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## 13 Services for people with a disability

The Australian, State and Territory governments aim to maximise opportunities for people with a disability to participate actively in the community, by providing services and support for people with a disability, their families and carers. A definition of disability is provided in box 13.1.

Following negotiations among the Australian, State and Territory governments in 2003, all jurisdictions entered a third five year disability services agreement — the Commonwealth State/Territory Disability Agreement (CSTDA) — for the period 1 July 2002 to 30 June 2007.<sup>1</sup> This agreement forms the basis for the provision and funding of specialist services for people with a disability who require ongoing or long term episodic support.

This chapter focuses on services covered by the CSTDA, examining the performance of the Australian, State and Territory governments in providing services and supports for people with a disability where the disability manifests before the age of 65 years. Psychiatric services are excluded to improve data comparability.

Services for people with a disability can be grouped into income support, disability support services and relevant generic services provided to the community as a whole. The Review of Government Service Provision generally does not report information on income support. Disability support services are primarily delivered under the CSTDA, as well as through programs such as Home and Community Care (HACC). 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 68.5 per cent of HACC clients in 2003-04 were aged 70 years or over, while 31.5 per cent were aged under 70 years (table 12A.32). Performance information on the HACC program is provided in the ‘Aged care services’ chapter. This Report does not provide performance information on rehabilitation services for people with a disability.

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<sup>1</sup> While the CSTDA was negotiated in 2003, it applied retrospectively to the funding and provision of services from 1 July 2002.

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### 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, 1998 and 2003, and was based on the International Classification of Functioning, Disability and Health and its predecessor. The 2003 survey defined a disability as a limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities.

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

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

The CSTDA (2003, p. 9) defines people with a disability (who would receive CSTDA funded services) as:

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

- self-care/management
  - mobility
  - communication,
- requiring significant ongoing and/or long term episodic support and which manifests itself before the age of 65.

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

Some mainstream services provided to the community as a whole — 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

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disability — such as transport and utility services at concessional rates — are outside the scope of this Report.

**Box 13.2 Other disability reporting in the 2005 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 the proportion of government funded VET students who are known to have a disability, and the load pass rates of VET students who are known to have a disability.

‘Health management issues’ (chapter 11) reports performance data on specialised mental health services.

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 limitation, 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.

‘Housing’ (chapter 16) reports data on access to public, community and State owned and managed Indigenous housing by special needs households, which include households that have at least one member with a disability. Also reported are Disability Support Pension recipients by the proportion of their income spent on rent with and without Commonwealth Rent Assistance.

In recognition of the changing information needs in the disability services field, a redeveloped national minimum data set (NMDS) collection under the CSTDA was implemented during 2002-03 (box 13.6). Given this redevelopment, data for 2002-03 collected under the new NMDS were available for reporting for most jurisdictions only for the period 1 January 2003 to 30 June 2003. Full year data will be reported in the 2006 Report. The redevelopment of the NMDS under the CSTDA has resulted in some reductions in data quality in the first collection that impose limitations on the ability to generalise from the data (box 13.7)

This Report includes 2003-04 expenditure data that were provided directly by jurisdictions. Efficiency indicators (cost per service user) are reported for 2002-03, however, because 2003-04 service user data from the new CSTDA NMDS collection were not available for this Report. The 2002-03 expenditure data used to calculate some of the efficiency indicators were adjusted to account for some of the quality issues related to the first collection under the CSTDA NMDS (box 13.7). The efficiency results using these adjustments provide only indicative estimates.

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Social participation, labour force participation and employment rate data for 2003 are reported for all jurisdictions, and 2004 social participation data is also included for WA. Information on quality assurance processes for disability services providers in 2003-04 are available for four jurisdictions — the Australian Government, Victoria, WA and Tasmania.

A profile of services for people with a disability provided under the CSTDA appears in section 13.1. All jurisdictions have developed and agreed to report against comparable performance indicators. A framework of performance indicators is outlined in section 13.2. The performance of jurisdictions is discussed in section 13.3 and future directions for performance reporting are discussed in section 13.4. The chapter concludes with jurisdictions' comments in section 13.5 and definitions of the data descriptors and indicators in section 13.6.

### *Supporting tables*

Supporting tables for chapter 13 are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel format as \Publications\Reports\2005\Attach13A.xls and in Adobe PDF format as \Publications\Reports\2005\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](http://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 disability services**

### **Service overview**

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

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## Roles and responsibilities

The CSTDA between the Australian, State and Territory governments defines their roles and responsibilities in the provision of specialist disability services to people with a disability. The third national agreement, the CSTDA, is effective from 1 July 2002 to 30 June 2007. Its agreed aims are listed in box 13.3. Specialist disability services are defined under the CSTDA 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 provide support and employ people with a disability within the same organisation.
- Open and supported employment services provide both open and supported employment assistance.

### Box 13.3 The purposes of the CSTDA

The purposes of the CSTDA are to:

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

*Source:* CSTDA (2003).

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The State and Territory governments administer the following services:

- Accommodation support services provide support services to people with a disability in accommodation settings (hostels, institutions and group homes), and in their own home (attendant care and in-home support).
- Community access services provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence. They include learning and life skills development and recreation/holiday programs.
- Respite care services provide relief or support (for limited periods) to families and carers of people with a disability living in the community.
- 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.

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

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

The CSTDA does not apply to the provision of:

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

Family and friends meet most needs of people with a disability. In 2003, an estimated 474 600 primary carers provided the majority of help with self-care, mobility and communication for people with a disability — an increase of 5.3 per cent on the number in 1998 (ABS 1999, 2004a). 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

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Carer Allowance to families and carers of people with a disability (box 13.4). This financial assistance is not included under the CSTDA funding arrangements.

Accommodation support, respite, and community access and support services provided under the CSTDA from 1 January 2003 to 30 June 2003 had 102 240 service users (table 13A.4). Employment services provided under the CSTDA from 1 January 2003 to 30 June 2003 had 54 952 service users (table 13A.4). The proportion of users who received services from non-government organisations from 1 January 2003 to 30 June 2003 varied across jurisdictions, from 89.8 per cent in Tasmania to 61.8 per cent in NSW, with the national average at 76.9 per cent (table 13A.4).

**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 2003-04 (on an accrual basis) amounted to \$7.5 billion for the Disability Support Pension, \$921.0 million for the Carer Payment (including a one-off bonus announced in the 2004-05 budget), \$965.4 million for the Carer Allowance (including a one-off bonus announced in the 2004-05 budget), \$85.4 million for the Sickness Allowance and \$82.2 million for the Mobility Allowance (Department of Family and Community Services (DFaCS) unpublished). These income support arrangements do not constitute a CSTDA service.

At 30 June 2004, there were over 696 700 recipients of the Disability Support Pension, 84 100 recipients of the Carer Payment, 315 100 recipients of the Carer Allowance, and 46 800 recipients of the Mobility Allowance. There were also 8700 recipients of the Sickness Allowance (table 13A.51).

*Source:* DFaCS (unpublished); table 13A.51.

## Funding

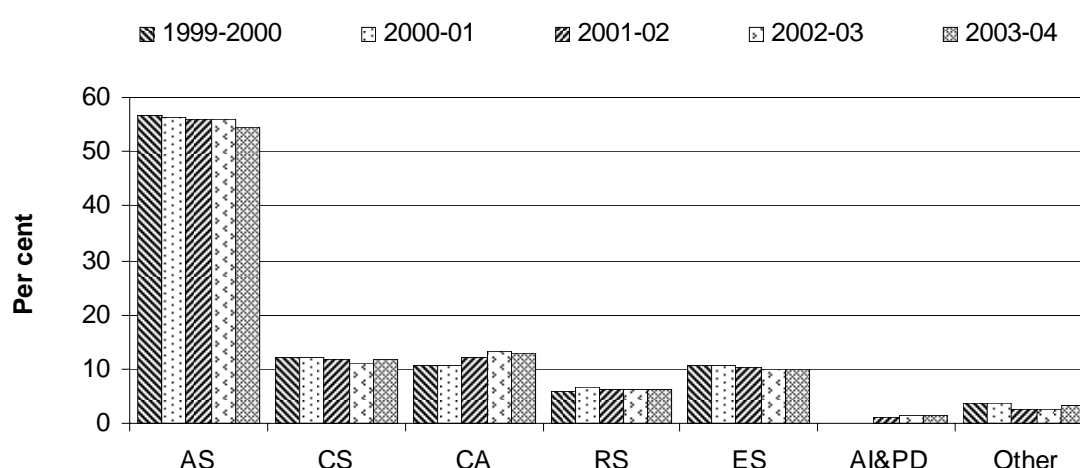
Governments fund both government and non-government providers of services for people with a disability under the CSTDA, the HACC program and Commonwealth Rehabilitation Services (CRS) Australia. HACC services are reported in the 'Aged care services' chapter but CRS Australia's services are not covered in this Report. The Australian Government contributed \$199.2 million in 2003-04 to services provided by CRS Australia (DFaCS unpublished).

Total government expenditure on CSTDA services was \$3.3 billion in 2003-04 — a real increase of 6.0 per cent on the expenditure in 2002-03 (\$3.1 billion) (table 13A.38). State and Territory governments funded the majority (71.6 per cent, or \$2.3 billion) of total CSTDA expenditure in 2003-04 (tables 13A.37 and 13A.39). The Australian Government funded the remainder (28.4 per cent, or \$928.8 million), which included \$550.3 million in transfer payments to states and territories, and \$378.5 million in employment assistance and other services (table 13A.37).

State and Territory governments spent \$2.6 billion directly on CSTDA services in 2003-04, which included \$1.6 billion on accommodation support services, \$380.6 million on community access services and \$625.6 million on other services for people with a disability. The Australian Government spent \$350.6 million directly on CSTDA services, which included \$301.3 million on employment services (table 13A.37).

The distribution of expenditure across CSTDA services varied across jurisdictions in 2003-04. The main areas of State and Territory government expenditure were accommodation support services (54.6 per cent of total direct service delivery expenditure by government) and community access services (12.9 per cent of total direct service delivery expenditure by government). Employment services were the main area of Australian Government expenditure in 2003-04 (10.1 per cent of total direct service delivery expenditure by government) (figure 13.1).

**Figure 13.1 Distribution of expenditure, by disability service type<sup>a</sup>**



AS = accommodation support; CS = community support; CA = Community access; RS = respite services; ES = employment services; AI&PD = advocacy, information and print disability. <sup>a</sup> See table 13A.37 for detailed notes accompanying expenditure data.

Source: Australian, State and Territory governments (unpublished); table 13A.39.



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In recent years, governments have increased funding for community-based accommodation support services to further enable people with a disability to participate in the community. In addition, some jurisdictions have developed programs that provide funding directly to service users. These programs allow service users to choose a customised package of services that better reflects their needs (SCRCSSP 1998).

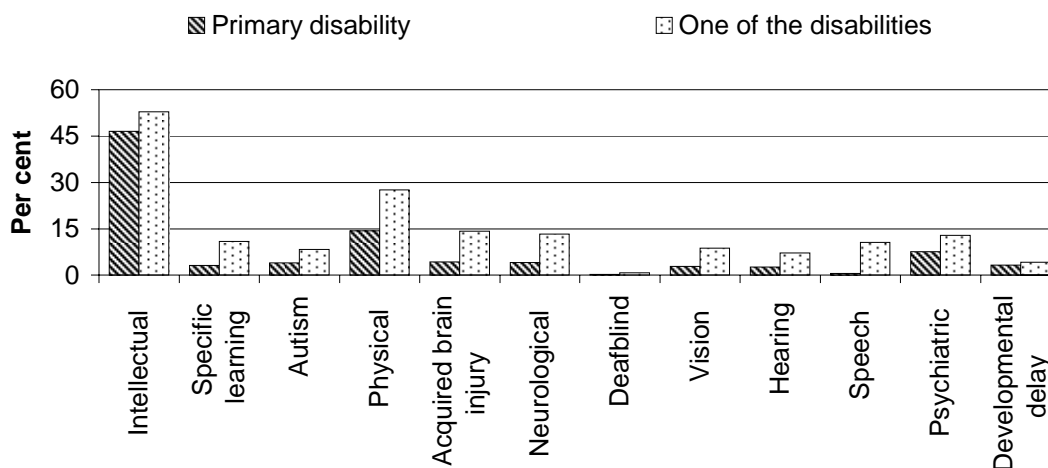
### **Size and scope**

Performance indicators on services provided under the CSTDA in 2002-03 are reported in this chapter, based on service user data for the period 1 January 2003 to 30 June 2003. These indicators focus mainly on accommodation support and employment services, which accounted for 65.8 per cent of total government direct expenditure on services provided under the CSTDA in 2002-03 (table 13A.39).

The 2003 ABS Survey of Disability, Ageing and Carers estimated that people with a core activity limitation, schooling or employment restriction accounted for 13.0 per cent of the total Australian population aged 5–64 years in 2003 (ABS 2004a). Tables 13A.1 and 13A.2 contain additional information from that survey on people with a disability.

Data provided by the Australian Institute of Health and Welfare (AIHW) for 1 January 2003 to 30 June 2003 indicate that 52.8 per cent of CSTDA service users had an intellectual disability and 46.6 per cent of service users had an intellectual disability as a primary disability (figure 13.2).

Figure 13.2 **Service users by disability group, 1 January 2003 to 30 June 2003<sup>a, b, c</sup>**



<sup>a</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Totals might not be the sum of the components because individuals may have accessed services from more than one State or Territory over the six month period. <sup>b</sup> Data for service users of CSTDA services funded by the states and territories exclude psychiatric services identified by the jurisdiction. <sup>c</sup> These data need to be viewed with care, being the first data available under the new CSTDA NMDS. Data will improve in future years as the collection process is refined.

Source: AIHW (2004a, 2004b); tables 13A.6 and 13A.8.

## 13.2 Framework of performance indicators

The Australian, State and Territory governments will continue to 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 framework of performance indicators is based on shared government objectives of CSTDA funded services for people with a disability (box 13.5).

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**Box 13.5 Objectives of government funded services for people with a disability**

The 2002-03 performance data for this Report cover services provided under the CSTDA. Through this agreement, governments strive to enhance the quality of life experienced by people with a disability by assisting them to live as valued and participating members of the community. In working towards this objective, governments have five policy priorities:

- Strengthen access to generic services for people with disabilities.
- Strengthen across-government links. (Bilateral agreements between the Australian Government and each State and Territory have been negotiated to improve the interface between employment and community access services).
- Strengthen individuals, families and carers.
- Improve accountability, performance reporting and quality.
- Improve long term strategies to respond to, and manage demand for, specialist disability services.

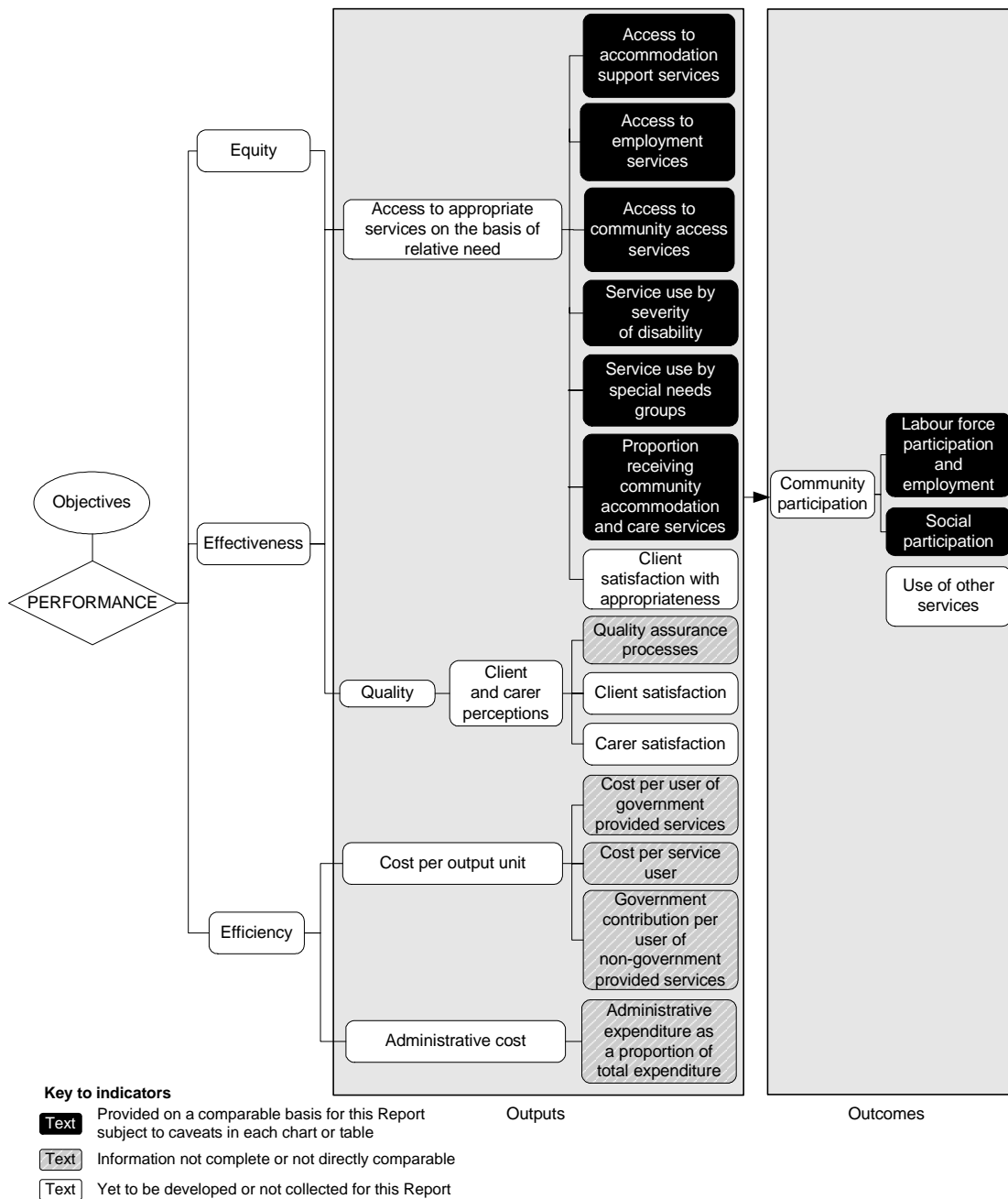
*Source: CSTDA (2003).*

The performance indicator framework shows which disability services data are comparable in the 2005 Report (figure 13.3). For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see section 1.6).

