
12 Services for people with a disability

Governments aim to enhance the quality of life of people with a disability by funding and delivering a range of services through different programs. The focus of this chapter is on services provided under the Commonwealth/State Disability Agreement (CSDA) (excluding psychiatric disability services). These services are targeted at people younger than 65 years of age who have a severe or profound disability and require ongoing support. A definition of disability is provided in box 12.1. The funding and delivery of CSDA services differ significantly across jurisdictions as a result of policy differences and a range of other factors that are set out in the statistical appendix.

A profile of services for people with a disability is presented in section 12.1. All jurisdictions have agreed to develop and report comparable indicators and a framework of performance indicators is outlined in section 12.2. The performance indicators in this chapter focus primarily on accommodation support and employment services (which account for approximately 70 per cent of total government expenditure on services provided under the CSDA). The results are discussed in section 12.3 and future directions for performance reporting are discussed in 12.4. The chapter concludes with jurisdiction comments (section 12.5).

This year data are reported for service quality for the first time. The Steering Committee, in conjunction with the Disability Services Subcommittee, commissioned a survey of the satisfaction of clients of disability services in 1999. The survey provided measures of overall satisfaction with services. These measures of overall satisfaction are comparable across States and Territories. The survey also provided information on access to services, level of choice in selecting services, relationships with and service from staff, and the clients' ability to develop independence and personal growth. (Consumers of disability services also provided information on their quality of life). Where dissatisfaction existed, the survey provided information on reasons for dissatisfaction.

A separate publication on the satisfaction survey to be released in early 2000 will provide more detailed discussion of the survey and its results.

Box 12.1 What is a disability?

The first international classification relating to disability was provided by the International Classification of Impairments, Disabilities and Handicaps (ICIDH), first published in 1980 by the World Health Organization. The 1980 classification was a framework for disability described in three dimensions: impairment, disability and handicap. The Australian Bureau of Statistics (ABS) surveys of Disability, Ageing and Carers in 1981, 1988, and 1993 were based on this classification. The ICIDH is now in the process of revision to reflect developments in the field since 1980. (The draft classification is renamed the International Classification of Functioning and Disability pending its finalisation and adoption by the World Health Organization). Disability is now conceptualised as being a multi-dimensional experience for the person involved. There may be effects on organs or body parts. There may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognised in the draft classification: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restriction). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.

The 1998 ABS Survey of Disability, Ageing and Carers (which applies the revised classification) defined disability in terms of the following component elements:

- disability;
- long term health conditions;
- specific restriction;
- restrictions in terms of self care, mobility and communication and levels of restriction; and
- need for assistance.

Self care, mobility and communication are defined as core activities.

The ABS defines levels of core activity restriction as follows:

- *mild* — where a person has no difficulty with self care, mobility or communication, but uses aids or equipment;
- *moderate* — where a person does not need assistance, but has difficulty with self care, mobility or communication;
- *severe* — where a person sometimes needs assistance with self care, mobility and communication; and
- *profound* — where a person is unable to perform self care, mobility and communication or always needs assistance.

Sources: WHO (1999); ABS (1999).

12.1 Profile of services for people with a disability

In addition to services provided under the CSDA, services specifically designed for people with a disability are provided under the Home and Community Care Program (HACC), Commonwealth funded rehabilitation services, community nursing services and specialist equipment services. HACC services are targeted at both the aged and younger people with a disability and their carers. Available data make it difficult to identify the proportion of aged HACC clients and the proportion with a disability under the age of 65 years.

HACC funding is used to complement services provided under the CSDA, although the level of complementarity varies between jurisdictions. More information on multiple service use will be available when the CSDA Minimum Data Set and the HACC Minimum Data Set statistical linkage key are in use from July 2000 (box 12.4). Some mainstream services provided to the community as a whole as well as to people with disabilities — such as school education, acute hospital care, public housing and rent assistance — are also covered elsewhere in this Report. Other mainstream services provided to people with disabilities — such as transport and utility services at concessional rates — are outside the scope of this Report.

Governments fund both government and non-government providers of services for people with a disability under the CSDA, HACC programs and rehabilitation services. Total expenditure on these services was \$2.4 billion in 1998-99. This included \$2.04 billion on services provided under the CSDA, \$100 million on Commonwealth funded rehabilitation services and \$256 million on HACC services (the estimated 30 per cent of total HACC expenditure attributed to younger people with a disability). It is estimated that for NSW, for example, 28 per cent of the hours and 32 per cent of resources of HACC services are delivered to younger people with a disability (NSW Ageing and Disability Department, unpublished).

Non-government service providers receive funds from the private sector and the general public, in addition to government grants and input tax concessions from governments (such as payroll tax exemptions).

Support for people with disabilities — programs outside the CSDA

Family and friends meet most needs of people with a disability. In 1998, 450 900 principal carers provided the majority of help with self care, mobility or verbal communication for persons with a disability (ABS 1999). Recognising the cost of providing such informal support, the Commonwealth Government provides income support to families and carers of people with a disability in the form of the Carer

Allowance and Carer Payment. The performance of the programs that provide these allowances and payments is outside the scope of this Report.

The Commonwealth Government also funds payments for people with a disability and those temporarily incapacitated from work as a result of illness. These payments include disability support pensions, wife pensions and mobility allowance. Commonwealth outlays in 1998-99 amounted to \$5.1 billion for disability support pensions, \$534.1 million for wife pensions and \$46.1 million for mobility allowance. The total number of recipients of disability support pensions increased at an annual average rate of 4.6 per cent between June 1997 and June 1999. The number of recipients of mobility allowances increased by 9.2 per cent between June 1998 and June 1999 (table 12.1).

Table 12.1 Recipients of disability support pensions and mobility allowance ('000)

	<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^a</i>
Disability support pension^b									
June 1997	181.0	122.5	94.2	44.3	48.8	18.3	4.7	4.1	527.5
June 1998	187.9	129.5	99.7	46.0	51.9	20.0	5.1	4.2	553.4
June 1999	193.1	135.8	104.9	47.5	54.9	20.2	5.2	4.5	577.2
Mobility allowance^c									
June 1998	8.4	8.7	5.1	2.1	2.6	0.8	0.3	0.1	28.4
June 1999	9.1	9.4	5.6	2.3	3.9	0.9	0.3	0.1	31.0

^a Excludes overseas recipients. ^b Pensions are means-tested income support payments for people aged over 16 years of age who have a physical, intellectual or psychiatric impairment (meeting set criteria) resulting in an inability to work or be re-skilled for work for at least the next two years (as a result of impairment), or who are participating in the supported wage system. Special rules also apply to the vision impaired. ^c The Mobility Allowance is a non-means tested income supplement to assist with transport costs for people aged over 16 years with disabilities who are in employment, vocational training, a combination of vocational training and employment, job search activities or voluntary work, and who are unable to use public transport without substantial assistance.

Source: Commonwealth Department of Family and Community Services, unpublished.

Disabilities in Australia

The Australian Bureau of Statistics conducts the Survey of Disability, Ageing and Carers every five years. The most recent survey was conducted in 1998 (box 12.2) (figure 12.1). The precision of survey estimates reflects the survey sample size and the sample estimate: that is, larger sample sizes result in higher precision, while smaller sample sizes result in lower precision (see attachment 12A).

Box 12.2 Survey of Disability, Ageing and Carers 1998

The Australian Bureau of Statistics Survey of Disability, Ageing and Carers in 1998 collected information on four groups — people with a disability, older people, people who provide assistance to others with disabilities, and a comparison group.

The reported proportion of people with profound or severe core activity restriction (age standardised, unlike table 12.2) increased from 2.3 per cent in 1993 to 3.7 per cent in 1998 for persons aged 5–14 years, and from 2.4 per cent to 3.3 per cent for those aged 15–64 years. Over the previous three surveys in 1981, 1988 and 1993 the prevalence rates of profound or severe core activity restriction remained steady.

Most of the apparent increase in disability rates may be a result of increased identification of people with a disability, rather than an actual increase in the proportion of people with a disability. There are two sources of evidence. First, in the 1998 survey, a higher proportion of people who needed assistance stated they had a disability than in previous surveys. Second, most of the increase is in the severe category rather than the profound category, suggesting that the new method may have drawn in some of those previously categorised as having moderate core activity restrictions.

Further investigation and analysis are needed to understand the significance of the increase in the profound and severe rates of core activity restrictions between 1993 and 1998.

The Australian Bureau of Statistics is conducting further analysis of the changes between the two surveys. In future Reports time series of indicators may need to be adjusted to 'smooth' any changes that can clearly be attributed to method alone.

The increase in the number of individuals with a profound or severe core activity restriction affects the estimates of the potential population and thus any measures of the proportion receiving services. If the 1993 rates of disability were used to calculate the potential population, nationally the proportion of the potential population receiving each service reported here would be on average about 25 per cent higher. However, the effect may differ across jurisdictions. The table below shows the non age-standardised prevalence rates in 1993 and 1998 for the population covered by the Report. The increase in the non age-standardised rate between 1993 and 1998 ranged from 46 per cent in the ACT to 108 per cent in Tasmania.

