
10 SERVICES FOR PEOPLE WITH A DISABILITY

10.1 Introduction

People with a disability use a range of government funded or provided services. In addition to mainstream services provided to the community as a whole, other services are designed and provided specifically for people with a disability.

Services directly targeted at people with a disability include those provided under the Commonwealth/State Disability Agreement (CSDA), the Home and Community Care (HACC) program and the Commonwealth Rehabilitation Service. The focus of this chapter is services provided under the CSDA. These services are targeted at people aged less than 65 years who have a disability and who require ongoing support.

Mainstream services are covered elsewhere in the Report, although it is recognised that their accessibility for people with a disability can affect the demand for specialist disability services. HACC services are targeted at both the aged and people with a disability but given that the aged are the main recipients, and that it is difficult to separate the services provided to each group, they are generally reported in the aged care chapter. Psychiatric disability services are also not covered in this chapter.

This is the second year that the Report has included coverage of provision of services for people with a disability. This year the chapter includes detailed analysis of accommodation support and employment services and has been expanded to include descriptive information on the total expenditure on CSDA services across jurisdictions. Accommodation support and employment services account for approximately 70 per cent of total government expenditure on services provided under the CSDA.

Progress on expanding the scope of reporting to include all CSDA services has been difficult. There are difficulties in obtaining comparable data across jurisdictions but progress has been made in improving data quality in some areas, such as efficiency.

10.2 Profile of services for people with a disability

Almost 1.5 million Australians with a disability (Box 10.1) reported a need for some form of help with day-to-day activities, ranging from personal care and home help to mobility and transport services in 1993 (ABS 1993a).

Box 10.1: What is a disability?

The ABS Survey of Disability, Ageing and Carers uses definitions provided by the *International Classification of Impairments, Disabilities and Handicaps* (ICIDH) in the context of health experience:

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

The ABS classifies handicap as:

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

Source: ABS 1993a

The majority of the special needs of people with a disability are met informally by family and friends. In addition, governments provide significant funding for people with a disability to help meet their special needs and the often high cost of services. Governments fund both government provided services and a proportion of non-government provided services. Non-government providers also obtain funds from the private sector and general public.

Other government services are also aimed at ensuring access by groups with access difficulties, such as indigenous people and people from culturally and linguistically diverse backgrounds.

10.2.1 Disabilities in Australia

The most recent ABS Survey of Disability, Ageing and Carers, undertaken in 1993, estimated that 18 per cent of Australians (or 3.2 million people), had a disability — that is, a restriction or lack of ability to perform an activity to a normal level (although this did not necessarily involve a need for assistance).¹

People classified as having a profound handicap — whereby they always require personal help or supervision — accounted for 2.9 per cent of people aged 5 to 64 years in 1993. A further 2.1 per cent of people aged 5 to 64 years had a severe handicap, whereby they sometimes require personal help or supervision (Table 10.1).

Activities affected by handicap were similar across jurisdictions. Nationally mobility and employment were the activities most hindered, affecting 10.2 per cent and 8.4 per cent of the total population respectively (Table 10.1).

Table 10.1: People with a disability in the total population, 1993 (per cent)^a

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^b	Aust
<i>Severity of handicap as a proportion of total population aged 5 to 64 years</i>									
Moderate to no handicap ^c	15.8	17.7	17.3	17.3	20.1	17.3	14.0	11.2	17.0
Severe handicap	2.0	2.1	2.3	2.0	2.0	2.3	2.2	1.7	2.1
Profound handicap	3.0	2.9	2.8	2.4	3.6	3.4	2.1	1.1	2.9
<i>Area of handicap as a proportion of total population aged 5 to 64 years^d</i>									
Self-care	6.4	6.9	6.7	7.0	9.1	8.0	6.1	3.5	6.9
Mobility	12.4	13.0	12.1	11.9	15.8	13.4	9.4	7.8	12.7
Communication	3.3	3.7	3.0	3.0	3.7	3.4	2.6	1.4	3.3
Schooling	1.0	1.0	1.1	1.4	1.3	1.1	1.5	0.3	1.1
Employment	9.7	10.4	10.9	10.1	12.9	12.2	7.7	6.3	10.4
<i>Persons aged less than 5 years with a handicap as a proportion of total persons aged less than 5 years</i>									
	3.9	4.6	4.5	5.0	4.5	5.8	4.0	3.5	4.4

a Estimates for jurisdictions with smaller populations should be interpreted with caution because of small sample sizes — specifically the ACT and the NT for severity of handicap and WA, SA, Tasmania, the ACT and the NT for area of handicap.

b Data for the NT did not include remote areas.

c 'Moderate to no handicap' included moderate handicap, mild handicap, disability with no handicap and handicap status undetermined.

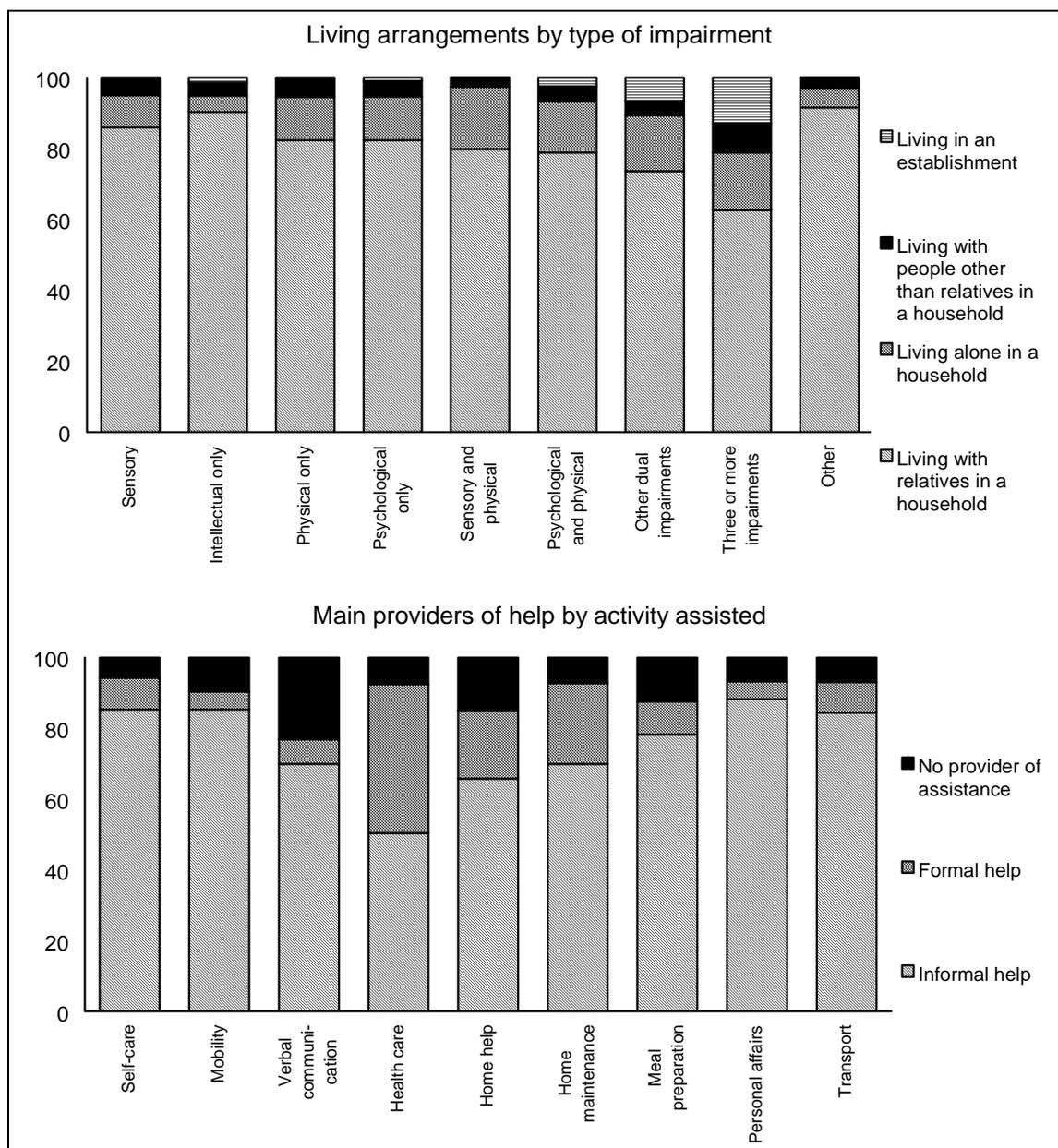
d The total may be less than the sum of the components because persons may have more than one area of handicap.