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of government funded services for people with a disability. This is consistent with the general performance indicator framework and service process diagram (figures 1.2 and 1.3, chapter 1) on which the Steering Committee has agreed.

Proxy efficiency indicators focus on unit costs and administrative costs. Effectiveness and equity indicators focus on 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



### 13.3 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.

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The performance indicator results reported in this chapter relate to CSTDA services only. The CSTDA NMDS coordinated by the AIHW was the main source for most of the 2002-03 data reported. As stated, the reporting period for these data was 1 January 2003 to 30 June 2003. As the reporting time frame is six months, the 2002-03 data will not be comparable to future reports that will use whole-of-year data. There are also issues regarding the quality of the CSTDA NMDS 2002-03 data (box 13.7). Most notably, the proportion of service users and service outlets that provided data (response rates), and the 'not stated' rates of particular data items varied across jurisdictions. Expenditure data for the efficiency indicators were sourced from the Australian, State and Territory governments.

The performance indicator data for before 2002-03 were sourced mainly from the Commonwealth/State Disability Agreement (CSDA) minimum data set (MDS), which was based on a snapshot day collection. The main differences between the CSTDA and the CSDA data sets are discussed in box 13.6. The change from the CSDA MDS to the CSTDA NMDS means that performance information for 2002-03 (collected under the CSTDA) is not comparable to performance information for years before 2002-03 (collected under the CSDA). While these data sets are not comparable, data from the CSDA MDS up to 2002 (contained in previous reports) is provided for information in tables 13A.3, 13A.5, 13A.7, 13A.9, 13A.13, 13A.15, 13A.17, 13A.19, 13A.21, 13A.23, 13A.25, 13A.27, 13A.29, 13A.31, 13A.33, 13A.35, 13A.40, 13A.41, 13A.44, 13A.45 and 13A.47.

#### **Box 13.6 Development of the CSTDA NMDS**

Since 1994, the CSDA MDS snapshot collections have provided funding bodies, funded agencies (service providers), service users and other stakeholders with information about services delivered under the CSDA and the people receiving those services. This information was collected, however, only on one snapshot day in the year.

In 1999, the National Disability Administrators and the AIHW began to review and redevelop the CSDA MDS collection. The redeveloped collection was fully implemented nationally in October 2002 and is now referred to as the CSTDA NMDS. The first collection period for the CSTDA NMDS ended 30 June 2003.

Given the time taken to redevelop and implement the collection, the 2002-03 CSTDA data include only part-year data (from 1 January 2003 to 30 June 2003) for all jurisdictions, with whole-of-year data expected for post 2002-03 collections. As with its predecessor, the CSTDA NMDS has an agreed set of data items of national significance, and an agreed framework for collection and national collation. Data items relate to the equity, efficiency and effectiveness of services.

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**Box 13.6 (Continued)**

The most significant change from the CSDA MDS to the CSTDA NMDS collection is that for most service types, funded agencies are required to provide information about all service users throughout the year (rather than just those who received a service on a snapshot day). Less detail, however, is asked about service users for some service types than others. Accommodation and community support services, for example, provide all data items relating to service users, whereas recreation or holiday program providers provide minimal information (for example, selected letters of name, sex and date of birth). As with the previous collection, services such as advocacy and print services are not required to provide service user details.

A small number of new data items have been introduced into the CSTDA NMDS, including items on informal carers (in recognition of the mutual support among people with a disability, informal carers and formal services) and the fact that program goal statements are recognising the importance of ageing carers in particular.

In specifying revised core data items for ongoing collection by all service providers funded under the CSTDA, the CSTDA NMDS:

- aims to meet critical data needs across the disability field, and to be consistent with other major data developments such as the HACC MDS
- integrates data collation with the operations of agencies and funding departments
- uses statistical linkage keys to enable data from various sources to be related and collated without duplication of effort
- uses statistical linkage keys to account for double counting of service users.

*Source:* AIHW (2003a).

Data in this Report sourced from the CSTDA NMDS may differ from information reported elsewhere because the data here exclude users of psychiatric services. Expenditure data sourced from jurisdictions' collections might also differ from information reported elsewhere (such as in departmental annual reports) because the financial counting rules and definitions used to calculate expenditure may differ.

The number of service users receiving accommodation support services from 1 January 2003 to 30 June 2003 has been estimated from the data collected from service type outlets and agencies, using a statistical linkage key to remove double counting for service users who received services from more than one service type outlet or agency. 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 expenditure data used to calculate some of the efficiency indicators (cost per service user) were adjusted to account for differences across jurisdictions in the proportion of service outlets that provided data for the CSTDA NMDS collection.

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The proportion of service outlets that provided data for government provided accommodation support services in group homes, for example, ranged from 100.0 per cent to 74.4 per cent across jurisdictions (table 13A.43). The expenditure data were also adjusted to account for differences in the period for which expenditure and service user data were collected (12 months and six months respectively). The results derived using the expenditure adjustments provide only indicative estimates of jurisdictional efficiency. Box 13.7 outlines the method used to adjust the expenditure data.

**Box 13.7 Data quality issues and method for adjusting expenditure**

The development of the CSTDA NMDS has meant that the volume and complexity of the data are much greater than in previous snapshot day collections. As usual with major changes to data collections, some data quality reductions have thus resulted in the first collection. In particular, the proportion of service users and service outlets that provided data (response rates) and the 'not stated' rates of particular data items vary across jurisdictions. These issues limit the potential to generalise from the data. The 2002–03 CSTDA NMDS collection also has the limitation that national data are available only for a six month period.

The 2002-03 expenditure data used to calculate the efficiency indicators (cost per service user) were adjusted to account for differences in:

- the proportion of service outlets that provided service user data across jurisdictions
- the time period for which expenditure and service user data were collected (12 months and six months respectively). Under the CSTDA NMDS, service user data were collected only for the period 1 January 2003 to 30 June 2003.

The first expenditure adjustment improved the comparability of the efficiency indicators across jurisdictions by weighting expenditure by the estimated proportion of service user data provided. The adjustment was made for each accommodation support service type and jurisdiction by multiplying net expenditure by the proportion of service outlets that provided service user data. The proportion of service outlets that provided data was used as the best available estimate of the proportion of service user data provided. That is, if 70 per cent of outlets provided data, it is assumed that only 70 per cent of service user data had been provided. In using this proportion, it is assumed that non-responding service outlets, on average, had the same number of users as had those outlets that responded. This approach does not account for service users who accessed services from responding service outlets but were not recorded.

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**Box 13.7 (Continued)**

The second adjustment will improve the comparability of the 2002-03 efficiency indicators with those in future reports (which will be based on full year CSTDA NMDS collections). The adjustment was made for each service type by multiplying the 12 month net expenditure data by a factor calculated to allow for the six month service user data. The factors for each of the accommodation support services were based on WA data, as WA was one of the jurisdictions that collected a full 12 months of service user data. These factors were calculated by taking the ratio of the number of service users in the six month period to the number of service users over the 12 month period.

The results derived using these adjustments provide only indicative estimates of jurisdictional efficiency.

*Source:* AIHW (2004b).

## **Outputs**

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

Indicators relating to access to disability services on the basis of relative need are reported for accommodation support services, employment services and community access services. One indicator of access to services on the basis of relative need is the proportion of the potential population using the service. The potential populations for accommodation support, employment and community access services are defined in section 13.6. Data are also reported on access to accommodation support and employment services by severity of disability and for special needs groups.

### *Access to accommodation support services*

The 'access to accommodation support services' indicator is explained in box 13.8.



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**Box 13.8 Access to accommodation support services**

The proportion of people using accommodation support services relative to estimated potential population is included as an output (access) indicator of governments' objective to provide access to government funded or provided disability services on the basis of relative need and available resources.

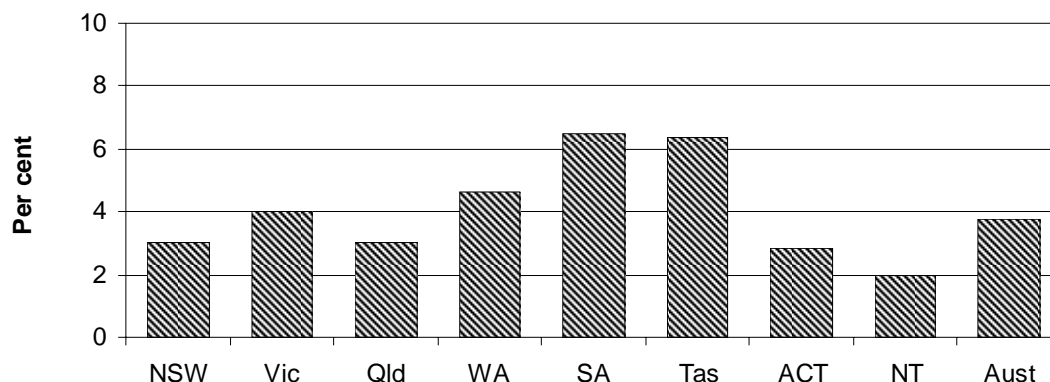
This indicator is defined as the number of people using CSTDA funded accommodation support services divided by the estimated potential population (total population of people with a profound or severe disability who are aged 0–64 years, adjusted for the Indigenous factor for each jurisdiction).

A higher proportion of the potential population using accommodation support services suggests greater access to these services.

This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The need for services is assumed to vary according to the level of core activity limitation, so core activity limitation is used as a proxy for relative need.

Nationally, 3.7 per cent of the estimated potential population were using CSTDA funded accommodation support services from 1 January 2003 to 30 June 2003. Across jurisdictions, the proportion was highest in SA (6.5 per cent) and lowest in the NT (2.0 per cent) (figure 13.4).

**Figure 13.4 Users of accommodation support services as a proportion of the estimated potential population for accommodation support services, 1 January 2003 to 30 June 2003<sup>a, b, c, d, e</sup>**



<sup>a</sup> Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Totals might not be the sum of the components because individuals may have accessed services from more than one State or Territory over the six month period. <sup>c</sup> The potential population estimates (national age and sex rates applied to each jurisdiction) for accommodation support services are the number of people aged less than 65 years, who have a profound or severe core activity limitation, adjusted for the Indigenous factor for each jurisdiction. <sup>d</sup> Data for service users of CSTDA funded accommodation support services exclude psychiatric services identified by the jurisdiction. <sup>e</sup> The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (box 13.7). This indicator thus needs to be interpreted with care.

Source: ABS (2002a, 2004b); AIHW (2004a, 2004b); AIHW analysis of the 2003 ABS Survey of Disability, Ageing and Carers data; table 13A.14.

### *Access to employment services*

During the reporting period, the Australian Government had responsibility for employment services under the CSTDA and provided most services through funding non-government organisations. The 'access to employment services' indicator is explained in box 13.9.

#### **Box 13.9 Access to employment services**

The proportion of people using employment services relative to the estimated potential labour force is included as an output (access) indicator of governments' objective to provide access to government funded or provided disability services on the basis of relative need and available resources.

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**Box 13.9 (Continued)**

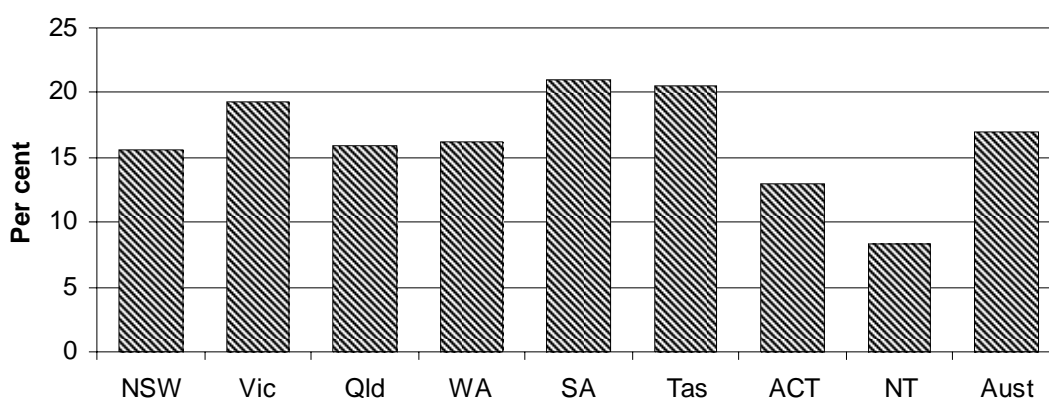
This indicator is defined as the number of people using CSTDA funded employment services divided by the estimated total population of people with a profound or severe disability who are aged 15–64 years, adjusted for the labour force participation rate and the Indigenous factor for each jurisdiction.

A higher proportion of people using employment services suggests greater access to these services.

This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The need for services is assumed to vary according to the level of core activity limitation, so core activity limitation is used as a proxy for relative need.

Nationally, 17.0 per cent of the estimated potential population were using employment services from 1 January 2003 to 30 June 2003. Across jurisdictions, the proportion was highest in SA (21.0 per cent) and lowest in the NT (8.3 per cent) (figure 13.5).

**Figure 13.5 Users of employment services as a proportion of the estimated potential population for employment services, 1 January 2003 to 30 June 2003<sup>a, b, c</sup>**



<sup>a</sup> Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Totals might not be the sum of the components because individuals may have accessed services from more than one State or Territory over the six month period. <sup>c</sup> The potential population estimates (national age and sex rates applied to each jurisdiction) for employment services are the number of people aged 15-64 years who have a severe or profound core activity limitation, multiplied by both the Indigenous factor and the labour force participation rate for each jurisdiction.

Source: ABS (2002a, 2002b, 2004b); AIHW (2004a, 2004b); AIHW analysis of the 2003 ABS Survey of Disability, Ageing and Carers data; table 13A.16.

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*Access to community access services*

The 'access to community access services' indicator is explained in box 13.10.

**Box 13.10 Access to community access services**

The proportion of people using community access services relative to the estimated potential population is included as an output (access) indicator of governments' objective to provide access to government funded or provided disability services on the basis of relative need and available resources.

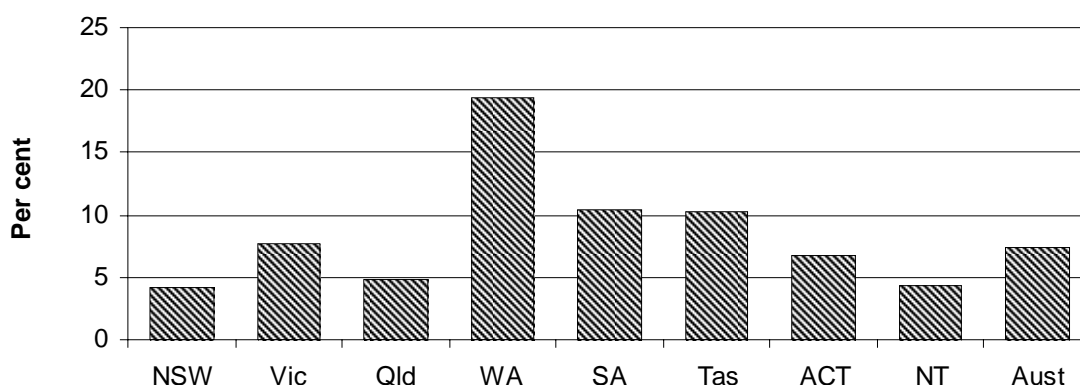
This indicator is defined as the number of people using CSTDA funded community access services (such as learning and life skills development) divided by the estimated total population of people with a profound or severe disability who are aged 15–64 years, adjusted for the Indigenous factor for each jurisdiction.

A higher proportion of people using community access services suggests greater access to these services.

This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The need for services is assumed to vary according to the level of core activity limitation, so core activity limitation is used as a proxy for relative need.

Nationally, 7.3 per cent of the estimated potential population were using a community access service from 1 January 2003 to 30 June 2003. Across jurisdictions, WA had the highest proportion of users (19.3 per cent) and NSW had the lowest (4.2 per cent) (figure 13.6).