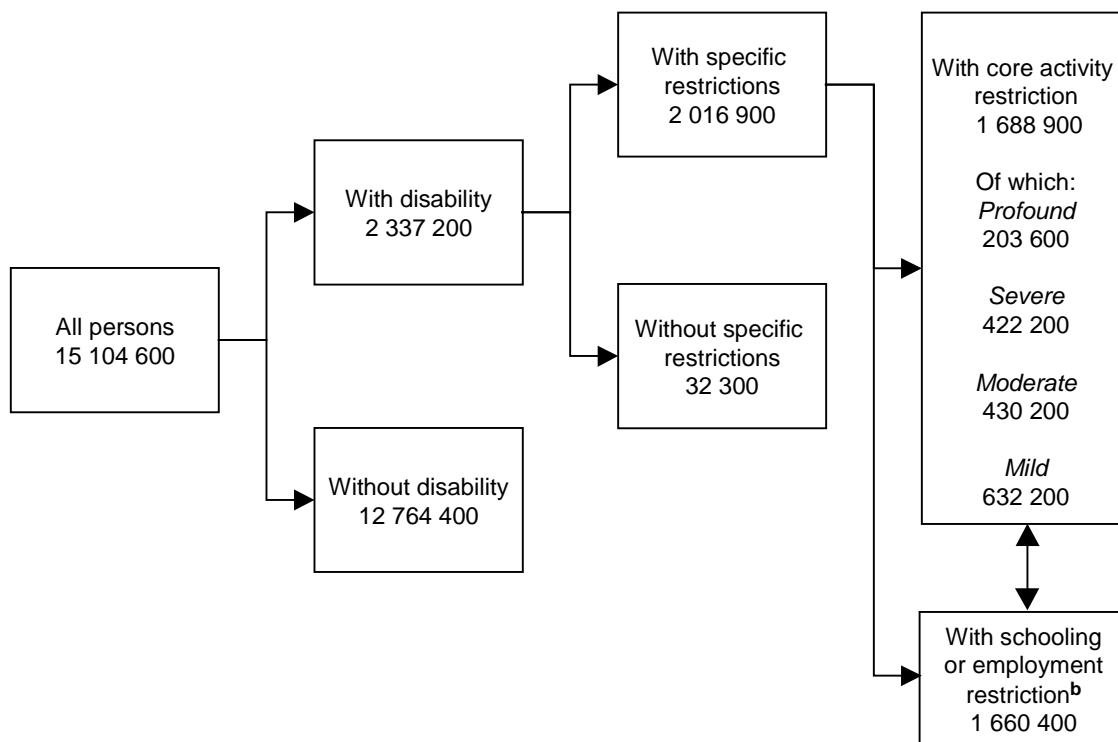
Proportion of the total population aged 5–64 years with a profound/severe disability (per cent)

	<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>
1993	2.4	2.5	2.9	2.5	2.6	2.6	2.8	1.9	2.6
1998	3.9	3.8	4.9	3.9	4.4	5.4	4.1	np	4.1

np Not available for publication but included in total.

Sources: AIHW (1999b); AIHW (unpublished); SCRCSSP (1999b).

Figure 12.1 Analysis of results of ABS Survey of Disability, Ageing and Carers 1998^a



^a People aged 5–64 years. ^b Includes 1332 400 persons with core activity restrictions.

Source: ABS (1999).

Of the total Australian population aged 5–64 years in 1998, 15.5 per cent had some form of disability. People with a profound/severe core activity restriction accounted for 4.1 per cent of that age group. People with a moderate core activity restriction accounted for 2.8 per cent of that age group, and a further 4.2 per cent had a mild core activity restriction (table 12.2).

Of the total Australian population aged 5–64 years in 1998, 11.0 per cent had a schooling or employment restriction. Nationally, 2.5 per cent of children in the under 5 years age group had a disability that restricted their core activities.

Fifty-seven per cent of all people who were identified as having some form of disability (and who do not live in institutional care, hospitals or nursing/retirement homes) reported a need for help with one or more activity according to the 1998 survey. Of people reporting a need for help, 64 per cent had their need fully met. However, not all people of all ages with a disability who desire assistance receive it, either privately or from government. Thirty-two per cent had their need partly met and 4 per cent did not have their needs met at all.

Table 12.2 People aged under 65 years with a disability in the total population, 1998 (per cent)^a

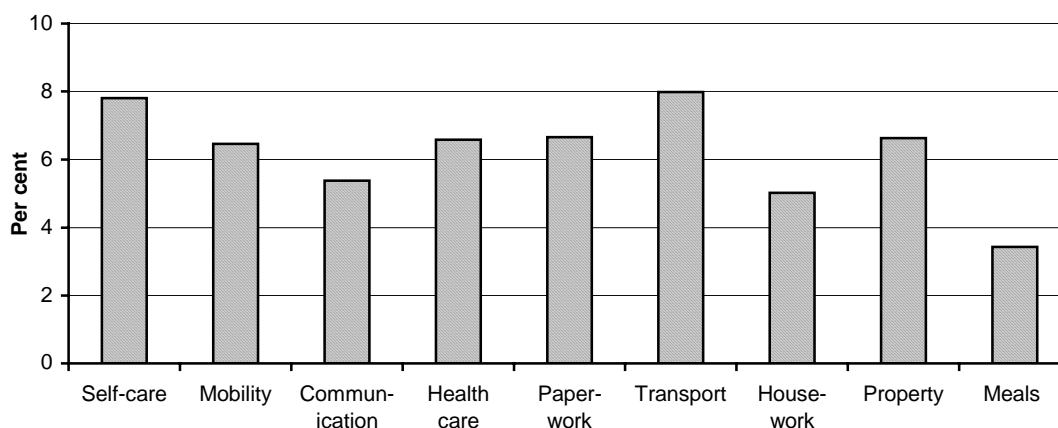
	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of the total population aged 5–64 years, by disability status									
• Profound/severe core activity restriction ^b	3.9	3.8	4.9	3.9	4.4	5.4	4.1	np	4.1
• Moderate core activity restriction	2.7	2.4	3.0	3.4	3.4	3.1	2.1	np	2.8
• Mild activity core restriction	4.5	4.1	3.6	5.5	5.1	4.2	3.2	6.9 ^c	4.2
• Schooling or employment restriction ^d	10.5	9.6	12.2	11.3	13.7	13.1	9.7	7.2	11.0
Total with specific restriction^e	12.9	12.2	14.1	13.6	16.0	15.1	11.9	8.5	13.3
Total with a disability	15.1	14.0	16.4	16.1	17.9	17.9	14.8	10.4	15.5
Persons younger than 5 years of age with core activity restrictions as a proportion of total persons in that age group									
	2.6	1.8	1.6	3.3	4.1	5.0	np	np	2.5

^a Estimates for jurisdictions with smaller populations should be interpreted with caution because sample sizes were small. Caution should be used where there are small differences in the results, which are affected by sample and estimate size (see attachment 12A). ^b The sample size for the ABS survey does not permit separate reporting of profound and severe core activity restriction estimates although data elsewhere in this chapter using ABS data does. ^c Data for the NT are not disaggregated due to small sample numbers. Data are for profound/severe core activity restriction, moderate core activity restriction and mild core activity restriction. ^d Some people with this restriction do not have a core activity restriction. ^e Components may exceed the total because some persons may have both a core activity restriction and a schooling and employment restriction. ^{np} Not available for publication but included in total.

Source: table 12A.1.

Of all people with a disability living in households in 1998, 8 per cent who sought help with self care were not receiving help from either formal or informal sources. This was also the case for 5 per cent who sought home help and 3 per cent who sought help with meal preparation (figure 12.2). Of the 384 200 people with a profound core activity restriction who needed assistance with at least one activity, 222 100 had their need for assistance fully met and 159 200 had their need for assistance partly met. Not all unmet need relates to formal services and not all the need for formal services would be satisfied by a CSDA service.

Figure 12.2 **Proportion of people with a disability who did not receive help, by activity for which they required help — all ages living in households, 1998^{a, b}**



^a Caution should be used where there are small differences in the results, which are affected by sample and estimate size (see attachment 12A). ^b Includes those who do not have a specific restriction and who may not need help.

Source: table 12A.2.

Government support for people with a disability

Roles and responsibilities

The CSDA was designed to define the roles and responsibilities of the Commonwealth and State and Territory governments in the provision of services to people with a disability. Its broad aims are to:

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

There are a number of services under the agreement: employment assistance is the administrative responsibility of the Commonwealth Government, and the State and Territory governments are responsible for administering accommodation services, community support and access, and respite services. Both tiers of government administer other services such as advocacy and research and development (box 12.3).

Box 12.3 Services provided under the CSDA

Services administered by the Commonwealth Government

- *Open employment services* assist in the transition of people with a disability from special education or employment in supported work setting, to paid employment in the workforce in the open labour market.
- *Supported employment services* (also known as business services) support the paid employment of people with a disability who are unlikely to have competitive employment at or above the relevant award wage and who need substantial ongoing support to obtain or retain employment.

Services administered by State and Territory governments^a

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

Services for which administration is shared

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

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

Over 67 000 services were provided to about 61 000 clients under the CSDA on the snapshot day (a single day of data collection) in 1999. Many people with a disability receive services from several providers on a given day. As a result, the number of services delivered will be more than the number of clients. In 1999 the 'linkage key' trial was extended to all jurisdictions, allowing multiple service use to be identified while maintaining client confidentiality. Changes in client numbers reflect more accurate counts (that is, the identification of multiple service use) rather than changes to service levels (box 12.4).

Box 12.4 CSDA Minimum Data Set linkage key

Previous CSDA data collections have been unable to identify consumers who have accessed multiple services on a snapshot day. A proposed Home and Community Care (HACC) linkage key was pilot tested in four jurisdictions for the 1998 collection: NSW, Queensland, Victoria and the ACT. WA has had its own linkage key since 1996.

The statistical linkage key enables the incidence of multiple counting of service users across CSDA service types to be estimated and thus the numbers of service users on the snapshot day. Testing of the key for all HACC data series had previously shown a false match rate of approximately 4 per cent, so the results after linking are only estimates.

The linkage key was extended to all jurisdictions for the 1999 collection, and has been used for data included in the performance indicators for this Report. The effect of the introduction of the linkage key is to reduce the previous data on numbers of services received on the snapshot day to the number of people receiving services on the snapshot day. Without this change in 1999, the numerators of the performance indicators that rely on CSDA Minimum Data Set data for services that are State and Territory government responsibility would have been 18 per cent higher on average. This varied across jurisdictions from 9 per cent in SA and the ACT to 22 per cent in Victoria and Queensland. For services that are Commonwealth Government responsibility (employment services), the numerators would have been 1 per cent higher on average (table 12A.3). Consequently caution should be used when comparing 1999 data with previous years' data.

Linkage key procedures are new and may be refined later (for example, to establish protocols).