Sources: Tables 10A.1; 10A.2

¹ The ABS Survey of Disability, Ageing and Carers is conducted every five years.

The majority of people with a disability lived in a household with relatives or alone. Persons most likely to live in a specialised establishment or with people other than relatives were those with high support needs.² Formal help was mostly needed for health care, home maintenance and home help (Figure 10.1).

Figure 10.1: People with a disability, 1993 (per cent)



Sources and additional notes: Tables 10A.3; 10A.4

² The classification of clients as having high support needs is based on a number of other risk factors in addition to handicap status, such as income status and current living arrangements.

10.2.2 Support for people with a disability

Roles and responsibilities

Services for people with a disability aim to respond to two types of need — first, the need to facilitate access to mainstream services and second, the need for individuals to undertake the activities of day-to-day living.

The Commonwealth, State and Territory Governments, individually and jointly, fund and/or provide disability support services, under the CSDA (Box 10.2).

Box 10.2: Services included in the CSDA

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

Services for which the Commonwealth Government is responsible

- *Competitive employment, training and placement services* assist persons to obtain and retain paid employment in the workforce; and
- *Supported employment services* assist people with a disability, for whom competitive employment at or above award wages is unlikely, to obtain and retain paid employment.

Services for which State and Territory Governments are responsible

- *Accommodation support services* provide accommodation (group homes, hostels, large institutions) and support to maintain accommodation (attendant care);
- *Community access services^a* assist people with a disability to develop or maintain the personal skills and self-confidence necessary to enhance their independence and self-reliance in the community;
- *Respite care services^a* relieve or support (for limited periods) people with a disability living in the community and their families and carers; and
- *Community support^a* assists people with a disability to integrate and participate in the community. It includes information/referral services, recreation services, case management, brokerage, individual/family/group counselling, advocacy, early intervention therapy, print disability services, mutual support/self-help groups, behaviour intervention/specialist intervention, resource teams/regional teams, and other therapy services excluded from growth funding.

Services for which responsibility is shared

In addition to the above services, both the Commonwealth and the State and Territory Governments have responsibility for advocacy services and research and development.

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

The Commonwealth Government did not directly operate or provide CSDA services. Employment services were purchased from non-government service providers, with provision for a number of State and Territory and Local Government providers. The mix of clients receiving services from government and non-government service providers also varied across states and territories (Table 10.2).

Table 10.2: Clients of government and non-government CSDA services, 1996 (number)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>State and Territory responsibility</i>									
Government	6 422	5 100	2 629	8 176	1 352	411	na	6	21 870 ^a
Non-government	6 173	8 375	3 805	10 594	2 367	1 021	na	257	28 511 ^a
Not stated	0	46	5	170	0	0	na	0	219 ^a
Total	12 595	13 818	6 439	18 940	3 719	1 432	na	263	50 147^a
<i>Commonwealth responsibility</i>									
Government	0	73	148	0	0	0	0	0	221
Non-government	4 176	5 025	3 417	1 901	658	270	49	88	15 584
Total	4 176	5 098	3 565	1 901	658	270	49	88	15 805

na not available.

a Excluded the ACT.

Source and additional notes: Table 10A.5

Funding arrangements

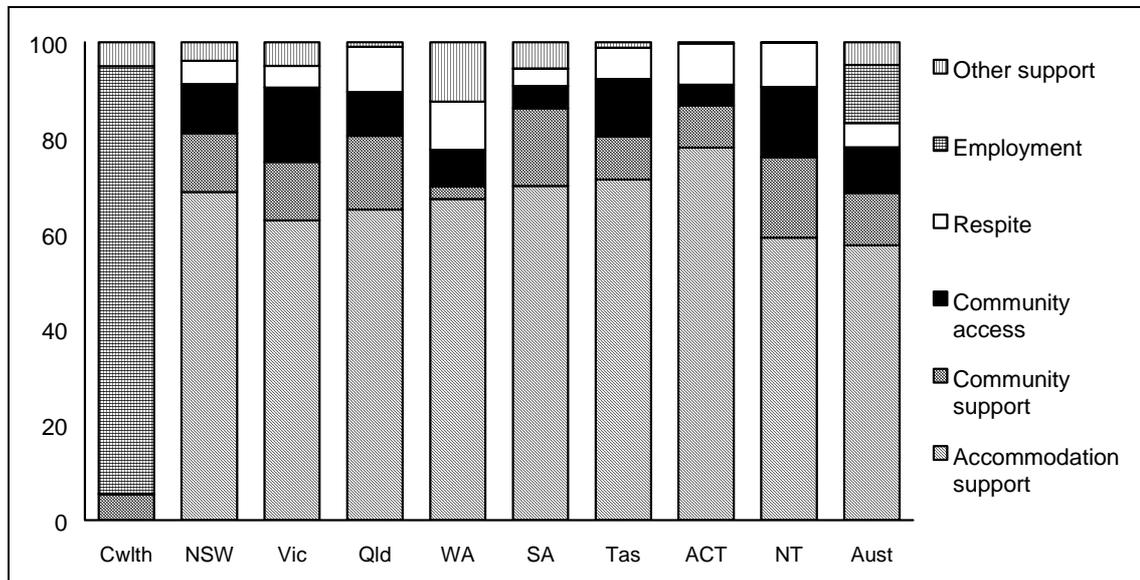
Total government expenditure on services for people with a disability provided under the CSDA was \$1.7 billion in 1996–97. This figure represented an increase of 18.6 per cent in real terms from expenditure in 1994–95 (Table 10A.7).

CSDA expenditure included funding from both the Commonwealth Government and the State and Territory Governments. In 1996–97, the Commonwealth Government spent \$191 million directly on employment and training schemes for people with a disability. This amount was 5.5 per cent higher in real terms than that spent in 1994–95 (Table 10A.7).

State and Territory Government expenditure under the CSDA was \$1.47 billion in 1996–97.³ The main areas of expenditure were accommodation support (65 per cent of total direct service delivery expenditure), community support (12 per cent) and community access (11 per cent) (Figure 10.2).

³ This included approximately \$306 million in transfer payments from the Commonwealth Government to State and Territory Governments.

Figure 10.2: Expenditure under the CSDA by service type, 1996–97 (per cent)^a



^a Related only to expenditure on services for which a jurisdiction had a direct responsibility.

Source and additional notes: Table 10A.6

10.3 Recent developments in the sector

10.3.1 Changing nature of service provision

There have been significant developments in services for people with a disability since the 1980s. Jurisdictions have been in a process of institutional reform, and have worked with service providers to develop individually tailored support services for families and clients. All jurisdictions were required to enact legislation that parallels the *Commonwealth Disability Services Act 1986*, as a result of the signing of the first CSDA in 1991.

10.3.2 Negotiation of the CSDA

A review of the CSDA was completed in July 1996 and made a number of recommendations. The review was established to:

- indicate the efficiency and effectiveness of the CSDA as a framework for apportioning the responsibility for the provision of disability services among jurisdictions;
- report to Ministers on the outcomes of the CSDA and its implication for future agreements in the disability services sector; and

- provide information as a basis for setting strategic directions for the provision of disability services in the future.