Figure 13.6 **Users of community access services as a proportion of the estimated potential population for community access services, 1 January 2003 to 30 June 2003<sup>a, b, c, d, e</sup>**



<sup>a</sup> Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Totals might not be the sum of the components because individuals may have accessed services from more than one State or Territory over the six month period. <sup>c</sup> The potential population estimates (national age and sex rates applied to each jurisdiction) for community access services are the number of people aged 15–64 years, who have a severe or profound core activity limitation, multiplied by the Indigenous factor for each jurisdiction. <sup>d</sup> Data for users of CSTDA funded community access services exclude psychiatric services specifically identified by the jurisdiction. <sup>e</sup> The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (box 13.7). This indicator thus needs to be interpreted with care.

Source: ABS (2002a, 2004b); AIHW (2004a, 2004b); AIHW analysis of the 2003 ABS Survey of Disability, Ageing and Carers data; table 13A.18.

### *Service use by severity of disability*

The ‘service use by severity of disability’ indicator is explained in box 13.11.

#### **Box 13.11 Service use by severity of disability**

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

This indicator is defined as the proportion of people, by level of core activity limitation, accessing CSTDA funded services. Data are reported for people with a profound, severe and moderate to no core activity limitation, and are reported for accommodation support and employment services.

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**Box 13.11 (Continued)**

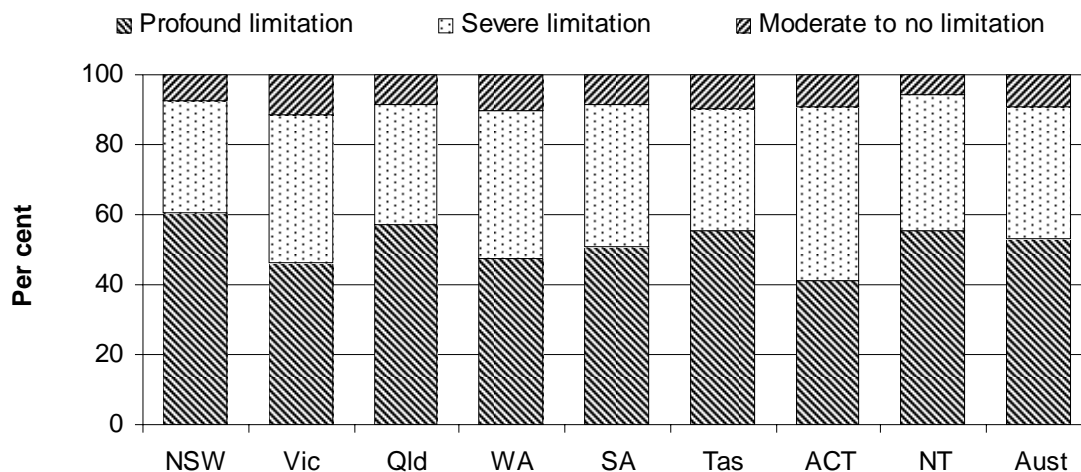
A higher proportion of people with a profound or severe core activity limitation using accommodation support or employment services suggests greater access to these services for those with the greatest level of need.

This indicator does not provide information on whether a lower proportion of the users of these services by people with a profound or severe core activity limitation results from unmet need (and inappropriate targeting), or whether it reflects the relatively small number of people in these disability categories. People with a profound or severe core activity limitation, for example, may account for only 50 per cent of the users of a disability service, but could represent 100 per cent of people with a profound or severe core activity limitation who have a need for that service.

This indicator also does not provide information on whether the services are appropriate for the needs of the people receiving them or appropriately targeted to those with the greatest level of need in terms of access to other formal and informal support. The need for services is assumed to vary according to the level of core activity limitation, so core activity limitation is used as a proxy for relative need.

Nationally, 9.2 per cent of users of accommodation support services from 1 January 2003 to 30 June 2003 had moderate to no core activity limitations, 37.6 per cent had a severe core activity limitation and 53.2 per cent had a profound core activity limitation (figure 13.7). Across jurisdictions, Victoria had the highest proportion of accommodation support service users with moderate to no core activity limitations (11.4 per cent) and the NT had the lowest (5.7 per cent). The highest proportion of service users with a severe core activity limitation was in the ACT (49.8 per cent) and the lowest was in NSW (32.0 per cent). The highest proportion of service users with a profound core activity limitation was in NSW (60.4 per cent) and the lowest was in the ACT (41.1 per cent).

Figure 13.7 Users of accommodation support services, by severity of core activity limitation, 1 January 2003 to 30 June 2003<sup>a, b, c, d, e</sup>

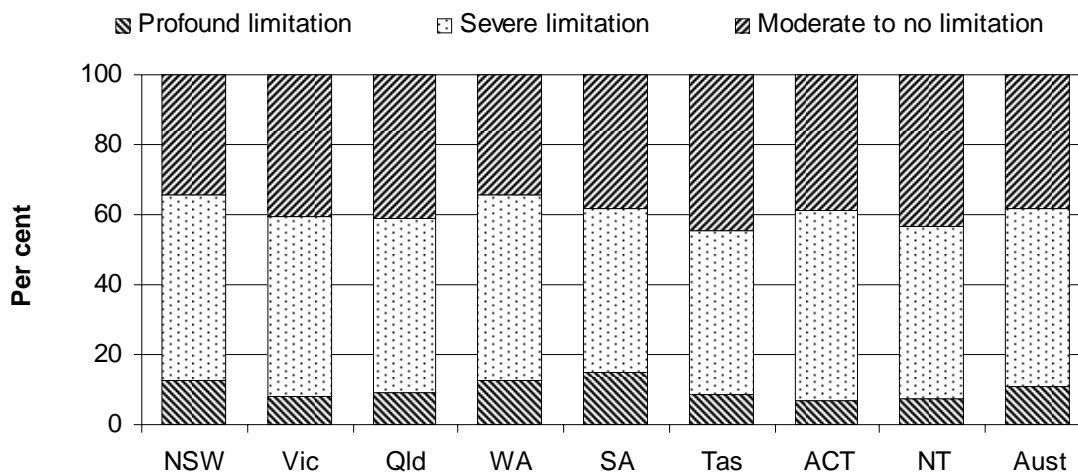


<sup>a</sup> Severity of core activity limitation was derived using data on the level of support needed in one or more of the support areas: self-care, mobility and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate or no core activity limitation reported needing no support in all of these areas. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Totals might not be the sum of the components because individuals may have accessed services from more than one State or Territory over the six month period. <sup>c</sup> Data exclude 1287 service users who did not report on needing support with: self-care, mobility, or communication. <sup>d</sup> Data for service users of CSTDA funded accommodation support services exclude psychiatric services identified by the jurisdiction. <sup>e</sup> The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (box 13.7). This indicator thus needs to be interpreted with care.

Source: AIHW (2004a, 2004b); table 13A.20.

Nationally, 38.1 per cent of users of employment services from 1 January 2003 to 30 June 2003 had moderate to no core activity limitations, 51.2 per cent had a severe core activity limitation and 10.7 per cent had a profound core activity limitation. Across jurisdictions, Tasmania had the highest proportion of service users with moderate to no core activity limitations (44.7 per cent) and NSW had the lowest (34.3 per cent). The highest proportion of service users with a severe core activity limitation was in the ACT (54.3 per cent) and the lowest was in SA (46.4 per cent). The highest proportion of service users with a profound core activity limitation was in SA (15.1 per cent) and the lowest was in the ACT (7.1 per cent) (figure 13.8).

Figure 13.8 **Users of employment services, by severity of core activity limitation, 1 January 2003 to 30 June 2003<sup>a, b, c, d</sup>**



<sup>a</sup> Severity of core activity limitation was derived using data on the level of support needed in one or more of the support areas: self-care, mobility and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate or no core activity limitation reported needing no support in all of these areas. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Totals might not be the sum of the components because individuals may have accessed services from more than one State or Territory over the six month period. <sup>c</sup> Data exclude 1294 service users who did not report needing support with: self-care, mobility, or communication. <sup>d</sup> Severity of core activity limitation relates to the level of support needed in the areas of self care, mobility and communication. It does not necessarily relate to the level of support needed to find or maintain employment.

Source: AIHW (2004a, 2004b); table 13A.22.

### *Service use by special needs groups*

An important indicator of access is the comparison between the representation of all people with a disability who use CSTDA funded services and the representation of people with a disability from special needs groups (box 13.12). The three special needs groups reported here are:

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



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### Box 13.12 **Service use by special needs groups**

The representation of people from special needs groups accessing CSTDA funded services is included as an output (access) indicator of governments' objective that access to appropriate services should be equitable for all members of the community. The special needs groups are people from outer regional and remote locations, people who have an Indigenous background, and people who were born in a non-English speaking country.

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

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

CSTDA funded services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The indicator also does not take account for informal assistance that may be significant for special needs groups. Results for outer regional and remote users of accommodation support services, for example, need to be considered with care because alternatives to government funded accommodation support services are available in these areas. Specifically, accommodation support services in outer regional and remote areas are largely provided informally, making use of local area coordinators and local community resources.

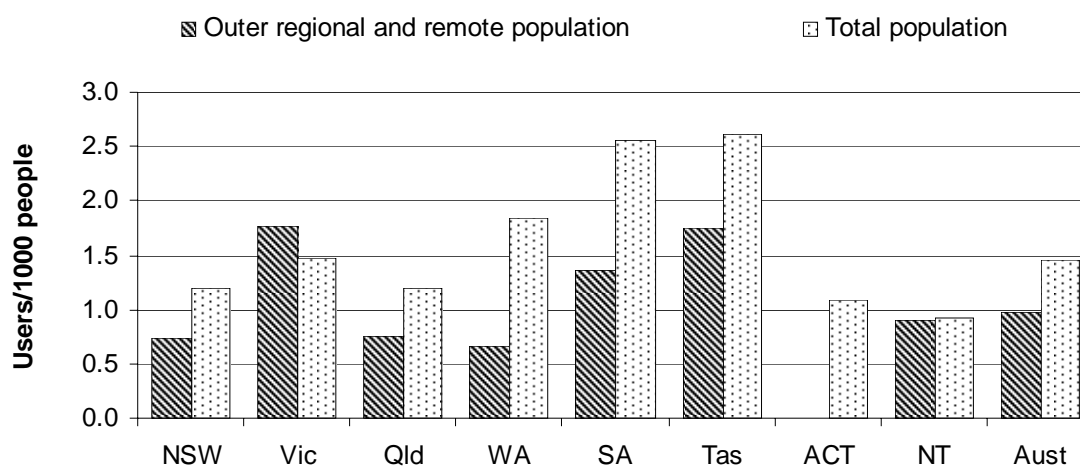
#### *Service use by special needs groups — people in outer regional and remote areas*

Nationally, the proportion of the outer regional and remote population who used accommodation support services from 1 January 2003 to 30 June 2003 (1.0 service user per 1000 people aged under 65 years) was lower than that of the total population (1.5 service users per 1000 people aged under 65 years). A lower proportion of the outer regional and remote population than of the total population

used accommodation support services in all jurisdictions except Victoria. The proportion of the outer regional and remote population using accommodation support services ranged from 1.8 service users per 1000 people in Victoria to 0.7 service users per 1000 people in both NSW and WA (figure 13.9).

Outer regional and remote population data in 2003 were derived by the AIHW from ABS statistical local area (SLA) population estimates, while data on outer regional and remote service users were estimated by the AIHW based on service users' residential postcodes.

**Figure 13.9 Users of accommodation support services per 1000 people, by geographic location, 1 January 2003 to 30 June 2003<sup>a, b, c, d, e, f, g, h</sup>**



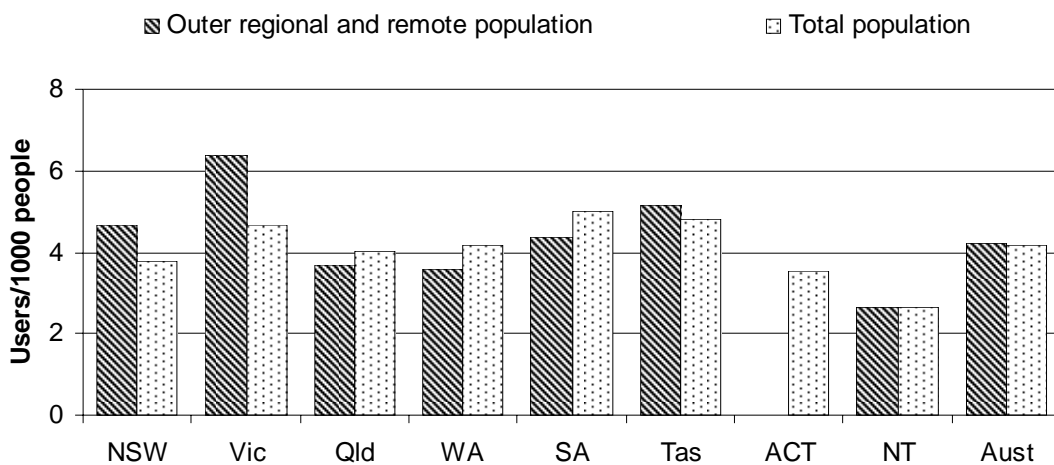
<sup>a</sup> Data on outer regional and remote users per 1000 were derived by dividing the number of outer regional and remote service users by the number of outer regional and remote people aged under 65 years, multiplied by 1000. The 'outer regional and remote' classification was derived by adding outer regional, remote and very remote data. <sup>b</sup> The ACT does not have outer regional and remote areas. <sup>c</sup> The State and Territory data on the Australian population were derived by the AIHW from ABS SLA population estimates for June 2002. <sup>d</sup> The number of service users in each geographic location was estimated based on service users' residential postcodes. Some postcode areas were split between two or more geographic locations; in this case, the data were weighted according to the proportion of the population of the postcode area in each geographic location. <sup>e</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Totals might not be the sum of the components because individuals may have accessed services from more than one State or Territory over the six month period. <sup>f</sup> Data for all service users exclude 357 service users whose postcode was not reported, so totals may differ from other tables. <sup>g</sup> Data for service users of CSTDA funded accommodation support services exclude psychiatric services identified by the jurisdiction. <sup>h</sup> The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (box 13.7). This indicator thus needs to be interpreted with care.

Source: AIHW analysis of ABS SLA population estimates for June 2002; AIHW (unpublished); table 13A.34.

Nationally, the proportion of the outer regional and remote population who used employment services from 1 January 2003 to 30 June 2003 (4.2 service users

per 1000 people aged 15–64 years) was the same as the proportion of the total population (4.2 service users per 1000 people aged 15–64 years). A lower proportion of the outer regional and remote population than of the total population used employment services in Queensland, WA, SA and the NT. The proportion of the outer regional and remote population accessing employment services was highest in Victoria (6.4 per 1000 people) and lowest in the NT (2.6 per 1000 people) (figure 13.10).

**Figure 13.10 Users of employment services per 1000 people, by geographic location, 1 January 2003 to 30 June 2003<sup>a, b, c, d, e</sup>**



<sup>a</sup> Data on outer regional and remote users per 1000 were derived by dividing the number of outer regional and remote service users by the number of outer regional and remote people aged 15-64 years, multiplied by 1000. The 'outer regional and remote' classification was derived by adding outer regional, remote and very remote data. <sup>b</sup> The ACT does not have outer regional and remote areas. <sup>c</sup> The State and Territory data on the Australian population were derived by the AIHW from ABS SLA population estimates for June 2002. <sup>d</sup> The number of service users in each geographic location was estimated based on service users' residential postcodes. Some postcode areas were split between two or more geographic locations; in this case, the data were weighted according to the proportion of the population of the postcode area in each geographic location. <sup>e</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Individuals might have accessed services from more than one State or Territory over the six month period.

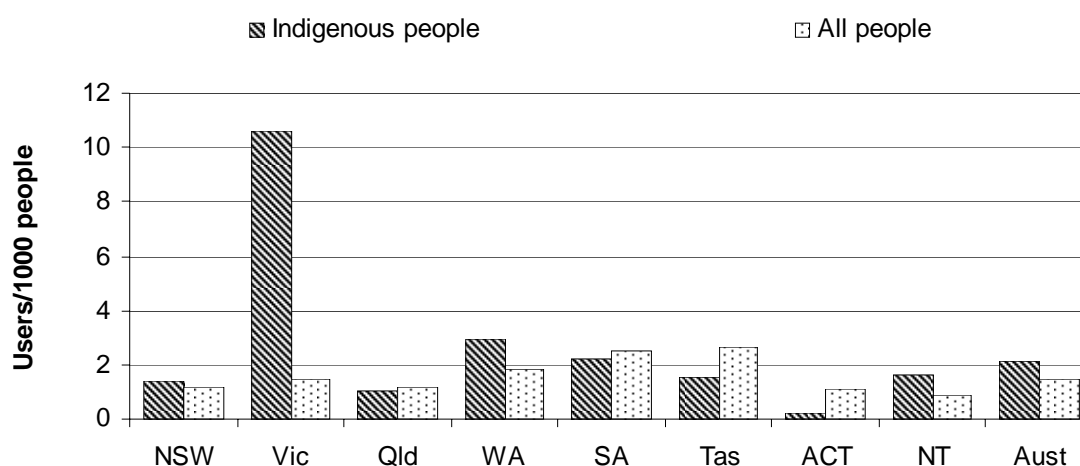
Source: AIHW analysis of ABS SLA population estimates for June 2002; AIHW (unpublished); table 13A.36.