Snapshot data (like any stock data) should be interpreted with caution for two reasons. First, the count of service recipients occurs on one day of the year and the extent to which that day is representative may differ across jurisdictions or over time. Second, it counts the quantity of clients receiving services on that day, and should not be interpreted as a proxy for the number of client receiving services over the year. The relationship between the number of clients receiving services on one day and the number over the year will be affected by the average period or frequency with which clients receive services. If each client receives one week per year of respite for example, then the average number of clients would be 52 times the count on the snapshot day. The higher the average period or frequency, the smaller the relationship between the one day count and annual client numbers, and this relationship differs across services and may differ across jurisdictions.

The proportion of services provided by non-government organisations in 1999 varied across jurisdictions. The Commonwealth Government did not provide

services directly; most Commonwealth services were purchased from non-government organisations (table 12.3).

Table 12.3 Clients of government and non-government CSDA service providers, 1999 (number)^a

	<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>
State and Territory responsibility									
Government	3 737	4 401	1 280	3 443	1 717	293	246	0	15 118
Non-government	5 843	11 923	4 475	3 490	2 150	939	321	221	29 362
Not stated	740	0	0	0	16	5	0	0	761
Total^c	10 174	14 879	5 555	6 933	3 828	1 180	540	221	43 310
Commonwealth responsibility ^b									
Government ^{d, e}	173	69	29	7	0	5	9	0	292
Non-government	5 683	3 796	2 777	2 169	2 075	557	237	131	17 425
Not stated	23	0	0	0	0	0	0	0	23
Total^c	5 879	3 860	2 806	2 176	2 075	562	246	131	17 735

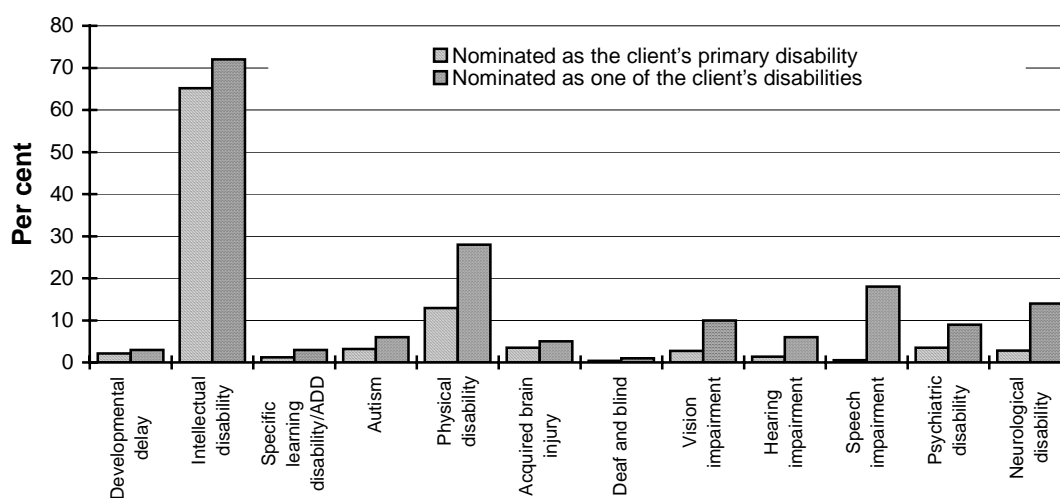
^a A statistical linkage key has been used to count a person only once if more than one service was accessed on the 'snapshot' day. However, a person can be counted more than once if both government and non-government services were accessed on the day. ^b Preliminary data. ^c Totals may be less than the sum of government and non-government if clients have accessed both government and non-government services on the snapshot day. NSW and Australian totals include 23 recipients for whom service type was not known and hence recipient totals do not match those in other relevant tables. ^d Commonwealth auspiced employment services are not directly provided services, but funded organisations such as universities, which are classified as Commonwealth. ^e CSDA services managed by the States and Territories exclude specifically identified psychiatric services, but those managed by the Commonwealth did not exclude any specifically identified psychiatric services.

Source: table 12A.3.

Historically, people with an intellectual disability have been the primary recipients of the services provided under the auspice of the CSDA. Intellectual disability was nominated as the primary disability for 65 per cent of all people with a disability who received services in 1999; physical disability was nominated as the primary disability for 13 per cent of recipients (figure 12.3).

Many clients with intellectual disabilities also had a range of other associated disabilities. When people with multiple disabilities were considered, physical disabilities, speech impairments, neurological disabilities and vision impairments accounted for a higher proportion of disability than was evident that when considering just primary disability. More detailed information by jurisdiction is provided in attachment 12A.

Figure 12.3 Total recipients of CSDA funded services, by disability type, 1999^a



^a Individuals may have more than one disability type.

Sources: tables 12A.5 and 12A.6.

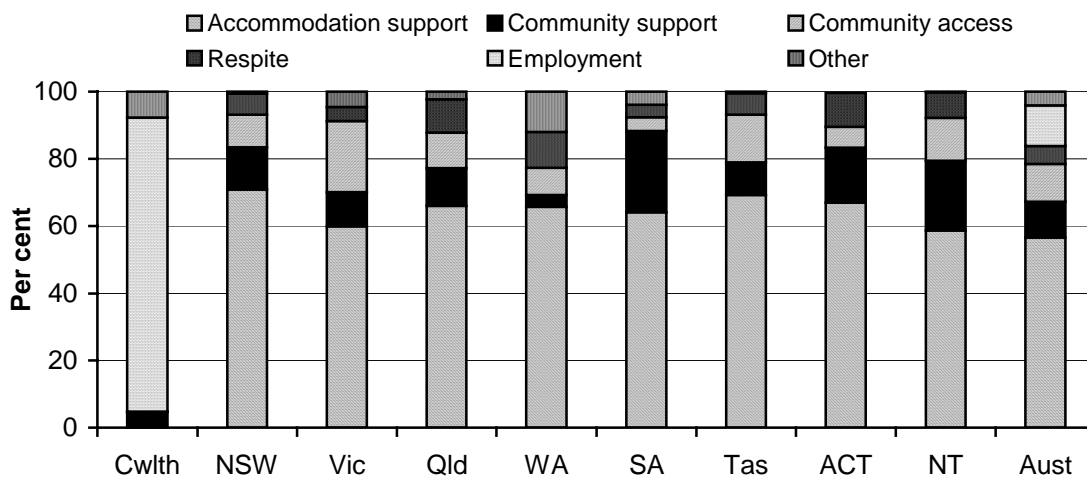
Funding arrangements

Total government expenditure on CSDA services was \$2.04 billion in 1998-99 — a real increase of 9.4 per cent from the level in 1997-98. Approximately 70 per cent (\$1.43 billion) of all CSDA funding came from State and Territory governments. The Commonwealth Government provided the remaining funding (30 per cent), which included \$338 million in transfer payments to States and Territories.

The distribution of expenditure between services differs across jurisdictions. The main areas of State and Territory government expenditure in 1998-99 were accommodation support services (57 per cent of total direct service delivery expenditure), community support (11 per cent) and community access (11 per cent). In addition to transfer payments to State and Territory governments, the Commonwealth Government spent \$223 million on employment services for people with a disability (figure 12.4).

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

Figure 12.4 **Nominal Government expenditure under the CSDA, by service type, 1998-99^a**



^a Relates only to services for which a jurisdiction had direct responsibility.

Source: table 12A.7.

12.2 Framework of performance indicators

The framework of performance indicators in this chapter is based on shared government objectives for services to people with disabilities (box 12.5).

Box 12.5 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. These services should be delivered in an equitable and efficient manner.

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

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

Indicators provide information on the efficiency and effectiveness of government services for people with a disability. Proxy efficiency indicators report on unit cost and administrative efficiency. Effectiveness indicators focus on outcomes, service quality and access to services (figure 12.5).

Performance indicator data are reported here for the first time for: social participation; client satisfaction; carer satisfaction; and client satisfaction with appropriateness. The information is from a survey of the views of clients of services for people with a disability, and their carers across all States and Territories. The survey was commissioned jointly by the Steering Committee and the Disability Services Subcommittee in 1999, following a feasibility study in 1998 (E-Qual 1998).

Interviews with clients provided data on overall satisfaction with accommodation, and employment services. Interviews also provided information in relation to access to services, service quality, the level of choice in selecting services, and the ability to develop independence and personal growth. Forty-six per cent of client interviews were face-to-face interviews and 54 per cent were telephone interviews. Families were surveyed by mail for their views about employment, accommodation, respite and service coordination services.