Negotiations on the finalisation of a new CSDA agreement are still in progress. It is expected, however, that further improvements in national reporting requirements will be introduced in the new CSDA agreement.

10.4 Framework of performance indicators

The framework of performance indicators in this chapter is based on shared government objectives for services to people with a disability (Box 10.3).

Box 10.3: Objectives for government services for people with a disability

Governments strive to enhance the quality of life experienced by people with a disability by assisting them to live as valued and participating members of the community.

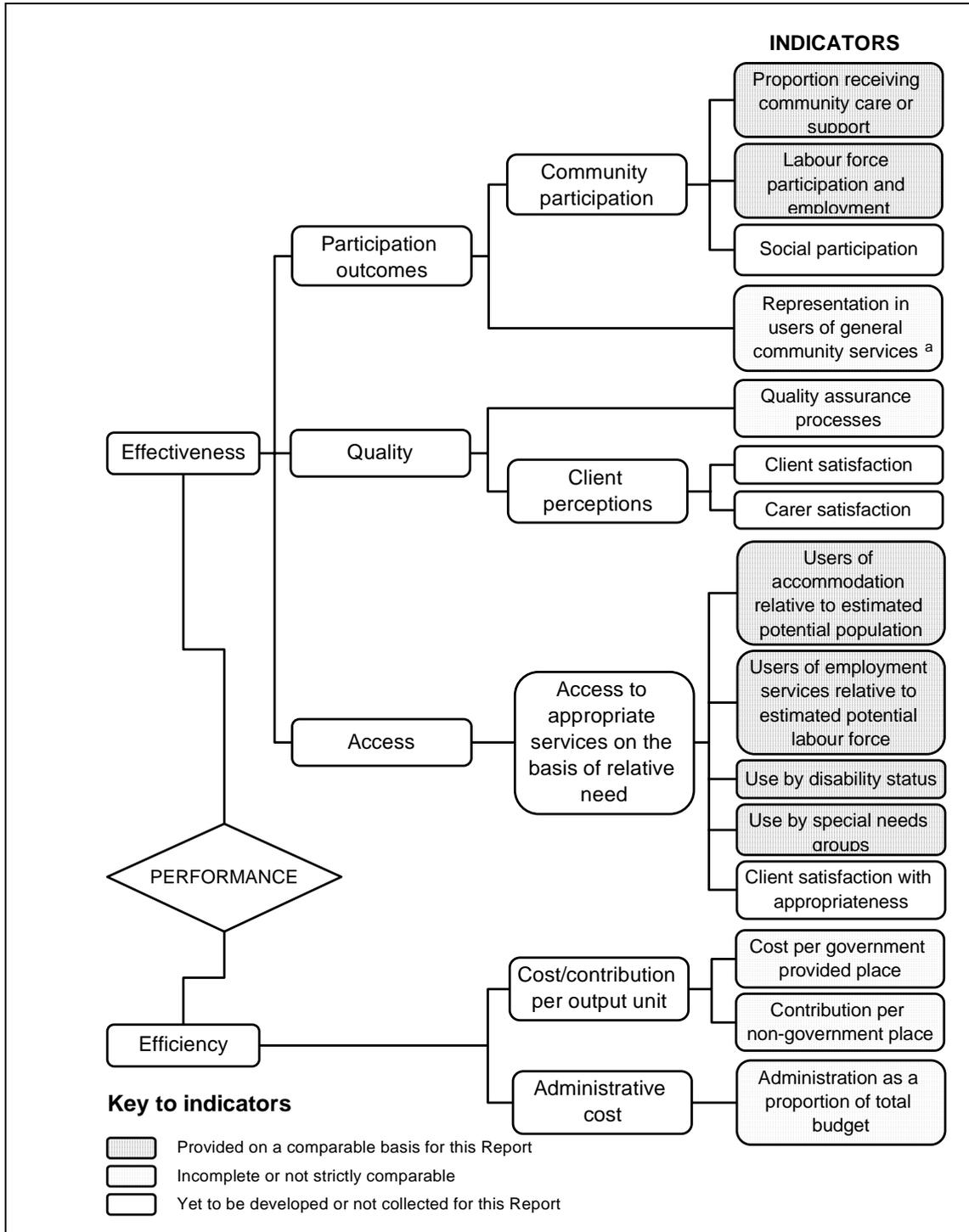
In working towards this objective, governments aim to:

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

The aim of the indicators is to collectively provide information on the efficiency and effectiveness of government services for people with a disability. Effectiveness indicators focus on outcomes, service quality and access to services. Efficiency indicators report on both the unit costs of service provision and administrative costs (Figure 10.3).

Descriptor information is also provided to help with the interpretation of reported performance. A discussion of all indicators and descriptors is provided in Attachment 10A.

Figure 10.3: Performance indicators for disability services



a Indicators for participation of people with a disability in other service areas were included in the indicator frameworks for those service areas.

10.5 Future directions

The future directions in reporting focus primarily on further progressing current priorities.

10.5.1 Improving coverage

Coverage of services to people with a disability under the CSDA has been expanded in this Report, but significant gaps remain.

The feasibility of expanding the scope of the chapter to cover other areas of the CSDA, such as services provided under community support and community access, will be considered for future Reports. The aim is to capture the efficiency and effectiveness of the most significant areas of total government expenditure on disability services.

10.5.2 Improving the quality of efficiency data

The 1997 Report was the first attempt at nationally monitoring the performance of services for people with a disability so there were considerable difficulties in obtaining comparable data across jurisdictions. This year the aim has been to improve the quality of the data reported in several areas of the framework, particularly for efficiency indicators.

The quality of the efficiency data has significantly improved in the 1996–97 collection, but there are still concerns about data quality. Efforts to improve data comparability will continue to be a priority for the 1999 Report.

10.5.3 Measuring quality in disability services

Quantitative information was not available for indicators of service quality. The possibility of undertaking a client satisfaction survey is being investigated. The aim would be to complete such a survey in time for publication of the results in the 2000 Report.

All services funded under the CSDA are required to comply with national standards. Most jurisdictions have been examining ways of implementing quality assurance monitoring systems for the disability services programs. These measures may provide some quantitative information in the future.

10.6 Key performance results

The primary data sources for indicator reporting were the 1996 CSDA minimum data set and the 1993 ABS Survey of Disability, Ageing and Carers. Data comparability was restricted in some cases — as a result of low response rates to surveys and small sample sizes for jurisdictions with smaller populations. Further, updated information was unavailable from the ABS. It is hoped that results from the next Survey of Disability, Ageing and Carers will be available for the 1999 Report.

The consistency of efficiency data has been improved, but there are still some concerns over the comparability of the indicators across jurisdictions and of trends over time.

10.6.1 Community participation outcomes

The indicators provided in this section focus on two areas of community participation for people with a disability. First, the extent to which they participate in the community by receiving community-based care or support or by participating in the workforce (at this stage, there is no comparable information on social participation). Second, their level of general assimilation in the community by using general community services. This latter indicator is reported on in other service areas covered by the Report.

Proportion of accommodation clients receiving community-based care or support

Community-based accommodation care and support — such as group homes, attendant care, outreach support and alternative family placement programs — is considered to provide the best opportunities for retaining people with a disability in the community.

There continues to be considerable variation in performance based on this indicator among jurisdictions, primarily due to historical patterns of service provision. All clients of accommodation services in the NT were in community-based accommodation and support but only 46 per cent of clients were provided with this form of accommodation in SA in 1996. Queensland's proportion of accommodation clients in community-based care fell by more than 2 percentage points between 1995 and 1996 (Figure 10.4).

Figure 10.4: Accommodation clients receiving community-based care or support, 1995 and 1996 (per cent)



a The 1996 CSDA minimum data set excluded ACT data.

