
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 supports for people with a disability and their carers. A definition of disability is provided in box 13.1.

A five year agreement between the Australian, State and Territory governments provides the framework for the provision of specialist disability services to those with a disability who require ongoing or long term episodic support. The second Commonwealth/State Disability Agreement (CSDA) was in operation until June 2002. Following negotiations between the Australian, State and Territory governments in 2003, a third agreement — the Commonwealth State/Territory Disability Agreement (CSTDA) — provides the basis of disability services provision.¹

This chapter focuses on the performance of the Australian, State and Territory governments in providing services and supports for people with a disability. The first and second CSDAs had no age-based restrictions on consumers, the target group being people who need ongoing support with everyday life activities. The new CSTDA does not exclude people aged 65 years or over, although it does specify that in order for a person aged 65 years or over to receive CSTDA services, his or her disability had to be manifest before the age of 65 years. In practice, disability services are generally directed to people with a severe or profound disability aged under 65 years; any consumer aged 65 years or over who is receiving a disability service would have had a disability before turning 65. Services to people with severe psychiatric conditions are excluded from State and Territory government data.

Services to people with a disability can be grouped into income support, disability support services, and relevant generic services provided to the community as a whole, including people with a disability. The Review generally does not report information on income support. Disability support services are primarily delivered

¹ In this chapter, most performance data were collected under the CSDA. However, governments will operate under the CSTDA from 2004, and the CSTDA will apply retrospectively from 1 July 2002.

under the CSDA/CSTDA, as well as through programs such as Home and Community Care (HACC) and rehabilitation.

The HACC program aims to prevent inappropriate or premature admission to residential care by providing basic maintenance and support services to frail older people, younger people with a disability, and their carers. An estimated 69.3 per cent of HACC clients in 2003-02 were aged 70 years or over, while 30.7 per cent were aged under 70 years (table 12A.32). Performance information on the HACC program is provided in chapter 12 (on aged care services). This Report does not provide performance information on rehabilitation services for people with a disability.

Some mainstream services provided to the community as a whole (including people with a disability) — for example, vocational education and training (VET), school education, public hospital care, specialised mental health services and public housing — are covered elsewhere in this Report (box 13.2). 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.

In recognition of the changing information needs in the disability services field, a redeveloped CSTDA National Minimum Data Set (NMDS) collection was implemented during 2002-03. Data for 2002-03 collected under the new NMDS were not available for this Report. As a result, this chapter repeats 2001-02 data collected under the CSDA, with some revisions to data reported in previous years. Data collected through the new CSTDA NMDS collection in 2002-03 are expected to be reported in the 2005 Report.

This Report includes current year (2002-03) financial data that were provided directly by jurisdictions. Data on efficiency indicators (cost per place/client) for 2002-03 are not reported because place/client data from the new CSTDA NMDS collection were not available in time to be included in this Report.

Comparability has improved this year for financial data (through revised definitions and counting rules) and expenditure data overall (through accounting for differences in payroll tax). Current year (2002-03) data from four jurisdictions' collections (the Australian Government, Victoria, WA and Tasmania) on quality assurance processes for disability services providers, consistent with the existing indicators, are reported this year, while data on quality assurance processes for Victoria are included for the first time in this Report.

A profile of services for people with a disability to be provided under the relevant disability agreement between the Australian, State and Territory governments appears in section 13.1. Policy developments in services for people with a disability

are presented in section 13.2. All jurisdictions have developed and agreed to report against comparable performance indicators. A framework of performance indicators is outlined in section 13.3. The performance of jurisdictions is discussed in section 13.4 and future directions for performance reporting are discussed in section 13.5. The chapter concludes with jurisdictions' comments in section 13.6 and definitions of the data descriptors and indicators in section 13.7.

Box 13.1 Definition of disability

Disability is conceptualised as being a multidimensional experience for the person involved, relating to body functions and structures, activities, and the life areas in which the person participates (WHO 2001). The International Classification of Functioning, Disability and Health also recognises the role of physical and social environmental factors in affecting disability.

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

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

- mild — where a person 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
- profound — where a person is unable to perform self-care, mobility and/or communication tasks, or always needs assistance.

Source: ABS (1999a); WHO (2001).

Box 13.2 Other disability reporting in the 2004 Report

School education (chapter 3) reports data on students with a disability in the student body mix.

Vocational education and training (VET) (chapter 4) reports data on the pass rates and participation rates of people with a disability in VET courses.

Health management issues (chapter 11) reports performance data on specialised mental health services and the Community services preface reports data on recurrent expenditure on services for people with a disability.

Aged care services (chapter 12) reports data on the level of HACC services received by people with a profound, severe or moderate core activity restriction, disaggregated by jurisdiction and geographic location.

Children's services (chapter 14) reports data on the representation of children with a disability in Australian Government approved child care.

Protection and support services (chapter 15) reports data on potential consumers who are not able to be supported because facilities to meet disability needs are not available.

Housing (chapter 16) reports data on access to public housing assistance (affordability with/without rent assistance, covering Disability Support Pension recipients in public housing) — special needs households as a proportion of all new households; the proportion of new tenancies allocated to households with special needs; households that pay less than market rent or that are special needs households paying market rent as a proportion of all households — where special needs groups include applicants with a disability in the household. Also reported are Disability Support Pension recipients by the proportion of their income spent on rent with and without Commonwealth Rent Assistance.

Supporting tables

Supporting tables for chapter 13 are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel 97 format as `\Publications\Reports\2004\Attach13A.xls` and in Adobe PDF format as `\Publications\Reports\2004\Attach13A.pdf`.

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the electronic files). These files can be found on the Review web page (www.pc.gov.au/gsp). Users without Internet access can contact the Secretariat to obtain these tables (see details on the inside front cover of the Report).

13.1 Profile of services for people with a disability

Service overview

The Australian, State and Territory governments fund both government and non-government providers of services for people with a disability. The funding and delivery of disability services differ across jurisdictions as a result of policy differences and other factors described in the statistical appendix (appendix A). The Australian Government administers the employment services, and the State and Territory governments administer accommodation support, community access, respite care, community support, and advocacy, information and print disability services. Details of these services are outlined in box 13.3.

Box 13.3 Services provided under the second CSDA and the CSTDA

The second CSDA was signed in 1998 by Australian, State and Territory governments and covered the provision of specialist disability services by those jurisdictions for the five year period ending 30 June 2002. The CSDA expired on 30 June 2002 and was extended until the CSTDA was finalised. Specialist disability services are defined under the two agreements as services that are specially designed from time to time to meet the needs of people with a disability.

The Australian Government administers the following services:

- Open employment services provide employment assistance to people with a disability in obtaining and/or retaining paid employment in the open labour market.
- Supported employment services support or employ people with a disability within the same organisation.
- Open and supported employment services provide both open and supported employment assistance.

The State and Territory governments administer the following services:

- Accommodation support services provide people with a disability with accommodation (group homes, hostels and 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. It includes learning and life skills development and recreation/holiday programs.
- Respite care services relieve or support (for limited periods) people with a disability living in the community and their families and carers.

(Continued on next page)

Box 13.3 (Continued)

- Community support services help people with a disability to integrate and participate in the community, and include case management, counselling, early intervention therapy and other therapy services.
- Advocacy, information and print disability services (in part) help people with a disability to increase their control over their lives by representing their interests and views in the community. State and Territory responsibility includes the provision of mutual support/self-help groups.

Services for which the Australian, State and Territory governments share administration include:

- advocacy, information and print disability services (in part), including advocacy, information/referral, combined information/advocacy, and print disability/alternative forms of communication services
- research and development.

Neither the CSDA nor the CSTDA 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 were provided to people eligible to receive other services under the CSDA.

Source: CSDA (1998).

Roles and responsibilities

The disability agreements between the Australian, State and Territory governments define the roles and responsibilities of the governments in the provision of certain services to people with a disability. The broad aims defined by both the second CSDA and the CSTDA are to:

- provide a national framework to underpin the provision of specialist disability services across Australia
- outline the respective and collective roles of specialist disability services, along with their funding, policy setting, planning and management
- establish the financial arrangements for making funds available for the provision of specialist disability services (CSDA 1998; CSTDA 2003).

Family and friends meet most needs of people with a disability. In 1998, 450 900 primary carers provided the majority of help with self-care, mobility and verbal communication for persons with a disability (ABS 1999a). 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 families and carers of people with a disability (box 13.4). This financial assistance was not included under the CSDA funding arrangements and is not included under the CSTDA.

Accommodation, respite, and community access and support services provided under the CSDA on the snapshot day in 2002 were used by 54 797 consumers (table 13A.3). There were 18 242 consumers of employment services provided under the CSDA on the snapshot day in 2002 (table 13A.3).

The proportion of consumers serviced by non-government organisations on the snapshot day in 2002 varied across jurisdictions, from 86.9 per cent in the NT to 67.3 per cent in SA, with the national average at 79.3 per cent (table 13A.3). More information on users of CSDA services can be found in the attachment (table 13A.3).

Box 13.4 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 2002-03 (on an accrual basis) amounted to \$6.9 billion for the Disability Support Pension, \$702.6 million for the Carer Payment, \$744.4 million for the Carer Allowance, \$85.5 million for the Sickness Allowance and \$75.0 million for the Mobility Allowance (Department of Family and Community Services (DFaCS) unpublished). These income support arrangements do not constitute a CSDA service.

At 30 June 2003, there were over 673 300 recipients of the Disability Support Pension, 75 900 recipients of the Carer Payment, 311 400 recipients of the Carer Allowance, and 44 200 recipients of the Mobility Allowance. There were also 9200 recipients of the Sickness Allowance (table 13A.30).

Source: DFaCS (unpublished); table 13A.30.

Funding

Governments fund both government and non-government providers of services for people with a disability under the CSTDA (and previously under the CSDA) and the HACC program, and through the provision of rehabilitation services. Total government expenditure on CSDA services was \$3.0 billion in 2002-03 — a real increase of 5.6 per cent from the level of expenditure in 2001-02 (\$2.8 billion) (table 13A.21).

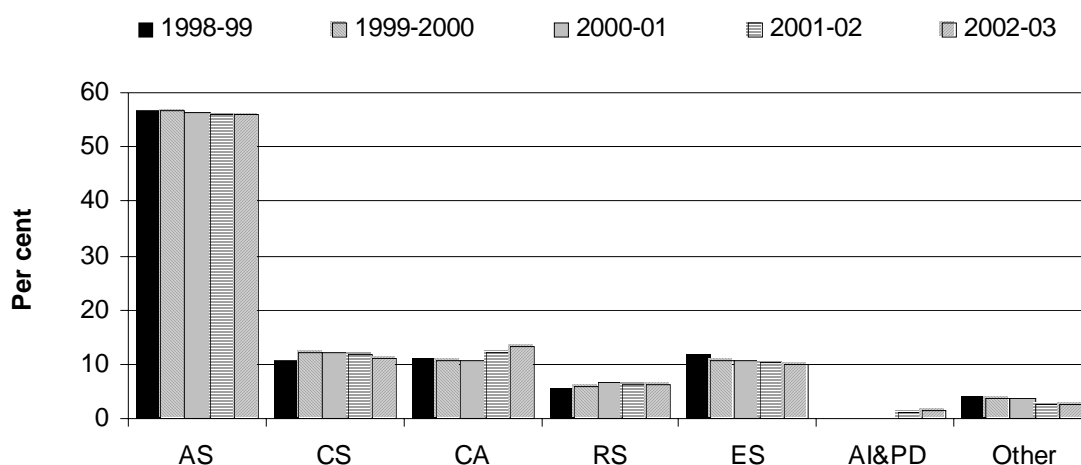
In recent years, governments have increased funding for community-based services, partly as a substitute for government and non-government operated intensive, institutionalised care. To increase the overall level and range of services available for people staying in the community, programs have been developed that provide funding directly to consumers. These programs allow consumers to choose a customised package of services that better reflects their needs (SCRCSSP 1998).

State and Territory governments funded the majority (71.2 per cent, or \$2.1 billion) of total CSDA expenditure in 2002-03. The Australian Government funded the remainder (28.8 per cent, or \$859.3 million), which included \$530.5 million in transfer payments to States and Territories, and \$328.8 million in the provision of employment assistance and other services (table 13A.21).

The State and Territory governments spent \$2.4 billion directly on CSDA services in 2002-03, which included \$1.5 billion on accommodation support, \$298.2 million on community support and \$606.1 million on other services for people with a disability. The Australian Government spent \$303.7 million directly on CSDA services, which included \$274.2 million directly on employment services (table 13A.21).

The distribution of expenditure across CSDA services varied across jurisdictions in 2002-03. The main areas of State and Territory government expenditure were accommodation support services (55.8 per cent of total direct service delivery expenditure) and community access services (13.2 per cent of total direct service delivery expenditure). Employment services were the main area of Australian Government expenditure in 2002-03 (10.0 per cent of total direct service delivery expenditure) (figure 13.1). Non-government service providers receive funds from the private sector and the general public, in addition to government grants and input tax concessions from governments (such as payroll tax exemptions).

Figure 13.1 Distribution of expenditure, by disability 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.21 for detailed notes accompanying expenditure data.

Source: Australian, State and Territory governments (unpublished); table 13A.22.

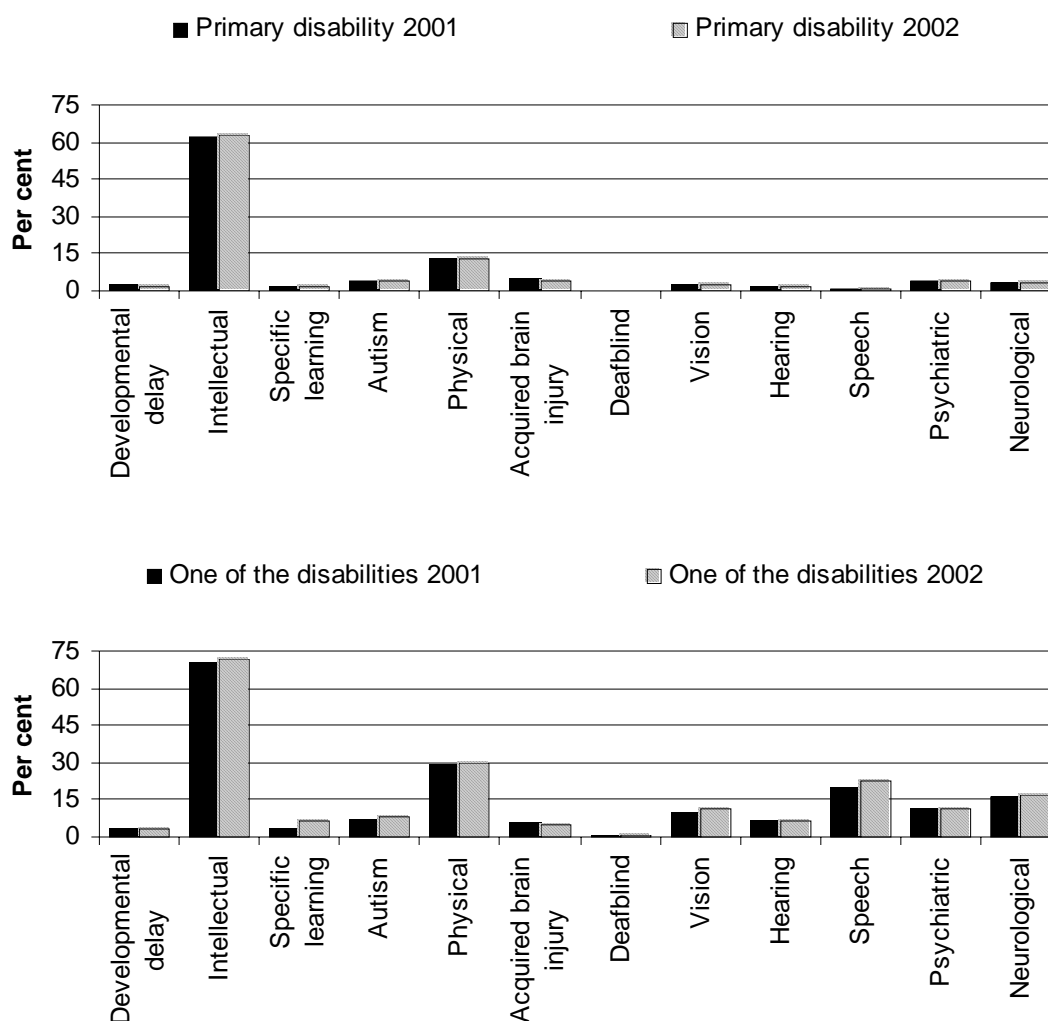
Size and scope

The performance indicators in this chapter mainly focus on accommodation support and employment services under the second CSDA, which accounted for 66.2 per cent of total government expenditure on services provided under the CSDA in 2001-02. Performance indicators on services provided under the CSTDA in 2002-03 were not available for this Report.