### *Service use by special needs groups — Indigenous people*

Nationally, the proportion of the Indigenous population who used accommodation support services from 1 January 2003 to 30 June 2003 (2.1 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the total population who used these services (1.4 service users per 1000 people aged under 65 years in the total population). A lower proportion of the Indigenous population than of the total population used accommodation support services in

Queensland, SA, Tasmania and the ACT. Across jurisdictions, the proportion of Indigenous people using accommodation support services ranged from 10.6 per 1000 Indigenous people in Victoria to 0.3 per 1000 Indigenous people in the ACT (figure 13.11).

Figure 13.11 **Users of accommodation support services per 1000 people, by Indigenous status, 1 January 2003 to 30 June 2003**<sup>a, b, c, d, e, f</sup>

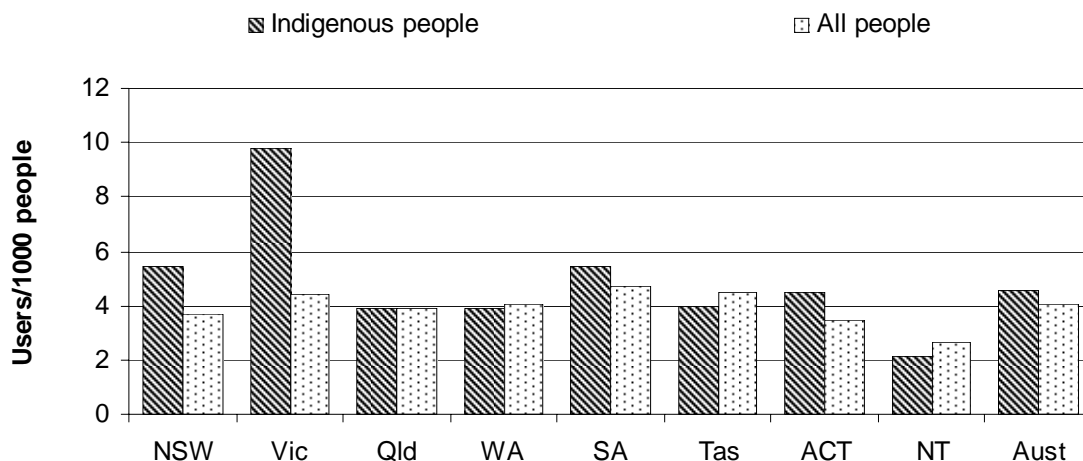


<sup>a</sup> Data for Indigenous users per 1000 were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged under 65 years, multiplied by 1000. <sup>b</sup> Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. <sup>c</sup> Data for all service users exclude 588 service users whose Indigenous status was not reported, so totals may differ from other tables. <sup>d</sup> Data for users of CSTDA funded accommodation support services exclude psychiatric services identified by the jurisdiction. <sup>e</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Individuals might have accessed services from more than one State or Territory over the six month period. <sup>f</sup> The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (box 13.7). This indicator thus needs to be interpreted with care.

Source: ABS (2002a, 2004b); AIHW (unpublished); table 13A.24.

Nationally, the proportion of the Indigenous population who used employment services from 1 January 2003 to 30 June 2003 (4.6 Indigenous service users per 1000 Indigenous people aged 15–64 years) was higher than the proportion of the total population who used these services (4.0 service users per 1000 people aged 15–64 years). A higher proportion of the Indigenous population than of the total population used employment services in all jurisdictions except Queensland, WA, Tasmania and the NT. Across jurisdictions, the proportion of the Indigenous population accessing employment services ranged from 9.8 service users per 1000 Indigenous people in Victoria to 2.2 service users per 1000 Indigenous people in the NT (figure 13.12).

Figure 13.12 Users of employment services per 1000 people, by Indigenous status, 1 January 2003 to 30 June 2003<sup>a, b, c, d</sup>

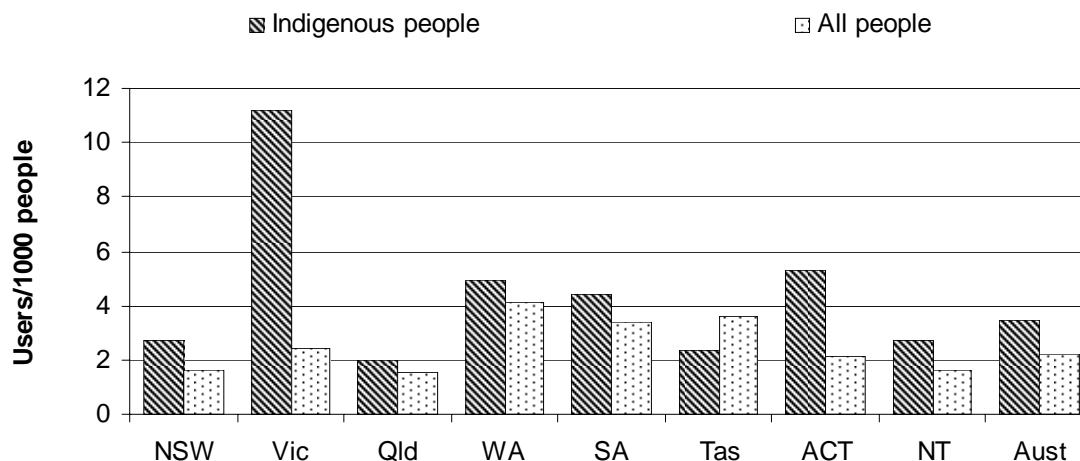


<sup>a</sup> Data for Indigenous users per 1000 were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged 15–64 years, multiplied by 1000. <sup>b</sup> Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. <sup>c</sup> Data for all service users exclude 2117 service users whose Indigenous status was not reported, so employment services users per 1000 total population aged 15–64 years may differ from other figures. <sup>d</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Individuals might have accessed services from more than one State or Territory over the six month period.

Source: ABS (2002a, 2004b); AIHW (unpublished); table 13A.26.

Nationally, the proportion of the Indigenous population who used community access services from 1 January 2003 to 30 June 2003 (3.5 Indigenous service users per 1000 Indigenous people aged 15–64 years) was higher than the proportion of the total population who used these services (2.2 service users per 1000 people aged 15–64 years). A higher proportion of the Indigenous population than of the total population used community access services in all jurisdictions except Tasmania. Across jurisdictions, the proportion of the Indigenous population accessing community access services ranged from 11.2 service users per 1000 Indigenous people in Victoria to 2.0 service users per 1000 Indigenous people in Queensland (figure 13.13).

Figure 13.13 Users of community access services per 1000 people, by Indigenous status, 1 January 2003 to 30 June 2003<sup>a, b, c, d, e, f, g</sup>



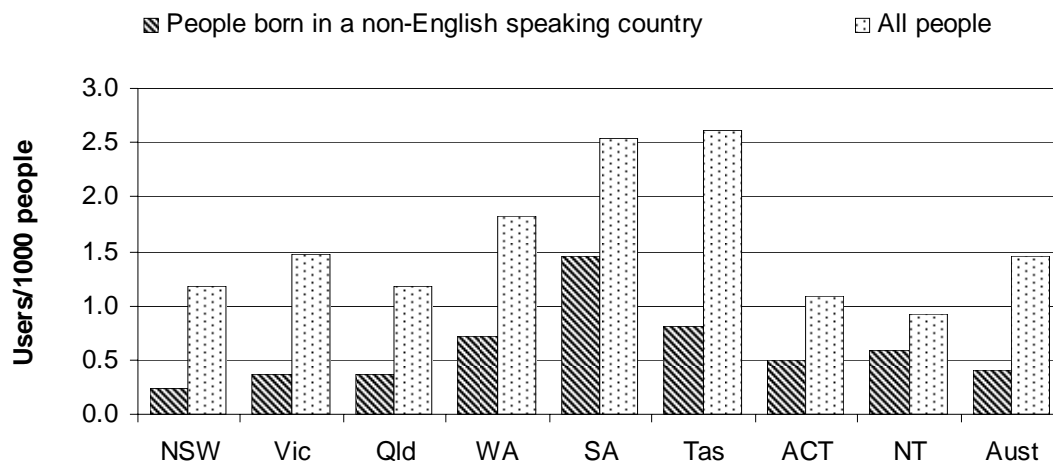
<sup>a</sup> Data for Indigenous users per 1000 were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged 15–64 years, multiplied by 1000. <sup>b</sup> Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. <sup>c</sup> Data for all service users exclude 7615 service users whose Indigenous status was not reported, so totals may differ from other tables. <sup>d</sup> Service users who accessed the service type 'recreation/holiday programs' (service type 3.02) were not required to complete the item on Indigenous status; however those who did provide a response are included in the data. <sup>e</sup> Data for users of CSTDA funded community access services exclude psychiatric services specifically identified by the jurisdiction. <sup>f</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Individuals might have accessed services from more than one State or Territory over the six month period. <sup>g</sup> The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (box 13.7). This indicator thus needs to be interpreted with care.

Source: ABS (2002a, 2004b); AIHW (unpublished); table 13A.28.

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

Nationally, the proportion of people born in a non-English speaking country who used accommodation support services from 1 January 2003 to 30 June 2003 (0.4 service users per 1000 people aged under 65 years) was lower than the proportion of the total population who used these services (1.4 service users per 1000 people aged under 65 years). This was the case in all jurisdictions. Across jurisdictions, the proportion of people born in a non-English speaking country who used accommodation support services ranged from 1.5 service users per 1000 people in SA to 0.2 service users per 1000 people in NSW (figure 13.14).

Figure 13.14 **Users of accommodation support services per 1000 people, by country of birth, 1 January 2003 to 30 June 2003**<sup>a, b, c, d, e, f, g</sup>

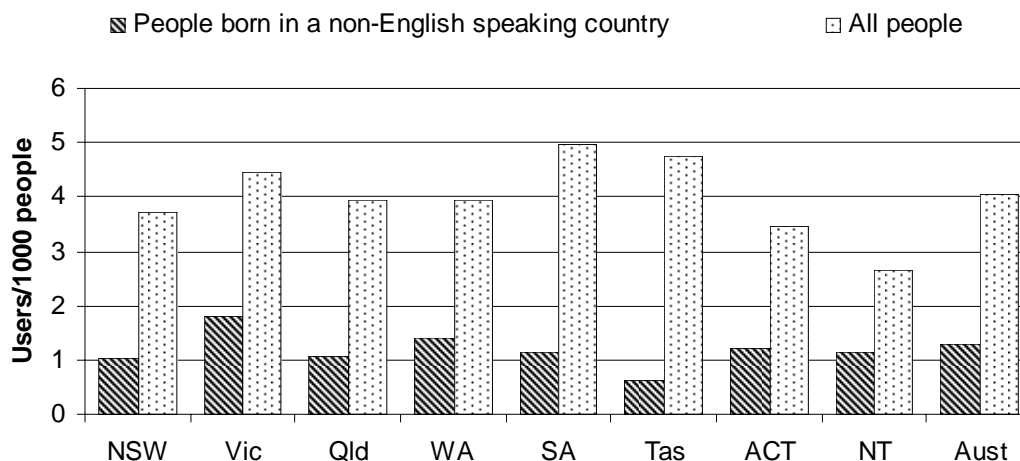


<sup>a</sup> Data for service users born in a non-English speaking country per 1000 were derived by dividing the number of service users born in a non-English speaking country by the number of Australians aged under 65 years who were born in a non-English speaking country, multiplied by 1000. <sup>b</sup> Data for service users born in a non-English speaking country were based on responses for country of birth in English Proficiency Groups 2–4 (which includes all countries except Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States). <sup>c</sup> The State and Territory data on people born in a non-English speaking country were derived from country of birth data for the corresponding 2001 Australian Census proportional distribution of the population of states and territories. Estimates exclude people whose country of birth was not stated or who were visitors to Australia from overseas. <sup>d</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Individuals might have accessed services from more than one State or Territory over the six month period. Where country of birth was inconsistently recorded for the same service user, the service user was counted as having been born in a non-English speaking country. <sup>e</sup> Data for all service users exclude 574 service users whose country of birth was not reported. <sup>f</sup> Data for service users of CSTDA funded accommodation support services exclude psychiatric services identified by the jurisdiction. <sup>g</sup> The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (box 13.7). This indicator thus needs to be interpreted with care.

Source: ABS (2002a); ABS (unpublished), from the 2001 Australian Census of Population and Housing; AIHW (unpublished); table 13A.30.

Nationally, the proportion of people born in a non-English speaking country who used employment services from 1 January 2003 to 30 June 2003 (1.3 service users per 1000 people aged 15–64 years) was lower than the proportion of the total population who used these services (4.1 service users per 1000 people aged 15–64 years). This was the case in all jurisdictions. The proportion of people born in a non-English speaking country who used employment services ranged from 1.8 service users per 1000 people in Victoria to 0.6 service users per 1000 people in Tasmania (figure 13.15).

**Figure 13.15 Users of employment services per 1000 people, by country of birth, 1 January 2003 to 30 June 2003<sup>a, b, c, d, e</sup>**



<sup>a</sup> Data for service users born in a non-English speaking country per 1000 were derived by dividing the number of service users born in a non-English speaking country by the number of Australians aged under 65 years who were born in a non-English speaking country, multiplied by 1000. <sup>b</sup> Data for service users born in a non-English speaking country were based on responses for a country of birth in English Proficiency Groups 2–4 (which includes all countries except Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States). <sup>c</sup> The State and Territory data on people born in a non-English speaking country were derived from country of birth data for the corresponding 2001 Australian Census proportional distribution of the population of states and territories. Estimates exclude people whose country of birth was not stated or who were visitors to Australia from overseas. <sup>d</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Totals may not be the sum of the components as individuals might have accessed services from more than one State or Territory over the six month period. Where country of birth was inconsistently recorded for the same service user, the service user was counted as having been born in a non-English speaking country. <sup>e</sup> Data for all service users exclude 1555 service users whose country of birth was not reported, thus employment services users per 1000 total population aged 15–64 years might differ from other figures.

Source: ABS (2002a); ABS (unpublished), from the 2001 Australian Census of Population and Housing; AIHW (unpublished); table 13A.32.

*Proportion of accommodation support service users receiving community accommodation and care services*

The indicator ‘proportion of accommodation support service users receiving community accommodation and care services’ is explained in box 13.13.



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**Box 13.13 Proportion of accommodation support service users receiving community accommodation and care services**

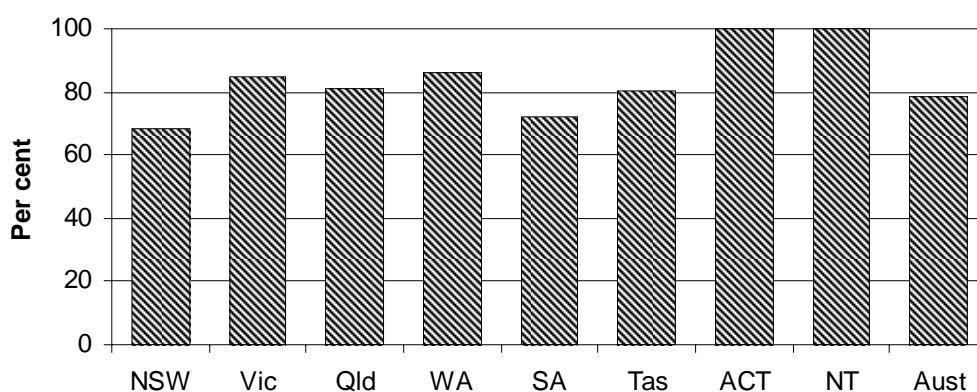
The 'proportion of accommodation support service users using community accommodation and care services' (that is, accommodation support services in group homes and other community settings) is included as an output (access) indicator of governments' objective to assist people with a disability to live as valued and participating members of the community. State and Territory governments have generally sought to increase the provision of accommodation support services outside institutional/residential settings for people with a disability. Community accommodation and care services are considered to provide better opportunities for people with a disability to be involved in their community.

This indicator is defined as the number of people using a CSTDA funded community accommodation and care service divided by the total number of people using CSTDA funded accommodation support services (excluding psychiatric services). An increase in the proportion of people accessing community accommodation and care services is likely to increase the ability of these people to integrate and be involved in the community.

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

Nationally, 78.4 per cent of accommodation support service users received community accommodation and care services from 1 January 2003 and 30 June 2003 (figure 13.16). Across jurisdictions, the ACT and the NT had the highest proportion of accommodation support service users receiving community accommodation and care services (both 100.0 per cent) and NSW had the lowest (68.5 per cent) (figure 13.16).