Source and additional notes: Table 10A.8

Labour force participation of people with a disability

The Commonwealth is responsible for providing employment services for people with a disability. Many factors, including the severity of handicap, may influence the level of employment participation and the employment rate of people with a disability, but these two measures still indicate the success of specialist employment programs for people with a disability. No new information on this indicator is expected until 1998.⁴

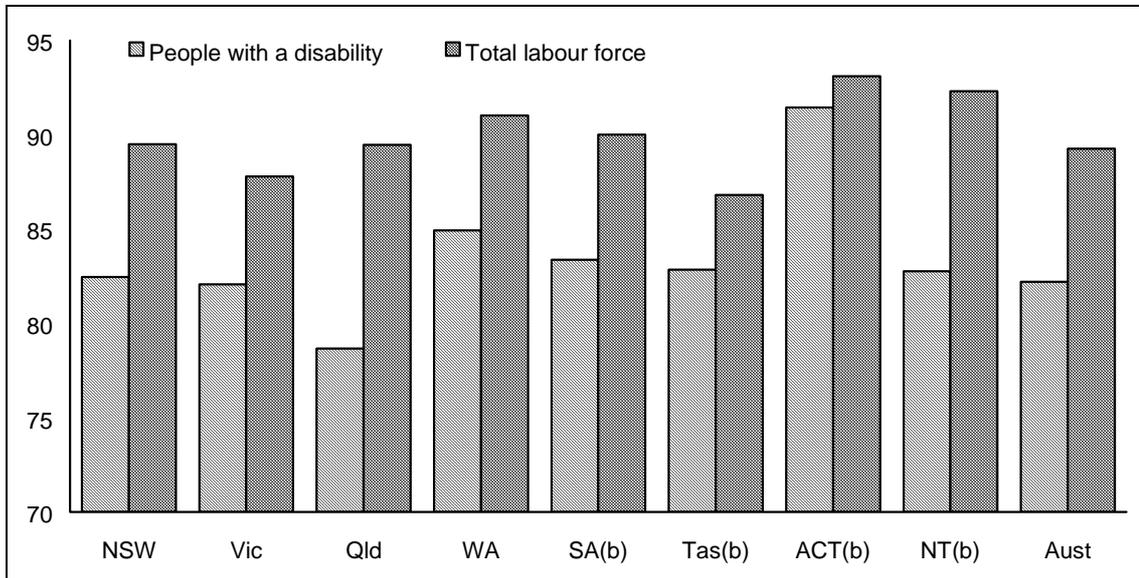
Australia's labour force in 1993 included 54.9 per cent of people with a disability who were of working age — 45.1 per cent were employed and 9.8 per cent were unemployed. The lowest participation rate was in Tasmania, where 50.4 per cent of people with a disability were involved in the labour force, the highest participation rate was in the NT (74.7 per cent) (ABS 1993a).

The employment rate for people with a disability was less than the employment rate for the total labour force for all jurisdictions in 1993. Almost 90 per cent of the total labour force was able to find work, compared with 82 per cent of people with a disability. The highest employment rate for people with a disability was achieved in the ACT — almost equal to that for the entire labour force. The largest discrepancy between the employment rate for people with a

⁴ The next ABS Survey of Disability, Ageing and Carers will be run in 1998.

disability in the labour force and that for the total labour force (11 percentage points) was in Queensland (Figure 10.5).

Figure 10.5: Employment rates for people with a disability and the total population, 1993 (per cent)^a



a There were differences between the two surveys (Disability, Ageing and Carers; Labour Force, Australia) in the sample size; the scope of the rules applied; and the complexity of the questions used to determine labour force status.

b Estimates for jurisdictions with smaller populations should be interpreted with caution because of small sample sizes.

Source: Table 10A.9

10.6.2 Service quality

All jurisdictions are required to comply with the National Disability Service Standards (NDSS), initiated in the 1991 CSDA. The NDSS specify objectives to be pursued by service providers and play an important role in the overall quality assurance processes adopted by jurisdictions.

Nationally comparable data on service quality was unavailable for this Report. The current indicator framework identifies surveys of client and carer satisfaction as the principal methods for obtaining information on the quality of services for people with a disability.

10.6.3 Access to services

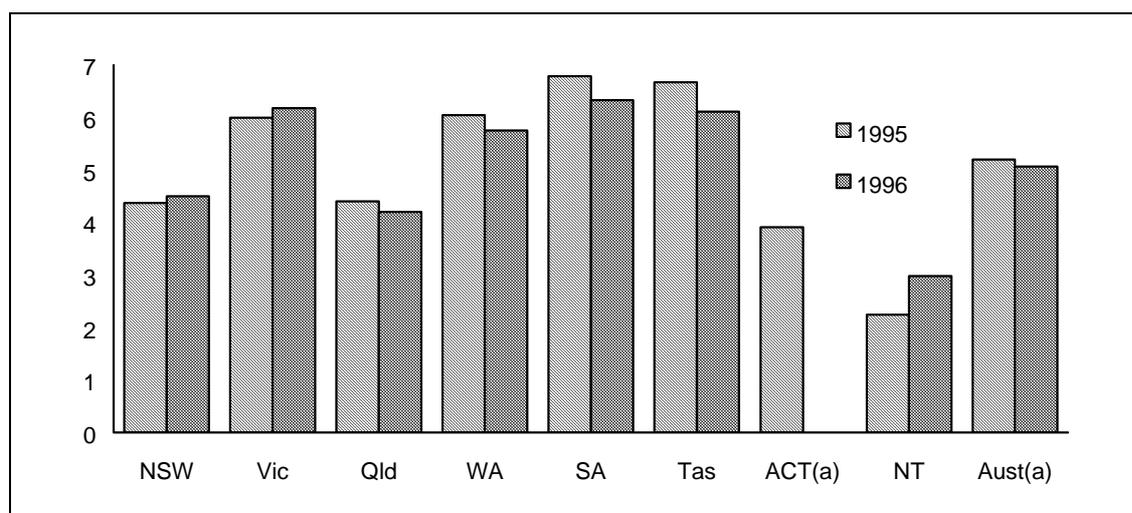
This section provides a framework of indicators which focus on the level of access to services on the basis of relative need or access difficulties.

Access to a service for people with a disability is best expressed in terms of the number of people ‘... with the potential to require disability support services’ (Black *et al* 1997). The potential number of clients for a service will be different for each service, and will relate to the number of people with a disability and the nature of the disabilities. This number of potential clients is generally referred to as the expected ‘potential population’ for a service.⁵

Accommodation and in-home support

The NT had the lowest proportion of the potential population for accommodation support services using these services (less than 3 per cent) in both 1995 and 1996. Victoria, SA and Tasmania had the highest proportions (over 6 per cent each). All jurisdictions, excluding NSW, Victoria and the NT, experienced a decline in the proportion of users between the two years (Figure 10.6).

Figure 10.6: Proportion of the estimated potential population using accommodation support services, 1995 and 1996 (per cent)



a The 1996 CSDA minimum data set excluded ACT data.