The ABS Survey of Disability, Ageing and Carers conducted in 1998 showed that people with a core activity, schooling or employment restriction accounted for 13.4 per cent of the total Australian population aged 5–64 years in 1998 (ABS 1999a). Detailed survey results provide contextual information about disability related matters (table 13A.1).

Data reported by the Australian Institute of Health and Welfare (AIHW) on the snapshot day in 2002 indicate that 71.6 per cent of CSDA consumers had an intellectual disability and 63.1 per cent of consumers had an intellectual disability as the primary disability (figure 13.2).

Figure 13.2 **CSDA consumers' nominated disability type(s), by disability group^{a, b}**



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where primary disability group was inconsistently recorded for the same consumer, the person was allocated a primary disability group according to a standard method (AIHW 2002a). Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^b Data for consumers of CSDA services funded by the States and Territories exclude psychiatric services specifically identified by the jurisdiction.

Source: AIHW (2001a, 2002a); tables 13A.4 and 13A.5.

13.2 Policy developments in services for people with a disability

The Australian, State and Territory governments will work cooperatively and independently to implement the policy priorities progressively over the life of the CSTDA, and they will regularly report progress against achievements. The following are the five policy priorities under the CSTDA.

- *Strengthening access to generic services* enables people with a disability to participate further in their community — both economically and socially — and recognises that generic services complement specialist disability services. Initiatives to strengthen access to generic services include promoting the responsiveness and accessibility of general community services and facilities through legislation, partnerships, education and awareness, and access and inclusion initiatives. Initiatives also include promoting the planning and implementation of action plans or similar mechanisms across government agencies and across government programs, and promoting a better understanding of the *Disability Discrimination Act 1992* (Cwlth) and other relevant legislative requirements relating to people with a disability.
- *Strengthening cross-government links* involves influencing the service system to enable people with a disability to have appropriate access to a range of services. It also involves improving cooperation and coordination among, and transition across, programs and governments to ensure people with a disability have opportunities to access and move to services at all stages of their lives.
- *Strengthening individuals, families and carers* enhances their wellbeing, contribution, capacity and inclusion. Initiatives to strengthen individuals, families and carers involve developing supports and services based on individual needs and outcomes, and increasing the opportunity of people with a disability, their families and their carers to influence the development and implementation of supports and services at all levels.
- *Responding to, and managing demand for, specialist disability services* means, as the demand for specialist disability services continues to grow, all jurisdictions need to improve long term strategies to respond to and to manage this increasing demand. This improvement involves developing approaches that enhance prevention and early intervention outcomes, effective coordination across service systems, and clear and transparent decision making.
- *Improving accountability, performance reporting and quality*, as well as the transparency of specialist disability services, involves ensuring performance information is provided within a nationally consistent, output/outcome based

framework. This approach includes implementing consistent data collection items and coherent data systems linked to a national performance reporting framework.

13.3 Framework of performance indicators

The framework of performance indicators is based on shared government objectives of services for people with a disability (box 13.5).

Box 13.5 Objectives of government services for people with a disability

The 2001-02 performance data for this Report covered government services provided under the second CSDA. Through this agreement, governments strove 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 aimed to:

- provide access to 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 the services
- ensure clients and carers are consulted about the type and mix of services made available to meet their individual needs and goals
- promote the rights of people with a disability as members of the community and empower them to exercise these rights.

During 2003, a new agreement (the CSTDA) was negotiated, under which all jurisdictions will operate for the five years from 2002-03.

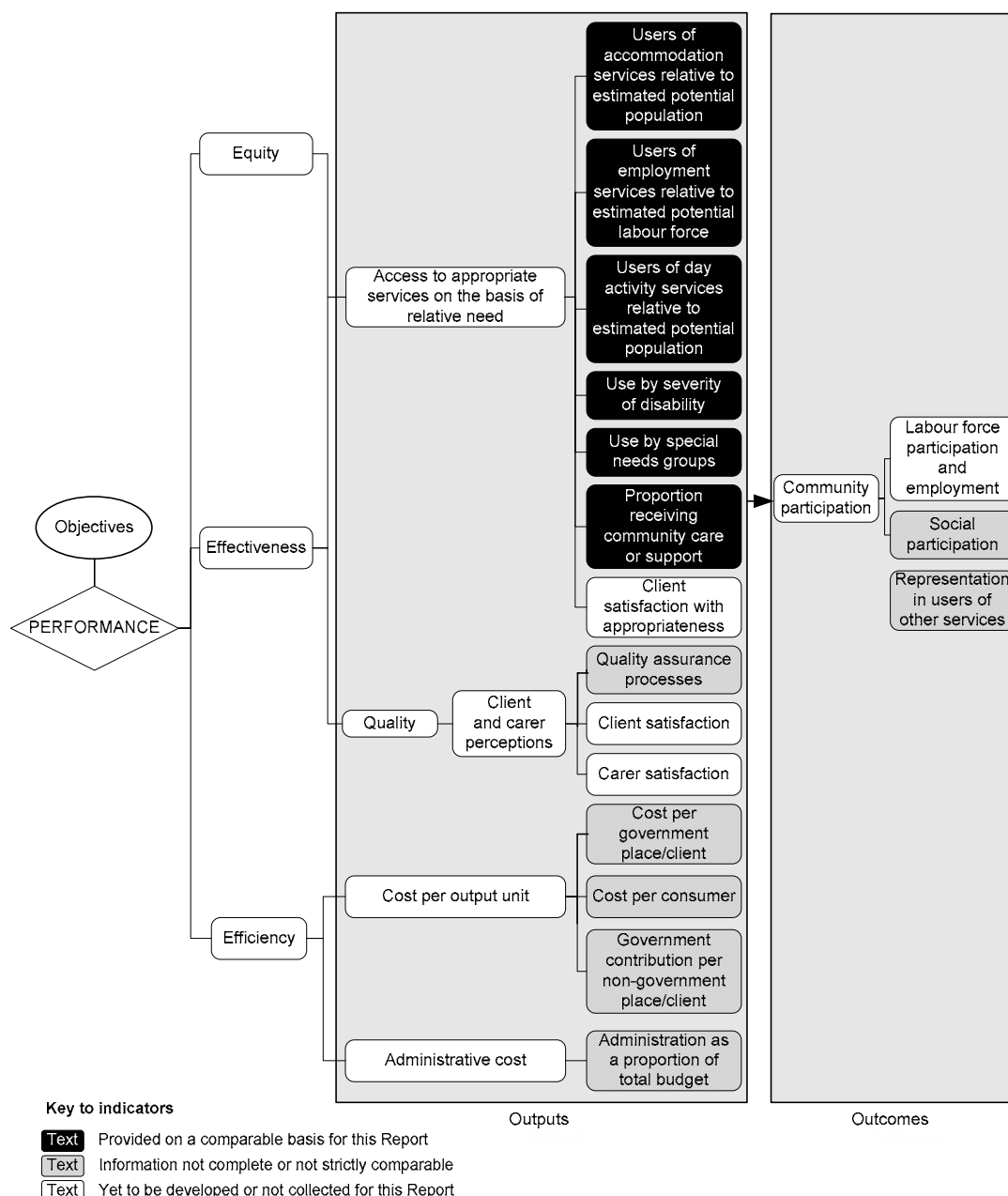
Source: CSDA (1998).

The performance indicator framework shows which data are comparable in the 2004 Report (figure 13.3). For data that are not considered strictly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see section 1.6).

For the 2004 Report, the performance indicator framework has been revised to provide information on equity, efficiency and effectiveness, and to distinguish the outputs and outcomes of government funded services for people with a disability. This revision is consistent with the revised general performance indicator framework and service process diagram in chapter 1 (figures 1.2 and 1.3) that have been agreed by the Steering Committee.

Proxy efficiency indicators focus on unit cost and administrative costs. Effectiveness and equity indicators focus on service quality and appropriateness. Outcome indicators focus on the ability of people with a disability to participate in the community.

Figure 13.3 Performance indicators for disability services



13.4 Key performance indicator results

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

Data from the CSTDA NMDS (the main data source of performance indicators for 2002-03) were not available for this Report. The performance indicator results reported in this chapter thus repeat the 2002 performance data, with some revisions to data for previous years. Performance data for 2002-03 are expected to be reported in the 2005 Report.

The main sources of performance data for 2002 indicators were the CSDA Minimum Data Set (MDS) snapshot day collection and the Australian, State and Territory governments. The performance indicator results reported in this chapter relate to CSDA services only. The CSDA MDS collection commenced in 1995 and was conducted each year until 2002. Data for 2002 have been collected using the 2002 CSDA MDS revised service type definitions, which are a refinement on the 2001 CSDA MDS items, in preparation for the CSTDA NMDS (box 13.6). The main changes to the 2002 definitions have improved the comparability of data collected across jurisdictions, and include:

- the further disaggregation of accommodation support categories, which allows hostels and institutional/small residential accommodation to be reported separately
- the addition of a category for advocacy, information and print disability
- the reduction of several items that previously were part of community support services.

These changes mean that 2002 data collected under the CSDA MDS are not fully comparable to data for previous years. Further, refinements to the agreed definitions have an impact on data comparability over time. Cost per accommodation place data, for example, were provided for six categories in 2001-02, representing a disaggregation from the four categories reported in previous years. To assist comparability to the data of preceding years, these data have also been presented in aggregate. National data were collected on all services received by CSDA consumers on a snapshot day, which was in May/June in 2002. A single consumer might have received more than one service on the snapshot day, so the number of consumers on the snapshot day is less than the number of services received on the day.

Box 13.6 **CSTDA NMDS development**

The second CSDA reflected significant changes in the nature of services and delivery methods, information needs and capabilities, suggesting a need to redevelop the CSDA MDS collection. Accordingly, the National Disability Administrators and the AIHW developed the CSTDA NMDS collection. The CSTDA NMDS, in specifying revised core data items for ongoing collection by all service providers funded under the CSTDA, is expected to:

- better meet critical data needs across the disability field, and be consistent with other major data developments such as the HACC MDS
- integrate data collation with the operations of agencies and funding departments
- use statistical linkage keys to enable data from various sources to be related and collated without duplication of effort.

Consistent with the CSDA MDS, the CSTDA NMDS has an agreed set of nationally significant data items, and an agreed framework for collection and national collation. Data items relate to the equity, efficiency and effectiveness of services, with whole-of-year data being collected from 2002-03, replacing the current snapshot day census collection.

The CSTDA NMDS ongoing collection was operational for the Australian Government and WA from June 2002 and nationally operational from 1 October 2002 (revised from July 2002), replacing the snapshot day census collection for all other jurisdictions. Data from the new collection are expected to be available for the 2005 Report.

Source: AIHW (2001b, 2001c, 2001d, 2001e, 2002a, 2002b, 2002c).

Data sourced from the CSDA MDS on the number of consumers or places provided in each jurisdiction may differ from information reported elsewhere (such as in departmental annual reports) because the CSDA MDS collection for 2002 relates to services delivered on a single snapshot day. Expenditure data sourced from jurisdictions' collections may also differ from information reported elsewhere because, among other reasons, this Report excludes expenditure on psychiatric services. The number of consumers receiving accommodation services on the snapshot day for 1999–2002 has been estimated from the number of occasions on which a service was received, using a statistical linkage key to remove double counting. This is possible because the statistical linkage key enables, with a small degree of error, the identification of multiple data records belonging to the same individual, but without identifying the individual.

The number of consumers on the snapshot day will be less than the number for the whole year because some consumers might not have received services on that day. The difference between the two will be greater for employment services and

community access services than for accommodation services, given differences in the nature of these services.

Outputs

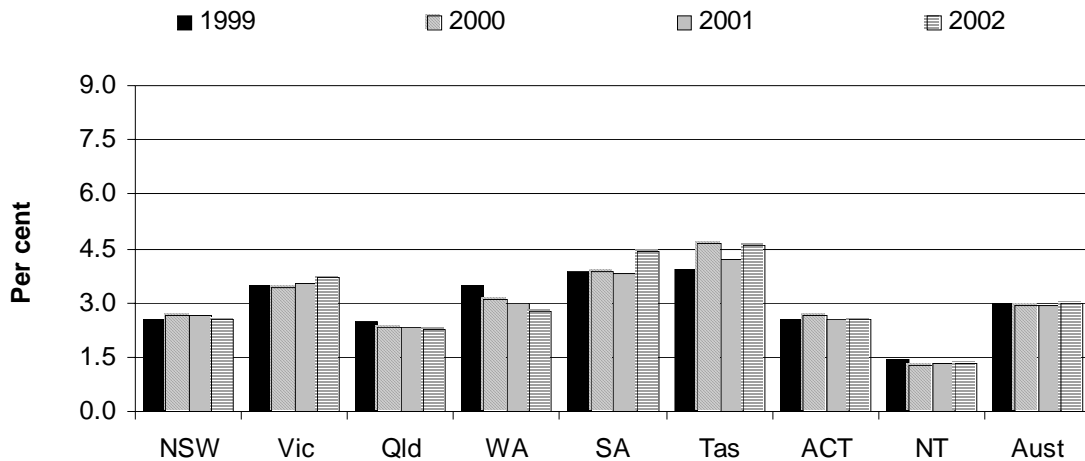
Equity and effectiveness outputs — access to appropriate services on the basis of relative need

Access indicators are reported for accommodation support, employment services, community support and day activities. One indicator of access to appropriate services on the basis of relative need is the proportion of the potential population using the service. The potential populations for accommodation and employment services are defined in section 13.7. Data are also reported on access to employment and accommodation services by severity of disability.

Users of accommodation services relative to estimated potential population

Nationally, 3.0 per cent of the estimated potential population were using accommodation support services on the snapshot day in 2002. Across jurisdictions, this proportion was highest in Tasmania (4.6 per cent) and lowest in the NT (1.3 per cent) (figure 13.4).

Figure 13.4 Consumers of accommodation support services as a proportion of the total potential population for accommodation support services^{a, b, c, d, e, f}



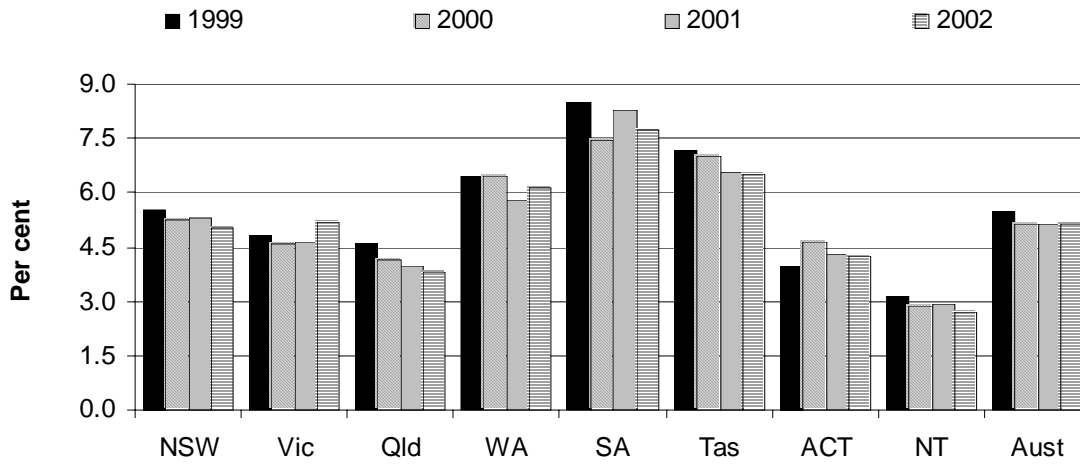
^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^b Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. ^c The potential population for accommodation services is the number of people aged under 65 years, with profound and/or severe core activity restriction, adjusted for the Indigenous factor for that jurisdiction. ^d Data for 2000 are revised, so differ from those in previous reports. ^e WA consumer data for 1999 to 2001 are inflated by 123 and 466 consumers due to incorrect coding by two providers over this time period. This error has been corrected for 2002 data. ^f Data for 1999 are revised, so differ from those in previous reports.