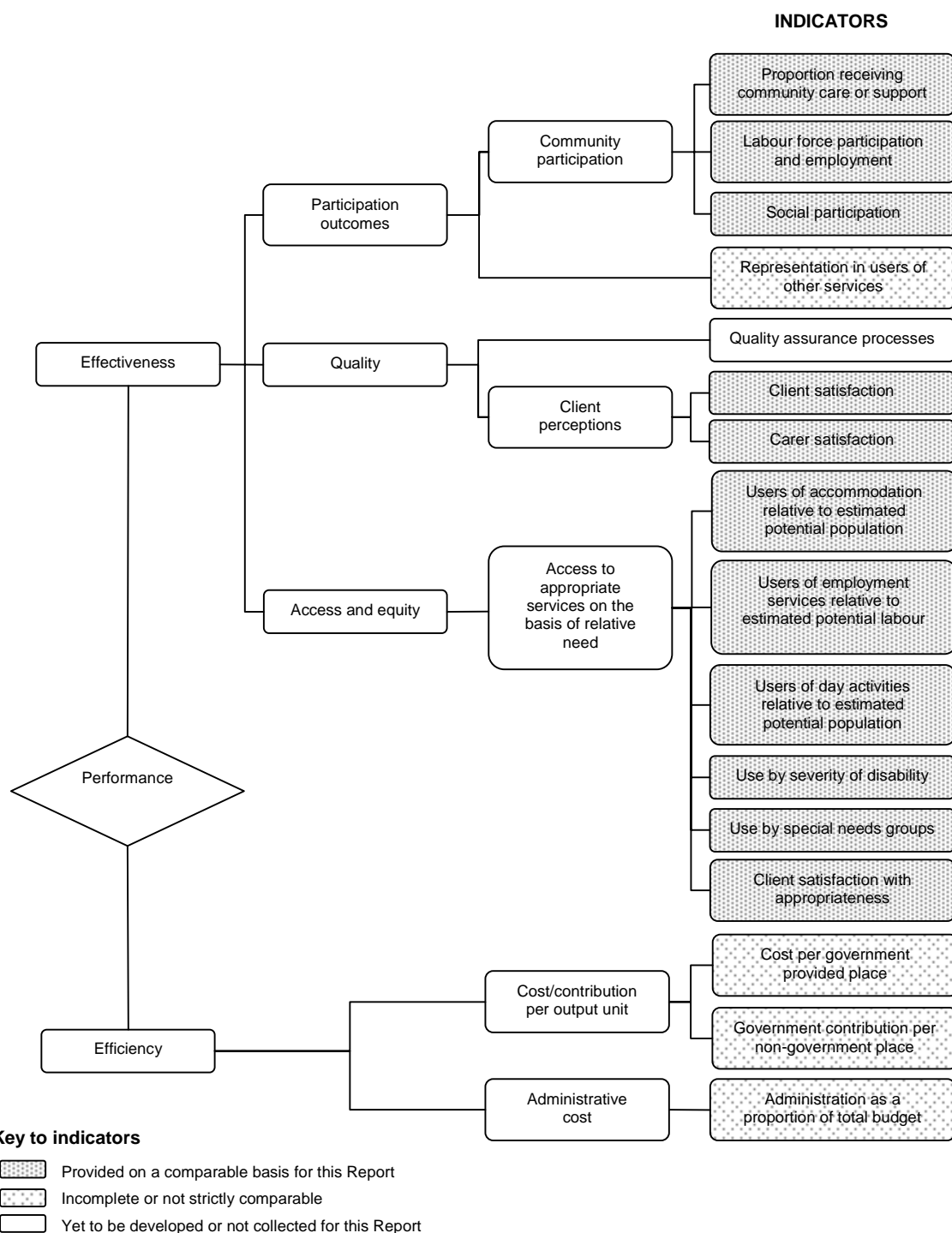
In total, 2271 interviews with clients of accommodation and employment services were achieved (1529 who received accommodation services and 1449 who received employment services). Clients were given the opportunity to decline to be contacted by the consultants. Of those who were contacted by consultants, only 8 per cent subsequently declined to participate in the survey. In total, 2559 families responded to the mail survey (an overall response rate of 57.3 per cent).

The client and family surveys relied on service providers initially approaching their clients about participation and assisting the consultants with information to facilitate interviewing. There was a high level of cooperation, with a total of 784 service provider outlets agreeing to provide this assistance — more than 80 per cent of those approached.

12.3 Key performance indicator results

Different delivery contexts, locations and types of client may affect the effectiveness and efficiency of disability services. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter.

Figure 12.5 Performance indicators for disability services



The sources of data for performance indicators are the 1999 CSDA Minimum Data Set collection, the 1998 Survey of Disability, Ageing and Carers (ABS 1999), the 1999 survey of clients and carers and the Commonwealth and State and Territory governments. Data sourced from the CSDA Minimum Data Set on the number of

clients or places provided in each jurisdiction may differ from information reported elsewhere, such as in departmental annual reports, because the CSDA collection relates to services delivered on a single snapshot day, rather than to all clients who received services in a given year.

Participation outcomes

Four indicators of participation are outlined in the framework: accommodation clients receiving community based accommodation care or support; labour force participation and employment of people with a disability; the level of social participation of people with a disability; and representation in users of other services.

Proportion of accommodation clients receiving community based care or support

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

Nationally 69 per cent of accommodation clients had community based accommodation or 'in-home' support in 1999, rising from 57 per cent in 1995. The ACT and the NT had the highest proportion of accommodation clients receiving community based care or support (both 100 per cent) in 1999, and SA had the lowest (45 per cent) (figure 12.6).

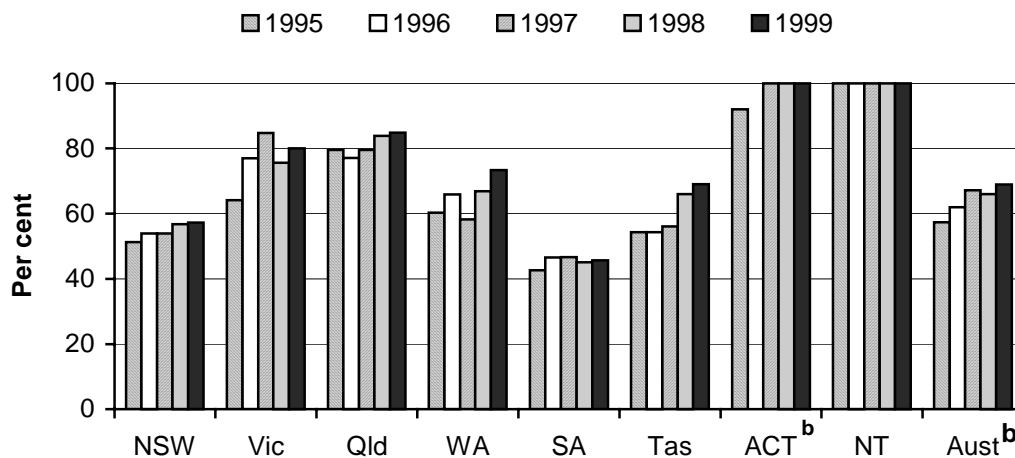
Representation of users in other services

Indicators for participation in other service areas by people with a disability are included in the performance indicator frameworks for those service areas. Participation is reported in vocational education and training (see chapter 3), children's services (see chapter 13) and housing (see attachment 15A).

Labour force participation of people with a disability

The 1998 Survey of Disability, Ageing and Carers provided new data for labour force participation and employment rates (table 12.4). The participation rate for people with a disability in 1998 was 53 per cent, below the participation rate for the general population in all jurisdictions (63 per cent). The employment rate for people with a disability was 89 per cent, 3 percentage points below the rate for the general population (92 per cent).

Figure 12.6 **Accommodation clients receiving community based care or support^a**



^a 'Community based care or support' includes group homes, attendant care, outreach/other 'in-home'/drop-in support, alternative family placement and other accommodation. An individual may have been counted more than once if they accessed more than one service type on the snapshot day for 1995–98. Data exclude psychiatric services. ^b 1996 CSDA Minimum Data Set excludes ACT data.

Source: table 12A.9.

Table 12.4 **People with a disability and the total population in the labour force, 1998 (per cent)^{a, b}**

	NSW	Vic	Qld	WA	SA ^c	Tas ^c	ACT ^c	NT ^c	Aust
Labour force participation rate									
People with a disability	50	53	57	56	53	45	71	44	53
General population ^d	62	64	65	66	60	60	72	70	63
Employment rate									
People with a disability	91	88	84	91	89	89	93	89	89
General population ^d	92	92	91	93	90	89	93	95	92

^a Aged 15–64 years. ^b There were differences between the two surveys (ABS Survey of Disability, Ageing and Carers and the Labour Force Survey, Australia) in the sample size, the scope of the rules applied and the complexity of the questions used to determine labour force status. ^c Estimates for people with disabilities for smaller jurisdictions should be interpreted with caution because the sample sizes are small. ^d June 1998.

Source: table 12A.10.

Social participation of people with a disability

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

According to the ABS 1998 Survey of Disability, Ageing and Carers, most people with a disability, including those with a severe or profound core activity restriction, had participated in social events in the three months preceding the survey. The main activities for all disability groups and all age groups were visits from family and friends, telephone calls from family and friends, and visits to restaurants and clubs (AIHW 1999a).

The Review's client satisfaction survey provided 'snapshot' data on community inclusion. Overall, responses of clients of disability services indicated a high level of participation in community activities. By activity, around 82 per cent went shopping, 82 per cent went out to eat, 76 per cent participated in entertainment, 63 per cent participated in sports, and 28 per cent participated in religious activities (table 12.5).

Table 12.5 Clients of accommodation services — participation in community activities, 1999 (per cent)^{a, b}

	<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>
Participated in shopping	78 (±4.0)	78 (±4.0)	87 (±3.6)	87 (±3.0)	86 (±3.6)	84 (±5.0)	93 (±4.4)	84 (±4.4)	82 (±1.6)
Participated in going out to eat	85 (±3.6)	79 (±4.0)	81 (±4.0)	83 (±4.0)	85 (±3.6)	85 (±5.0)	86 (±7.1)	66 (±13.5)	82 (±1.8)
Participated in entertainment	74 (±4.3)	72 (±4.6)	79 (±4.3)	80 (±4.0)	81 (±4.0)	74 (±6.1)	94 (±6.0)	71 (±13.0)	76 (±1.9)
Participated in sports	58 (±4.0)	65 (±4.6)	62 (±4.9)	63 (±4.8)	69 (±4.9)	64 (±6.5)	73 (±9.2)	61 (±13.9)	63 (±2.1)
Participated in religious activities	25 (±4.6)	23 (±4.6)	27 (±4.6)	36 (±4.8)	41 (±4.9)	31 (±6.5)	45 (±9.9)	18 (±11.3)	28 (±1.8)

^a The data are presented as point estimates with margins of error for a 95 per cent confidence interval in the row below. ^b The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix A.

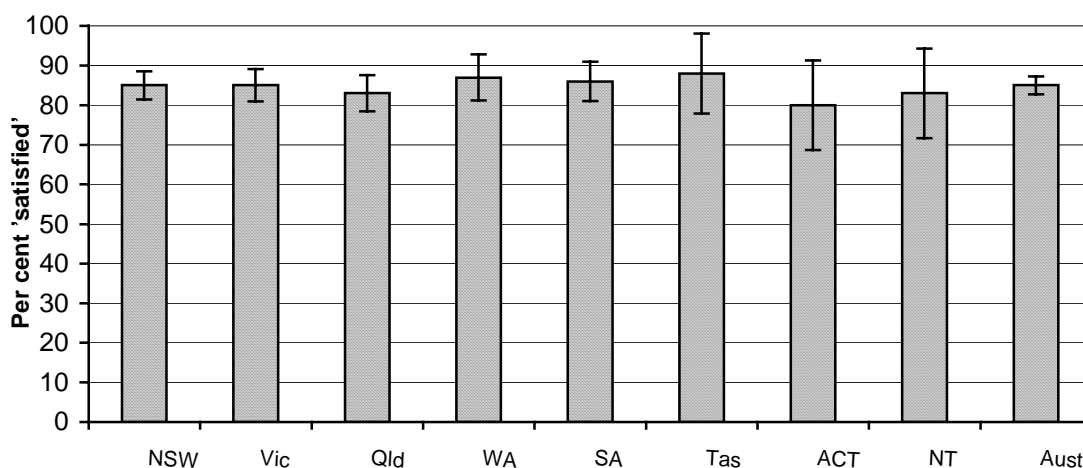
Source: table 12A.11.