Source and additional notes: Table 10A.10

Employment services

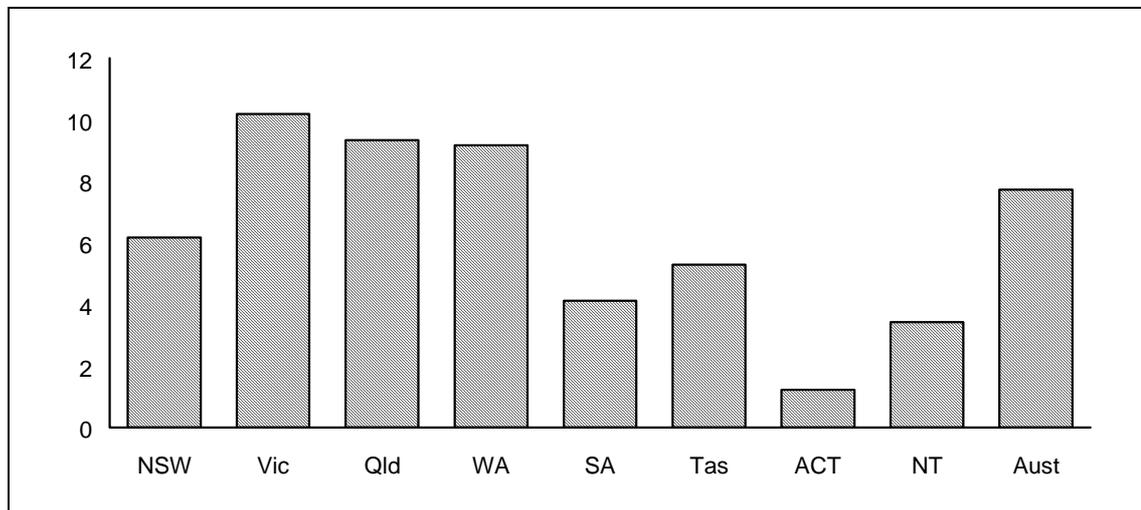
The Commonwealth is solely responsible for the provision of employment services. The 1996 CSDA minimum data set only included open employment services (which accounted for about one-third of all employment service outlets but 58 per cent of employment clients). An open employment service is an

⁵ The method for calculating the expected ‘potential population’ for a service is detailed in Black *et al* 1997.

organisation that provides services to enable people with a disability to find, compete for, train for and keep employment in the open labour market. The remaining employment services — supported employment services — differ from open labour market services in that they employ people with a disability in sheltered working environments and provide continuing support.

Users of open employment services as a proportion of the potential population of users varied substantially across states and territories. The highest proportion was in Victoria (10.2 per cent) and the lowest was in the ACT (1.2 per cent, which was much lower than the Australian average of 7.7 per cent) (Figure 10.7).

Figure 10.7: Proportion of the estimated potential population using open employment services, 1996 (per cent)^a



^a Included only open employment services. An individual may have been counted more than once if more than one service type was accessed on the 'snapshot' day. Data excluded psychiatric services. Data were adjusted to account for the assumption of differing disability rates amongst the indigenous population across jurisdictions.

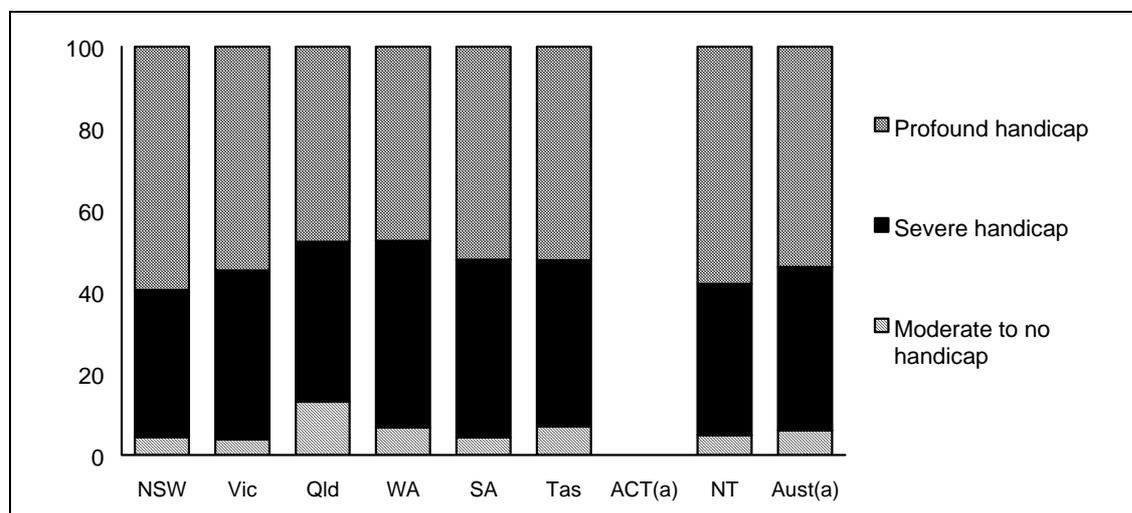
Source: Table 10A.11

Service use by level of handicap

The framework also includes indicators that examine the services accessed by people with higher support needs.

There was generally little variation across jurisdictions in the handicap status of people with a disability using accommodation support services in 1996. Most jurisdictions had less than 5 per cent of clients with low support needs accessing accommodation services — Queensland was the exception, with 13 per cent of clients of accommodation support services having low support needs (Figure 10.8).

Figure 10.8: Users of accommodation services by handicap status, 1996 (per cent)



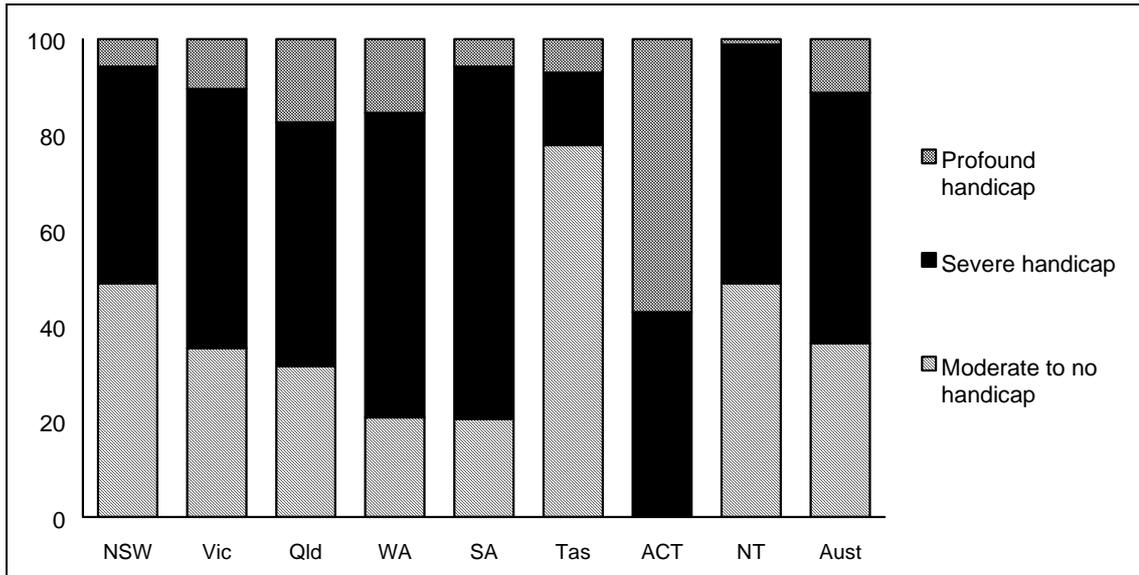
a The 1996 CSDA minimum data set excluded ACT data.

Source and additional notes: Table 10A.12

The majority of people with a disability using open employment services had a severe handicap or moderate to no handicap. Nationally, 11 per cent of users of open employment services had a profound handicap — with a high of 57 per cent in the ACT and a low of 1 per cent in the NT. No users of open employment services in the ACT had a moderate to no handicap (Figure 10.9).

The substantial variation in use across jurisdictions may have been because only open employment services were included in the 1996 CSDA minimum data set. Open employment services accounted for about one-third of all employment services provided to people with a disability.

Figure 10.9: Users of open employment services by handicap status, 1996 (per cent)^a



^a Included only open employment services. An individual may have been counted more than once if more than one service type was accessed on the 'snapshot' day. Data excluded psychiatric services. Data were adjusted to account for the assumption of differing disability rates amongst the indigenous population across jurisdictions.