Source: AIHW (1999, 2000, 2001a, 2002a); table 13A.8.

Users of employment services relative to estimated potential labour force

The Australian Government had responsibility for employment services under the CSDA and purchased most services from non-government providers. Nationally, 5.1 per cent of the estimated potential population were using employment services on the snapshot day in 2002. Across jurisdictions, the proportion was highest in SA (7.7 per cent) and lowest in the NT (2.7 per cent) (figure 13.5).

Figure 13.5 Consumers of employment services as a proportion of the total potential population for employment services^{a, b, c}



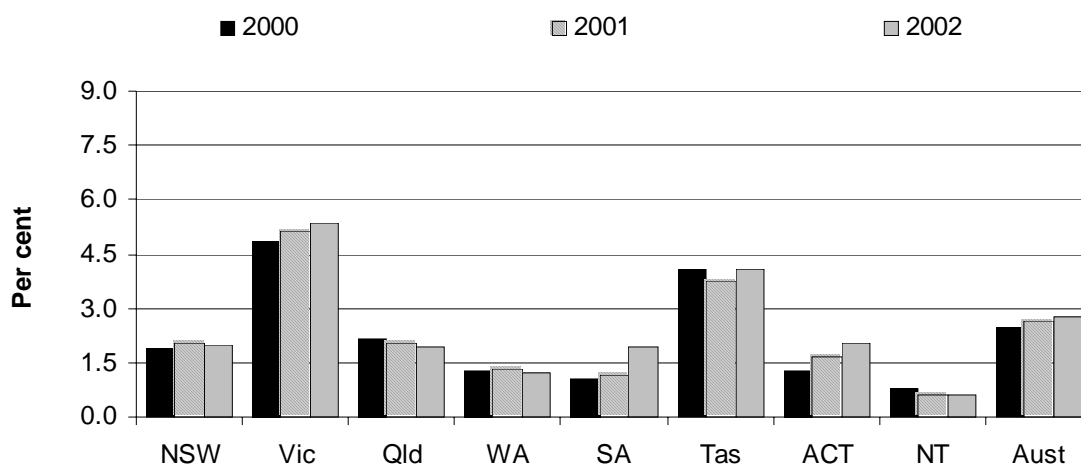
^a Consumer data are estimates after use of a statistical linkage key to account for individuals who have received more than one service on the snapshot day. The population data are estimates. ^b The potential population for employment services is the number of people aged 15–64 years with profound and or severe core activity restriction, multiplied by both the Indigenous factor and the labour force participation rate for that jurisdiction. Due to this adjustment, the sum of the potential populations of the jurisdictions is not necessarily equal to the national total. ^c Data for 1999–2000 are revised, so differ from those in previous reports.

Source: AIHW (1999, 2000, 2001a, 2002a); table 13A.9.

Users of day activity services relative to estimated potential population

Nationally, 2.7 per cent of the potential labour force received a day activity service on the snapshot day in 2002. Across jurisdictions, Victoria had the highest proportion of consumers (5.4 per cent) and the NT had the lowest (0.6 per cent) (figure 13.6).

Figure 13.6 Consumers of day activity services as a proportion of the total potential population for day activity services^{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. ^b The potential population for day activity services is the number of people aged 15–64 years, with profound and or severe core activity restriction, multiplied by the Indigenous factor for that jurisdiction. ^c Consumer data are estimates after using a statistical linkage key to account for individuals who received more than one service on the snapshot day. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^d Day activity services in 2001 include consumers using the following community access service types: continuing education/independent living training/adult training centre; post-school options/social and community support/community access; and other community access and day programs. Day activity services in 2002 include consumers using the following community access service types: learning and life skills development; and other community access (but not recreation/holiday programs). ^e Data for consumers of CSDA funded day activity services exclude psychiatric services specifically identified by the jurisdiction. ^f Data may have different inclusions for different jurisdictions, which may explain the variability across jurisdictions. Data are, therefore, not strictly comparable. ^g Data for 2000 are revised, so differ from those in previous reports.

Source: AIHW (2000, 2001a, 2002a); table 13A.10.

Service use by severity of disability

Services provided under the CSDA were allocated to consumers on the basis of relative need, which depended on the level of support needed (including the status of disability) and access to other formal and informal help. An indicator of access to services is the level of service use by severity of disability.

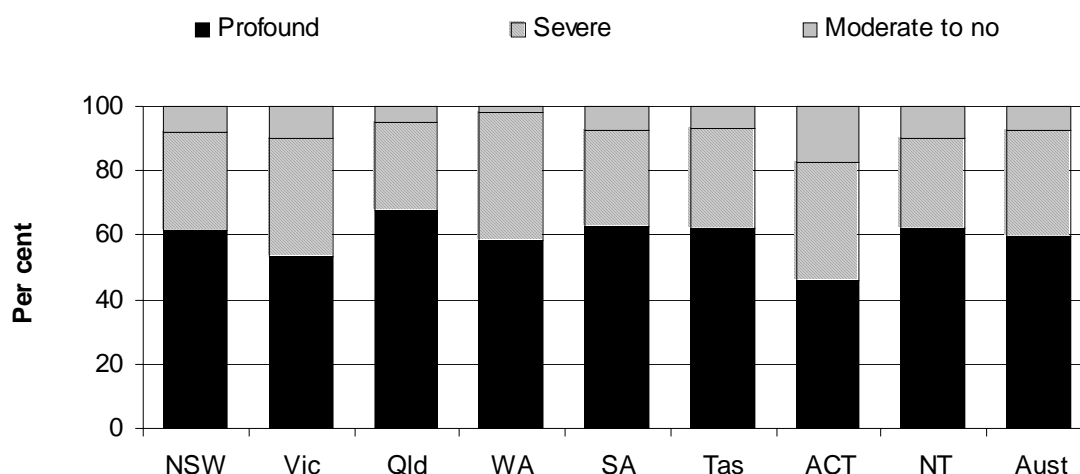
Data on consumers with different levels of severity of core activity restriction in 2002 were derived by the AIHW based on the level of support needed in one or more of the three areas of daily living: self care, mobility and communication. Consumers with a profound core activity restriction reported ‘always needing support’ in one or more of these areas. Consumers with a severe core activity restriction reported ‘sometimes needing support’ in one or more of these areas. Consumers with moderate to no core activity restrictions reported needing ‘no

support' in one or more of these areas. Where the level of support need was inconsistently recorded for the same consumer, the person was allocated a level of support according to a standard method.

Data on consumers of accommodation support services in 2002, by severity of core activity restriction, are not strictly comparable to data for previous years, given refinements to the questions on self care, mobility and communication in 2002. The changes were made to achieve greater consistency with the ABS data collection items.

Nationally, 7.6 per cent of consumers of accommodation services had moderate to no core activity restrictions on the snapshot day in 2002, 32.6 per cent had a severe core activity restriction and 59.7 per cent had a profound core activity restriction (figure 13.7).

Figure 13.7 Consumers of accommodation support services, by severity of core activity restriction, 2002^{a, b, c, d}



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^b Data exclude 246 consumers across Australia in 2002 who did not report on a need for support with self-care, mobility or communication. Consumer totals do not, therefore, necessarily match those in table 13A.3. ^c Data for consumers of CSDA funded accommodation support services exclude psychiatric services specifically identified by the jurisdiction. ^d Data for 2002 are revised, so differ from those reported in previous reports.

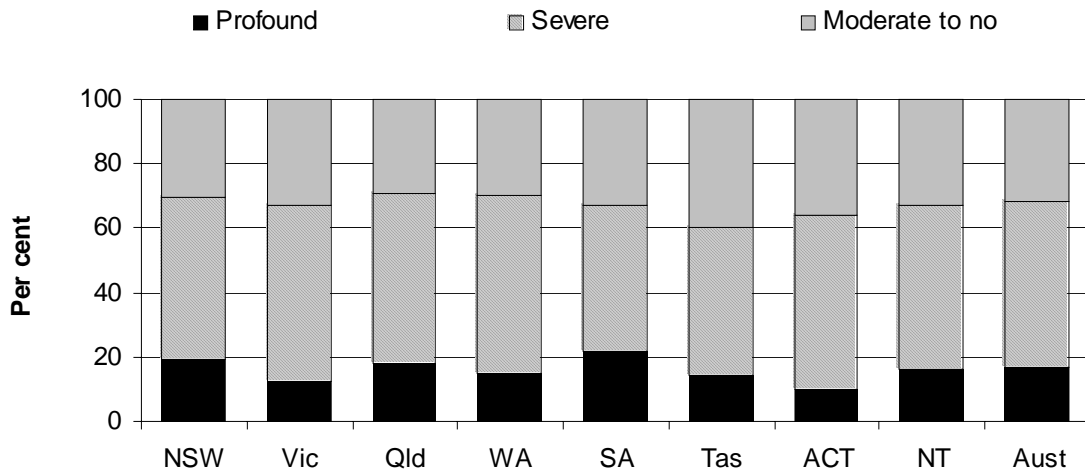
Source: AIHW (2002a); table 13A.11

Across jurisdictions, the ACT had the highest proportion of consumers with moderate to no core activity restrictions (17.5 per cent) and WA had the lowest (2.0 per cent). The highest proportion of consumers with a severe core activity restriction was in WA (39.4 per cent) and the lowest was in Queensland (27.5 per cent). The highest proportion of consumers with a profound core activity restriction

was in Queensland (67.4 per cent) and the lowest was in the ACT (46.1 per cent) (figure 13.7).

Nationally, 31.4 per cent of consumers of employment services had moderate to no core activity restrictions on the snapshot day in 2002, 51.6 per cent had a severe core activity restriction and 17.0 per cent had a profound core activity restriction. Across jurisdictions, Tasmania had the highest proportion of consumers with moderate to no core activity restrictions (39.8 per cent) and Queensland had the lowest (29.2 per cent). The highest proportion of consumers with a severe core activity restriction was in WA (55.0 per cent) and the lowest was in SA (45.2 per cent). The highest proportion of consumers with a profound core activity restriction was in SA (21.6 per cent) and the lowest was in the ACT (9.8 per cent) (figure 13.8).

Figure 13.8 Consumers of employment services, by severity of core activity restriction, 2002^{a, b, c}



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. ^b Data exclude 283 consumers who did not report a need for support with one or more of these areas: self-care, mobility or communication. Consumer totals do not therefore necessarily match those in table 13A.3. ^c Data are revised, so differ from those reported in previous reports.

Source: AIHW (2002a); table 13A.12.

Service use of special needs groups

An important indicator of access is the comparison between the representation of all people with a disability who access services and the representation of people with a disability who are from rural and remote locations, are Indigenous or are of non-English speaking origin (NESO). This information is provided for accommodation support, employment and day activity services.

Data are presented by disability service type, as the representation of each special needs group in the total population of people with special needs per 1000 people, compared to the representation of all disability services consumers in the total Australian population per 1000 people.

Rural and remote representation per 1000 people

Data on the rural and remote population in 2002 were derived by the AIHW from ABS statistical local area population estimates. Data on the rural and remote consumers were estimated by the AIHW based on consumers' residential postcodes. A postcode is classified as rural or remote if more than 50 per cent of the population in the postcode area are so classified.

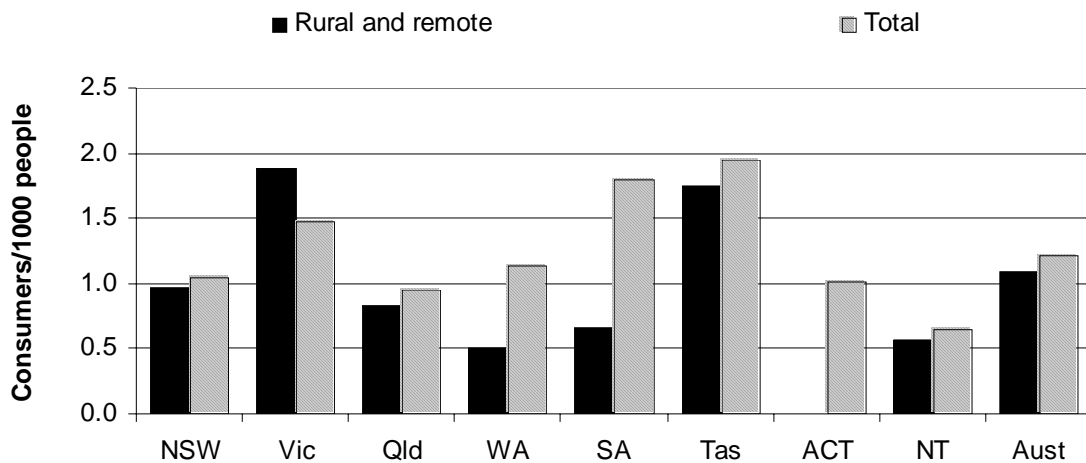
The ACT is an urban regional centre, and the majority of the population lives in areas classified as urban. ACT data on the rural and remote representation of consumers and total population include only rural areas because the ACT has no remote areas. Therefore, ACT data on the rural and remote representation of consumers and total population are very small or rounded to zero, and generally not comparable to other jurisdictions' data.

Results for rural and remote users of accommodation support services need to be considered with care because it is difficult to measure accommodation services in rural and remote areas, and to compare them to those in urban areas. Specifically, accommodation support services in rural areas are largely provided informally, making use of local area coordinators and local community resources, compared with greater levels of institutional care in urban areas. Formal services such as group homes, however, are also widely used in rural areas. The variation in accommodation types may explain the dispersion of jurisdictions' data.

Nationally, the proportion of the rural and remote population who used accommodation support services was lower than that of the total population on the snapshot day in 2002 (1.08 consumers per 1000 people in the rural and remote areas and 1.22 consumers per 1000 people in the total population). A lower proportion of the rural and remote population than of the total population used accommodation

support services in all jurisdictions except Victoria. The proportion of the rural and remote population using accommodation support services ranged from 1.88 consumers per 1000 people in Victoria to 0.50 consumers per 1000 people in WA (figure 13.9).

Figure 13.9 **Consumers of accommodation support services per 1000 people, by geographic location, 2002^{a, b, c, d, e, f}**

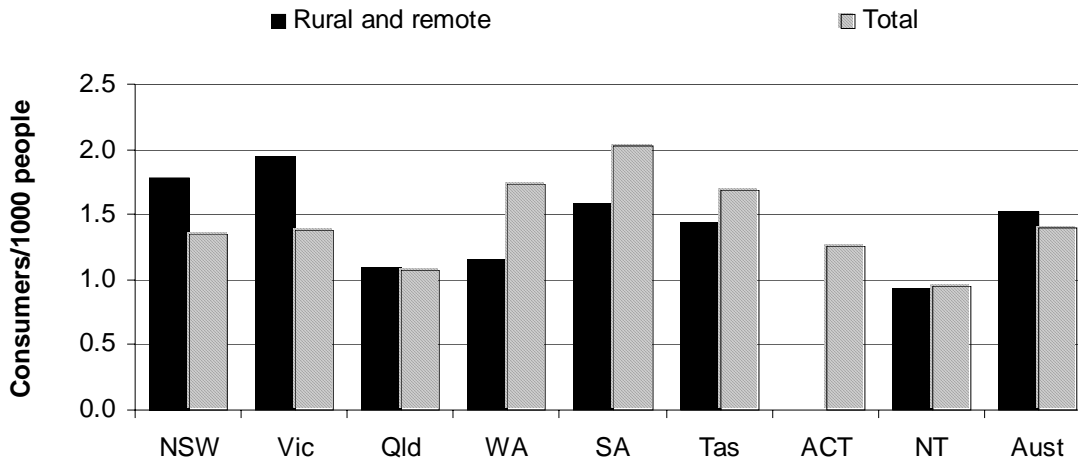


^a Data on rural and remote consumers per 1000 rural and remote people are derived from the rural and remote consumer data divided by the rural and remote Australians data multiplied by 1000. ^b The ACT does not have remote areas. ACT data on the rural and remote representation of consumers and total population are very small or rounded to zero, and generally not comparable to other jurisdictions' data. ^c Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. ^d Data for all consumers exclude 214 consumers in 2002 whose postcode was not known, so totals may differ from other tables. ^e Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction. ^f Data 2002 are revised, so differ from those in previous reports.