Quality

Overall client satisfaction with services

The client survey provided data on overall client satisfaction with accommodation and employment services and service coordination. Overall, 84 per cent of clients were satisfied with accommodation services generally (figure 12.7).

Figure 12.7 Overall client satisfaction with accommodation services, 1999^a



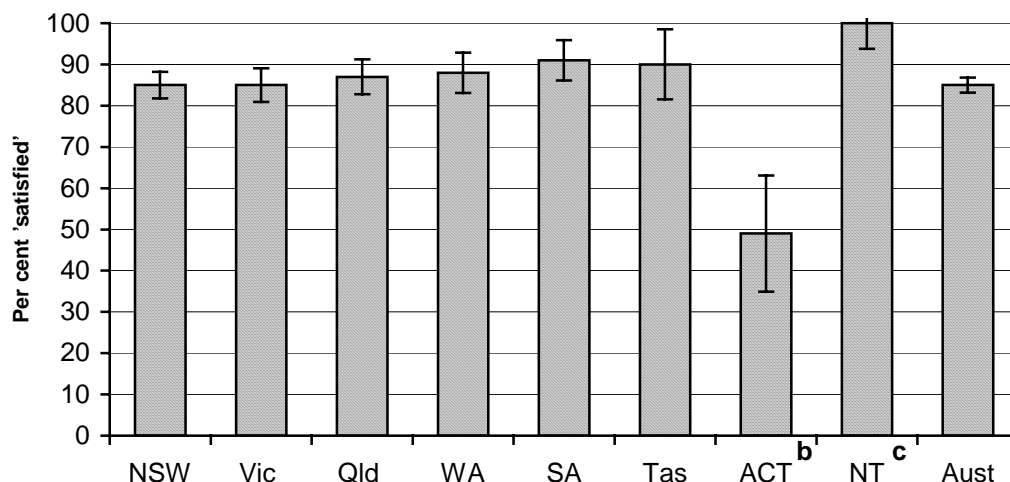
^a The standard errors correspond to a 95 per cent confidence interval for the estimates. The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix A.

Source: table 12A.12.

Overall, the percentage of surveyed clients of employment services who expressed satisfaction with those services was highest in SA and Tasmania (90 per cent) and lowest in the ACT (49 per cent) (analysis excludes the NT due to small sample size) (figure 12.8).

Reported satisfaction with service coordination was highest in WA (90 per cent) (figure 12.9). Families' views on service coordination are reported in table 12.7.

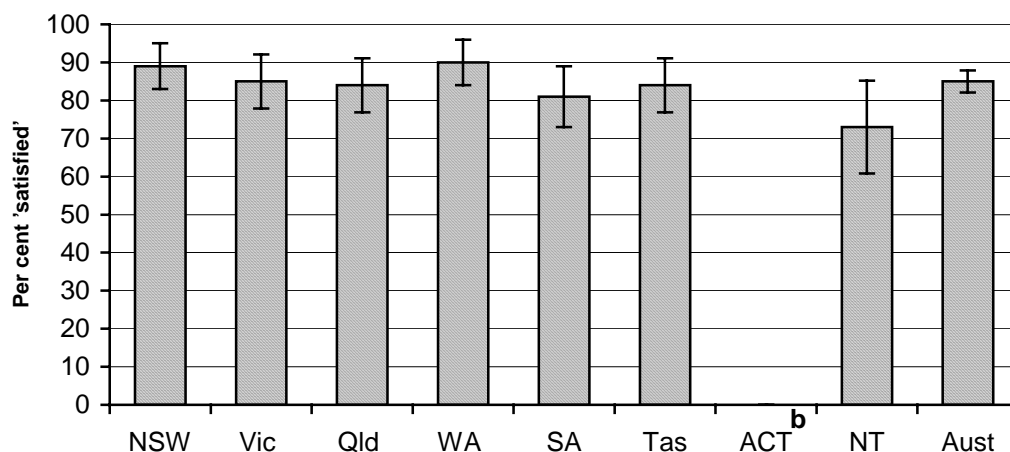
Figure 12.8 Overall client satisfaction with employment services, 1999^a



^a The standard errors correspond to a 95 per cent confidence interval for the percentage estimates. The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix A. ^b Based on a sample of ten clients. ^c Based on a sample of nine clients.

Source: table 12A.13.

Figure 12.9 Overall client satisfaction with coordination services, 1999^a



^a The standard errors correspond to a 95 per cent confidence interval for the estimates. The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix A.

^b The ACT does not provide service coordination services.

Source: table 12A.14.

Satisfaction with specific aspects of services

The survey provided data on client and family satisfaction with specific aspects of services (tables 12.6–12.8). Nationally 11 per cent of clients of accommodation services responded that staff changed too often, and 12 per cent of clients of employment services wanted to leave their current jobs (table 12.6).

Table 12.6 Client views regarding aspects of accommodation and employment services, 1999 (per cent of clients)^{a, b}

	<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>
Accommodation services									
Staff changed too often	9 (±3.0)	8 (±2.5)	15 (±4.1)	17 (±5.8)	9 (±4.9)	4 (±6.2)	27 (±12.2)	8 (±6.2)	11 (±1.9)
Clients wanted to move for negative reasons	6 (±2.2)	2 (±2.2)	10 (±3.0)	7 (±3.6)	4 (±3.1)	4 (±6.2)	7 (±6.2)	4 (±6.2)	6 (±1.1)
Employment services									
Staff changed too often	7 (±2.2)	6 (±2.5)	4 (±3.6)	10 (±6.0)	2 (±4.4)	4 (±6.2)	27 (±12.2)	na	7 (±1.4)
Clients wanted to leave their job	11 (±3.0)	15 (±4.1)	12 (±4.9)	12 (±8.7)	8 (±6.0)	11 (±8.5)	30 (±13)	16 (±11.3)	12 (±1.9)
Client's pay was not fair	7 (±3.5)	9 (±3.8)	8 (±4.9)	13 (±6.0)	8 (±6.0)	16 10.1	2 (±6.2)	na	9 (±1.9)

^a The data are presented as point estimates with margins of error for a 95 per cent confidence interval in the row below. ^b The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix A. **na** Not available.

Source: table 12A.15.

Nationally 16 per cent of families of clients of accommodation services responded that staff turnover was a problem for the clients and their family most of the time. Sixty-six per cent of the families of clients of employment services reported that the employment service provided as much job security as the client and their family wanted most of the time. Nationally 38 per cent of families reported that respite services were available when they needed and wanted them most of the time (table 12.7).

Table 12.7 Views of families of clients about aspects of accommodation, employment, respite services and service coordination, 1999 (per cent of respondents)^{a, b}

	<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>
Accommodation									
Information on the service was available most of the time									
	53 (±5.8)	60 (±5.7)	45 (±6.3)	51 (±7.1)	47 (±8.1)	50 (±14.1)	52 (±14.1)	63 (±13.5)	52 (±3.2)
The accommodation service met the needs of the client most of the time									
	68 (±5.3)	68 (±5.3)	68 (±6.0)	69 (±9.2)	72 (±7.5)	69 (±13)	72 (±13)	74 (±12.2)	69 (±2.9)
Changes in staff at the service were a problem for the client and their family most of the time									
	19 (±4.6)	12 (±3.8)	19 (±6.1)	15 (±5.8)	14 (±5.8)	13 (±8.5)	29 (±13)	28 (±13)	16 (±2.3)
Employment									
The service provided as much job security as the client and their family wanted most of the time									
	63 (±6.5)	71 (±5.3)	60 (±8.0)	65 (±9.5)	68 (±9.2)	66 (±13.5)	46 (±14.1)	64 (±13.5)	66 (±3.0)
The service provided as much extra support as the client and their family wanted most of the time									
	36 (±5.5)	34 (±5.3)	36 (±7.8)	40 (±9.8)	41 (±9.8)	38 (±13)	22 (±11.3)	36 (±13.5)	36 (±3.0)
Changes in staff at the service were a problem for the client and their family most of the time									
	10 (±3.5)	10 (±3.5)	9 (±4.9)	9 (±6.0)	5 (±4.4)	9 (±8.5)	17 (±10.1)	na	9 (±1.9)
Respite									
Respite services were available most of the time									
	30 (±7.5)	38 (±5.5)	40 (±5.7)	37 (±13.5)	39 (±13.9)	44 (±14.1)	43 (±13.9)	58 (±13.9)	38 (±3.1)
Service coordination									
Their service coordinator worked with them to identify their family support needs most of the time									
	47 (±14.1)	52 (±3.2)	49 (±14.1)	49 (±14.1)	41 (±6.9)	41 (±13.9)	43 (±13.9)	35 (±13.5)	50 (±3.2)

^a The data are presented as point estimates with margins of error for a 95 per cent confidence interval in the row below. ^b The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix A. **na** Not available.

Source: table 12A.16.

Nationally 27 per cent of families surveyed in the respite survey reported that the client was waiting for residential services and 24 per cent reported that the client was waiting for respite services (table 12.8).