Source: Table 10A.13

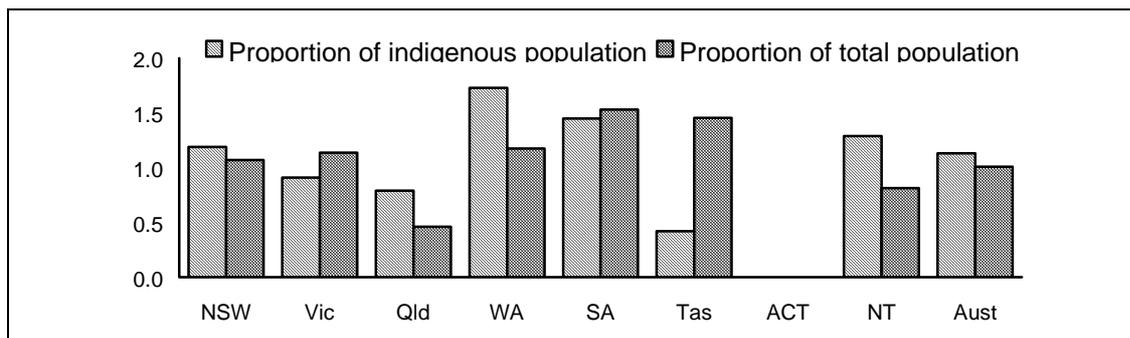
Access by special needs groups

An important indicator of access is the difference between the proportion of people with special access difficulties (such as indigenous people and culturally and linguistically diverse people) accessing services and the proportion of the total population accessing those services.

Many respondents to the 1996 CSDA minimum data set did not specify their special needs group status, therefore, caution should be exercised when interpreting the relative use of accommodation support and open employment services. The outcomes may also be affected by the prevalence of disability within the indigenous populations across jurisdictions.

In 1996, the indigenous population exhibited a higher rate of use of accommodation support services than did the general population in NSW, Queensland, WA and the NT, whereas their rate of use was less than one-third of that of the general population in Tasmania (Figure 10.10).

Figure 10.10: Proportion of indigenous people and all people using accommodation support services, 1996 (per 1000 people)^a

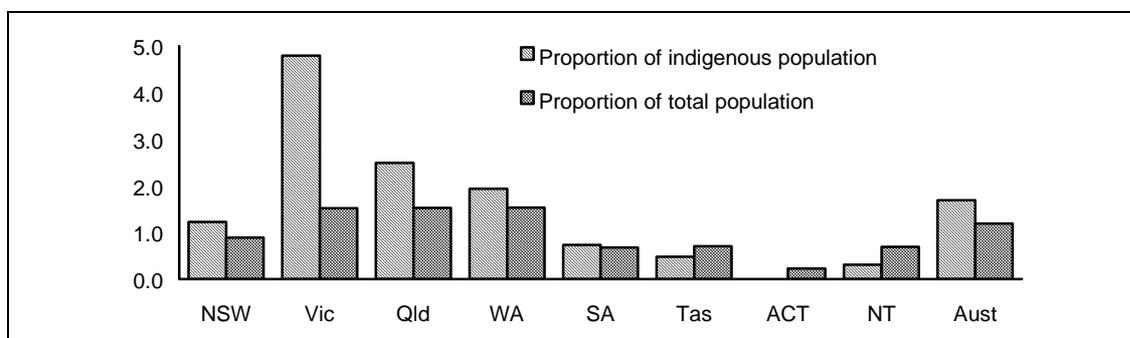


a For the purpose of comparing use by the general population with use by indigenous people, the general users excluded recipients whose indigenous origin was 'not known' or 'not stated'.

Source and additional notes: Table 10A.14

A larger proportion of indigenous people (1.7 per 1000 indigenous people) than all people (1.2 per 1000 people) used open employment services targeted at people with a disability in 1996. The highest use by indigenous people was recorded in Victoria, almost 5 per 1000 people from indigenous backgrounds, compared with 1.5 per 1000 for the total Victorian population. The lowest use by indigenous people was in the NT, 0.3 per 1000 people from indigenous backgrounds — less than half the use for the total NT population (Figure 10.11).

Figure 10.11: Proportion of indigenous people and all people using open employment services, 1996 (per 1000 people)^a

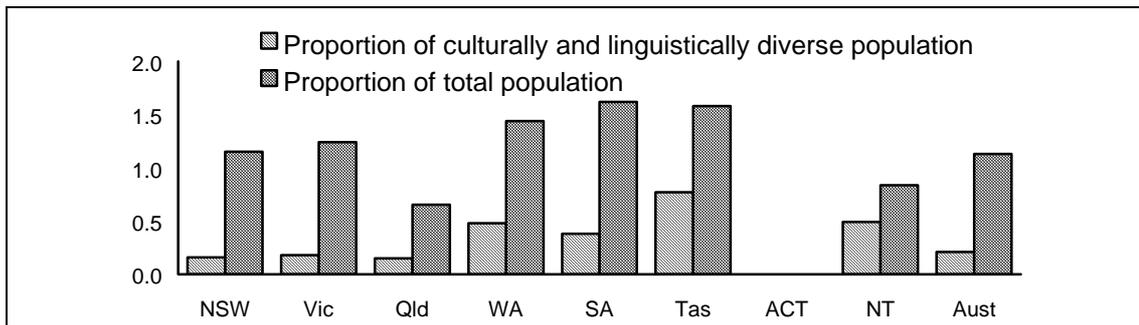


a For the purpose of comparing use by the general population with use by indigenous people, the general users excluded recipients whose indigenous origin was 'not known' or 'not stated'.

Source and additional notes: Table 10A.15

Use of accommodation support by people from culturally and linguistically diverse backgrounds was lower than that of the general population in 1996. The largest difference between the rates was in SA (0.4 per 1000 people from culturally and linguistically diverse backgrounds and 1.6 per 1000 for the general population). The smallest difference was in the NT (Figure 10.12).

Figure 10.12: Proportion of people from culturally and linguistically diverse backgrounds and all people using accommodation support services, 1996 (per 1000 people)^a

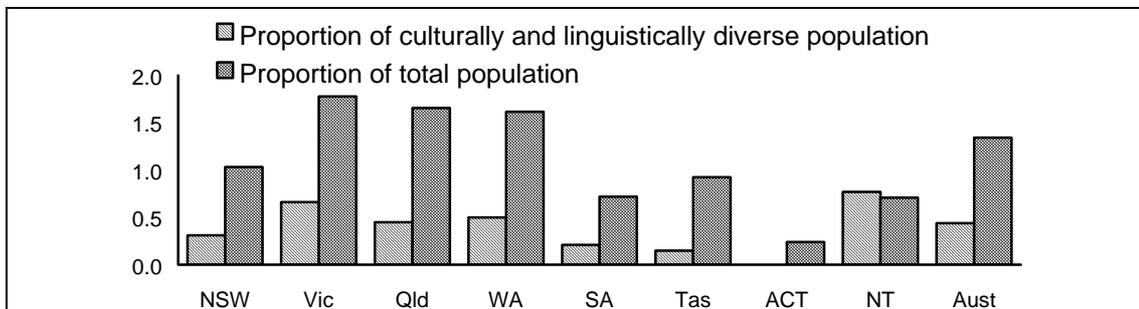


a For the purpose of comparison, the general users excluded recipients whose cultural or linguistic origin was 'not known' or 'not stated'.

Source and additional notes: Table 10A.14

In 1996, the rate of use of employment services by people from culturally and linguistically diverse backgrounds was about one-third of that of the general population in most jurisdictions. The largest rate differences were in Victoria, Queensland and WA, and the smallest in the NT. Use by people from culturally and linguistically diverse backgrounds was highest in the NT (0.8 persons per 1000) and lowest in Tasmania (0.1 persons per 1000) (Figure 10.13).

Figure 10.13: Proportion of people from culturally and linguistically diverse backgrounds and all people using open employment services, 1996 (per 1000 people)^a



a For the purpose of comparison, the general users excluded recipients whose cultural or linguistic origin was 'not known' or 'not stated'.