Source: AIHW (2001a, 2002a); table 13A.18.

Nationally, the proportion of the rural and remote population who used employment support services was higher than that of the total population on the snapshot day in 2002 (1.52 consumers per 1000 people in rural and remote areas and 1.40 consumers per 1000 people in the total population). A lower proportion of the rural and remote population than of the total population used employment support services in WA, SA, Tasmania and the NT. The proportion of rural and remote consumers accessing employment support services ranged from 1.95 consumers per 1000 people in Victoria to 0.93 consumers per 1000 people in the NT (figure 13.10).

Figure 13.10 Consumers of employment support services per 1000 people, by geographic location, 2002^{a, b, c, d}



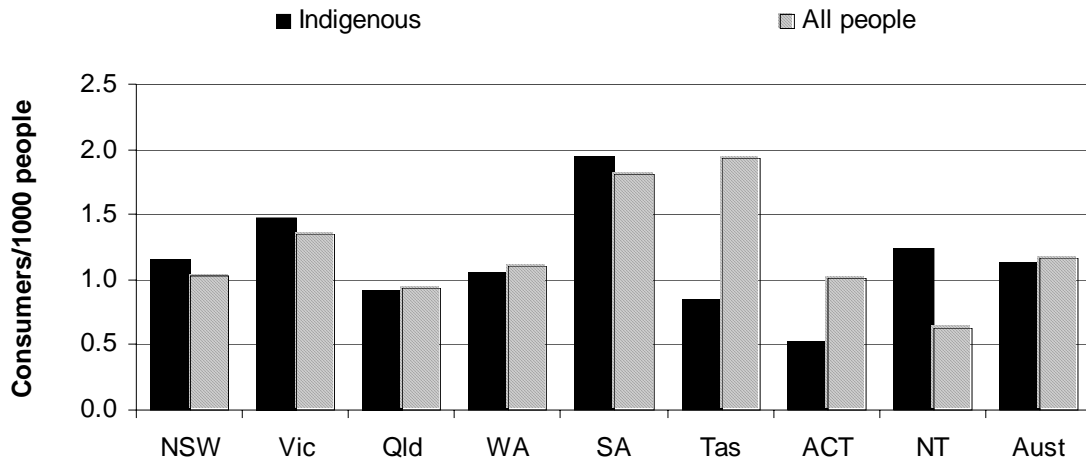
^a Data for rural and remote consumers per 1000 rural and remote people are derived from the rural and remote consumer data divided by the rural and remote Australians data multiplied by 1000. ^b The ACT does not have remote areas. ACT data on the representation of rural consumers and total rural population are very small or rounded to zero, and generally not comparable to other jurisdictions' data. ^c Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where postcode was inconsistently recorded for the same consumer, the consumer was counted as rural/remote on the basis of a least one postcode being so classified. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^d Data for 2002 are revised, so differ from those in previous reports.

Source: AIHW (2001a, 2002a); table 13A.19.

Indigenous representation per 1000 people

Nationally, the representation of Indigenous consumers in accommodation support services was lower than that of all consumers in accommodation support services on the snapshot day in 2002 (1.13 Indigenous consumers per 1000 people in the Indigenous population compared to 1.17 total consumers per 1000 people in the total population). A lower proportion of the Indigenous population than of the total population used accommodation support services in Queensland, WA, Tasmania and the ACT. Across jurisdictions, the proportion of Indigenous consumers accessing accommodation support services ranged from 1.95 consumers per 1000 people in SA to 0.52 consumers per 1000 people in the ACT (figure 13.11).

Figure 13.11 **Consumers of accommodation support services per 1000 people, by Indigenous status, 2002^{a, b, c, d, e, f}**

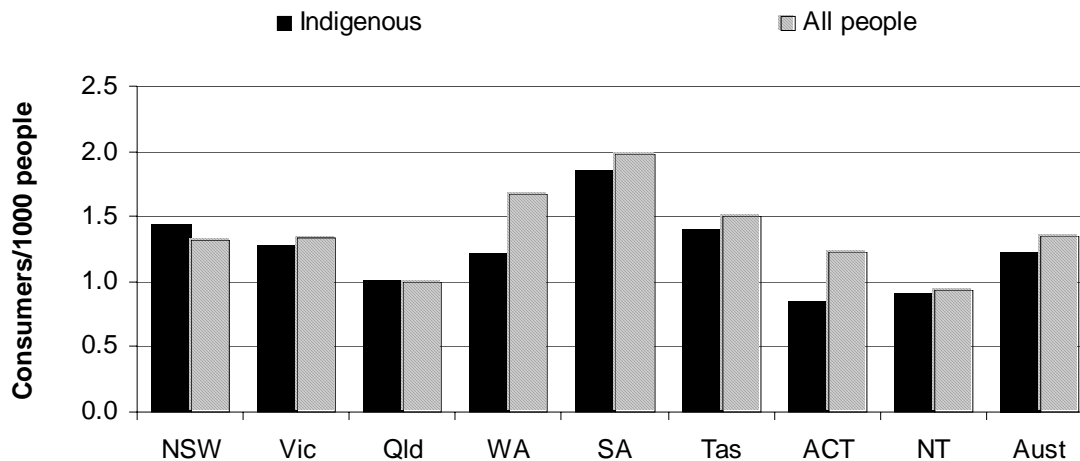


^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where Indigenous status is inconsistently recorded for the same consumer, the consumer is counted as an Indigenous Australian. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^b Data for Indigenous consumers per 1000 people are derived from the Indigenous consumer data divided by the Indigenous Australians data, multiplied by 1000. ^c Data for all consumers in 2002 exclude 943 consumers whose Indigenous origin was 'not known' or 'not stated', so may differ from totals of other tables. ^d ABS population projections are used for 2002 population data. Indigenous population data in each State or Territory for 2002 is obtained by multiplying the percentage of Indigenous people to the ABS 2001 Census data on the projected population for 2002. The percentage of Indigenous people in each State or Territory is based on ABS Estimated Resident Population data for June 2002. ^e Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction. ^f Data are revised, so differ from those in previous reports.

Source: AIHW (2001a, 2002a); table 13A.13.

Nationally, the representation of Indigenous consumers in employment support services was lower than that of the community representation of all consumers in employment support services on the snapshot day in 2002 (1.22 Indigenous consumers per 1000 Indigenous people compared to 1.35 total consumers per 1000 people in the total population). In general, a lower proportion of the Indigenous population than of the total population used employment support services except in NSW and Queensland. Across jurisdictions, the proportion of Indigenous consumers accessing employment support services ranged from 1.85 consumers per 1000 people in SA to 0.84 consumers per 1000 people in the ACT (figure 13.12).

Figure 13.12 Consumers of employment support services per 1000 people, by Indigenous status, 2002^{a, b, c, d, e, f}

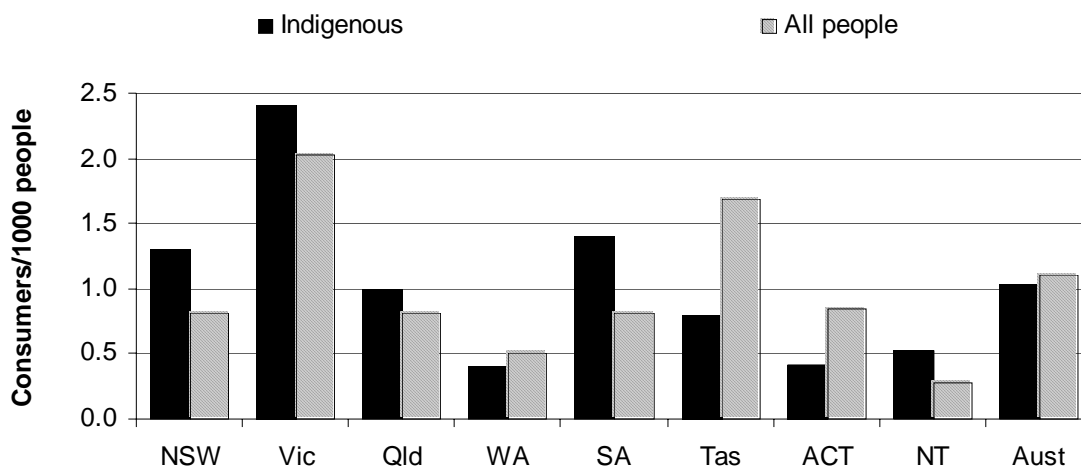


^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. ^b Where Indigenous status is inconsistently recorded for the same consumer, the consumer is counted as an Indigenous Australian. ^c Data for Indigenous consumers per 1000 people are derived from the Indigenous consumer data divided by the Indigenous Australians data, multiplied by 1000. ^d ABS population projections are used for 2002 population data. Indigenous population data in each State or Territory for 2002 is obtained by multiplying the percentage of Indigenous people to the ABS 2001 Census data on the projected population for 2002. The percentage of Indigenous people in each State or Territory is based on ABS Estimated Resident Population data for June 2002. ^e Data for all consumers in 2002 exclude 395 consumers of employment services whose Indigenous origin was 'not known' or 'not stated', so may differ from totals of other tables. ^f Data are revised, so differ from those in previous reports.

Source: AIHW (2001a, 2002a); table 13A.14.

Nationally, the representation of Indigenous consumers in day activity services was lower than that of all consumers in day activity services on the snapshot day in 2002 (1.03 Indigenous consumers per 1000 Indigenous people and 1.10 total consumers per 1000 people in the total population). A lower proportion of the Indigenous population than of the total population used day activity services in WA, Tasmania and the ACT. Across jurisdictions, the proportion of Indigenous consumers accessing day activity services ranged from 2.41 consumers per 1000 people in Victoria to 0.40 consumers per 1000 people in WA (figure 13.13).

Figure 13.13 Consumers of day activity services per 1000 people, by Indigenous status, 2002^{a, b, c, d, e, f, g}



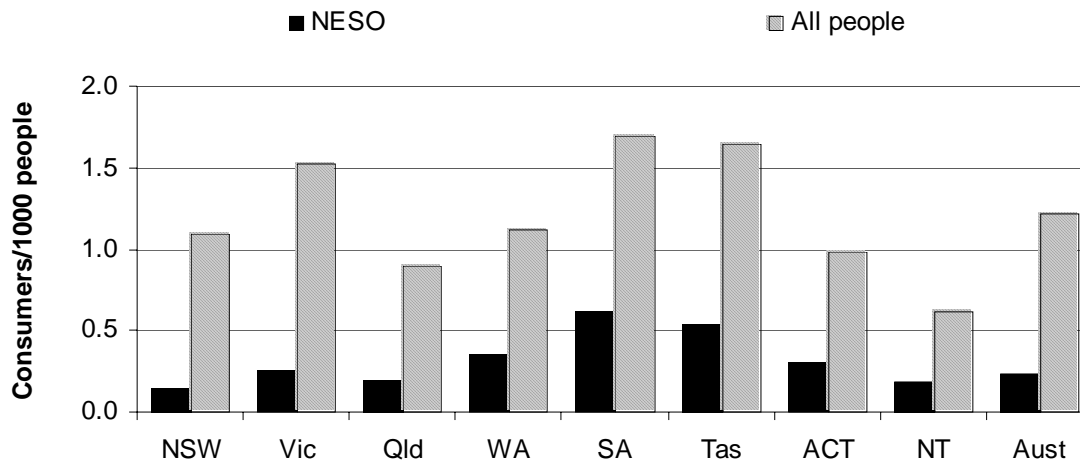
^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where Indigenous status is inconsistently recorded for the same consumer, the consumer is counted as an Indigenous Australian. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^b Data for Indigenous consumers per 1000 people are derived from the Indigenous consumer data divided by the Indigenous Australians data, multiplied by 1000. ^c ABS population projections are used for 2002 population data. Indigenous population data in each State or Territory for 2002 is obtained by multiplying the percentage of Indigenous people to the ABS 2001 Census data on the projected population for 2002. The percentage of Indigenous people in each State or Territory is based on ABS Estimated Resident Population data for June 2002. ^d Day activity services in 2002 include consumers using the following community access service types: learning and life skills development; and other community access (but not recreation/holiday program). ^e Data for all consumers in 2002 exclude 737 consumers whose Indigenous origin was 'not known' or 'not stated', so may differ from total of other tables. ^f Data for consumers of CSDA community access services exclude psychiatric services specifically identified by the jurisdiction. ^g Data may have different inclusions for different jurisdictions (which may explain variability across jurisdictions), so are not strictly comparable across jurisdictions.

Source: AIHW (2001a, 2002a); table 13A.15.

Non-English speaking origin representation per 1000 people

Nationally, the representation of NESO consumers in accommodation support services was lower than that of all consumers in accommodation support services on the snapshot day in 2002 (0.24 NESO consumers per 1000 NESO people and 1.21 consumers per 1000 people in total population). This was the case in all jurisdictions. Across jurisdictions, the proportion of NESO consumers accessing accommodation support services ranged from 0.61 consumers per 1000 people in SA to 0.15 consumers per 1000 people in NSW (figure 13.14).

Figure 13.14 Consumers of accommodation support services per 1000 people, by NESO status, 2002^{a, b, c, d, e, f, g}



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where country of birth is inconsistently recorded for the same consumer, the consumer is counted as being of a NESO. ^b Data for NESO consumers are based on consumer responses for country of birth other than Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland or the United States. ^c Data for NESO consumers per 1000 people are derived from the NESO consumer data divided by the NESO Australians data, multiplied by 1000. ^d The State and Territory data on the NESO population are derived from the corresponding ABS 1996 Census proportional distribution of population in States and Territories applied to the ABS national estimate of 2000 country of birth data, adjusted for expected increases in total and NESO populations in 2002. Estimates exclude people whose origin is not stated or who are visitors to Australia from overseas. ^e Data for all Australians exclude people whose birthplace is not stated or who are visitors to Australia from overseas. ^f Data for all consumers in 2002 exclude those whose origin is 'not known' or 'not stated', so may differ from other sections of this Report. ^g Data for consumers of CSDA funded accommodation support services exclude psychiatric services specifically identified by the jurisdiction.

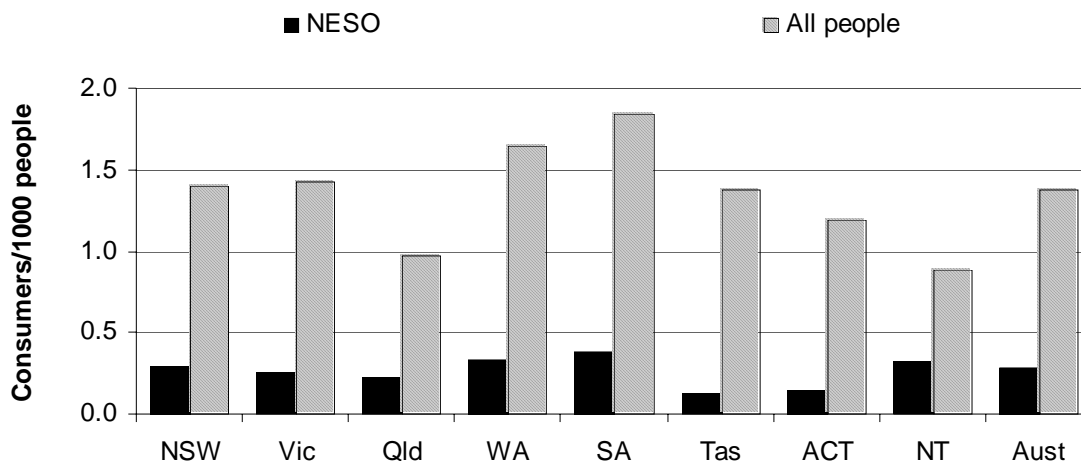
Source: AIHW (2001a, 2002a); table 13A.16.