Table 12.8 Families of clients who were waiting for services, 1999 (per cent of respondents)^{a, b, c}

	<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>
Accommodation survey									
Waiting for residential services	12	11	12	7	6	10	0	0	3
	(±3.5)	(±3.2)	(±3.6)	(±3.5)	(±3.6)	(±4.2)	(±4.4)	(±8.5)	(±1.6)
Waiting for respite services	8	10	6	6	7	6	4	30	8
	(±4.1)	(±2.7)	(±3.6)	(±3.5)	(±2.7)	(±4.2)	(±6.0)	(±13.0)	(±1.3)
Waiting for in home support services	5	10	10	10	9	10	3	13	8
	(±3.0)	(±1.90)	(±3.6)	(±3.0)	(±2.7)	(±4.2)	(±6.0)	(±10.1)	(±1.3)
Waiting for open employment services	6	3	6	4	4	6	3	4	5
	(±3.0)	(±1.9)	(±2.2)	(±2.5)	(±1.9)	(±3.1)	(±6.0)	(±6.2)	(±1.0)
Respite survey									
Waiting for residential services	39	25	27	19	27	16	7	9	27
	(±6.9)	(±4.3)	(±4.6)	(±8.0)	(±9.2)	(±7.1)	(±6.2)	(±6.2)	(±2.9)
Waiting for respite services	30	18	26	17	23	17	14	51	24
	(±6.5)	(±4.0)	(±4.6)	(±8.0)	(±8.0)	(±11.3)	(±10.1)	(±14.1)	(±2.5)
Waiting for in home support services	12	11	22	11	14	11	21	18	15
	(±4.2)	(±3.5)	(±4.0)	(±8.5)	(±7.1)	(±6.0)	(±11.3)	(±11.3)	(±2.3)
Waiting for open employment services	9	3	8	8	4	6	21	3	7
	(±4.2)	(±2.5)	(±3.0)	(±3.5)	(±6.2)	(±6.2)	(±11.3)	(±6.2)	(±1.4)

^a The data are presented as point estimates with margins of error for a 95 per cent confidence interval in the row below. ^b The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix A. ^c Respondents are families of existing clients.

Source: table 12A.17.

Determinants of family satisfaction

The determining factors of family satisfaction were examined for services delivered to next of kin, and the three most important are reported for each of the four service areas. For satisfaction with the:

- service and support received from service coordinators and case managers over the last 12 months, important factors included the following:
 - service coordinators or case managers did the things they said they would do;

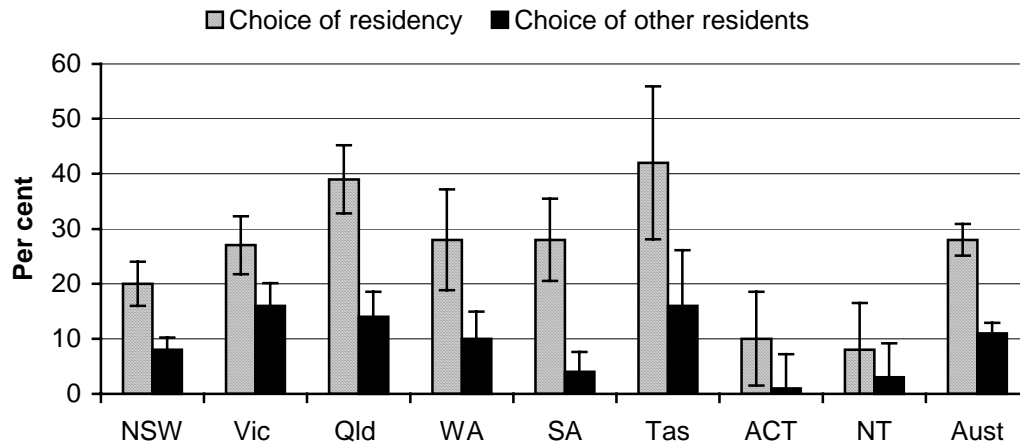
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- service coordinators or case managers provided family with the help they needed; and
 - **service coordinators or case managers kept the family member informed about the range of services available;**
 - accommodation service received by the next of kin over the last 12 months, important factors included the following:
 - whether the service worked with the client to identify the client’s needs; and
 - the staff did the things they said they would do;
 - employment service received by the next of kin over the last 12 months, important factors included the following:
 - staff did the things they said they would do;
 - the service provided the client/family with the help they needed to work; and
 - **employment staff communicated effectively with the client;**
 - respite services received over the last 12 months, important factors included the following:
 - changes in carers were a problem for the client’s family;
 - respite services were available to meet the client’s family’s need for a break; and
 - enjoyment of the respite time.

An improvement in each of these factors had a significantly positive effect on the family’s level of satisfaction for that aspect of service (tables 12A.18, 12A.19, 12A.20 and 12A.21).

Quality of life

A number of aspects of service quality impact on the quality of life of clients of disability services. The extent to which clients of disability services are able to choose services contributes to their quality of life. Overall, around 30 per cent of surveyed clients of accommodation services reported having made an unassisted choice of the residence where they lived. (A further 24 per cent made an assisted choice of the residence where they lived.) The percentage of surveyed clients who responded that they made an unassisted choice about who they lived with was less than 10 per cent overall (figure 12.10).

Figure 12.10 **Proportion of clients who reported making unassisted choices in accommodation services, 1999^a**



^a The standard errors correspond to a 95 per cent confidence interval for the estimates. The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix B.

Source: table 12A.22.

Overall, 35 per cent of surveyed clients of employment services reported having made an unassisted choice of their place of workplace/job and 77 per cent responded that they were able to learn new skills in their workplaces. Across jurisdictions, the percentage of surveyed clients who chose their employment service was highest in the ACT (49 per cent) and lowest in the NT (16 per cent) (table 12.9).

Table 12.9 **Client views about aspects of employment services, 1999 (per cent of respondents)^{a, b}**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Choice of workplace/job	31 (±4.6)	47 (±6.3)	38 (±8.0)	30 (±9.2)	24 (±7.1)	40 (±13.9)	49 (±14.1)	16 (±10.1)	35 (±2.5)
Access to specialist aids and equipment	11 (±3.0)	11 (±3.8)	4 (±3.)	7 (±6.0)	7 (±4.4)	12 (±8.5)	71 (±13.0)	na	10 (±1.5)
Opportunities to learn new skills	78 (±4.0)	78 (±4.0)	67 (±7.5)	76 (±8.7)	84 (±7.1)	83 (±8.5)	88 (±13.0)	50 (±14.1)	77 (±2.4)

^a The data are presented as point estimates with margins of error for a 95 per cent confidence interval in the row below. ^b The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix A. **na** Not available.

Source: table 12A.23.

The satisfaction survey provided data on whether clients of accommodation services experienced increased independence and quality of life. Overall, 63 per cent of clients of accommodation services responded that they could access their money freely with staff assistance. Seventy-three per cent were able to be alone as much as they wished and 64 per cent responded that staff respected their need for bedroom privacy (table 12.10).

Table 12.10 Proportion of clients who exercise basic rights in accommodation services, 1999 (per cent of respondents)^{a, b}

	<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>
Could access their money freely with staff assistance	57 (±6.9)	57 (±6.9)	73 (±6.5)	56 (±9.9)	71 (±9.2)	78 (±11.3)	47 (±13.5)	66 (±14.1)	63 (±3.3)
Be alone enough	70 (±4.6)	77 (±5.0)	67 (±5.7)	77 (±7.1)	77 (±7.1)	82 (±11.3)	87 (±10.1)	69 (±13.0)	73 (±2.9)
Have enough bedroom privacy	57 (±5.0)	59 (±5.7)	68 (±5.5)	69 (±7.8)	79 (±6.5)	75 (±12.2)	65 (±13.5)	50 (±14.1)	64 (±3.1)

^a The data are presented as point estimates with margins of error for a 95 per cent confidence interval in the row below. ^b The confidence levels are indicative only and do not account for differences in the estimated population sizes or sampling method. A more detailed discussion of the calculation of confidence intervals is contained in section A.12 of appendix A.

Source: table 12A.24.

Access to services

Access indicators relate to accommodation support and employment services, day activities (including both employment services and community support day activities), accommodation support and employment services (by severity of disability), and disability services for Indigenous Australians and people from non-English speaking backgrounds with special access difficulties. To address the issue of access to CSDA funded services, a study has been conducted on the level of unmet demand for accommodation support and respite services and day programs (box 12.6).

Accommodation and in-home support

The proportion of the estimated 'potential population' using accommodation support services is one indicator of access. The potential population is the population with 'the potential to require disability support services' — that is, all

people aged younger than 65 years with a severe or profound core activity restriction (AIHW 1997). However, the potential population is not the population needing services (for example, some will receive informal care and not need formal services).

Box 12.6 Demand for disability support services in Australia

The Disability Services Subcommittee^a commissioned the Australian Institute of Health and Welfare to conduct a study into the unmet demand and growth factors for services funded under the CSDA in 1997. The study estimated:

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

The estimated unmet demand for accommodation support and respite services was 13 400 people in 1996 and the estimated unmet demand for day programs was 12 000 places. The total estimated cost to government of meeting the unmet demand would have been \$178.3 million for accommodation, accommodation support and respite services, and \$115.5 million for day programs.

The study concluded that the total number of Australians with a severe or profound handicap was projected to increase by 13.7 per cent (109 200 people) over the next six years — primarily as a result of population ageing — and add to the demand for disability services. Commonwealth, State and Territory ministers have been working together to address unmet need in disability services, and the Commonwealth Government has offered an extra \$150 million over the last two years of the CSDA to assist the ageing carers of people with disabilities.

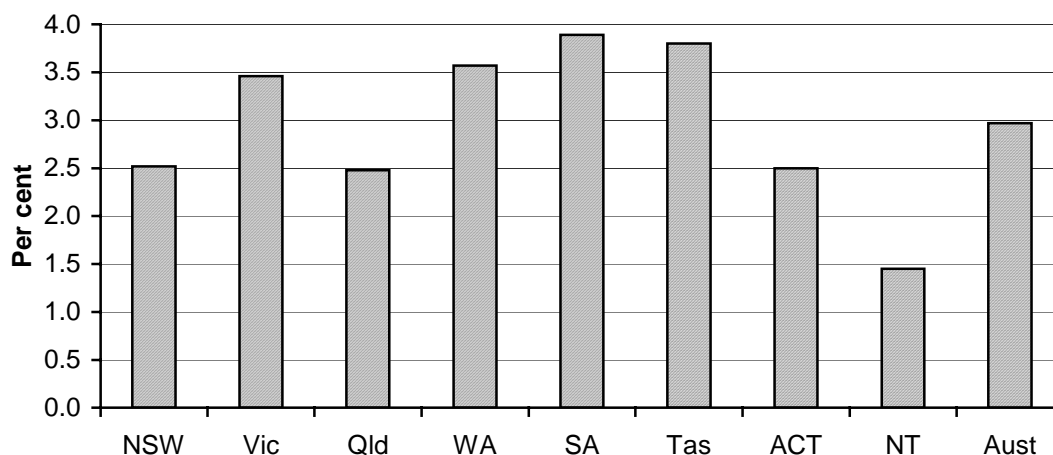
^a A subcommittee of the Standing Committee of Community Services and Income Security Administrators.