**Figure 13.16 Users of community accommodation and care services as a proportion of all accommodation support service users, 1 January 2003 to 30 June 2003<sup>a, b, c, d</sup>**



<sup>a</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Totals may not be the sum of the components because individuals might have accessed services from more than one State or Territory and/or from both accommodation service types over the six month period. <sup>b</sup> Data for service users of CSTDA funded accommodation support services exclude psychiatric services identified by the jurisdiction. <sup>c</sup> Community accommodation and care services include group homes, attendant care/personal care, in-home accommodation support, alternative family placement and other accommodation support. <sup>d</sup> The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (box 13.7). This indicator thus needs to be interpreted with care.

Source: AIHW (2004a and 2004b); table 13A.10.

### *Client satisfaction with appropriateness*

The indicator ‘client satisfaction with appropriateness’ is explained in box 13.14.

#### **Box 13.14 Client satisfaction with appropriateness**

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

Data are currently not collected on this indicator. The Steering Committee has identified this indicator for development and reporting in future.

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## *Equity and effectiveness — quality of services*

### *Quality assurance processes*

All services funded under the CSTDA are required to comply with national standards, so most jurisdictions have been examining ways of implementing quality assurance monitoring systems for disability services programs. The ‘quality assurance processes’ indicator is explained in box 13.15.

#### **Box 13.15 Quality assurance processes**

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

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

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

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

Data on quality assurance monitoring in 2003-04 are reported for the Australian Government, Victoria, WA and Tasmania (box 13.16). These quality assurance data relate to service providers from all disability service types provided under the CSTDA. Data come from service quality reviews and self-assessment processes. The four jurisdictions implementing quality assurance monitoring are expected to review all service providers in a rolling process over several years.

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**Box 13.16 Quality assurance for disability services**

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

**Australian Government**

Australian Government funded disability employment assistance organisations are required to meet quality standards. In July 2002, revised disability services standards were introduced, comprising 12 standards and 26 key performance indicators. All organisations must be assessed by independent accredited certification bodies and achieve certification against the revised standards by 31 December 2004 as a prerequisite for continued funding. All 397 disability employment assistance organisations have registered their intention to be certified by 31 December 2004. At 5 November 2004, 92.7 per cent of organisations (368 of 397) had been audited and 68.3 per cent (271 of 397) had achieved certification.

**Victoria, WA and Tasmania**

In 2003-04, different quality assurance monitoring systems were in place in Victoria, WA and Tasmania, but these jurisdictions collect data on similar indicators. Disability services providers (outlets and organisations) refer to providers of accommodation support; community support; community access; respite; advocacy, information and print disability; and other support services. The evaluation processes relate to both government and non-government service outlets.

In Victoria, by December 2003, 40 government and non-government disability service organisations (which operate at least one service outlet) had participated in an independent strategic review, and 97 per cent of eligible service outlets (those receiving more than \$20 000 in disability funding) had undertaken a self-assessment against the Victorian Standards for Disability Services and implemented a quality plan.

In WA, 25.3 per cent (178 of 703) of total service outlets had been independently monitored (comprehensive and abridged monitoring) against the service standards, and 74.2 per cent (132 of 178) of the assessed disability service outlets had been quality assured against all assessed service standards. Outlets that are not independently assessed are required to provide a self-assessment.

In Tasmania, 9.6 per cent of total service outlets (20 of 207) had been comprehensively assessed against the service standards and 100 per cent (20 of 20) of the comprehensively assessed disability services outlets had been quality assured against all assessed service standards. Of the total service outlets, 19.7 per cent (41 of 207) are being monitored following evaluation through a service development plan.

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

*Client and carer satisfaction*

The 'client and carer satisfaction' indicator is explained in box 13.17.

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**Box 13.17 Client and carer satisfaction**

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

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

The 2000 Report provided some survey data on client and carer satisfaction with services provided to people with a disability (SCRCSSP 2000). These data have not been updated at a national level, although Western Australia conducted a carer and client satisfaction study in 2004. In this study, 688 disability services clients or their carers were asked whether they were satisfied with services. Questions about specific services were combined with two global satisfaction questions. Across the six CSTDA service types, 70–87 per cent of clients were satisfied with the services they received. Overall, 76 per cent of people responded that the services had enhanced their quality of life (WA Government unpublished).

*Efficiency — cost per output unit*

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 included in this Report do not yet include the user cost of capital, so do not reflect the full costs of government funded services.

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

**Table 13.1 Comparability of expenditure estimates for government provided disability services, by items included, 2003-04**

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

FTE = full time equivalent. <sup>a</sup> Actual payroll tax amounts are included in cost (expenditure) per user 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. For the other jurisdictions, no payroll tax amounts (actual or imputed) are included. <sup>b</sup> In 2003-04, the NT changed the apportioning of umbrella departmental costs from the percentage of FTE employees to a departmental formula. .. Not applicable.

Source: State and Territory governments (unpublished).

Institutional or residential accommodation support services are provided in both institutions and hostels. Community accommodation and care services are provided in group homes and other community settings. The accommodation support services provided in other community settings are attendant care/personal care, in-home accommodation support, alternative family placement and other accommodation support. In recent years, there has been an ongoing process of relocating people with a disability from institutional/residential accommodation to community accommodation. As a result, total government expenditure on accommodation support services in institutional/residential settings has decreased, with a corresponding increase in expenditure on community accommodation and care services.

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### *Government and non-government provided services*

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

### *Cost per user of government provided services*

Governments provide accommodation support services to people with a disability in institutional/residential settings, group homes and other community settings. The ‘cost per user of government provided services’ indicator is explained in box 13.18.

#### **Box 13.18 Cost per user of government provided services**

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

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

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

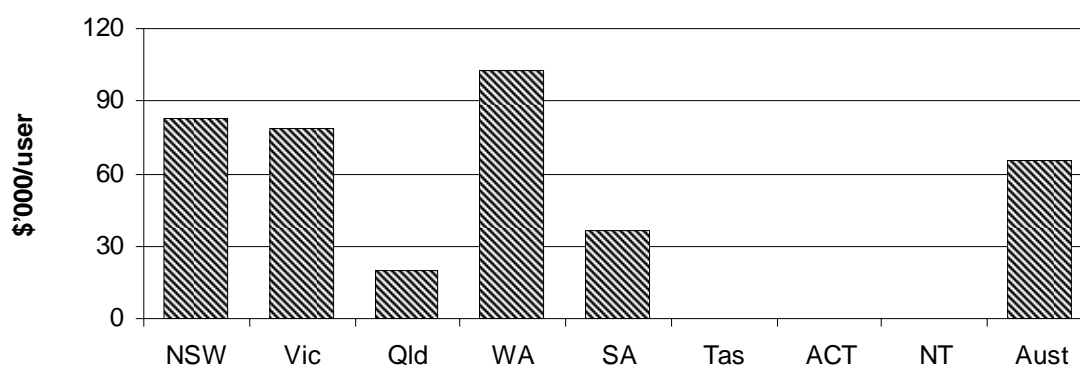
Efficiency data are difficult to interpret. While high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided. Increasing expenditure may also reflect the changing needs of service users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

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### *Cost per user of government provided services — institutional/residential settings*

Nationally, estimated annual government expenditure on accommodation support services in institutional/residential settings was \$65 786 per service user in 2002-03. Across jurisdictions, estimated government expenditure per service user was highest in WA (\$102 684) and lowest in Queensland (\$19 651). There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT or the NT in 2002-03 (figure 13.17).

**Figure 13.17 Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings, 2002-03<sup>a, b, c, d</sup>**



<sup>a</sup> Estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT and the NT. <sup>c</sup> In Victoria, expenditure on institutional accommodation support services reflects current institutional redevelopments. <sup>d</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

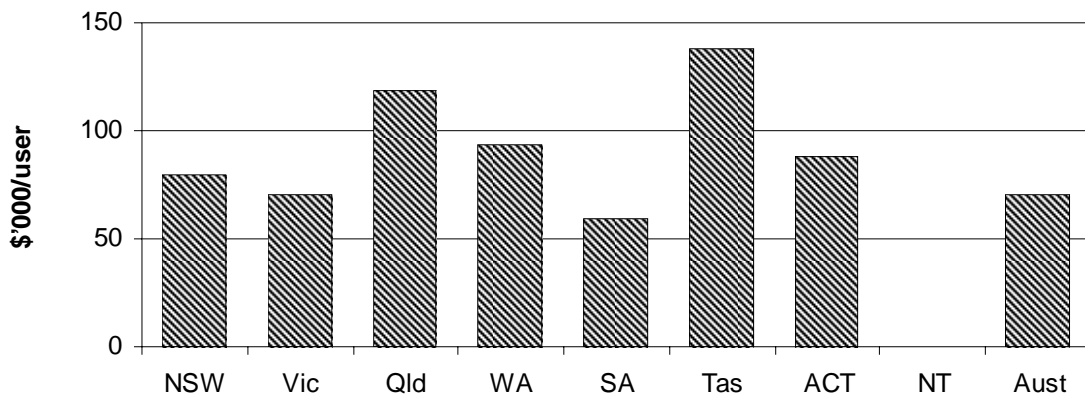
Source: State and Territory governments (unpublished); table 13A.42.

### *Cost per user of government provided services — group homes*

Nationally, estimated annual government expenditure on government provided accommodation support services in group homes was \$70 432 per service user in 2002-03. Across jurisdictions, government expenditure per service user was highest in Tasmania (\$137 604) and lowest in SA (\$59 043). There were no government providers of accommodation support services in group homes in the NT (figure 13.18).



Figure 13.18 **Estimated annual government expenditure per user of government provided accommodation support services in group homes, 2002-03<sup>a, b, c, d</sup>**



<sup>a</sup> Estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> There were no government provided accommodation support services in group homes in the NT. <sup>c</sup> Data exclude three service users in WA whose agency sector (government/non-government) was not stated. <sup>d</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

Source: State and Territory governments (unpublished); table 13A.42.

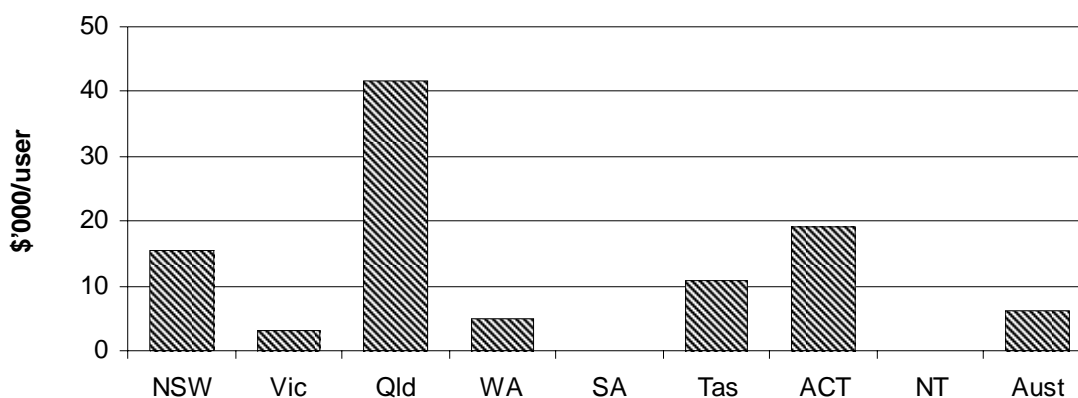
### *Cost per user of government provided services — other community settings*

Nationally, estimated annual government expenditure on government provided accommodation support services in other community settings was \$6078 per service user in 2002-03. Across jurisdictions, government expenditure per service user was highest in Queensland (\$41 623) and lowest in Victoria (\$2991). There were no government providers of accommodation support services in other community settings in SA and the NT (figure 13.19).

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Figure 13.19 **Estimated annual government expenditure per user of government provided accommodation support services in other community settings, 2002-03<sup>a, b, c, d</sup>**

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<sup>a</sup> Estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> There were no government provided accommodation support services in other community settings in SA and the NT. <sup>c</sup> Data exclude 44 service users in Victoria whose agency sector (government/non-government) was not stated. <sup>d</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

Source: State and Territory governments (unpublished); table 13A.42.

### *Government contribution per user of non-government provided services*

Governments contributed funding to, or purchased, the following non-government provided services for people with a disability:

- accommodation support services in:
  - institutional/residential settings
  - group homes
  - other community settings
- employment services.

The indicator 'government contribution per user of non-government provided services' is explained in box 13.19.

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**Box 13.19 Government contribution per user of non-government provided services**

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

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

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

Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service. Efficiency data are difficult to interpret, however. While high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of service users. Similarly, low or declining expenditure per unit of output may reflect improving efficiency or lower quality, less effective services. Efficiency data thus need to be always interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

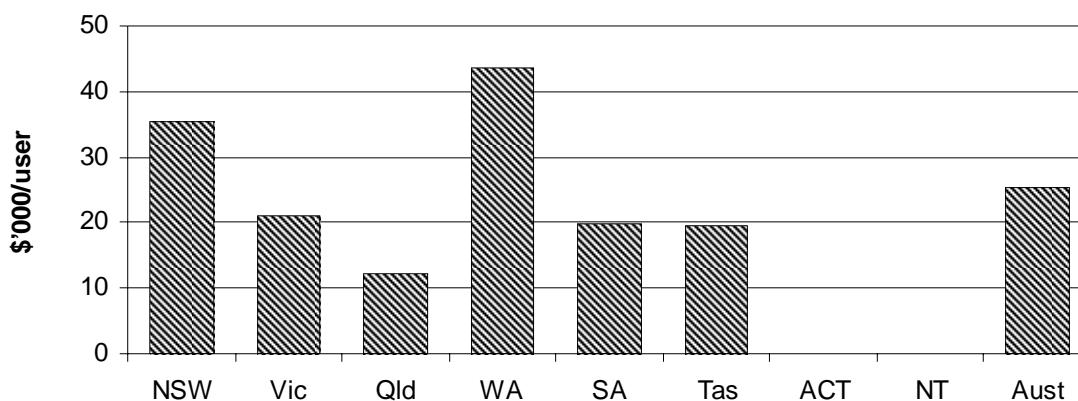
*Government contribution per user of non-government provided services — institutional/residential settings*

Nationally, estimated annual government funding of non-government provided accommodation support services in institutional/residential settings was \$25 234 per service user in 2002-03. Across jurisdictions, government funding per service user was highest in WA (\$43 585) and lowest in Queensland (\$12 313). There were no non-government provided accommodation support services in institutional/residential settings in the ACT or the NT (figure 13.20).

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Figure 13.20 **Estimated annual government funding per user of non-government provided accommodation support services in institutional/residential settings, 2002-03<sup>a, b, c, d, e</sup>**

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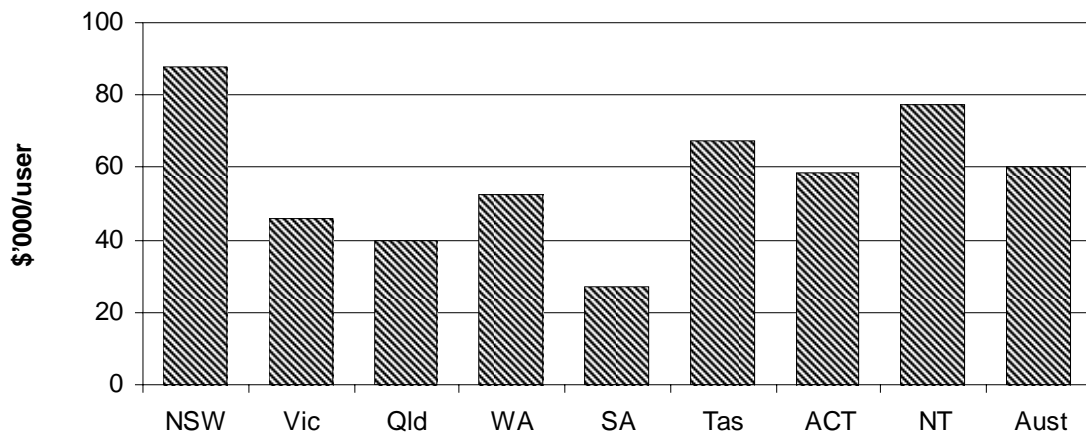
<sup>a</sup> Estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> There were no non-government provided accommodation support services in institutional/residential settings in the ACT and the NT. <sup>c</sup> In Victoria, expenditure on institutional accommodation support services reflects current institutional redevelopments. <sup>d</sup> Data reflect government contributions to non-government provided services. <sup>e</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

Source: State and Territory governments (unpublished); table 13A.42.

### *Government contribution per user of non-government provided services — group homes*

Nationally, estimated annual government funding of non-government provided accommodation support services in group homes was \$60 357 per service user in 2002-03. Across jurisdictions, government funding per service user ranged from \$87 940 in NSW to \$26 872 in SA (figure 13.21).