Nationally, the representation of NESO consumers in employment support services was lower than that of all consumers in employment support services on the snapshot day in 2002 (0.28 consumers per 1000 NESO people and 1.37 consumers per 1000 people in the total population). This was the case in all jurisdictions. The proportion of NESO consumers accessing employment support services ranged from 0.38 consumers per 1000 people in SA to 0.13 consumers per 1000 people in Tasmania (figure 13.15).

Client satisfaction with appropriateness

The Steering Committee has identified this indicator for development and reporting in future.

Figure 13.15 Consumers of employment services per 1000 people, by NESO status, 2002^{a, b, c, d, e, f, g}



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who may have received more than one service on the snapshot day. Where NESO is inconsistently recorded for the same consumer, the consumer is counted as a NESO consumer. ^b Data for NESO consumers are based on consumer responses for country of birth other than Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland or the United States. ^c Data for NESO consumers per 1000 people are derived from the NESO consumer data divided by the NESO Australians data, multiplied by 1000. ^d The State and Territory data on the NESO population are derived from the corresponding ABS 1996 Census proportional distribution of population in States and Territories applied to the ABS national estimate of 2000 country of birth data, adjusted for expected increases in total and NESO populations in 2002. Estimates exclude those people whose origin is not stated or who are visitors to Australia from overseas. ^e Data for all Australians exclude people whose birthplace is not stated or who are visitors to Australia from overseas. ^f Data for all consumers in 2002 exclude 248 consumers of employment services whose origin is 'not known' or 'not stated', so may differ from other sections of this Report. ^g The Australian Government data are preliminary and cover 99 per cent of the Australian Government funded services.

Source: AIHW (2001a, 2002a); table 13A.17.

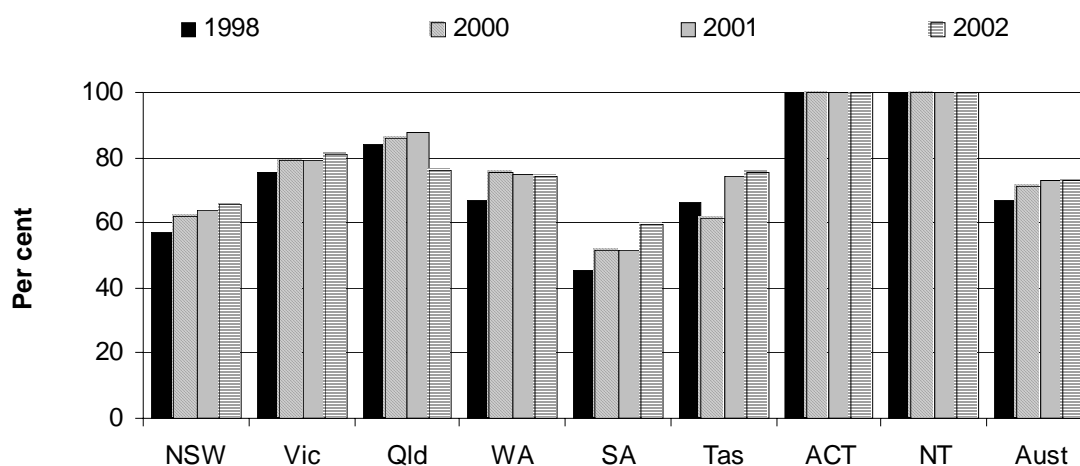
Proportion of accommodation consumers receiving community-based care or support

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

Nationally, 72.9 per cent of accommodation consumers had community-based accommodation or in-home support on the snapshot day in 2002, rising from 67.1 per cent in 1998 (figure 13.16). The ACT and the NT had the highest proportion of accommodation consumers receiving community based care or

support (both 100 per cent) on the snapshot day in 2002 and SA had the lowest (59.5 per cent) (figure 13.16). The upward trend in consumers of CSDA community-based or in-home accommodation support services reflects deinstitutionalisation nationally over the period 1998–2002.

Figure 13.16 Consumers of community-based or in-home accommodation support services as a proportion of all accommodation consumers^{a, b, c, d}



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where the accommodation service type is inconsistently recorded for the same consumer, the consumer is counted as receiving an institutional/residential or hostel accommodation support service. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^b Community-based or in-home accommodation support services include group homes, attendant care, outreach/other in-home/drop-in support, alternative family placement and other accommodation support for data prior to 2002. Community-based or in-home accommodation support services include group homes, attendant care/personal care, in-home' accommodation support, alternative family placement and other accommodation support for 2002 data. ^c Data for consumers of CSDA funded accommodation support services exclude psychiatric services specifically identified by the jurisdiction. ^d Data for 2000–2002 are revised, so differ from those reported in the 2003 Report.

Source: AIHW (2000, 2001a, 2002a); Madden *et al.* (1997); table 13A.6.

Equity and effectiveness outputs — quality of services

Quality assurance processes

Data on quality assurance monitoring in 2003 are reported for the Australian Government, Victoria, WA and Tasmania, while data on quality assurance processes for Victoria are included for the first time (box 13.7). These quality assurance data are from newly implemented collections and relate to a sample of service providers from all disability service types provided under the CSDA. The

four jurisdictions implementing quality assurance monitoring are expected to review all service providers in a rolling process over several years.

Box 13.7 Quality assurance for disability services

The quality assurance data reported below relate to CSDA funded services.

Australian Government

At 22 September 2003, the proportion of assessed disability employment support service organisations that had been certified against all standards and key performance indicators by independent accredited certification bodies was 26.1 per cent (108 of 414) of all organisations and 97.3 per cent (108 of 111) of assessed organisations. All 414 disability employment service organisations had registered their intention to be certified by December 2004 against the revised Disability Service Standards and new key performance indicators which were implemented on 1 July 2002. Only certified organisations will receive Australian Government funding from 2005.

Victoria, WA and Tasmania

In 2002-03, different quality assurance monitoring systems were in place in Victoria, WA and Tasmania, but these jurisdictions collected data on similar indicators. 'Disability services providers' 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 Victoria, 14.4 per cent (271 of 1886) of total service outlets had been independently reviewed (comprehensive and abridged) against the service standards, whereas 88.0 per cent (1660 of 1886) of the total service outlets across both government and non-government providers had been quality assured through self assessment against the Victorian Disability Standards.

In WA, 25.0 per cent (172 of 688) of total service outlets had been independently monitored (comprehensive and abridged) against the service standards; and 72.1 per cent (124 of 172) of the assessed disability service outlets had been quality assured against all assessed service standards.

In Tasmania, 10.7 per cent (21 of 196) of total service outlets had been comprehensively assessed, 79.1 per cent (155 of 196) service outlets were self-assessed against the service standards, and 100 per cent (21 of 21) of the comprehensively assessed disability service outlets had been quality assured against all assessed service standards.

Source: Australian, Victorian, WA and Tasmanian governments (unpublished).

Client and carer satisfaction

The 2000 Report provided survey data on client and care satisfaction to services provided to people with a disability (SCRCSSP 2000). These data have not been updated.

Efficiency outputs

The efficiency outputs are measured by the level of government inputs per unit of outputs (unit cost) and administrative cost. Efficiency indicators include:

- the cost to government of providing institutional/residential and community accommodation places
- government funding of non-government provided institutional/residential and community accommodation places
- the cost to government of delivering employment services
- the total cost per consumer to government of delivering disability services under the CSDA
- government administration costs as a proportion of the total cost to government of delivering disability services under the CSDA.

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 best estimated on a consistent basis. The jurisdictional expenditure data reported in this Report do not yet include the user cost of capital, so do not reflect the full costs of government services, but they are used as estimated costs to government services until data on full costs are available.

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

Table 13.1 Comparability of expenditure estimates for government delivered disability services, by items included, 2002-03

<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>
Superannuation	✓	✓	✓	✓	✓	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	Cash	Accrual	Accrual	Accrual
Workers' compensation	✓	✓	✓	✓	✓	✓	✓	✓
Payroll tax ^a								
Actual	✓	✓	✓			✓		✓
Imputed		✓		✓	✓		✓	
Apportioned umbrella department costs	✓	✓	✓	..	✓	✓	✓	✓
Basis of apportioning								
Departmental formula	✓	✓	✓	..	✓	✓	x	x
% of FTE employees	x	x	x	..	x	✓	✓	✓
Long service leave								
Entitlements	✓	✓	✓	✓	✓	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	Cash	Accrual	Accrual	Accrual
Depreciation	✓	✓	✓	✓	x	x	x	x

^a Actual payroll tax amounts are included in cost (expenditure) per place data for NSW, Victoria, Queensland, Tasmania and the NT because the actual payroll tax amounts are not separately identified at the service delivery area level. FTE = full time equivalent. .. Not applicable

Source: State and Territory governments (unpublished).

Institutional residential accommodation support includes both institutions and hostels. Community accommodation support includes group homes, attendant care/personal care, in-home accommodation support, alternative family placement, and other accommodation support. In recent years, there has been an ongoing process of deinstitutionalisation of services for people with a disability. As a result, total government expenditure on institutional residential accommodation places has decreased, with a corresponding increase in expenditure on non-institutional accommodation and care.

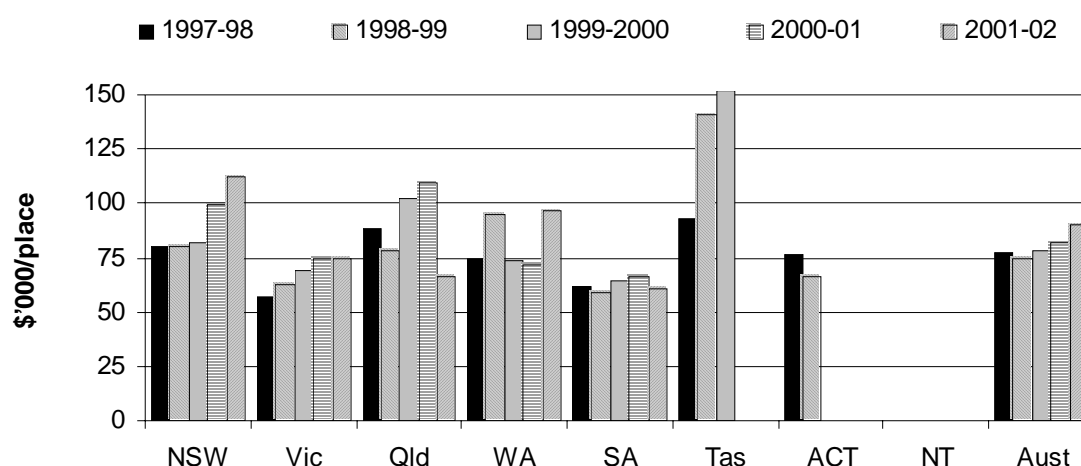
Efficiency outputs — cost per output unit

Government expenditure per government provided institutional residential place

The average government expenditure on institutional residential accommodation was \$90 609 per place in 2001-02. Across jurisdictions, the highest expenditure per place was in NSW (\$111 834) and the lowest was in SA (\$60 803). There was no

government provided institutional residential accommodation in Tasmania, the ACT and the NT in 2001-02 (figure 13.17).

Figure 13.17 Real government expenditure per government provided institutional residential place (2001-02 dollars)^{a, b, c, d, e, f}



^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). The change from 1998-99 reflects the refinement of the process (based on accrual accounting) used to allocate expenditure between institutions and community accommodation.

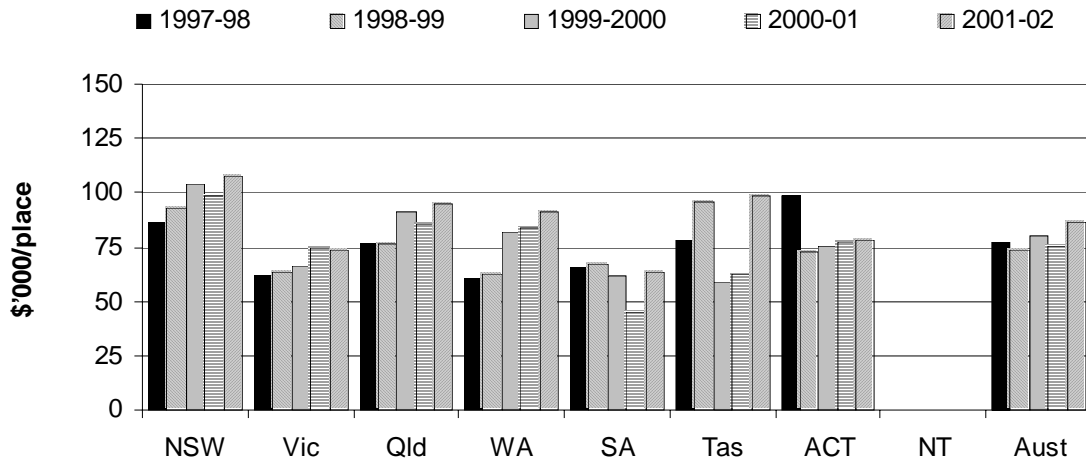
^b Increased government expenditures in NSW in 2000-01 and 2001-02 reflect devolution expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This expenditure will reduce as the relocation program accelerates. ^c Data for Victoria prior to 2001-02 are not comparable with previous reports, which used data from departmental administrative collections. ^d In Queensland, the decrease in government expenditure per government provided institutional residential place is due to transitional changes in models of accommodation support provided. ^e An improved government expenditure allocation and payments database has been used for WA data in 2001-02. This has resulted in a refinement and, in some cases, a major re-alignment of government expenditure previously reported. Accommodation support also reflects growth, indexation and parity funding provided for wage increases. ^f There was no government provided institutional residential accommodation support in Tasmania (from 2000-01 to 2001-02), the ACT (from 1999-2000 to 2001-02) and the NT.

Source: State and Territory governments (unpublished); table 13A.24.

Government expenditure per government provided community accommodation and care place

Nationally, government expenditure per government provided community accommodation and care place was \$86 360 in 2001-02. Across jurisdictions, government expenditure per place was highest in NSW (\$107 434) and lowest in SA (\$63 507). There were no government provided community accommodation and care places in the NT (figure 13.18).

Figure 13.18 **Real expenditure per government provided community accommodation and care place (2001-02 dollars)^{a, b, c, d}**



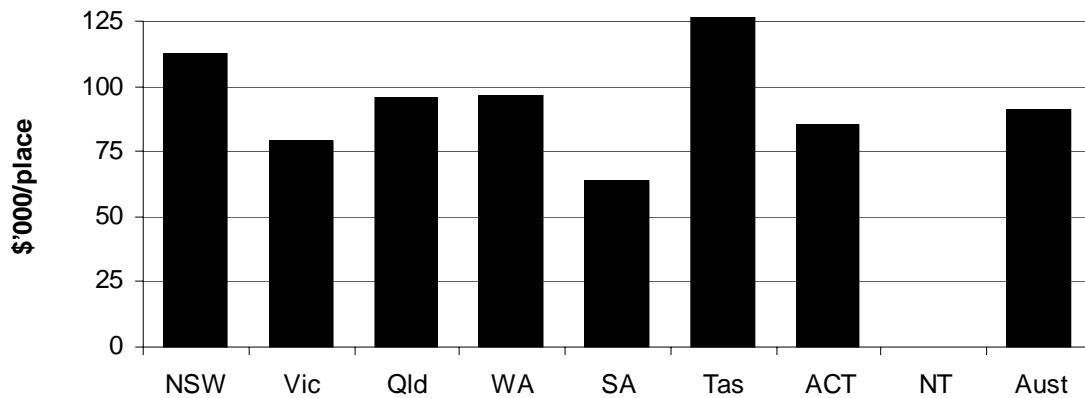
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). The change from 1998-99 reflects the refinement of the process (based on accrual accounting), used to allocate expenditure between institutions and community accommodation. ^b Due to refinements made to the counting rules for accommodation data, the 2001-02 data are not strictly comparable with data for previous years. ^c Data for Victoria prior to 2001-02 are not comparable with previous reports, which used data from departmental administrative collections. ^d There was no government provided community accommodation support in the NT.

Source: State and Territory governments (unpublished); table 13A.24.