Source: AIHW (1997).

Nationally 3.0 per cent of the estimated potential population were using accommodation support services in 1999. Across jurisdictions, this proportion was highest in SA (3.8 per cent) and lowest in the NT (1.5 per cent) (figure 12.11).

Between 1997 and 1999 the number of accommodation places increased at an average annual rate of 1.3 per cent. Across jurisdictions, the average annual growth rate ranged from 13.6 per cent in the ACT to -6.9 per cent in the NT (table 12A.25).

Figure 12.11 Proportion of the estimated potential population using accommodation support services, 1999^a



^a A statistical linkage key was used to count a person only once if they accessed more than one service during the snapshot day. Data exclude psychiatric services. Potential population data are adjusted for underrepresentation of the Indigenous population.

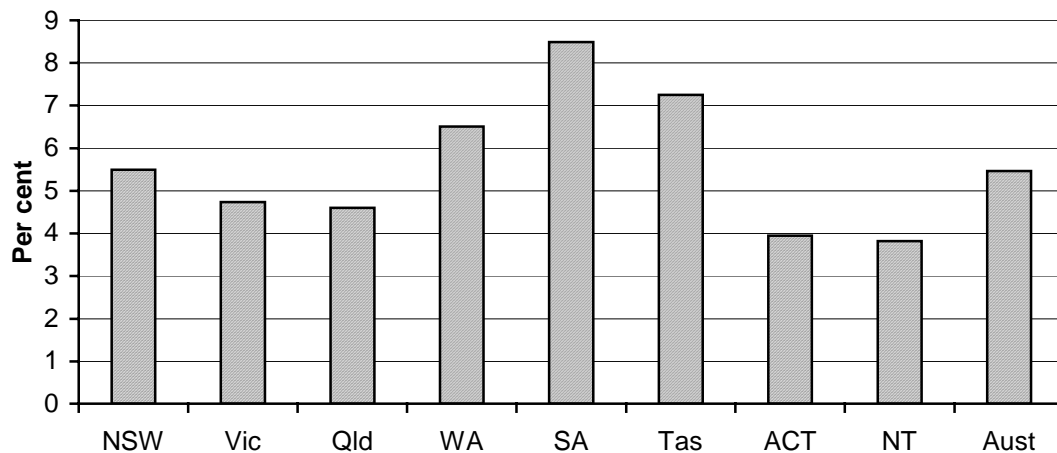
Source: table 12A.25.

Employment services

The Commonwealth Government has responsibility for employment services under the CSDA, and it purchases most services from non-government providers. The 'potential labour force' differs from the 'potential population' in that it excludes people younger than 15 years and adjusts the denominator for the variation in the labour force participation rate across jurisdictions (AIHW 1997). Nationally 5.5 per cent of the potential labour force were using employment services in 1999 on the snapshot day. Across jurisdictions, SA had the highest proportion of the potential labour force using employment services (8.5 per cent) and the NT had the lowest (3.8 per cent) (figure 12.12).

Nationally the number of employment services from 1997 to 1999 fell at an average annual rate of 0.4 per cent. This apparent decline in access to employment services can be explained at least partly by the use of the linkage key in 1999 which counted clients as opposed to episodes of services in 1997. Across jurisdictions the average annual growth rate ranged from 10.1 per cent in the NT to -3.9 per cent in Victoria.

Figure 12.12 **Proportion of the estimated potential labour force using employment services, 1999^{a, b, c}**



^a A statistical linkage key was used to count a person only once if they accessed more than one service during the snapshot day. The use of a snapshot day means that counts apply to one point in time, and may differ from an average day. Data include employment services that may specialise in providing employment assistance to people with a psychiatric disability. Data were adjusted to account for the assumption of differing disability rates among the Indigenous population across jurisdictions. ^b Data are preliminary. ^c Labour force aged 15–64 years.

Source: table 12A.26.

Use of day activities and employment services

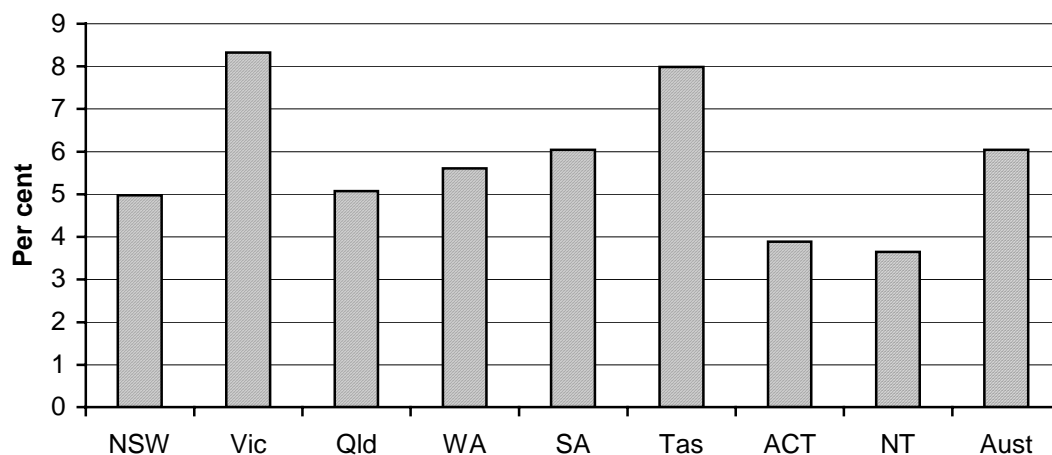
Nationally around 6 per cent of people with a profound or severe core activity restriction received either an employment service or a day activity place in 1999 on the snapshot day. Across jurisdictions, Victoria had the highest proportion of recipients (8.4 per cent) and the NT had the lowest (3.6 per cent) (figure 12.13).

Nationally the average annual growth in the number of employment services or day activity places from 1997 to 1999 was 4.1 per cent. Across jurisdictions the average annual growth ranged from 9.1 per cent in Victoria to –2.2 per cent in the NT.

Service use by disability status

Services provided under the CSDA are allocated to clients on the basis of relative need. This depends on their level of support needs (including status of disability) and their access to other formal and informal help. Two indicators of access to services are the levels of use of accommodation and employment services by severity of disability.

Figure 12.13 **Proportion of people with a profound or severe core activity restriction who received an employment service or a day activity place, relative to the potential population, 1999^{a, b}**



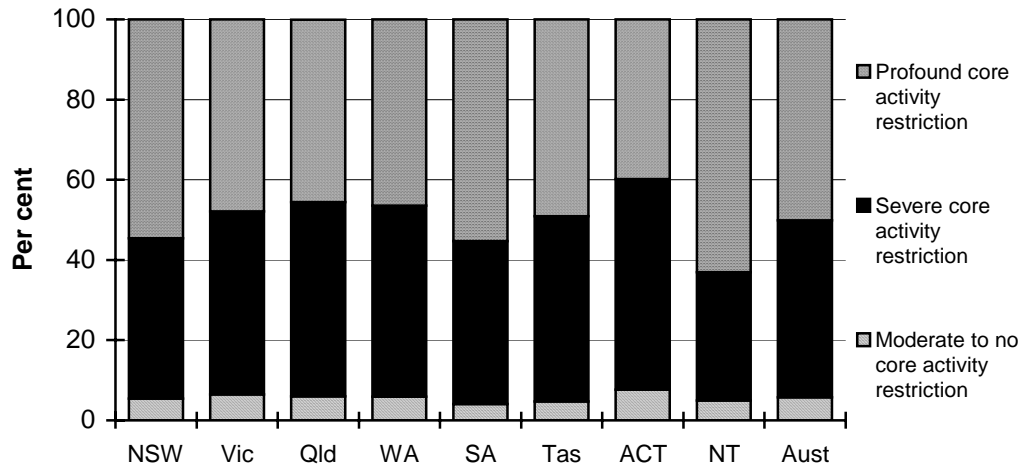
^a A statistical linkage key has been used to count a person only once if they accessed more than one service during the snapshot day. The use of a snapshot day means that counts apply to one point in time, and may differ from an average day. Data include employment services that may specialise in providing employment assistance to people with a psychiatric disability. ^b Labour force aged 15–64 years.

Source: table 12A.27.

Nationally 6 per cent of clients of accommodation services had a moderate to no core activity restriction in 1999, 44 per cent had a severe core activity restriction and 50 per cent had a profound core activity restriction. SA had the lowest proportion of clients with a moderate to no core activity restriction (4 per cent) and the ACT had the highest (8 per cent). The highest proportion of clients with a profound core activity restriction (that is, persons who always require help or supervision) was in the NT (63 per cent of accommodation clients) and the lowest was in the ACT (39 per cent) (figure 12.14).

The proportion of employment service clients with a profound core activity restriction was highest in NT (21 per cent) in 1999 and lowest in the ACT (9 per cent). Nationally 13 per cent of clients of employment services had a profound core activity restriction, 62 per cent had a severe core activity restriction and 25 per cent had a moderate to no core activity restriction. Across jurisdictions, the ACT had the lowest proportion of employment service clients with a moderate to no core activity restriction (21 per cent) and Tasmania had the highest (35 per cent) (figure 12.15).