Figure 13.21 **Estimated annual government funding per user of non-government provided accommodation support services in group homes, 2002-03<sup>a, b, c, d</sup>**



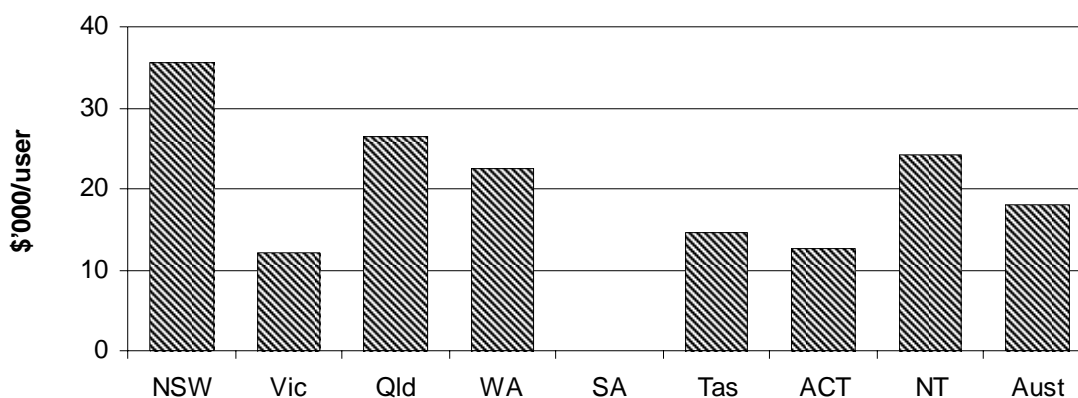
<sup>a</sup> Estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> Data reflect government contributions to non-government provided services. <sup>c</sup> Data exclude three service users in WA whose agency sector (government/non-government) was not stated. <sup>d</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

Source: State and Territory governments (unpublished); table 13A.42.

*Government contribution per user of non-government provided services — other community settings*

Nationally, estimated annual government funding of non-government provided accommodation support services in other community settings was \$18 038 per service user in 2002-03. Across jurisdictions, government funding per service user ranged from \$35 491 in NSW to \$33 in SA (figure 13.22).

**Figure 13.22 Estimated annual government funding per user of non-government provided accommodation support services in other community settings, 2002-03<sup>a, b, c, d, e</sup>**



<sup>a</sup> Estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> In SA, government funding per user of non-government provided accommodation support services in other community settings was \$33. <sup>c</sup> Data reflect government contributions to non-government provided services. <sup>d</sup> Data exclude 44 service users in Victoria whose agency sector (government/non-government) was not stated. <sup>e</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

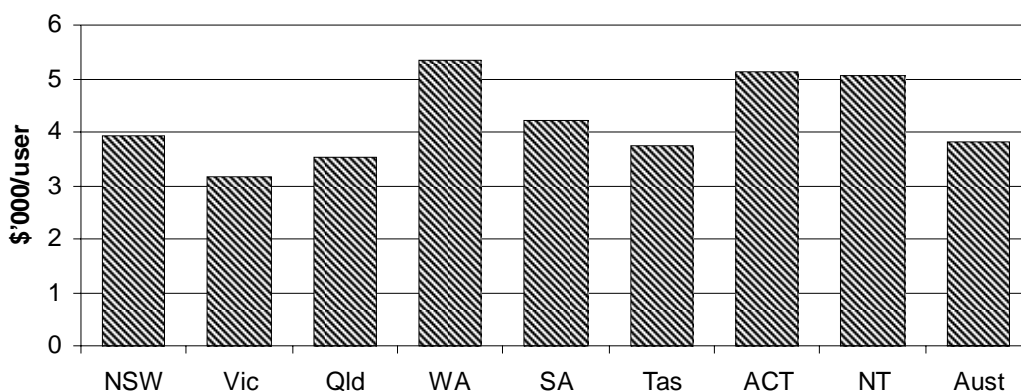
Source: State and Territory governments (unpublished); table 13A.42.

*Government contribution per user of non-government provided services — per employment service user assisted*

Assistance with employment for people with a disability was the responsibility of the Australian Government under the CSTDA in 2002-03. Nationally, for all employment services, government expenditure per service user assisted was \$3817 in 2002-03. Across jurisdictions, government expenditure per service user was highest in WA (\$5347) and lowest in Victoria (\$3175) (figure 13.23).

Nationally, estimated annual government expenditure per service user in 2002-03, by employment service type, was \$3016 on the open program, \$6203 on the supported program and \$3983 on the open and supported program (table 13A.46).

Figure 13.23 **Government funding per user of non-government provided employment services, 2002-03<sup>a</sup>**



<sup>a</sup> Based on the number of employment service users assisted.

Source: DFACS (unpublished); table 13A.48.

### *Cost per service user*

The 'cost per service user' indicator is explained in box 13.20.

#### **Box 13.20 Cost per service user**

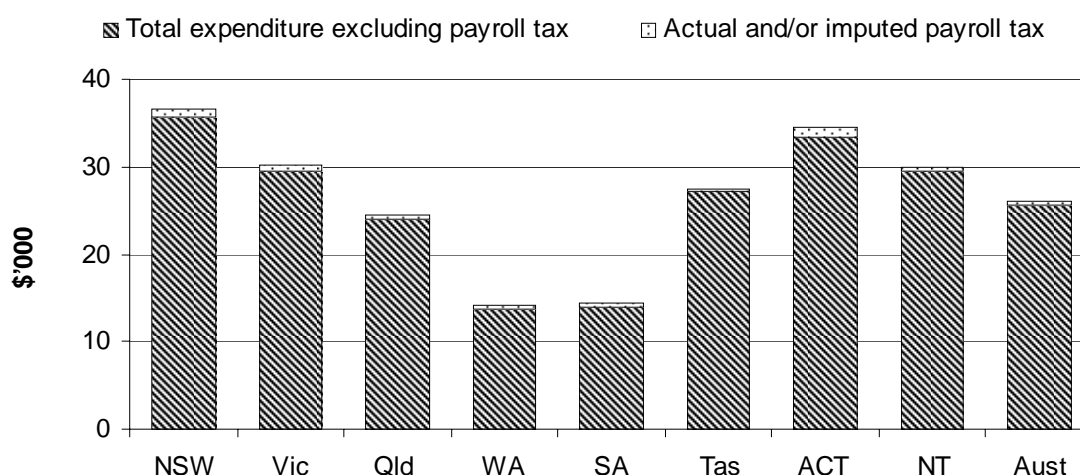
Cost per service user is included as an output (efficiency) indicator of governments' objective to provide disability services in an efficient manner.

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

Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service. Efficiency data are difficult to interpret, however. While high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of service users. Similarly, low or declining expenditure per unit of output may reflect improving efficiency or lower quality, less effective services. Efficiency data thus need to be always interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Total estimated government expenditure per user of CSTDA State and Territory administered disability services in 2002-03 is reported both net of payroll tax and including actual and/or imputed payroll tax. Nationally, estimated expenditure per service user was \$25 639 excluding payroll tax and \$26 150 including actual and/or imputed payroll tax. Across jurisdictions, NSW had the highest expenditure per service user, both when excluding payroll tax (\$35 712) and when including it (\$36 469). The lowest expenditure per service user was in WA, when payroll tax was both excluded (\$13 780) and included (\$14 065) (figure 13.24).

**Figure 13.24 Estimated annual government expenditure per service user of CSTDA State and Territory administered services, 2002-03<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> In some jurisdictions (NSW, Victoria in part, Queensland, Tasmania and the NT), 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. <sup>b</sup> Payroll tax data for Queensland includes paid payroll tax and accrued payroll tax. <sup>c</sup> In the NT, payroll tax relates to government service provision and excludes expenditure for program management and administration. <sup>d</sup> Estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>e</sup> Government expenditure per service user for Australia excludes Australian Government expenditure on State and Territory administered services that was not provided as transfer payments. <sup>f</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

Source: AIHW (2004a, 2004b); State and Territory governments (unpublished); table 13A.50.

### *Efficiency — 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 it. Administrative expenditure data are useful, however, for indicating trends within jurisdictions over



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time. The indicator ‘administrative expenditure as a proportion of total expenditure’ is explained in box 13.21.

**Box 13.21 Administrative expenditure as a proportion of total expenditure**

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

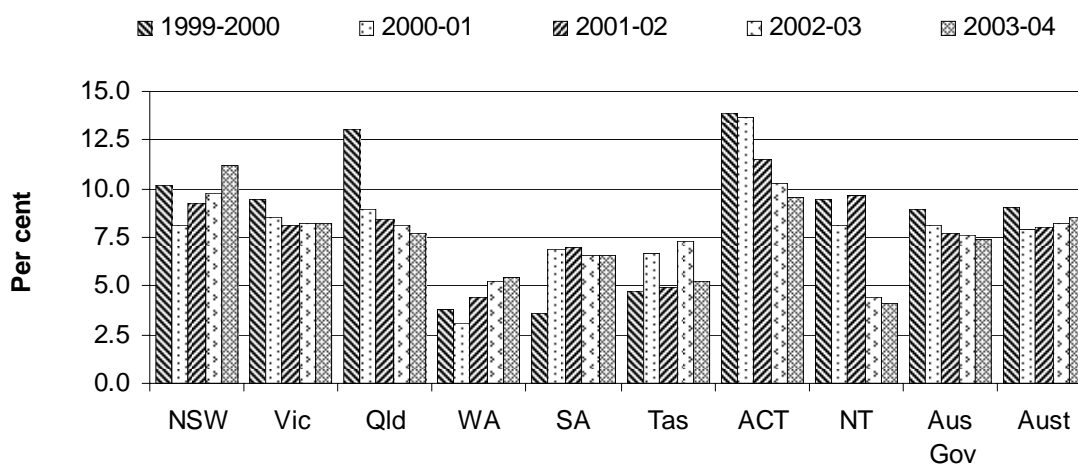
This indicator is defined as government expenditure on administration as a proportion of total CSTDA expenditure.

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

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

Nationally, administrative expenditure as a proportion of total government expenditure on disability services rose from 8.2 per cent in 2002-03 to 8.6 per cent in 2003-04 when actual payroll tax is included in total CSTDA expenditure for NSW, Victoria (in part), Qld, Tasmania and the NT. Across jurisdictions, however, the proportion decreased between 2002-03 and 2003-04 for all jurisdictions except NSW, WA and SA. The highest proportion in 2003-04 was in NSW (11.2 per cent) and the lowest was in the NT (4.1 per cent) (figure 13.25).

**Figure 13.25 Administrative expenditure as a proportion of total expenditure**  
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 paid payroll tax and accrued 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. The increase in WA administration expenditure for 2003-04 reflects a growth in funds and indexation (including wage increases). **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 before 2001-02 is estimated, based on average staffing levels. Financial reporting in the NT improved 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 re-alignment of some costs previously reported under this category to direct service delivery; the NT changed from cash to accrual accounting in 2002-03, limiting the comparability of expenditure with previous years. 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.49.

Data that account for differences in payroll tax regimes across jurisdictions are included in this Report (table 13A.49) to improve the comparability of reported costs. Payroll tax data need to be interpreted with caution, however, because some jurisdictions (NSW, Victoria [in part], Queensland, Tasmania and the NT) have provided payroll or payroll tax data on the basis of direct service delivery expenditure for government provided services, and others (WA, SA and the ACT) have provided the data on the basis of total expenditure for government provided

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services. Specifically, total CSTDA expenditure is reported in table 13A.37 and 13A.38, both excluding and including actual or imputed payroll tax amounts.

When payroll tax is excluded, average national administrative expenditure as a proportion of total CSTDA expenditure was 8.7 per cent in 2003-04. When actual or imputed payroll tax is included, the proportion was 8.5 per cent (table 13A.49).

## Outcomes

### *Labour force participation and employment of people with a disability*

The indicator 'labour force participation and employment of people with a disability' is explained in box 13.22. Detailed definitions and calculations of labour force participation and employment rates are provided in section 13.6.

#### **Box 13.22 Labour force participation and employment of people with a disability**

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

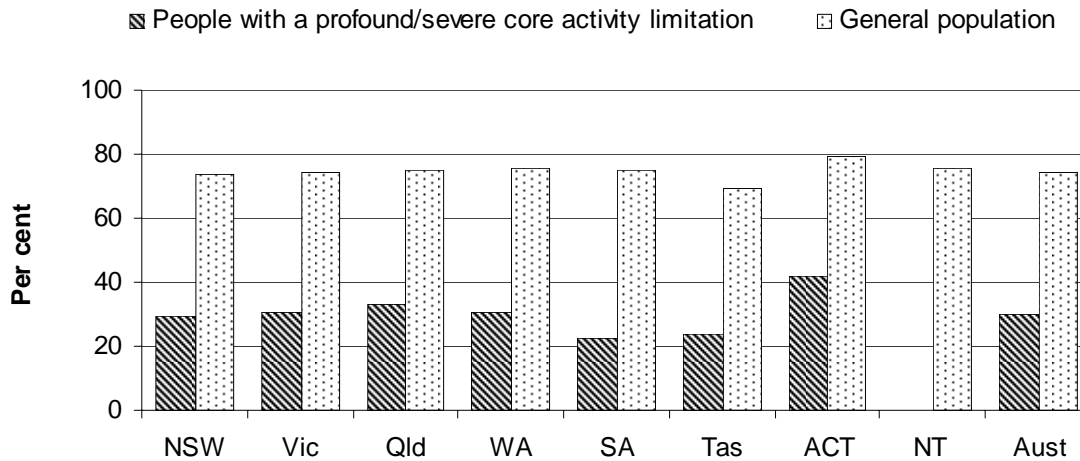
For this indicator, data on labour force participation rates and employment rates of people aged 15–64 years with a profound or severe core activity limitation who live in households are compared with the rates of people aged 15–64 years in the general population.

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

This indicator does not provide information on why people cannot find the work they are looking for. It also does not provide information on why people choose not to participate in the labour force. Finally, it does not provide information on whether the jobs that people find are appropriate or fulfilling.

Nationally, the estimated labour force participation rate of people aged 15–64 years with a profound or severe core activity limitation in 2003 (30.0 per cent) was below that of general population aged 15–64 years (74.4 per cent). This was the case in all jurisdictions. Across jurisdictions, the difference between the estimated labour force participation rate of people with a profound or severe core activity limitation and that of the general population was highest in SA (52.2 percentage points) and lowest in the ACT (37.3 percentage points) (figure 13.26).

**Figure 13.26 Estimated labour force participation rates of people aged 15–64 years, 2003<sup>a</sup>**

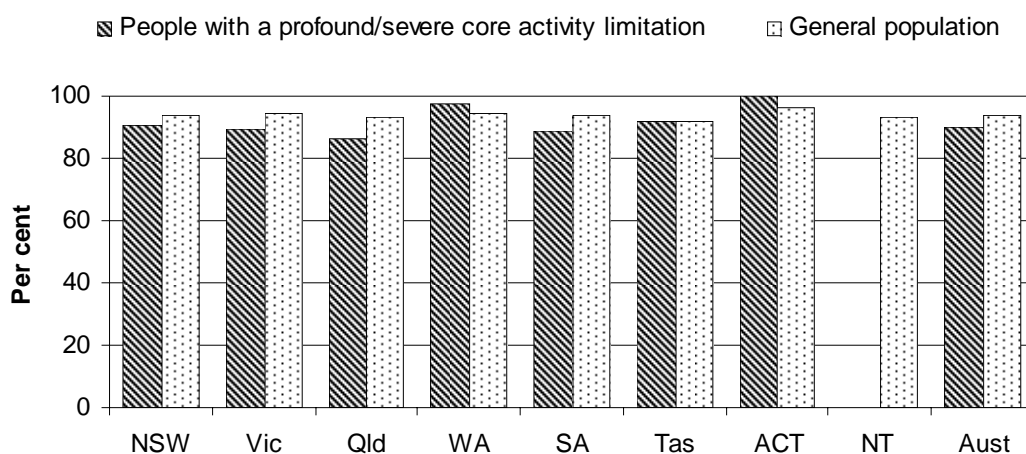


<sup>a</sup> Data for people with a disability in the NT are not published.

Source: ABS (Labour Force Survey Cat. no. 6291.0.55.001 [Supertable LM8], unpublished, from the 2003 Disability, Ageing and Carers Survey); table 13A.11.

Nationally, the estimated employment rate of people aged 15–64 years with a profound or severe core activity limitation in 2003 (89.9 per cent) was below that of the general population aged 15–64 years (93.9 per cent) (table 13A.11). This was the case in all jurisdictions except in WA and the ACT. Across jurisdictions, the difference between the estimated employment rate of people with a profound or severe core activity limitation and that of the general population was highest in Queensland (6.8 percentage points) (figure 13.27).

Figure 13.27 **Estimated employment rates of people aged 15–64 years, 2003<sup>a</sup>**



<sup>a</sup> Data for people with a disability in the NT are not published.

Source: ABS (Labour Force Survey Cat. no. 6291.0.55.001 [Supertable LM8], unpublished, from the 2003 Disability, Ageing and Carers Survey); table 13A.11.

### *Social participation of people with a disability*

The indicator ‘social participation of people with a disability’ is explained in box 13.23.

#### **Box 13.23 Social participation of people with a disability**

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

This indicator is defined as the proportion of people aged 5–64 years with a profound or severe core activity limitation who participate in social or community activities both in and away from home.