Government expenditure per government provided community accommodation and care place — group homes

Nationally, government expenditure per government provided community accommodation and care place in group homes was \$91 463 in 2001-02. Across jurisdictions, government expenditure per place was highest in Tasmania (\$129 709) and lowest in SA (\$63 507). There were no government provided community accommodation and care places in group homes in the NT (figure 13.19).

Figure 13.19 **Government expenditure per government provided community accommodation and care place — group homes, 2001-02^{a, b}**



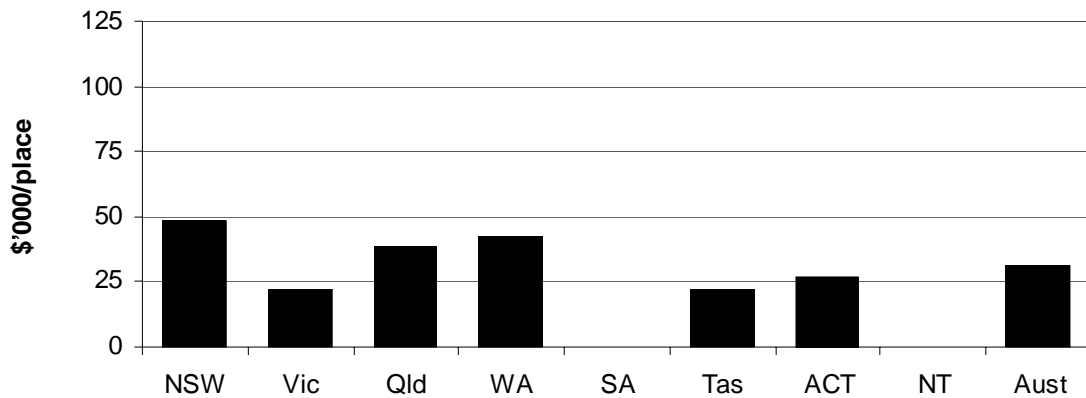
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). ^b There was no community accommodation support in group homes in the NT.

Source: State and Territory governments (unpublished); table 13A.24.

Government expenditure per government provided community accommodation and care place — other

Nationally, government expenditure per government provided community accommodation and care place (other) was \$31 270 in 2001-02. Across jurisdictions, government expenditure per place was highest in NSW (\$47 991) and lowest in Victoria (\$22 246). There were no providers of other community accommodation and care places in SA and the NT (figure 13.20).

Figure 13.20 **Government expenditure per government provided community accommodation and care place — other, 2001-02^{a, b}**



^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). ^b There was no other community accommodation support in SA and the NT.

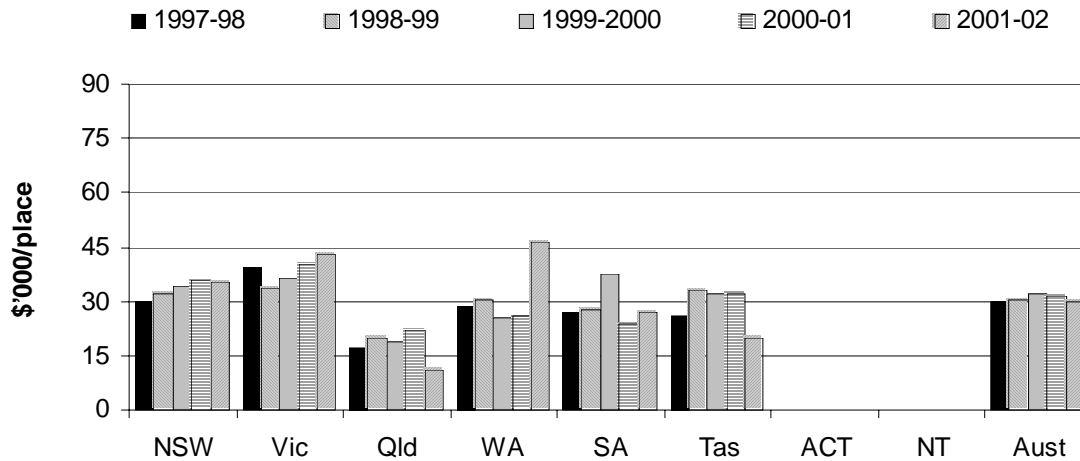
Source: State and Territory governments (unpublished); table 13A.24.

Government funding per non-government provided institutional residential place

Governments do not always directly provide accommodation services to consumers; rather, they may fund non government service providers to deliver this service.

Nationally, government funding per non-government delivered institutional residential accommodation place was \$29 649 in 2001-02. Across jurisdictions, government funding per place was highest in WA (\$46 161) and lowest in Queensland (\$10 908). There were no providers of institutional residential accommodation in the ACT and the NT (figure 13.21).

Figure 13.21 Real government funding per non-government provided institutional residential place (2001-02 dollars)^{a, b, c, d, e}



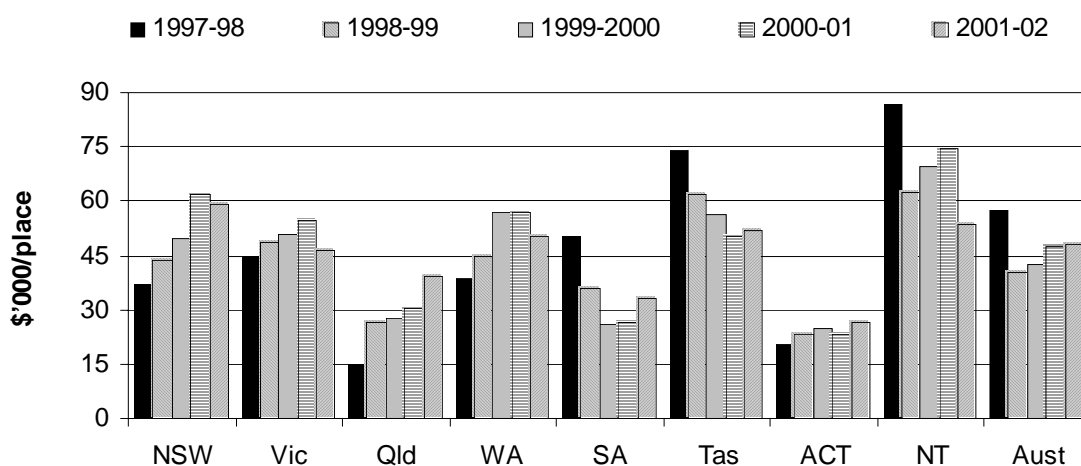
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). The change from 1998-99 reflects the refinement of the process (based on accrual accounting) used to allocate expenditure between institutions and community accommodation. Data reflect government contributions towards non-government provided places. ^b Data for Victoria prior to 2001-02 are not comparable with previous reports, which used data from departmental administrative collections. ^c In Queensland, the decrease in 2001-02 data is due to changes in service-type definitions. ^d An improved government expenditure allocation and payments database has been used for WA data in 2001-02. This has resulted in a refinement, and, in some cases, a major re-alignment of government expenditures previously reported. Accommodation support also reflects growth, indexation and parity funding provided for wage increases. ^e There were no providers of institutional residential accommodation support in the ACT and the NT.

Source: State and Territory governments (unpublished); table 13A.24.

Government funding per non-government provided community accommodation and care place

Nationally, government funding per non-government provided community accommodation and care place was \$48 139 in 2001-02. Across jurisdictions, it ranged from \$59 178 per place in NSW to \$26 766 per place in the ACT (figure 13.22).

Figure 13.22 **Real government funding per non-government provided community accommodation and care place (2001-02 dollars)^{a, b, c, d}**



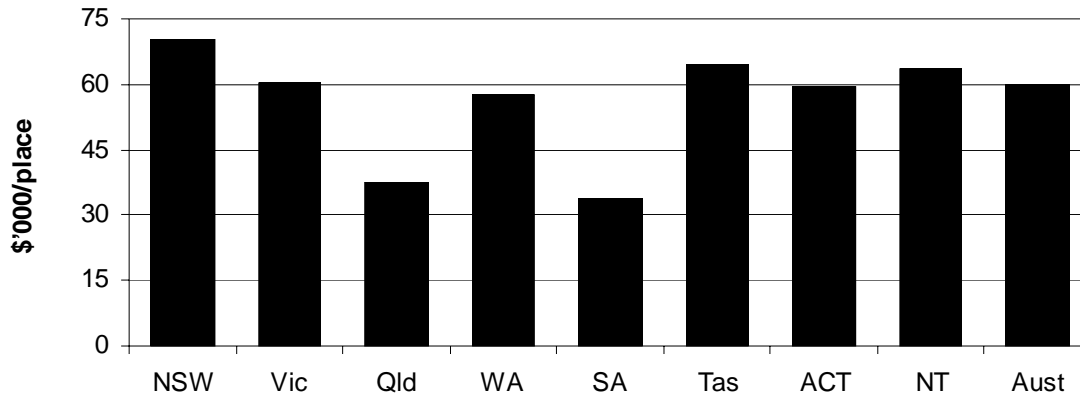
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). The change from 1998-99 reflects the refinement of the process (based on accrual accounting) used to allocate expenditure between institutions and community accommodation. Data reflect government contributions towards non-government provided places. ^b Due to refinements made to the counting rules for accommodation data, the 2001-02 data are not strictly comparable with data for previous years. ^c Data for Victoria prior to 2001-02 are not comparable with previous reports, which used data from departmental administrative collections. ^d Expenditure variations in 2001-02 for the disability service types reflect changes in service provision under an individual funding model. Payments under the model are categorised as community support (as per CSTDA NMDS definitions) and are not included specifically in the service type purchased (for example, supported accommodation). In the NT, some non-government organisations received three quarterly payments in 2001-02. One quarterly payment was paid in advance in 2000-01. These factors affect the ability to make meaningful comparisons with previous financial years.

Source: State and Territory governments (unpublished); table 13A.24.

Government funding per non-government provided community accommodation and care place — group homes

Nationally, government funding per non-government provided community accommodation and care place in group homes was \$60 068 in 2001-02. Across jurisdictions, it ranged from \$70 272 per place in NSW to \$34 059 per place in SA (figure 13.23).

Figure 13.23 **Government funding per non-government provided community accommodation and care place — group homes, 2001-02^{a, b}**



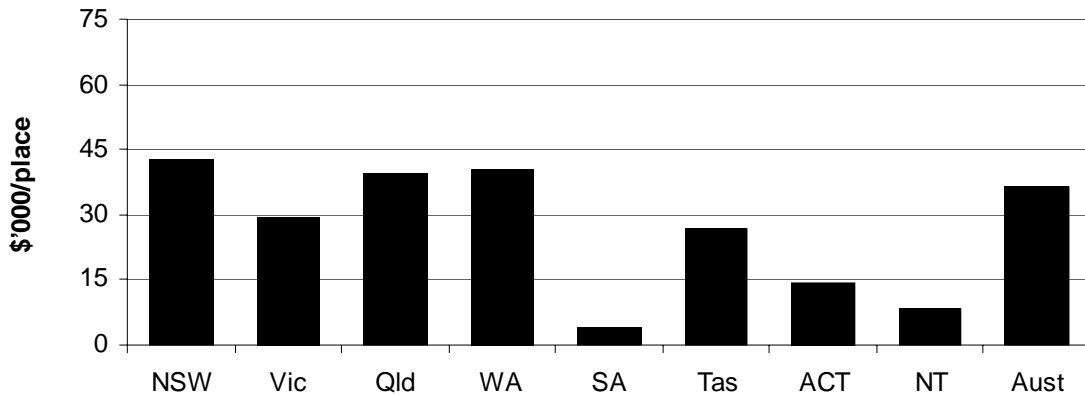
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). ^b Data reflect government contributions towards non-government provided places.

Source: State and Territory governments (unpublished); table 13A.24.

Government funding per non-government provided community accommodation and care place — other

Nationally, government funding per non-government provided other community accommodation and care place (other) was \$36 288 in 2001-02. Across jurisdictions, it ranged from \$42 713 per place in NSW to \$4307 per place in SA (figure 13.24).

Figure 13.24 **Government funding per non-government provided community accommodation and care place — other, 2001-02^{a, b}**



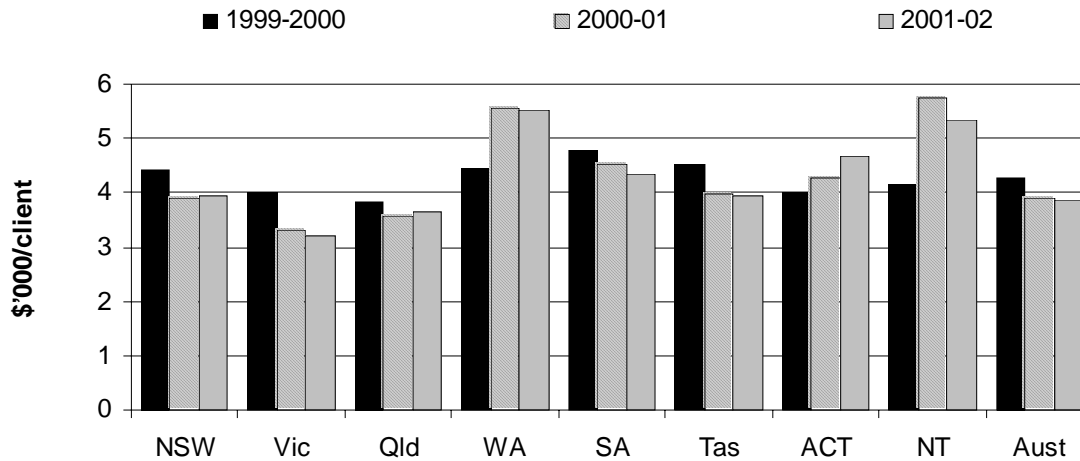
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). ^b Data for 2001-02 include the In Home Accommodation Support program not previously reported.

Source: State and Territory governments (unpublished); table 13A.24.

Government expenditure per employment client assisted

Assistance with employment for people with a disability was the responsibility of the Australian Government under the CSDA. Nationally, for all employment services in 2001-02, real government expenditure per client assisted was \$3878. There was a decrease in real government expenditure per client for all jurisdictions except NSW, Queensland and the ACT from 2000-01 to 2001-02. Across jurisdictions, government expenditure per client in 2001-02 was highest in WA (\$5526) and lowest in Victoria (\$3219) (figure 13.25).

Figure 13.25 Real expenditure per employment client assisted, by jurisdiction (2001-02 dollars)^{a, b}



^a Based on the number of employment clients assisted during the whole year. ^b Expenditure data represent payments made directly to services for the provision of disability employment assistance in 2000-01. These services do not include other elements of the Australian Government Employment Assistance Program, such as consumer training and support, supported wages system and wage subsidies.

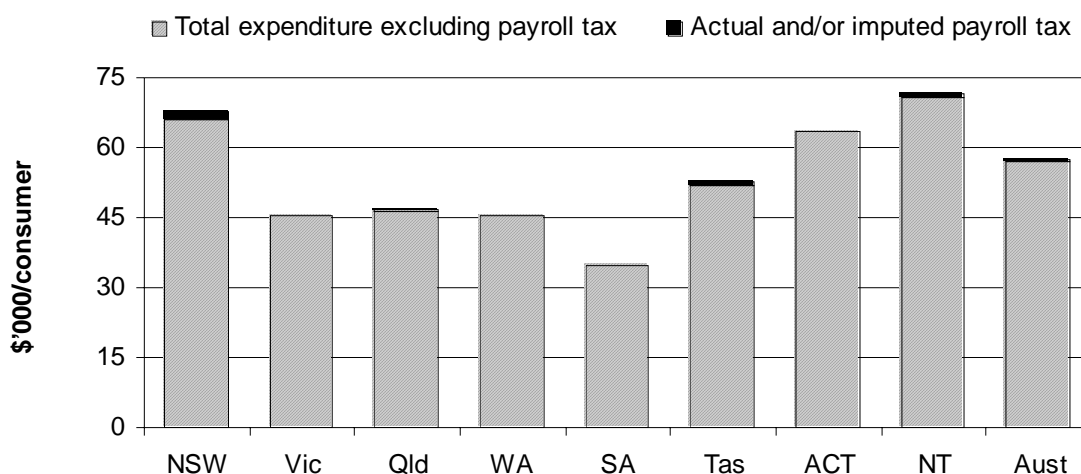
Source: DFACS (unpublished); table 13A.27.