Source and additional notes: Table 10A.15

10.6.4 Efficiency of service delivery

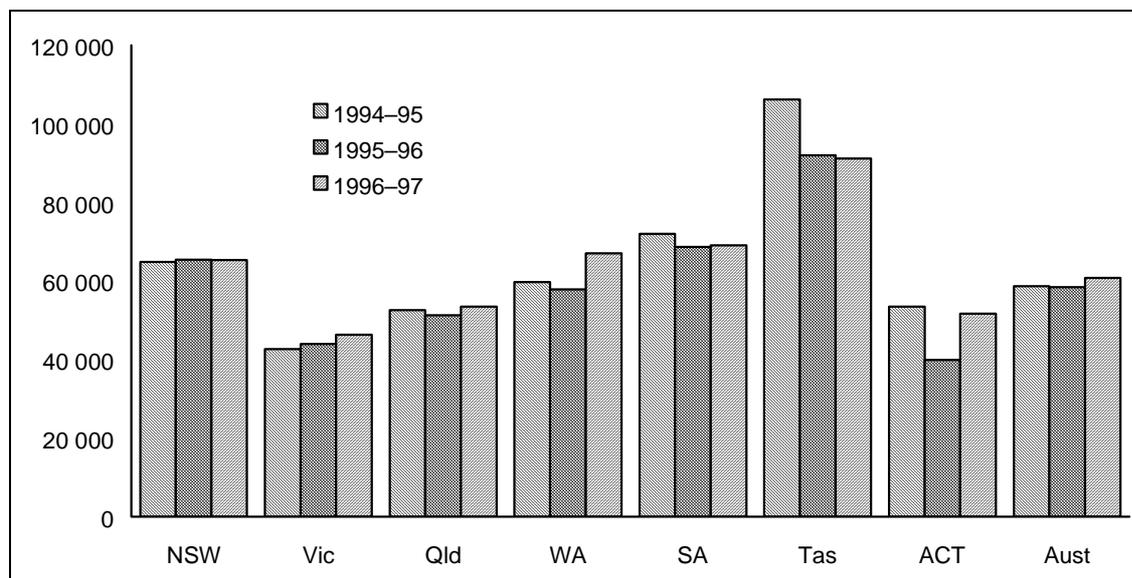
Improved counting rules were adopted for the 1998 Report, expanding the scope of administrative expenditure to include the umbrella department administrative costs and, therefore, to represent a more complete estimate. However, the comparability of the efficiency indicator results was still somewhat limited by differing departmental structures and accounting systems across jurisdictions.

Cost to government of government provided places

The cost to government of providing institutional or large residential accommodation places was \$58 127 per place nationally in 1996–97. Tasmania had the highest expenditure per place (around \$91 000) and Victoria had the lowest (\$46 327) (Figure 10.14).

There was little change in the real cost of a government provided institutional or large residential accommodation place between 1994–95 and 1996–97. Nationally, the cost per place fell by less than 1 per cent in real terms. On a jurisdictional basis, it fell in Tasmania (from \$106 126 to \$91 144) but rose in Victoria (from \$42 655 to \$46 327) and WA (from \$59 689 to \$67 014). The NT did not provide this form of accommodation support (Figure 10.14).

Figure 10.14: Real cost per government provided institutional/large residential place, 1994–95, 1995–96 and 1996–97 (in 1996–97 dollars)^a

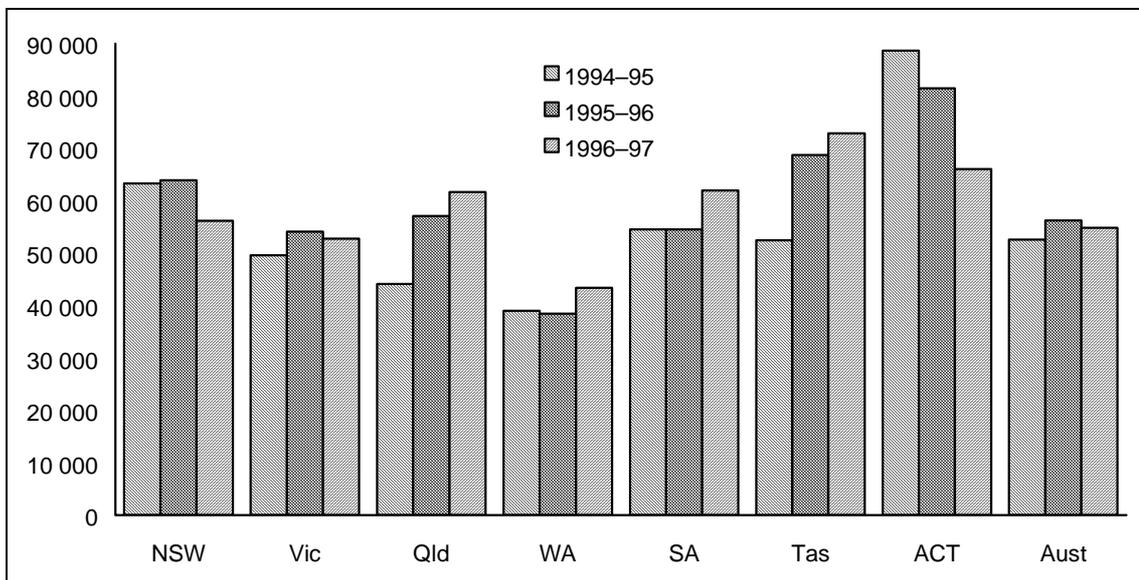


a The NT Government did not provide institutional or large residential accommodation care and support.
 Source and additional notes: Table 10A.17

Expenditure on government provided community accommodation and care places rose in most jurisdictions over the three years, 1994–95 to 1996–97. The exceptions were NSW (down 11 per cent) and the ACT (down 26 per cent). The NT did not provide this form of accommodation support (Figure 10.15).

The move from institutional-based care to community-based accommodation and care has contributed to less variation in expenditure per government provided place across jurisdictions. In 1996–97, Tasmania had the highest level of expenditure per place (\$72 864) while WA had the lowest level (\$43 405 per place) (Figure 10.15).

Figure 10.15: Real cost per government provided community accommodation and care place, 1994–95, 1995–96 and 1996–97 (in 1996–97 dollars)^a



a The NT Government did not provide community accommodation care and support.

Source and additional notes: Table 10A.17

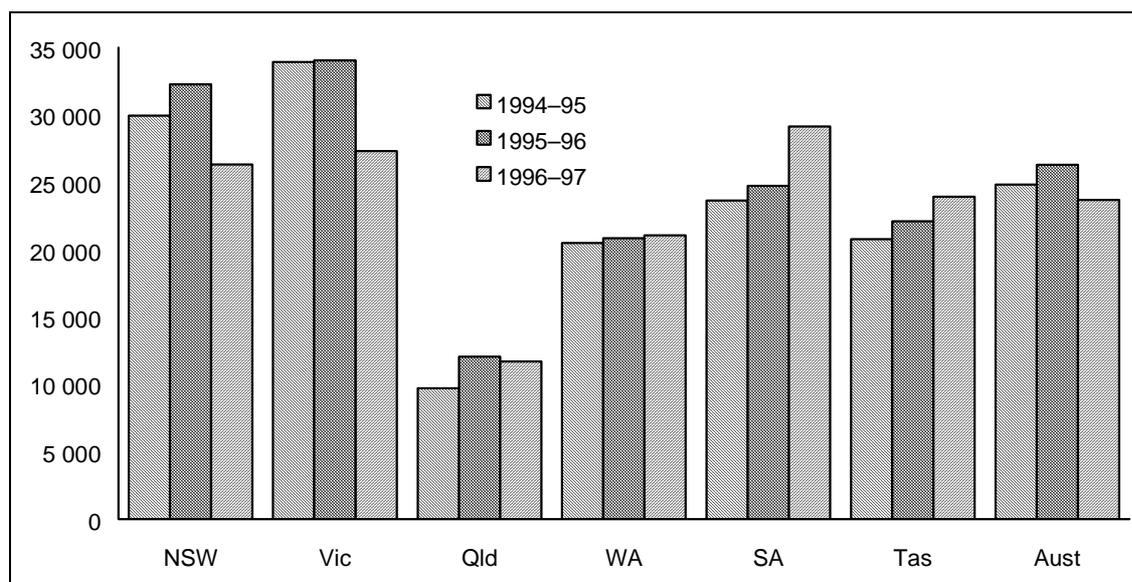
Government contribution to non-government provided places

In addition to providing accommodation support places, State and Territory Governments purchase accommodation support places from non-government service providers. The level of government expenditure per place is the government contribution to a place and does not indicate the total cost.