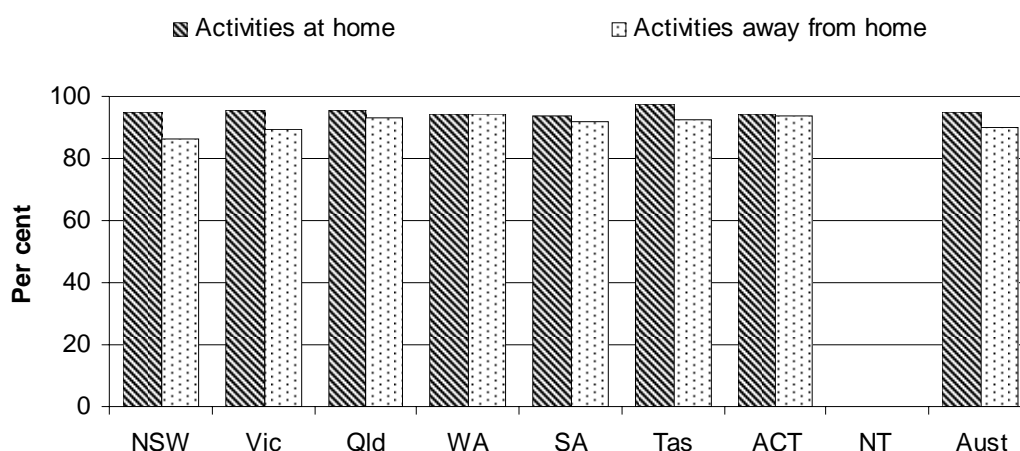
A higher proportion of people aged 5–64 years with a profound or severe core activity limitation who participate in social activities reflects their greater integration in the community.

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

Nationally, the estimated proportion of people aged 5–64 years with a profound or severe core activity limitation who participated in social activities at home was 95.3 per cent in 2003, and the estimated proportion who participated in social

activities away from home was 90.3 per cent (figure 13.28). The estimated proportion who participated was similar across jurisdictions, for both activities at home and activities away from home. Table 13A.12 includes detail of the types of activity in which people with a profound or severe core activity limitation participated.

**Figure 13.28 Estimated proportion of people aged 5–64 years with a severe or profound core activity limitation who participated in social activities, 2003<sup>a, b</sup>**



<sup>a</sup> Data for people with a disability in the NT are not published. <sup>b</sup> Data for the ACT contain relative standard errors over 25 per cent.

Source: ABS (unpublished, from the 2003 Disability, Ageing and Carers Survey); table 13A.12.

In 2004, Western Australia conducted a survey of users of disability services (or their carers) on their participation in various social activities. Results of this survey are provided in box 13.24.

### Box 13.24 Social participation of people with a disability

#### Western Australia

In 2004, 688 randomly selected users of disability services (or their carers) were surveyed on their participation in a range of social activities. The questions used in the survey were based largely on previous surveys but were modified to align with the International Classification of Functioning categorisation of functions.

(Continued on next page)

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### Box 13.24 (Continued)

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

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

- 67 per cent reported going out to entertainment (for example, movies, restaurants and concerts), 15 per cent reported never going out to entertainment and 45 per cent reported wanting to participate in these activities more often.
- 56 per cent reported being involved in group leisure or sport, 35 per cent reported never being involved in group leisure or sport and 34 per cent reported wanting to participate in these activities more often.
- 77 per cent reported being involved in individual activities such as going to the park, walking or swimming, 9 per cent reported never being involved in individual activities and 41 per cent reported wanting to participate in these activities more often.
- 33 per cent reported attending cultural, religious or community events, 57 per cent reported never being involved in these events and 11 per cent reported wanting to participate in these activities more often.
- 62 per cent reported communicating with people other than carers, friends or family members, 24 per cent reported never communicating with these people and 24 reported wanting to communicate with these people more often.

Source: WA Government (unpublished).

### *Use of other services*

The indicator 'use of other services' is explained in box 13.25.

### Box 13.25 **Use of other services**

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

Data on the participation by people with a disability in various services are incorporated into the performance indicator frameworks for those service areas in other chapters of this Report. Participation is reported for VET (see chapter 4), children's services (see chapter 14) and public, community and State owned and managed Indigenous housing (see attachment 16A).

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## 13.4 Future directions in performance reporting

Significant development and refinement of reporting against performance indicators will result from improved, ongoing data being available from the CSTDA NMDS from 2002-03. While only six months of data are reported for 2002-03 in this Report, this is an improvement from the previous CSDA MDS snapshot day collection. In future reports, 12 months of data will be reported.

Notwithstanding these developments, there is scope for further improvements in reporting against the current framework, including improving the data on service quality (for example, client and carer satisfaction). The Steering Committee intends to address limitations over time by:

- expanding reporting to cover other government funded services used by people with a disability
- examining reporting on younger people with a disability in residential aged care
- reporting client and carer satisfaction with service quality
- reporting ongoing social participation data
- reporting more complete, current, ongoing quality assurance data.

Under the umbrella of the multilateral CSTDA, the Australian Government has signed individual agreements with each of the State and Territory governments. In these agreements, the governments (with the exception of the NT) have agreed to work in partnership to improve the access of younger people with a disability in residential aged care to appropriate disability services and supports, and to explore alternative support models that meet the individual needs of young people in residential aged care.

The Steering Committee will consider the need for an indicator on younger people in residential aged care. Recent work on this issue includes:

- National Disability Administrators projects on:
  - disability and ageing
  - people with high clinical/medical support needs.
- a Senate inquiry into aged care, which includes in its terms of reference an examination of the appropriateness of younger people with a disability being accommodated in residential aged care facilities.

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



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collections. Additional reporting of disability services other than accommodation support, employment and community access may be achievable in future reports.

## **13.5 Jurisdictions' comments**

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

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### **The Australian Government comments**

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The implementation of the redeveloped NMDS in 2002-03 was an important step towards the agreement by all governments under the CSTDA to improve accountability, performance reporting and quality.

The Australian Government has been collecting whole-of-year data through its Disability Services Census for some time. Data is collected for outcomes measurement and statistical information for the full financial year of operation of each service. As this involves data being collected for every consumer assisted by an employment service throughout the financial year, collection of data cannot commence until the end of that financial year.

Due to the implementation of the new NMDS across all jurisdictions, data reported for the 2002-03 financial year is only for the 6 months 1 January 2003 to 30 June 2003. This move towards whole-of-year data reporting by all jurisdictions already provides more comprehensive information on service activity than data for one 'snapshot' day.

Whole-of-year data will be available in the future and will provide a more complete picture of the disability services sector.

Additional information on whole-of-year disability services census data as collected by the Australian Government is available on the FaCS website at <http://www.facs.gov.au>.

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## **New South Wales Government comments**

“ The NSW Government continued its commitment to providing services to people with a disability and their carers to allow them to live independently and participate in community life.

Work during 2003-04 focused on maintaining and sustaining the extensive support system for people with high support needs and on improving and developing approaches to early intervention and prevention.

Expenditure on disability services in NSW increased by almost 10 per cent in 2003-04 to \$992 million. Additional resources have been used to meet growing demand for disability services and ensure that existing levels of access to services are maintained. Significant resources were also invested in new flexible respite services, the expansion of the Local Support Coordination Program and the expansion of the Attendant Care Program to enable people with severe physical disabilities to live in their own homes.

Over the next few years, NSW will be introducing a number of initiatives to support families with children with a disability, including those who have very high support needs. These include initiatives to increase support to assist children and young people to remain at home and to encourage their development; to provide a broader range of intensive support options for children with a disability; and to appoint additional children's case managers to improve the quality of assistance to clients.

NSW continues its commitment to promoting opportunities for community participation by clients in supported accommodation. To this end, NSW is continuing to work with clients in large disability residences, and their families, to facilitate their move to community-based accommodation. A substantial injection of capital funding in 2003-04 finalised relocation from large residential centres for up to 400 people.

Reform of pathways between school and post school continued with the development of a service response for young people leaving school who are not readily able to enter the workforce.

The new CSTDA 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. However, NSW considers that data from the initial 2002-03 collection — reported in this chapter — is of poor quality and should be interpreted with caution. NSW will continue to work with service providers to improve the quality and completeness of data collected in future NMDS collections.”

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## Victorian Government comments



In 2003-04, a range of initiatives was undertaken as part of the Victorian State Disability Plan 2002–2012 implementation. Victoria continues to build on previous improvements in the collection and provision of data that is comparable on a national basis. Enhanced data collection sits alongside other significant initiatives.

The *Support and Choice* individualised planning and support initiative, is improving quality of life outcomes and is also promoting stronger links between disability services and local networks. The *Signposts for Building Better Behaviour* program is assisting parents of children with an intellectual disability to manage the difficult behaviours of their school aged children and strengthening early intervention to increase family resilience and reduce dependence on specialist disability services. In August 2003, deaf access Victoria was launched, which together with RuralAccess and MetroAccess initiatives, are supporting communities to become more welcoming and inclusive of people with disabilities.

The redevelopment of Kew Residential Services (KRS) continues with the preliminary evaluation of the first residents relocated from KRS being overwhelmingly positive, with residents and their families reporting high levels of satisfaction.

An extensive consultation for the review of Victorian disability legislation was completed with the recommendations released for public comment in late 2004. The draft revised Victorian Standards for disability services, which will form the basis for quality principles applicable to a range of individualised, flexible and community-based support options, were also released for comment.

The implementation of the new, whole-of-year, NMDS is an important step forward and will provide a comprehensive source of information for a range of planning, policy development and reporting purposes. Notwithstanding improvements in nationally comparable information, like all reports of this kind, some cautionary notes regarding the interpretation of data are necessary. There are important considerations that need to be made regarding the quality of data presented throughout this report, most notably the lower than desirable response rates and the various missing rates of data items for service users and service type outlets. These impose limitations on the ability to generalise from the data. Whilst the new whole-of-year data collection is an improvement over previous 'snapshot' collections, it is important to note that the six months of data in the 2005 Report is limited and not comparable to previous reports based on snapshot data nor will it be comparable to future reports that will use whole-of-year data.

Victoria continues to invest heavily in the implementation of the new NMDS by refining tools and providing ongoing training and support to assist disability agencies to collect data. Many issues that impacted on the quality of the six months of data collected for 2002-03 have been addressed and the quality of the 2003-04 data will be greatly improved.



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## Queensland Government comments



The Queensland Government policy framework, *Future Directions for Disability Services*, outlines this Government's investment from 2003-04 to 2006-07 to support an efficient and responsive disability services system that delivers quality outcomes for people with a disability. In 2003-04:

- the provision of funded services included support to over 1150 people through adult lifestyle support, 588 people through direct accommodation, 1385 young people through post-school services, 570 children through family and early childhood services and 715 families through family support:
- initiatives were expanded to strengthen families and communities to build formal and informal supports for families and an inclusive Queensland community. For example, the Family Support Program was extended to include families with adults with a disability who have high and critical support needs and who live at home. An additional 13 Local Area Coordination positions were established to assist people with a disability to live and participate in their local community, and improvements were made to respite services in over 20 locations. The *Queensland Government Carer Recognition Policy* was released, providing Queensland Government agencies with a framework to recognise the important role of carers; and
- work progressed on the design and development of a new Disability Information System to support the management of disability service delivery and facilitate interaction between Disability Services Queensland, its clients and service provider.

Queensland's implementation of a Disability Sector Quality System commenced in June 2004. All Disability Services Queensland operated and funded services will undertake a cycle of continuous improvement and external assessment to meet ten *Queensland Disability Services Standards*. Queensland has taken a developmental approach in implementing the Quality System and is working with all stakeholders to develop their understanding of the Quality System and its impact on their organisation and people with a disability, their families and carers.

Extensive public consultation on the review of Queensland's principal disability legislation, the *Disability Services Act 1992*, was undertaken in 2003-04, with people with a disability, their families and carers and other key stakeholders participating. The review is scheduled for completion by November 2005.

In implementing *Future Directions*, the Queensland Government, in partnership with other stakeholders, is advancing the achievement of the five strategic policy priorities that underpin the CSTDA to improve services for people with a disability. Improvements in data collection through the CSTDA NMDS will continue to assist with future planning, monitoring and evaluation of outcomes for people with a disability, their families, carers and communities.



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## Western Australian Government comments

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Western Australia has continued to collect complete whole-of-year data for the NMDS. Western Australia also carried out a consumer survey, covering issues related to satisfaction with service provision, quality of life and social participation. Some data from this survey have been made available in this Report.

Much of our work this year has been guided by the implementation of recommendations from the Local Area Coordination review and the Accommodation Blueprint Report, as well as progressing the draft amendments for the *Disability Services Act 1993*. In addition, considerable work has been done to ensure services are accessible and appropriate for indigenous people with disabilities. Statewide consultations have resulted in a clear policy direction to further develop culturally appropriate services. Raising awareness of the services and support that can be provided within diverse and often remote indigenous communities remains a priority in the immediate future.

Support to individuals, families and carers continued to be directly expanded through increased funding for accommodation and family support, greater funding for school leavers with disabilities through the Post School Options program and the expansion of therapy services.

The right point to access disability services, especially for people whose children have been recently diagnosed with a disability, is being addressed through the release of tenders for the development of a one-stop shop to provide information and support to people with disabilities and their families.

Inclusion and access has been a recurring theme in Western Australia this year. A number of important initiatives have commenced including: preparation of a feasibility report on the introduction of a Companion Card concept based on the Victorian Government model; development of a major community awareness campaign focused on the rights of people with disabilities and their role in the community; organisation of the 'You Can Do It' sport and recreation expo, a first for Western Australia, with the Department of Sport and Recreation, ACROD and other stakeholders; production of a new advocacy video, *Speaking Out*, to help people with disabilities tackle discrimination in an effective manner; and increased funding for advocacy services.

A new resource, the 'Making a Difference' newsletter, was produced to communicate directly with service providers on issues as diverse as forthcoming tenders for grants, information on lunchtime forums and emerging policy and processes that impact on the sector.

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## South Australian Government comments

“ The Disability Services Office of the South Australian Government continued to focus on the development of strategies to directly promote independent living and social integration for people with a disability during 2003-04. Particular emphasis was placed on the needs of the disabled in regional and remote communities. As a direct response to this, several regional service planning groups have been established in key country locations and a regionally based supported accommodation framework has been initiated to support regional planning.

Several targeted initiatives were implemented to support Indigenous people with disabilities, particularly those in remote communities. These include:

- Establishment of a pilot project to investigate potential disability/family care needs in a remote Aboriginal community
- Priority funding made available for Aboriginal family cares. This combined with a lowering of eligibility age has improved access and support overall.
- An analysis of the demand for supported accommodation options for Indigenous people aged 18 years or over was commenced.

Other achievements during the year include:

- Funding allocated to two pilot projects aimed at developing service delivery models for disabled people retiring from business services
  - The provision of purpose built aged care accommodation for ageing people with intellectual disabilities
  - Developing accommodation options for people at risk of inappropriate referral to aged cared services cluster housing
  - A study of physical activity in group homes initiated with a focus to improving general health of the disabled.
  - Inclusion of competency based training relating to ‘Engagement and Physical Activity Certificate 3 and 4’ to the sector.
  - Continued work towards the allocation of special access cards to carers of lifelong disabled people in order to improve access to public transport, entertainment and sporting venues for cases where a dedicated carer is required.
  - Formation of partnerships with community health as part of the key outcome of improving access for people with a disability to mainstream and primary health services.
  - Completion of the Strategic Framework consultation process to enable finalisation of the report for Ministerial approval.
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## Tasmanian Government comments

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In Tasmania the Disability Services Sector Reform process (1999–2003) has been completed. This reform process saw many positive outcomes for service delivery in our State. These included the broadening of the eligibility criteria, the development of a comprehensive evaluation process which focuses on client outcomes, the establishment of an independent Advisory body and the implementation of a range of protocols with other programs and Agencies to enhance access to services for people with disabilities in Tasmania.

A number of projects from the Sector Reform process have also been carried over into the Draft Disability Services Strategic Framework and Strategic Plan for 2004–2009. This five year plan developed through consultation with the disability sector has a vision of Disability Services continuing to work towards a society where all people with disabilities are able to achieve their maximum potential. A number of key initiatives will be progressed under the strategic directions of strengthening individuals, families and communities; service system development; improving service quality; improving resource utilisation and working collaboratively.

Disability Services Tasmania is currently involved in Working Parties with the Australian Government, as outlined through bilateral agreements of the CSTDA, around issues of appropriateness of accommodation, younger people in aged care facilities, and flexible pathways between community access and employment options.

Individualised funding is an area of our service delivery model that continues to demand significant growth in our State. In particular the focus of community-based accommodation support through the Individual Support Program continues to lead to positive outcomes for people with disabilities in Tasmania.

The redeveloped Minimum Data Set has led to more a more accurate picture of service delivery across all service types. Noting the constraints of the first year of data following the redevelopment, Disability Services Tasmania will look forward to more reliable and comparable data in future years.

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## Australian Capital Territory Government comments

“ The ACT Government has articulated its direction for disability over the next four years, with *Future Directions: A Framework for the ACT 2004–2008*. The strategies identified within this Framework recognise the broader responsibilities of government and community to improve outcomes for people with disabilities. To enhance and improve opportunities for people with disabilities, partnerships have been developed in the ACT with people with disabilities, their families and carers, the sector, and the broader community and all areas of government. Implementation of the strategic framework will require consolidation and collaboration with the community to confirm key priorities and develop action plans.

