACT. For example, the ACT Government’s purchaser/provider framework, the Individual Support Packages Program, and of course the many good service providers. The strategic plan will seek to ensure that:

- services to people with a disability are what they actually want;
- the natural supports, networks and generic services for people with a disability are optimised before specialised services are contracted;
- specialised services are used only where needed and do not supplant primary familial or community relationships; and
- specialised services satisfy national disability service standards, and quality assurance programs are an integral part of services and service delivery.

The ACT considers that the Productivity Commission’s survey work will be most valuable where it provides insights into a jurisdiction’s performance through time, rather than in the more problematic area of comparing performance across jurisdictions.”

Northern Territory Government comments

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Disability services information in the NT is taken from the CSDA minimum data set snapshot survey. This was conducted across the NT on 17 August, 1997.

Twenty-six organisations were asked to participate in this survey. One did not participate as it was not operational at the time of the survey, and only 19 reported that they received CSDA funding for the 1996-97 financial year. All of these 19 CSDA funded organisations participated in the survey. This 100 per cent participation rate is a significant improvement on that of the 1995-96 survey.

In considering disability services, the following features are unique to the NT: accommodation and community access services to people with disabilities are primarily provided by non-Government organisations; the small client population is dispersed over a wide geographic area; while Aboriginal people represent 28 per cent of the Northern Territory population — as sourced from 1997 ABS data, they constitute more than half (approximately 58 per cent) of the consumers receiving disability services; since the last Report on Government Services, the Australian Bureau of Statistics has confirmed that significant under-enumeration of the Aboriginal rates of disability occurred during the 1993 survey of Disability, Ageing and Carers survey; the absence of basic infrastructure in remote areas makes it difficult for families to care for people with disabilities; the prevalence of substance abuse and trauma in the comparatively young Territory population; and the emerging problem of challenging behaviour.

Historically, services to people with disabilities in the NT have lacked strategic planning or coordination. This is due to many reasons, not least that the majority of people with disabilities from the NT were sent interstate (usually to Adelaide) to live in psychiatric hospitals and other large institutions.

With a shift from supporting people with disabilities in custodial segregated systems, to supporting people living in community based accommodation, people with disabilities are no longer sent away and those interstate have been 'repatriated'. This change has required the development of services to support these people, frequently on an *ad hoc* basis. Non-government services have evolved through a submission based funding process leading to the current situation in which people with disabilities have to fit the predetermined services regardless of their appropriateness (as opposed to services being flexible and able to meet individual needs).

Current reforms proposed by the Territory Health Services (THS) seek to change this situation and shift funding from being simply supply driven to being need driven. THS reforms will also seek to establish NT-wide data collection systems to increase the accuracy and timeliness of data regarding services to people with disabilities in the NT.

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