On average, governments contributed \$23 686 per non-government provided institutional or large residential place in 1996–97. SA had the highest contribution (\$29 141 per place) and Queensland the lowest (\$11 707 per place — half the national average). The ACT and the NT did not purchase this form of support (Figure 10.16).

Contribution per non-government institutional or large residential place fell substantially in both NSW and Victoria (by 18 per cent and 20 per cent respectively) from 1995–96 to 1996–97. Substantial increases in contributions to non-government institutional or large residential places occurred in SA and Tasmania during this period (Figure 10.16).

Figure 10.16: Real government contribution per non-government institutional/large residential place, 1994–95, 1995–96 and 1996–97 (in 1996–97 dollars)^a



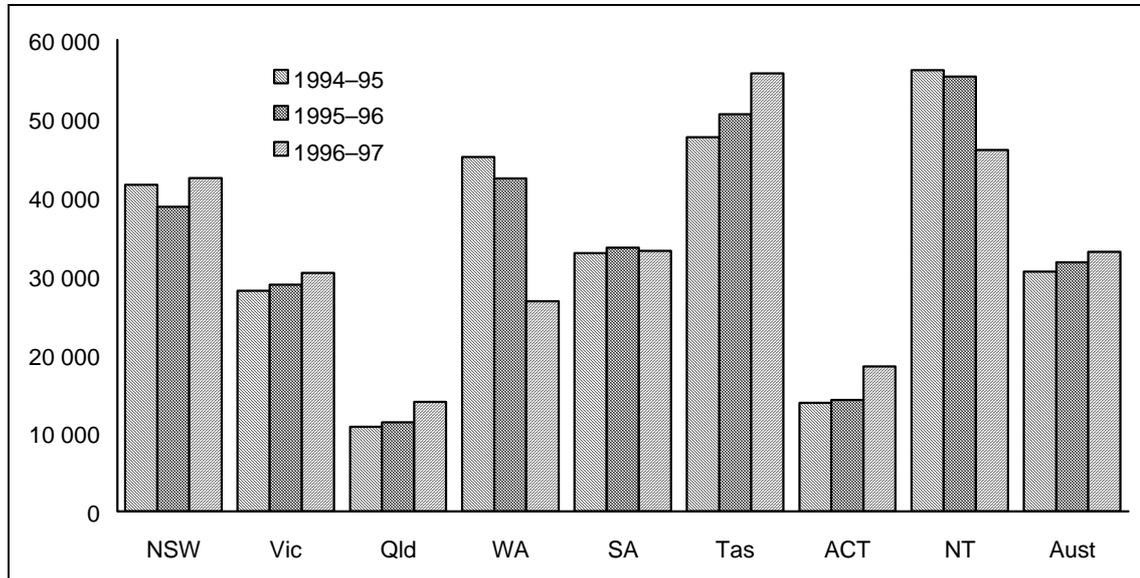
a The ACT and NT Governments did not contribute to non-government provided institutional or large residential accommodation care and support.

Source and additional notes: Table 10A.17

There was significant variation across jurisdictions in the level of government contribution to non-government provided community accommodation and care places, to which governments contributed on average \$32 998 per place in 1996–97. Tasmania had the highest contribution per place (\$55 713) and Queensland the lowest (\$13 955) (Figure 10.17).

The contribution per non-government community place increased in real terms in most jurisdictions from 1995–96 to 1996–97. The contribution in WA and the NT fell by 37 per cent and 17 per cent respectively in real terms over that time (Figure 10.17).

Figure 10.17: Real government contribution per non-government community accommodation and care place, 1994–95, 1995–96 and 1996–97 (in 1996–97 dollars)



Source and additional notes: Table 10A.17

Administrative efficiency

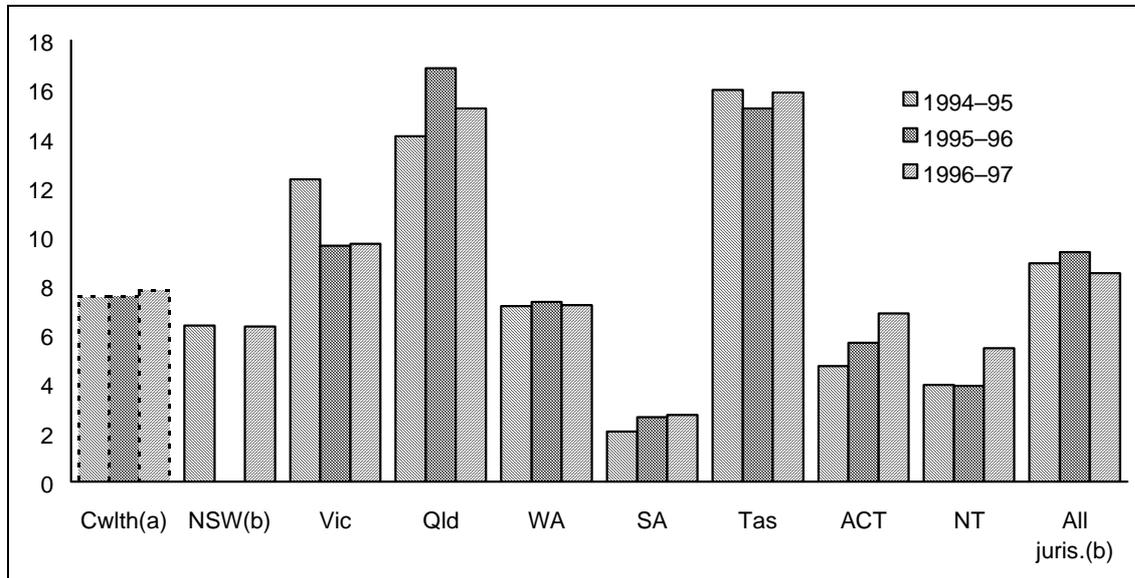
The scope of administration expenditure on all disability services has been expanded in this Report to include an apportionment of the umbrella department administration costs to the disability program. As a result, a larger portion of the total cost to government has now been reported, but the information is not comparable with that in the 1997 Report. All data for 1994–95 and 1995–96 have been updated to include umbrella department administration costs for this Report. However, with some jurisdictions yet to move to full cost apportionment (particularly for corporate support costs), administration costs still may not be completely comparable.

The average proportion of total expenditure spent on administration expenditure was 9 per cent in 1996–97. Administration expenditure as a proportion of total expenditure on disability services was highest in Tasmania and Queensland (16 per cent and 15 per cent respectively). SA had the lowest proportion of administration expenditure — 3 per cent (Figure 10.18).

For all jurisdictions, administration expenditure as a proportion of total expenditure remained around 9 per cent between 1994–95 and 1996–97. The proportion of administration expenditure was 8 per cent for the Commonwealth in 1996–97. The average for states and territories was 9 per cent in 1996–97. Tasmania, the ACT and the NT experienced an increase in the proportion of

administration expenditure of 1 percentage point, while the proportion in Queensland fell by 2 percentage points (Figure 10.18).

Figure 10.18: Administration expenditure as a proportion of total expenditure, 1994–95, 1995–96 and 1996–97 (per cent)



a Commonwealth Government administers a different set of services to State and Territory Governments.

b No 1995–96 data were available for NSW.

Source and additional notes: Table 10A.18