Nationally, real government expenditure per client in 2001-02 by employment service type was \$3038 on the open program, \$5925 on the supported program and \$3541 on the open and supported program. This represented a real decrease from the 2000-01 government expenditure per client for both the open program (\$3086) and open and supported program (\$3370), and a real increase for the supported program (\$5877) (table 13A.26).

Total government expenditure per consumer

Total expenditure per consumer of government provided disability services under the CSDA for 2001-02 is reported both net of payroll tax and including actual and/or imputed payroll tax. Nationally, expenditure per consumer was \$57 131 excluding payroll tax and \$57 749 including actual and/or imputed payroll tax. Across jurisdictions, the NT had the highest dollars per consumer, both where payroll tax was excluded (\$70 834) and included (\$71 512). SA had the lowest dollars per consumer, both where payroll tax was excluded (\$34 690) and included (\$35 600) (figure 13.26).

Figure 13.26 Total government expenditure per consumer, 2001-02^{a, b, c, d}



^a In some jurisdictions (NSW, Victoria in part, Queensland, Tasmania and the NT), the payroll tax is paid directly by the service; in other jurisdictions (Victoria in part, WA, SA and the ACT), payroll tax is not paid directly by the service. ^b Payroll tax data for Queensland include payroll tax, accrued payroll tax and long service leave on-costs recovered payroll tax. ^c In the NT, payroll tax relates to government service provision and excludes expenditure for program management and administration. ^d Consumer data were based on a snapshot day in 2001-02.

Source: AIHW (2002a); State and Territory governments (unpublished); table 13A.29.

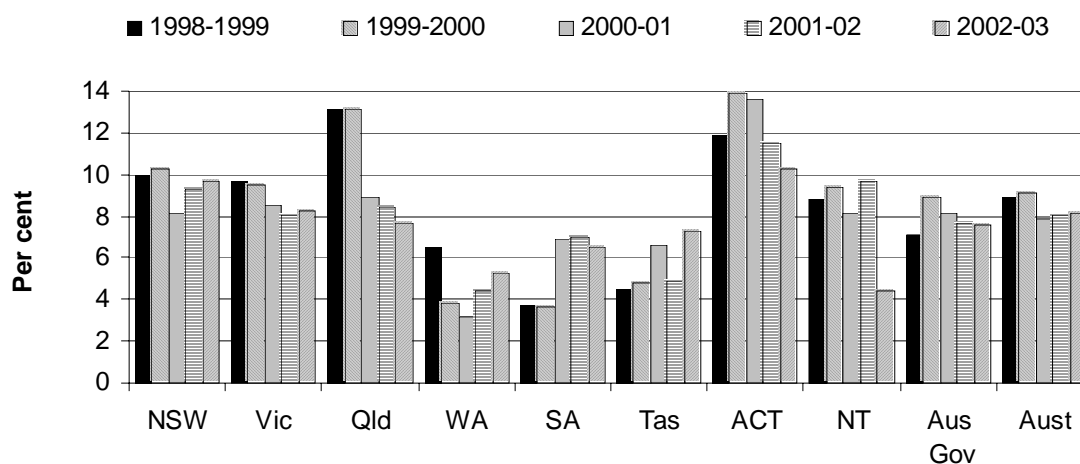
Efficiency outputs — administrative cost

Administrative expenditure as a proportion of total expenditure

The proportion of total expenditure on administration is not yet comparable across jurisdictions because different methods are used to apportion administration expenditure. Administration expenditure data are useful, however, for indicating trends within jurisdictions over time.

Nationally, administrative expenditure as a proportion of total government expenditure on disability services remained relatively constant (rising from 8.0 per cent in 2001-02 to 8.2 per cent in 2002-03) where actual payroll tax is included in total CSDA expenditure for NSW, Victoria (in part), Queensland, Tasmania and the NT. Across jurisdictions, the proportion increased between 2001-02 and 2002-03 for NSW, Victoria, WA, and Tasmania, and decreased for all other jurisdictions. The highest proportion for 2002-03 was in the ACT (10.2 per cent) and the lowest was in the NT (4.4 per cent) (figure 13.27).

Figure 13.27 Administrative expenditure as a proportion of total expenditure on services^{a, b, c, d, e, f, g, h}



^a See table 13.1 for an explanation of different methods of apportioning departmental costs. ^b Data include actual payroll tax amounts for NSW, Victoria (in part), Queensland, Tasmania and the NT. ^c The method of apportioning government administration expenditure in Queensland changed in 2000-01 as a result of improved financial reporting systems and with the establishment of Disability Services Queensland. Payroll tax data for Queensland include payroll tax, accrued payroll tax and long service leave on-costs recovered payroll tax. ^d The decrease in WA 2000-01 administration expenditure reflects a reduction in corporate services costs and the elimination of costs associated with the implementation of the GST in 1999-2000. The increase in WA 2001-02 administration expenditure mainly reflects the realignment of policy costs previously allocated across all outputs. ^e Data for SA include administration expenses (indirect service delivery costs) relating to all government agencies receiving funding from the department. Reports in previous years included only the Central Office and Intellectual Disability Services Council administrative costs. Improved allocation of corporate overheads occurred from 2000-01 within the government sector. ^f The ACT incurred additional one-off overhead costs in 2000-01 due to the Inquiry into Disability Services in the ACT. ^g The NT administrative expenditure prior to 2001-02 is estimated, based on average staffing levels. There was improved financial reporting in the NT in 2001-02 due to operation within a funder/purchaser/provider framework. The 2000-01 expenditure data include advance payments in the first quarter of 2001-02, resulting in underreporting of expenditure in 2001-02. For 2002-03, the method of apportioning administrative expenditure changed, resulting from a realignment 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. Payroll tax relates to government service provision and excludes expenditure for program management and administration. ^h Australian Government administrative expenditure is an estimate, based on average staffing levels.

Source: Australian, State and Territory governments (unpublished); table 13A.28.

Data that account for differences in payroll tax regimes across jurisdictions are included in this Report (table 13A.28) to improve the comparability of reported costs. Payroll tax data need to be interpreted with caution, however, because some jurisdictions (NSW, Queensland, the ACT and the NT) have provided payroll or payroll tax data on the basis of direct service delivery expenditure for government provided services, and others (Victoria, WA, SA and Tasmania) have provided the data on the basis of total expenditure for government provided services. Specifically, total CSDA expenditure is reported in table 13A.20 and 13A.21, both excluding and including either actual or imputed payroll tax amounts.

Where payroll tax is excluded, average national administrative expenditure as a proportion of total CSDA expenditure was 8.4 per cent in 2002-03. Where either actual or imputed payroll tax is included, average national administrative expenditure as a proportion of total CSDA expenditure was 8.2 per cent in 2002-03 (table 13A.28).

Outcomes

Three indicators of participation are outlined in the framework: labour force participation and the employment status of people with a disability; the level of social participation of people with a disability; and the representation of users of disability services in other services.

Labour force participation and employment of people with a disability

Labour force participation and employment rates have been chosen as outcome indicators, given the importance of participation in the labour force and employment to overall wellbeing of people with disability, particularly in terms of remuneration, opportunity for self-development and interaction with people outside the home.

The ABS 1998 Survey of Disability, Ageing and Carers provided data for labour force participation and employment rates for people aged 15–64 years with a profound or severe core activity restriction. The labour force participation rate for people with a profound or severe core activity restriction in 1998 was 34.7 per cent — 40.9 percentage points below the rate for the general population in all jurisdictions (75.6 per cent). The employment rate for people with a profound or severe core activity restriction was 89.0 per cent — 2.7 percentage points below the rate for the general population (91.7 per cent) (table 13A.7). Detailed definitions and calculations of labour force participation and employment rates are provided in section 13.7.

Social participation of people with a disability

A primary objective of government services for people with a disability is to enhance consumers' quality of life. Governments seek to advance the rights and wellbeing of people with a disability by helping them to live as valued and participating members of the community.

It was agreed in the recent CSTDA NMDS development process that social participation data at the national level would not be collected in the NMDS.

Nevertheless, Victoria and WA independently developed indicators and data on social participation for people with a disability. Social participation data from these two jurisdictions were not available for the 2004 Report because Victoria used the CSTDA NMDS instrument for social participation data collection and WA did not collect social participation data during 2003.

The 2002 social participation data (which were previously reported in the 2003 Report) are from different collection instruments in Victoria and WA. In Victoria, annual data were collected by adding questions to the CSDA MDS instrument in 2002. In WA, a consumer satisfaction survey was applied in 2002 for the collection of social participation data for the second time and the data are expected to be collected on a regular (but less than annual) basis. Notwithstanding these differences, there is some synergy between the Victorian data items 'maintaining relationships with family', 'maintaining social relationships' and 'participation and recreation' and the WA data items 'social relationships' and 'recreation/entertainment' (box 13.8).

Box 13.8 Social participation of people with a disability

Victoria

In May 2001, Victoria collected census data through the CSDA MDS on the social participation ability of disability services consumers of Day Program and shared accommodation services. The following are the reported results of consumer perceptions:

- For all people with a disability, 37 per cent of consumers were able to fully participate in maintaining relationships with family, 43 per cent reported that they partially participated, 12 per cent reported not participating at all, and 8 per cent were reported as unknown.
- For all people with a disability, 20 per cent of consumers were able to fully participate in maintaining social relationships, 54 per cent reported that they partially participated, 19 per cent reported not participating at all, and 7 per cent were reported as unknown.
- For all people with a disability, 25 per cent of consumers were able to fully participate in recreation or leisure activities, 63 per cent reported that they partially participated, 10 per cent reported not participating at all, and 3 per cent were reported as unknown.

Data were disaggregated by severity of disability. Between 11 per cent and 41 per cent of those in the profound and severe disability severity groups reported participating fully.

(Continued on next page)

Box 13.8 (Continued)

WA

In 2002, 450 randomly selected disability services consumers were surveyed on a variety of social participation items. The following are the reported results of consumer perceptions:

- For all people with a disability, 37 per cent of consumers reported that they had friends who they could talk or do things with, besides staff or family members. For all people with a disability, 41 per cent reported that they had friends who they could talk or do things with and who were staff, and 54 per cent reported that they had friends who they could talk or do things with and who are family.
- For all people with a disability, 51 per cent of consumers reported that they were able to participate in entertainment activities (for example, movies and concerts) as often as they would like to.
- For all people with a disability, 48 per cent of consumers reported that they were able to participate in exercise or play sports (for example, walking, swimming cycling) as often as they would like to.

Source: DHS (2002); WA Government (unpublished).

Representation in users of other services

Indicators of participation by people with a disability in other services are included in the performance indicator frameworks for those service areas. Participation is reported for VET (see chapter 4), Children's services (see chapter 14) and Housing (see attachment 16A).

13.5 Future directions in performance reporting

Significant development and refinement of reporting against performance indicators are planned for subsequent reports, largely arising from improved, ongoing data available from the CSTDA NMDS from 2002-03. Data from the CSTDA NMDS were not available for the 2004 Report, but are expected to be included in the 2005 Report.

Notwithstanding the improvements in reporting made in the 2003 and 2004 Reports, limitations remain in reporting against the current framework.

- There are gaps in reporting service quality (for example, client and carer satisfaction).

-
- The availability of only snapshot day data rather than whole-of-year data has an impact on the reliability of performance indicators.

The scope of reporting is restricted to disability services delivered under the relevant disability agreement between the Australian, State and Territory governments.

The Steering Committee intends to address these limitations by:

- expanding reporting to cover other government services used by people with a disability
- reporting whole-of-year data to improve the reliability of performance indicators
- reporting more complete, current, ongoing social participation data
- reporting more complete, current, ongoing quality assurance data.

Reporting on social participation and quality assurance processes is expected to become more complete and comparable over time, with refinements to performance indicators and data collections. Additional reporting of disability services other than accommodation and employment may be achievable in future reports.

13.6 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).

The Australian Government comments

“ Under the Commonwealth State/Territory Disability Agreement (CSTDA), all governments have agreed to focus on improving accountability, transparency and performance measurement. This report provides one avenue for meeting this priority. The redevelopment of the CSTDA Minimum Data Set, the move towards reporting whole of year data by all jurisdictions and the production of an annual CSTDA Performance Report on the progress of implementing policy priorities under the third Agreement will also work towards addressing this priority and will provide more comprehensive and transparent information for the disability sector.

The Disability Services Census captures data for the full financial year, rather than the snapshot day data that most other jurisdictions were collecting up to 2002. Data is collected for outcomes measurement and statistical information for the full financial year of operations of each employment service.

The Australian Government has some concerns over the reliability of snapshot data in representing the level of service provision. Whole of year data is a count of all registered consumers who have been assisted by the service throughout the year and provides a more complete picture of employment services activity. To illustrate this, the number of consumers receiving employment services on snapshot day was 18 381 in 2001-02 compared with the more representative figure of 64 639 consumers reported on whole of year data for 2001-02.

Further, comparing snapshot data indicates an increase of 647 consumers of employment services between 1999–2000 and 2001-02. In contrast, whole of year data shows an increase of 11 212 consumers over that period.

Additional information on the whole of year disability census data is available on the FaCS website <http://www.facs.gov.au>. ”

New South Wales Government comments



The New South Wales (NSW) Government is committed to providing services to people with a disability and their carers to allow them to live independently and participate in community life.

The proportion of people in NSW who have a disability is increasing at a faster rate than for the general population, and this is having an impact on the demand for services. Efforts in NSW are being directed towards strengthening the capacity of existing community and mainstream government services to be responsive to the needs of people with a disability, increasing the emphasis on prevention and early intervention and managing longer-term issues relating to sector sustainability.

Expenditure on disability services in NSW increased by almost 9 per cent in 2002-03. Additional resources have been allocated to meet growing demand for disability services and ensure that existing access to services is maintained, as well as to reform areas such as the Adult Training, Learning and Support (ATLAS) Program and boarding house reform.

The ATLAS Review and Reform aims to build more effective pathways between school, work, other day and lifelong learning activities, and incorporates the review of Post School Options (PSO) and Day Program Services. An additional \$36 million over four years has been allocated in support of the ATLAS Review and Reform process.

Additional funding of \$15 million over four years has been allocated for boarding house reform, which includes relocating individuals with a disability with high needs from boarding houses into more appropriate community-based accommodation. The devolution program, which aims to relocate residents of large disability institutions into more appropriate community-based accommodation, is also continuing.

During 2003, NSW outlined a number of initiatives relating to people living with spinal cord injuries and conditions. Funding of \$10.9 million over four years has been made available to promote biomedical research into spinal cord injury, disorders and neurological conditions, \$23 million over four years has been allocated for an extra 100 attendant care places for people with a physical disability, and \$2 million has been allocated for a two-year pilot program for people who have suffered catastrophic injuries move from rehabilitation centres back into the community.

The new Commonwealth State/Territory Disability Agreement (CSTDA) National Minimum Data Set (NMDS), implemented in NSW in October 2002, will provide NSW and other jurisdictions with more meaningful data on disability service outputs and clients, and will allow future planning for people with a disability to be significantly strengthened. Preliminary analysis from the CSTDA NMDS for NSW is very promising and is already being utilised in the planning process.



Victorian Government comments

“ Victoria has continued to build on previous improvements in the collection and provision of data that is comparable on a national basis. Additional Victorian data related to quality assurance has been collected and included for the first time in the 2004 report. Enhanced data collection sits alongside other significant initiatives.

The Victorian State Disability Plan 2002–2012 was released in September 2002 providing a framework for promoting inclusion and participation for people with a disability across all areas of life. As part of the review of disability legislation in Victoria, Disability Services released a Discussion Paper in May 2003 to inform the development of a future legislative framework that supports the principles and objectives of the State Disability Plan.

Changes to the supported accommodation program resulted in improved flexibility and broadened in-home and community-based support options for individuals based on their needs and aspirations.

Funding was secured to implement the Companion Card Program in Victoria for people with a disability. The program will assist people who have a profound or severe disability or mental illness (and thus require a companion) to participate in sport, recreation and leisure opportunities.

The redevelopment of Kew Residential Services progressed, enabling residents to relocate and experience a lifestyle as close as possible to that enjoyed in the general community.