*Future Directions* sets out the framework for continuing and building on the reforms already achieved as a result of the implementation of the Government's Response to the *Board of Inquiry into Disability Services* Recommendations. Disability ACT continues to respond to challenges associated with implementing initiatives, including improvement of government administrative efficiency, whilst improving the effectiveness of government funded services and responding to unmet need within a small jurisdiction.

Some of the initiatives targeted towards meeting these challenges over the last twelve months include:

- Implementation of the *Access to Government Strategy*, aimed at improving the accessibility of ACT Government services to people with a disability, and the launch and implementation of the *ACT Public Service Employment Framework for People with a Disability*.
- Allocated the 2003-04 round of innovation grants for small pilot projects. The innovation fund is designed to encourage families, individuals and organisations to explore initiatives that will result in sustained improvements for people with a disability in the ACT.
- Piloting of a Community Linking and Needs Assessment Service to support individuals and families to identify their own needs and work with them to develop support networks.
- Ongoing development of a workforce strategy, in partnership with the community sector, to strengthen the sustainability and responsiveness of the service delivery sector.

Over the next four years, the ACT will continue to ensure that service options for people with disabilities, their families and carers are flexible and respond to identified need. In response to the unmet support needs of people with disabilities, the ACT provided \$1.25 million growth monies in the 2004-05 budget increasing to \$1.5 million in 2005-06 to introduce Local Area Coordination and fund support for people with unmet needs.

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## Northern Territory Government comments

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Despite the significant challenges the Northern Territory Government faces in providing specialist disability services to the most remote and most sparsely populated areas in Australia, the NT continues to deliver innovative services to Territorians with disabilities. Some of these innovative service models include restructuring and pooling resources from various programs such as the CSTDA, HACC, Community Aged Care Packages and Allied Health Services.

The Northern Territory Government undertook major strategic, policy and program initiatives both at the local and at national levels.

NT initiatives focused on improved equity and access for remote Aboriginal people with disabilities and children with disabilities and their families. Trans-disciplinary Allied Health services were established in rural and remote communities in Katherine, East Arnhem and Darwin Regions; community-based specialist support services for people with Machado Joseph Disease has been established in East Arnhem and a review of services for children with disabilities in Darwin had improved their access to services. Other NT initiatives focused on services for people with complex needs. A Positive Behaviour Support Team has been established in Central Australia to assist people with disabilities and complex challenging behaviours and their families and to maintain them in their communities. A review of Post School Options programs resulting in increased funding and an expansion of services for young people with significant disabilities leaving school in Alice Springs and Darwin.

At the national level the Northern Territory had a lead role in National Disability Administrators' research project, 'Sharing Stories' which documented innovative service delivery to Aboriginal people with disabilities in remote communities. NT also played a key role in the National Disability Administrators' development work in the interfaces between employment and post-school options, disability and aged care and HACC.

The data related to NT potential population estimates needs to be interpreted with caution. The small NT population results in small sample size and subsequent high standard of error.

The NT Government is committed to working with local services provider, other jurisdictions and the Australian Government on improving outcomes for people with disabilities in the Northern Territory and their families and communities.

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## 13.6 Definitions of key terms and indicators

**Accommodation support service users receiving community accommodation and care services**

People using CSTDA NMDS service types 1.04–1.08 as a proportion of all people using CSTDA accommodation services (excludes psychiatric services). See AIHW (2003a) for more information on service types 1.04–1.08.

**Administration expenditure as a proportion of total expenditure**

The numerator — expenditure (accrual) by jurisdictions on administering the disability service system as a whole (including the regional program management and administration, the central policy and program management and administration, and the disability program share of corporate administration costs under the umbrella department, but excluding administration expenditure on a service that has been already counted in the direct expenditure on the service) — divided by the denominator — total government expenditure on services for people with a disability (including expenditure on both programs and administration, direct expenditure and grants to government service providers, and government grants to non-government service providers).

**Core activities as per the 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 via most effective method of communication.

**Cost per user of government provided services — group homes**

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

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

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 users of these services. See AIHW (2003a) for more information on service types 1.01–1.03.

**Cost per user of government provided services — other community settings**

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 users of these services.

**Disability**

A multidimensional experience that may involve effects on organs or body parts, and effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognised in the International Classification of Functioning, Disability and Health 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.

The ABS 2003 Survey of Disability, Ageing and Carers defined 'disability' as the presence of one or more of 17 limitations, restrictions or impairments, which have lasted, or are likely to last, for a period of six months or more: loss of sight (not corrected by glasses or contact lenses); loss of hearing where communication is restricted; or an aid to

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	<p>assist with, or substitute for, hearing is used; speech difficulties; shortness of breath or breathing difficulties causing restriction; chronic or recurrent pain or discomfort causing restriction; blackouts, fits or loss of consciousness; difficulty learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; nervous or emotional condition causing restriction; restriction in physical activities or in doing physical work; disfigurement or deformity; mental illness or condition requiring help or supervision; long term effects of head injury; stroke or other brain damage causing restriction; receiving treatment or medication for any other long term conditions or ailments and still restricted; any other long term conditions resulting in a restriction.</p>
<b>Employment rate for people with a severe or profound disability</b>	Total estimated number of people aged 15–64 years with a severe or profound disability who are employed, divided by the total estimated number of people aged 15–64 years with a severe or profound disability in the labour force, multiplied by 100.
<b>Employment rate for total population</b>	Total estimated number of people aged 15–64 years who are employed, divided by the total number of people aged 15–64 years in the labour force, multiplied by 100.
<b>Funded agency</b>	An organisation that delivers one or more CSTDA service types (service type outlets). Funded agencies are usually legal entities. They are generally responsible for providing CSTDA NMDS data to jurisdictions. Where a funded agency operates only one service type outlet, the service type outlet and the funded agency are the same entity.
<b>Geographic location</b>	<p>Geographic location is based on the ABS's Australian Standard Geographical Classification of Remoteness Areas which categorises areas as 'major cities', 'inner regional', 'outer regional', 'remote' and 'very remote' and 'migratory'. The criteria for Remoteness Areas are based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre in each of five size classes (ABS 2001).</p> <p>The 'outer regional and remote' classification used in this Report was derived by adding outer regional, remote and very remote data. In previous reports, the geographic location data were based on the Rural, Remote and Metropolitan Areas (RRMA) classification [see DPIE and DSHS (1994) for more information on the RRMA classification].</p>
<b>Government contribution per user of non-government provided employment services</b>	The numerator — Australian Government grant and case-based funding expenditure (accrual) on specialist disability employment services as defined by CSTDA NMDS service types 5.01 (open), 5.02 (supported), 5.03 (combined open and supported) — divided by the denominator — number of service users who received assistance. See AIHW (2003a) for more information on service types 5.01–5.03.
<b>Government contribution per user of non-government provided services — group homes</b>	The numerator — government expenditure (accrual) on non-government provided group home services as defined by CSTDA NMDS service type 1.04 — divided by the denominator — the number of users of these services.

<b>Government contribution per user of non-government provided services — institutional/residential settings</b>	The numerator — government expenditure (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 users of these services.
<b>Government contribution per user of non-government provided services — other community settings</b>	The numerator — government expenditure (accrual) on non-government provided other community accommodation and care services as defined by CSTDA NMDS service types 1.05–1.08 — divided by the denominator — the number of users of these services.
<b>Labour force participation rate for people with a profound or severe disability</b>	<p>The total number of people with a severe or profound disability in the labour force (where the labour force includes employed and unemployed people), divided by the total number of people with a severe or profound disability who are aged 15–64 years, multiplied by 100.</p> <p>An employed person is a person who, in his or her main job during the remuneration period (reference week):</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• worked one hour or more without pay in a family business, or on a farm (excluding persons undertaking other unpaid voluntary work), or</li> <li>• was an employer, employee or self-employed person or unpaid family helper who had a job, business or farm, but was not at work.</li> </ul> <p>An unemployed person is a person aged 15–64 years who was not employed during the remuneration period, but was looking for work.</p>
<b>Labour force participation rate for the total population</b>	Total number of people aged 15–64 years in the labour force (where the labour force includes both employed and unemployed people) divided by the total number of people aged 15–64 years, multiplied by 100.
<b>Mild core activity limitation (as per the ABS 2003 Survey of Disability, Ageing and Carers)</b>	Having no difficulty performing a core activity, but using aids or equipment as a result of a disability.
<b>Moderate core activity limitation (as per the 2003 ABS Survey of Disability, Ageing and Carers)</b>	Not needing assistance but having difficulty performing a core activity.
<b>Non-English speaking country of birth</b>	People with a country of birth other than Australia and classified in English proficiency groups 2, 3 or 4 (DIMA 1999). These countries include countries other than New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States.
<b>Potential population</b>	<p>Potential population estimates are used as the denominators for performance indicators on access to accommodation support services, access to employment services, and access to community access services.</p> <p>The term ‘potential population’ is not the same as the population</p>

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needing the services. Rather, it indicates those with the potential to require disability support services, which include individuals who meet the service eligibility criteria but who do not demand the services.

The potential population for CSTDA funded accommodation support services is the number of people aged less than 65 years who have a profound and/or severe core activity limitation, adjusted for the Indigenous factor for that jurisdiction. The potential population for CSTDA funded employment services is the number of people aged 15–64 years with a severe or profound core activity limitation, adjusted for the Indigenous factor and the labour force participation rate for that jurisdiction. The potential population for CSTDA funded community access services is the number of people aged 15–64 years with a severe or profound core activity limitation, adjusted for the Indigenous factor for that jurisdiction.

The ABS concept of a 'severe or profound' core activity limitation 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 2003 national age- and sex-specific rates of severe and profound core activity limitation for people aged under 65 years have been applied to the 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 limitation 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).

**Primary carer**

A primary carer is a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility and self-care) (ABS 2004a).

**Primary disability group**

Disability group that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person (overall difficulty in daily life, not just within the context of the support offered by a particular service).

**Profound core activity limitation (as per the ABS 2003 Survey of Disability, Ageing and Carers)**

Refers to being unable, or always needing assistance, to perform a core activity (comprising communication, mobility and self-care).

**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 who are aged 15 years or over in the labour force, 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 who are aged 15 years or over in the labour force, multiplied by 100.

<b>Proportion of the total population employed</b>	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.
<b>Proportion of the total population unemployed</b>	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.
<b>Real expenditure</b>	Actual expenditure (accrual) adjusted for changes in prices, using the GDP(E) price deflator, and expressed in terms of the current year dollars.
<b>Schooling or employment restriction</b>	<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>
<b>Service</b>	A service is a support activity provided to a service user, in accord with the CSTDA. Services within the scope of the collection are those for which funding has been provided during the specified period by a government organisation operating under the CSTDA.
<b>Service type</b>	The support activity that the service type outlet has been funded to provide under the CSTDA. The NMDS classifies services according to 'service type'. The service type classification groups services into seven categories: accommodation support; community support; community access; respite; employment; advocacy, information and print disability; and other support services. Each of these categories has subcategories.
<b>Service type outlet</b>	A service type outlet is the unit of the funded agency that delivers a particular CSTDA service type at or from a discrete location. If a funded agency provides, for example, both accommodation support and respite services, it is counted as two service type outlets. Similarly, if an agency is funded to provide more than one accommodation support service type (for example, group homes and attendant care), then it is providing (and is usually separately funded for) two different service types — that is, there are two service type outlets for the funded agency.
<b>Service user</b>	A service user is a person with a disability who receives a CSTDA funded service. A service user may receive more than one service over a period of time or on a single day.
<b>Service users with different levels of severity of core activity limitation</b>	<p>Data on service users with different levels of severity of core activity limitation are derived by the AIHW based on the level of support needed in one or more of the three areas of daily living: self-care, mobility and communication. Service users with:</p> <ul style="list-style-type: none"> <li>• a profound core activity limitation reported 'always needing support' in one or more of these areas</li> <li>• a severe core activity limitation reported 'sometimes needing support' in one or more of these areas, and</li> </ul>

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**Severe core activity limitation (as per the ABS 2003 Survey of Disability, Ageing and Carers)**

- moderate to no core activity limitations reported needing 'no support' in all of these areas.

Sometimes needing assistance to perform a core activity task.

**Specific limitation or restriction (as per the ABS 2003 Survey of Disability, Ageing and Carers)**

Core activity limitations and schooling or employment restrictions.

**Users of CSTDA accommodation support services**

Accommodation support services provide people with a disability with accommodation (group homes, hostels and institutions) or services needed to support and enable a person with a disability to remain in their existing accommodation (attendant care and in-home support).

People using one or more services that correspond to the following CSTDA NMDS service types: 1.01 large residential/institutions (more than 20 places); 1.02 small residential/institutions (7–20 places); 1.03 hostels; 1.04 group homes (less than seven places); 1.05 attendant care/personal care; 1.06 in-home accommodation support; 1.07 alternative family placement; and 1.08 other accommodation support.

**Users of CSTDA community access services**

People using one or more services that correspond to the following CSTDA NMDS service types: 3.01 learning and life skills development; 3.02 recreation/holiday programs; and 3.03 other community access. See AIHW (2003a) for more information on service types 3.01–3.03.

Community access services data reported for 2001 included access to community service types that focus on developing learning and life skills for people with a disability. Example of these services included: continuing education/independent living training/adult training centre, post-school options/social and community support/community access, and other community access and day programs. Data for 2002 include the following community access service types: learning and life skills development, and other community access (but not recreation/holiday programs).

**Users of CSTDA community support services**

People using one or more services that correspond to the following CSTDA NMDS service types: 2.01 therapy support for individuals; 2.02 early childhood intervention; 2.03 behaviour/specialist intervention; 2.04 counselling; 2.05 regional resource and support teams; 2.06 case management, local coordination and development; and 2.07 other community support. See AIHW (2003a) for more information on service types 2.01–2.07.

**Users of CSTDA employment services**

People using one or more services that correspond to the following CSTDA NMDS service types: 5.01 open employment; 5.02 supported employment; and 5.03 combined open and supported employment.

**Users of CSTDA respite services**

People using one or more services that correspond to the following CSTDA NMDS service types: 4.01 own home respite; 4.02 centre-based respite/respite homes; 4.03 host family respite/peer support respite; 4.04 flexible/combination respite; and 4.05 other respite. See AIHW (2003a) for more information on service types 4.01–4.05.



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## 13.7 References

- ABS (Australian Bureau of Statistics) 1999, *Disability, Ageing and Carers Australia: Summary of Findings 1998*, Cat. no. 4430.0, Canberra.
- 2001, *Australian Standard Geographical Classification (ASGC)*, Cat. no. 1216.0, Canberra.
- 2002a, *Australian Demographic Statistics*, Cat no. 3101.0, Canberra.
- 2002b, *Labour Force Australia, June 2002*, Cat. no. 6203.0, Canberra.
- 2004a, *Disability, Ageing and Carers Australia: Summary of Findings 2003*, Cat. no. 4430.0, Canberra.
- 2004b, *Experimental projections of the Aboriginal and Torres Strait Islander population 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra.
- AIHW (Australian Institute of Health and Welfare) 2000, *First National Results on Services Provided under the Commonwealth–State Disability Agreement: National Data, 2000*, Cat. no. DIS 21, Canberra.
- 2001, *First National Results on Services Provided under the Commonwealth–State Disability Agreement: National Data*, Cat. no. DIS 24, Canberra.
- 2002, *First National Results on Services Provided under the Commonwealth–State Disability Agreement: National Data*, Cat. no. DIS 27, Canberra.
- 2003a, *Data Guide: Data Items and Definitions 2003–04*, Commonwealth State/Territory Disability Agreement National Minimum Data Set, Canberra.
- 2003b, *Disability Support Services: Revisions to the CSDA MDS Data and Reports 1996 to 2000*, Cat. no. DIS 29, Canberra.
- 2004a, *CSTDA NMDS Tables Prepared for the CSTDA Annual Public Report 2002–03*, Cat. no. 36, Canberra.
- 2004b, *Disability Support Services 2002–03: the First Six Months of Data from the Commonwealth State/Territory Disability Agreement National Minimum Data Set*, Cat. no. 35, Canberra.
- CSTDA (Commonwealth State/Territory Disability Agreement) 2003, *Agreement between the Commonwealth of Australia and the States and Territories of Australia in Relation to Disability Services*, Australian Government Department of Family and Community Services, Canberra.
- DIMA (Department of Immigration and Multicultural Affairs) 1999, *1996 Classification of Countries into English Proficiency Group*, Statistical focus C96.1A revised, Australian Government Canberra.

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DPIE (Department of Primary Industries and Energy) and DSHS (Department of Human Services and Health) 1994, *Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition*, Australian Government, Canberra.

Madden, R., Black, K., Choi, C., Wen, X. and Eckerman, S. 1997, *Effectiveness Indicators and Descriptors: First Results*, Welfare Division Working Paper no. 15, Australian Institute of Health and Welfare, Canberra.

SCRCSSP (Steering Committee for the Review of Commonwealth State Service Provision) 1998, *Report on Government Services*, Productivity Commission, Canberra.

— 2000, *Report on Government Services*, Productivity Commission, Canberra.

WHO (World Health Organisation) 2001, *ICIDH-2: International Classification of Functioning, Disability and Health*, Final draft, Full version, Geneva.