The RuralAccess initiative was implemented across rural and regional Victoria, with 27 RuralAccess workers based with local government authorities and community health services.

Tools were developed to support the implementation of a competency-based training strategy aligned with the National Training Framework for disability support staff.

The minimum data set continues to be an important service and source of information for a range of planning, policy development and reporting purposes. It will assist in assessing the policy outcomes that flow from the above initiatives. Victoria has invested heavily in the implementation of the new National Minimum Data Set with new tools, extensive training and support being provided to assist disability agencies. Due to the large changes involved in the collection process and the bedding down of the new system, a range of issues is expected to impact on the quality of data for 2002-03.

Notwithstanding improvements in nationally comparable information, like all reports of this kind, some cautionary notes regarding the interpretation of data are necessary. Victoria recognises that problems with data consistency and comparability still exist and that more work is required in some areas. Readers should keep such differences in mind when interpreting data reported here.

”

Queensland Government comments



During the previous 12 months the Queensland disability services sector has seen the implementation of a number of major initiatives to improve the lives of people with a disability and their families.

The Disability Services Queensland Funding Reform Project reviewed demand for disability services, the disability services program framework and the viability of disability service providers. Based on the findings of extensive state-wide consultation and data analysis, recommendations were made to the Queensland Government throughout the life of the project. In June 2003 the Queensland Government announced that disability services would be a key priority in the 2003-04 State Budget and committed an additional \$290.5 million in funding over the next four years for disability services in Queensland.

Released with the Queensland Government's new disability services budget was the policy statement, Future Directions for Disability Services, which launched a four-year reform agenda for disability services in Queensland. This document provides a blueprint for changing the way disability services go forward in Queensland and identifies three priority areas: increasing services to adults and young people, strengthening families and communities and improving viability, quality and accountability of service providers.

The Queensland State Government also endorsed changes to Disability Service processes, systems and organisational shape to strengthen its ability to purchase, monitor and evaluate service delivery. This new Business Model will strengthen safeguards for protecting people with a disability from abuse and neglect. It includes a stronger complaint investigation and management system and more rigorous monitoring of service providers.

A review of Queensland's principal disability legislation the Disability Services Act is occurring. During 2002-03 a series of issues papers were released to facilitate public consultation. This review will continue in 2003-04.

Other significant work which occurred includes the development of an innovative supports and housing model to respond to the needs of people with challenging behaviours. In addition a whole-of-Government Carer Recognition Policy was developed to facilitate the integration of carer issues within Government Policy development and service delivery. These initiatives will be further developed in 2003-04.

With the signing of the Commonwealth-State/Territory Disability Agreement in June 2003, the next four years are seen as a time of great opportunity in Queensland. The new way forward committed to in Future Directions for Disability Services, the implementation of the new Disability Services Queensland Business Model and the review of the Disability Services Act all herald a period of significant reform to disability services in Queensland. These reforms will work together to achieve the common goal of improving the lives of people with a disability and their families.



Western Australian Government comments



Western Australia supports the ongoing development of the National Minimum Data Set, and is confident that the reporting of whole-of-year data for all jurisdictions in the 2005 Report will be a significant step forward in providing more comparable data both within and across jurisdictions in future years.

Caveats will remain, however, with regard to data interpretation and comparison with earlier years, where data trends reflect changes and improvements in both data collection and service delivery. For example, as noted previously, 2001-02 data contained in this Report suggest a decline in the number of Western Australian consumers receiving some service types. This reflects earlier incorrect data reporting by two providers, leading to inflated figures for accommodation support in previous years.

Progress on performance indicators around the effectiveness and quality of services has continued, and Western Australia is pleased to be able to provide data for 2002-03 on quality assurance processes. WA is further committed to developing measures for community participation, and anticipates that new data on social participation for Western Australians with disabilities will be available for the 2005 Report.

An important issue for WA is the provision of culturally appropriate services and supports for Indigenous people with a disability. Towards this end, an Indigenous Senior Policy Officer has been recently appointed, and state-wide consultations with Indigenous people with a disability and their families and carers have commenced to identify their needs, and how services and supports may be provided in more culturally appropriate ways. The consultation process has linked Disability Services Commission staff with local Indigenous agencies and consumers in many areas. This has led to the establishment of interagency and consumer groups strongly committed to addressing local Indigenous disability issues, including access to therapy, equipment, respite and family support. Alternative models of service delivery to meet the needs of Indigenous people living in rural and remote Western Australia are being developed, and funding has been made available for more innovative models of respite and family support in remote communities. It is planned that these initiatives will lead to improved access to specialist disability services for Indigenous people with disabilities and their carers.



South Australian Government comments



The Disability Services Office (DSO) of South Australian Government has completed a successful year of service initiatives designed to enhance citizenship opportunities for people with a disability.

The DSO, in partnership with State, local, and non-Government agencies, has:

- allocated \$2m in new funding for community housing places for people with an intellectual disability;
- allocated new funds for 100 places for day activities for school leavers who cannot access employment services;
- established a 50 bed aged care nursing home for older people with an intellectual disability previously living in Strathmont Centre; and
- introduced a comprehensive Service Excellence Framework as a foundation for measurable service improvement across both Government and non-Government service providers.

The DSO held a very successful state-wide conference in partnership with indigenous people which led to the introduction of a comprehensive and inclusive Action Plan to markedly improve services for indigenous people with a disability. Special emphasis is being given to indigenous people in rural and remote communities, particularly the APY Lands.

The actions placed under the Disability Services Planning and Funding Framework 2000–2003 successfully completed and commenced the formulation for a new Strategic Plan (Framework) for the period 2004–2007. This new plan will place emphasis upon practical whole-of-Government service obligations for people with a disability and address matters such as transport, legislation, service excellence and community living.

For the period 2003–2006, 150 people will re-locate from the Strathmont Centre to community homes with \$18.4m capital and \$5.3m recurrent to facilitate the process.



Tasmanian Government Comments

“ Tasmania, like all jurisdictions, has been devoting considerable resources to ensure the timely implementation of the new Commonwealth State/Territory Disability Agreement (CSTDA) National Minimum Data Set (NMDS) collection developed jointly by the National Disability Administrators and the Australian Institute of Health and Welfare (AIHW). It is unfortunate that although financial data provided directly by jurisdictions are available, client data for 2002-03 is not available for this Report and therefore efficiency indicators could not be provided.

Tasmania is pleased to be one of three jurisdictions providing current year data on quality assurance processes and also notes the continuing improvement in comparability of the financial data.

There are a number of new and improved features to the Report, which Tasmania fully supports, particularly the profile of services for people with a disability and the section on policy developments in services. The new framework for performance reporting has also been included and highlights the commitment of all jurisdictions to ensure that activities and outcomes are transparent and reporting formats are user friendly.

Tasmania continues to develop its strategic business framework in line with the new Strategic Plan due in July 2004. Individual funding options programs continue to grow and are now being consolidated into one state-wide individual funding unit. This will streamline administrative procedures and ensure consistency across regions.

Tasmania's Ministerial Advisory Council has now been fully operational for some time and is taking an active role in the development of strategic directions in the disability sector in Tasmania.”

Northern Territory Government comments

“ 2002-03 was a significant year with the signing of the new Commonwealth State/Territory Disability Agreement (CSTDA) by the Northern Territory Government. The policy priorities contained within the CSTDA are reflective of the needs within the disability community in the Northern Territory.

The Northern Territory Government will be playing a lead national role in key policy priority areas of vital importance to Northern Territory consumers, such as developing strategies in relation to Indigenous people with disabilities, the interface of employment and day options services and the interface between Home and Community Care (HACC) programs and CSTDA services.

Within the Northern Territory significant policy initiatives such as the progression of early childhood intervention review, the development of post school options and working with bordering jurisdictions to improve service delivery in cross border remote communities will actively support consumers and their families.

In 2002 Department of Health and Community Services, of which the Aged and Disability program is a part, underwent a major structure and service review. As a result much of 2003 has seen the restructure of the Department which seeks to divert more resources to services and program development.

The Northern Territory Government has also made improvements in reporting systems that improve comparability with other jurisdictions. In 2002-03 Northern Territory Government moved from a cash to an accrual accounting system in line with most other jurisdictions. As a result, however, comparability of NT financial data to previous years is affected. Also in 2002-03 the NT improved data collection and reporting systems allowing a realignment of costs attributed to services purchased under the individual funding model from the community support service type to the specific service type purchased.

The Northern Territory Government looks forward to the reporting of the 2002-03 data in the 2005 Report as the redevelopment of the CSTDA NMDS presents opportunities for continuing refinement of reporting against performance indicators by jurisdictions.”

13.7 Definitions

Table 13.2 Terms and indicators

<i>Term or indicator</i>	<i>Definition</i>
Accommodation consumers receiving community-based accommodation and care — group homes	People using CSTDA NMDS service type 1.04 as a proportion of all people using CSTDA accommodation services (excluding services provided to people with a psychiatric disability).
Accommodation consumers receiving community-based accommodation and care — other	People using CSTDA NMDS service types 1.05–1.08 as a proportion of all people using CSTDA accommodation services (excluding services provided to people with a psychiatric disability).
Accommodation consumers receiving institutional (or residential) accommodation	People using CSTDA NMDS service types 1.01–1.03 as a proportion of all people using CSTDA accommodation services (excluding services provided to people with a psychiatric disability).
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 ABS Survey of Disability, Ageing and Carers	Self-care — bathing or showering, dressing, eating, using the toilet, and managing incontinence; mobility — moving around at home and away from home, getting into or out of a bed or chair and using public transport; and communication — understanding and being understood by strangers, family and friends in own native language or most effective method of communication.
Cost per consumer of employment service	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 customers who received assistance during the financial year.
Cost per government provided community-based accommodation and care place — group homes	The numerator — government expenditure (accrual) on government provided group homes (as defined by CSTDA NMDS service type 1.04 and where the service usually has six or fewer consumers) — divided by the denominator — the number of places of government provided group homes on the snapshot day.
Cost per government provided community-based accommodation and care place — other	The numerator — government expenditure (accrual) on government provided other community accommodation and care (as defined by CSTDA NMDS service types 1.05–1.08) divided by the denominator — the number of places of this type on the snapshot day.

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Table 13.2 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
Cost per government provided institutional (residential) place	The numerator — government expenditure (accrual) on government provided institutional (residential) accommodation (as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03) — divided by the denominator — the number of places of this type on the snapshot day.
Disability	<p>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 final draft classification: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restriction) (WHO 2001). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.</p> <p>The ABS 1998 Survey of Disability, Ageing and Carers defined 'disability' as the presence of one or more of 17 limitations, restrictions or impairments: restrictions or impairments that have lasted, or are likely to last, for a period of six months or more: loss of sight (even when wearing glasses or contact lenses); loss of hearing; speech difficulties in native languages; blackouts, fits or loss of consciousness; slowness at learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding small objects; incomplete use of feet or legs; treatment of nerves or an emotional condition; restriction in physical activities or in doing physical work; disfigurement or deformity; long term effects of head injury, stroke or any other brain damage; a mental illness requiring help or supervision; treatment or medication for a long term condition or ailment that still results in a restriction; and any other long term condition resulting in a restriction.</p>
Day activity services	<p>Data day activity services reported for 2001 include the following community access service types: continuing education/independent living training/adult training centre, post-school options/social and community support/community access, and other community access and day programs.</p> <p>Data for 2002 include the following community access service types: learning and life skills development, and other community access (but not recreation/holiday programs).</p>
Government funding per non-government provided community-based accommodation and care place — group homes	The numerator — government expenditure (accrual) on non-government provided group homes (as defined by CSTDA NMDS service type 1.04 and where the service usually has six or fewer consumers), divided by the denominator — the number of places of this type on the snapshot day.
Government funding per non-government provided community-based accommodation and care place — other	The numerator — government expenditure (accrual) on non-government provided other community-based accommodation and care (as defined by CSTDA NMDS service types 1.05–1.08), divided by the denominator — the number of places of this type on the snapshot day.

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Table 13.2 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
Government funding per non-government provided institutional (residential) place	The numerator — government funding (accrual) to non-government provided institutional (residential) accommodation and care (as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03), divided by the denominator — the number of places of this type on the snapshot day.
Labour force participation rate for people with a disability	<p>The total number of people with a disability in the labour force (where the labour force includes employed and unemployed people), divided by the total number of people with a disability aged 15 years or over and multiplied by 100.</p> <p>An <i>employed person</i> is a person aged 15 years or over, who in their main job during the remuneration period (reference week):</p> <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 <i>unemployed person</i> is a person aged 15 years or over 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 years or over in the labour force (where the labour force includes both employed and unemployed people) divided by the total number of people aged 15 years or over and multiplied by 100.
Mild core activity restriction (as per the ABS 1998 Survey of Disability, Ageing and Carers)	Having no difficulty performing a core activity, but using aids or equipment as a result of a disability.
Moderate core activity restriction (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Not needing assistance but having difficulty performing a core activity.
Non-English speaking origin (NESO)	People with a country of birth other than Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland or the United States.
People using CSTDA accommodation support services	People using one or more services corresponding to the following CSTDA NMDS service types on the snapshot day: 1.01 large residential/institutions (more than 20 people); 1.02 small residential/institutions (7–20 people); 1.03 hostels; 1.04 group homes (less than seven people); 1.05 attendant care/personal care; 1.06 in-home accommodation support; 1.07 alternative family placement; and 1.08 other accommodation support.

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Table 13.2 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
People using CSTDA community access services	People on the snapshot day using one or more services corresponding 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.
People using CSTDA community support services	People on the snapshot day using one or more services corresponding 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.
People using CSTDA employment services	People on the snapshot day using one or more services corresponding to the following CSTDA NMDS service types: 5.01 open employment; 5.02 supported employment; and 5.03 combined open and supported employment.
People using CSTDA respite services	People on the snapshot day using one or more services corresponding 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.
Potential labour force	The population with the potential to require disability employment services. This is estimated as the 'potential population' (see following) aged 15–64 years with a severe or profound core activity restriction. Jurisdiction-specific potential labour force estimates include adjustment for labour force participation rates and the Indigenous population. Some performance indicators use these estimates as denominators.
Potential population	The population with the potential to require disability support services. The ABS concept of 'severe or profound' core activity restriction that relates to the need for assistance with everyday activities of self-care, mobility and verbal communication was argued to be the most relevant population figure for 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 disability services. These estimates, prepared by the AIHW, have been used in the performance indicators when population data are needed in the denominator. Briefly, the 1998 national age and sex specific rates of severe and profound core activity restriction for people aged under 65 years have been applied to the current year age and sex structure of each jurisdiction in the current year to give an 'expected current estimate' of people with a severe or profound core activity restriction who are aged under 65 years in that jurisdiction. People of Indigenous status have been given a weighting of 2 in these estimates, in recognition of their greater prevalence rates of disability and their relatively greater representation in CSTDA services (AIHW 2000).

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Table 13.2 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
Primary carer	A person of any age 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 to be in one or more of the areas of self-care, mobility and/or communication (ABS 1998).
Profound core activity restriction (as per the ABS 1998 Survey of Disability, Ageing and Carers)	Being unable to perform a core activity or always needing assistance.
Proportion of people with a disability employed	Total number of people with a disability aged 15 years or over who are employed, divided by the total number of people with a disability aged 15 years or over in the labour force and multiplied by 100.
Proportion of people with a disability unemployed	Total number of people with a disability aged 15 years or over who are unemployed, divided by the total number of people with a disability aged 15 years or over in the labour force and multiplied by 100.
Proportion of the total population employed	Total number of people aged 15–64 years who are in the labour force and employed, divided by the total number of people aged 15–64 years in the labour force.
Proportion of the total population unemployed	Total number of people aged 15–64 years who are in the labour force but unemployed, divided by the total number of people aged 15–64 years in the labour force.
Real expenditure	Actual expenditure (accrual) adjusted for changes in prices, using the GDP(E) price deflator, and expressed in terms of the 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 better job.</p>
Severe core activity restriction (as per the ABS 1998 Survey of Disability, Ageing and Carers)	Sometimes needing assistance to perform a core activity.
Specific restrictions (as per the ABS 1998 Survey of Disability, Ageing and Carers)	Core activity restrictions and/or schooling or employment restrictions.

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