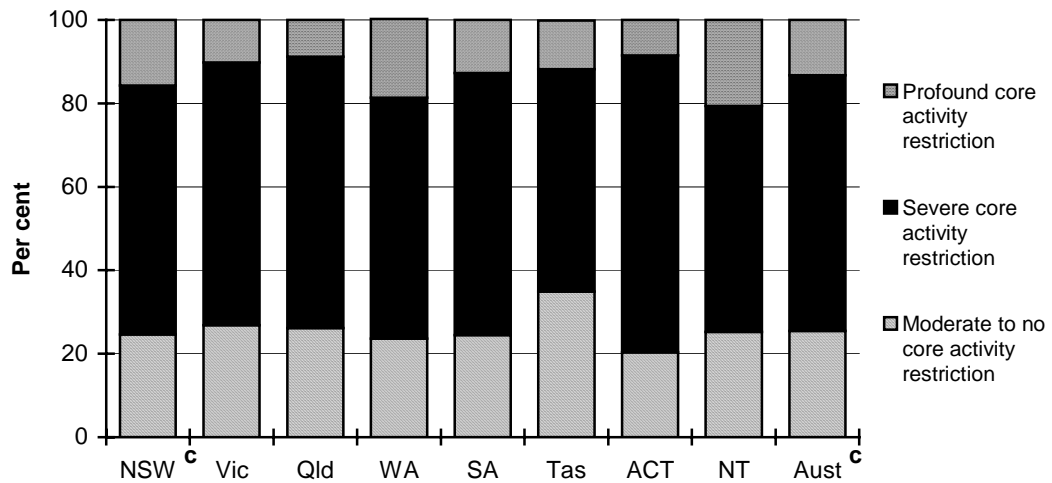
Figure 12.14 Users of accommodation services, by severity of disability, 1999^a



^a A statistical linkage key has been used to count a person only once if they accessed more than one service during the snapshot day. The use of a snapshot day means that counts apply to one point in time, and may differ from an average day. Data exclude psychiatric services and 300 clients whose severity of disability was unknown.

Source: table 12A.28.

Figure 12.15 Users of employment services, by severity of disability, 1999^{a, b}



^a A statistical linkage key has been used to count a person only once if they accessed more than one service during the snapshot day. The use of a snapshot day means that counts apply to one point in time, and may differ from an average day. Data include employment services that may specialise in providing employment assistance to people with a psychiatric disability. Data exclude 229 clients whose severity of disability was unknown. ^b Preliminary data. ^c Excludes 23 clients who may be receiving employment services.

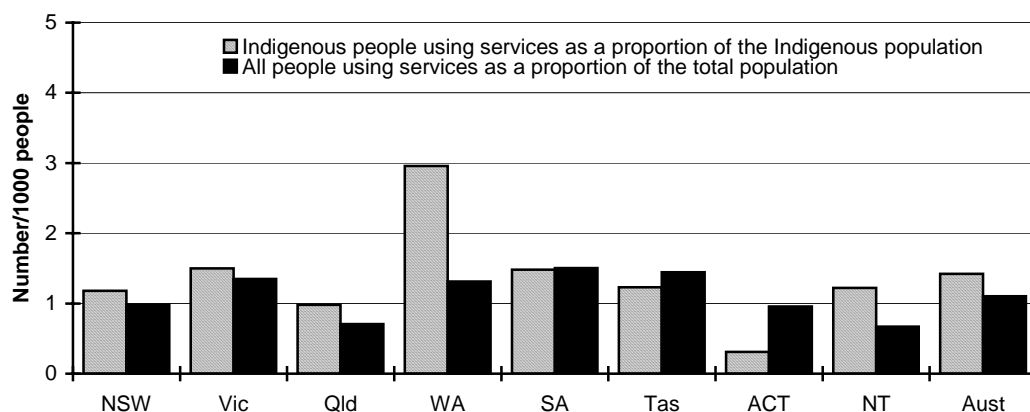
Source: table 12A.29.

Service use by special needs groups

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

In 1999, a higher proportion of the Indigenous population than that of the general population used accommodation support services in all jurisdictions except Tasmania and the ACT (figure 12.16).

Figure 12.16 Indigenous people using accommodation support services, 1999^a



^a A statistical linkage key has been used to count a person only once if they accessed more than one service during the snapshot day. The use of a snapshot day means that counts apply to one point in time, and may differ from an average day. For the purpose of comparing use by the general population with use by Indigenous Australians, the general users exclude recipients whose Indigenous origin was 'not known' or 'not stated'. Data exclude psychiatric services.

Source: table 12A.30.

WA provided additional data on the number of Indigenous Australians who used various accommodation support services in 1998-99. In almost all services a higher proportion of the Indigenous population than that of the general population used the services (table 12.11).

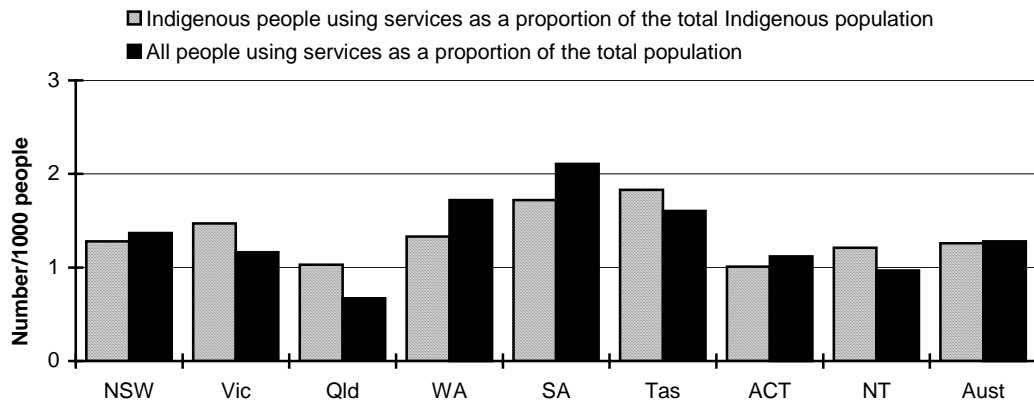
The proportion of the Indigenous population using employment services was less than the proportion of the general population using employment services in NSW, WA, SA and the ACT in 1999 (figure 12.17).

Table 12.11 Indigenous people using accommodation support services WA, 1998-99 (per 1000 people)

<i>Service</i>	<i>Indigenous people using service per 1000 Indigenous population</i>	<i>General population using service per 1000 total Australian population</i>
Hostel/residential accommodation		
Government	0.51	0.18
Non-government	0.51	0.20
Community based residential accommodation		
Government	0.30	0.23
Non-government	1.08	0.26
Community based support		
Government	0.00	0.02
Non-government	0.39	0.24

Sources: WA Annual Client and Service Data Collection (unpublished); AIHW (1999b).

Figure 12.17 Indigenous people using employment services, 1999^{a, b}

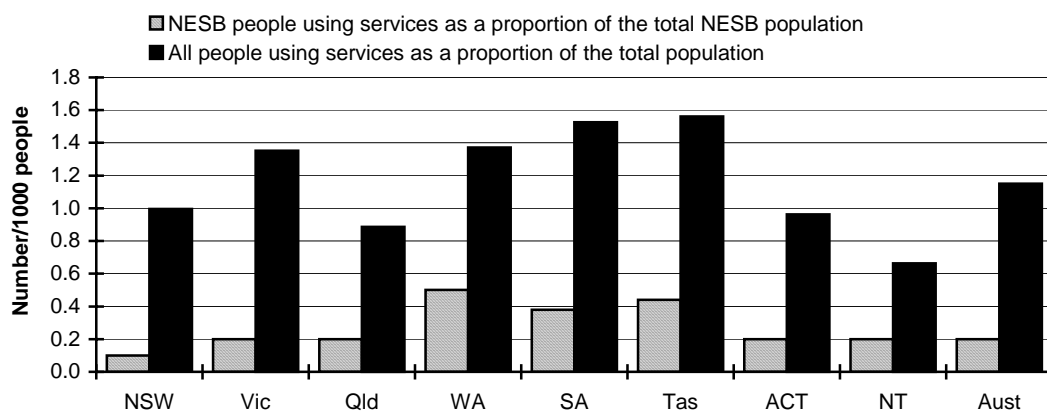


^a A statistical linkage key has been used to count a person only once if they accessed more than one service during the snapshot day. The use of a snapshot day means that counts apply to one point in time, and may differ from an average day. For the purpose of comparing use by the general population with use by Indigenous Australians, the general users exclude recipients whose Indigenous origin was 'not known' or 'not stated'. ^b Preliminary data.

Source: table 12A.30.

The proportion of people from non-English speaking backgrounds using accommodation support services was lower than the proportion of the general population for all jurisdictions in 1999. The largest difference was in Victoria and the ACT and the smallest difference was in the NT (figure 12.18).

Figure 12.18 People from non-English speaking backgrounds using accommodation support services, 1999^a

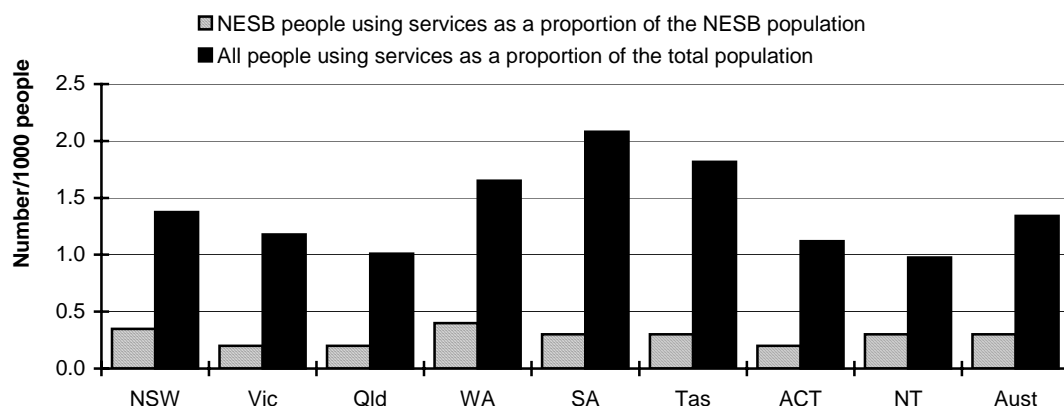


^a A statistical linkage key has been used to count a person only once if they accessed more than one service during the snapshot day. The use of a snapshot day means that counts apply to one point in time, and may differ from an average day. For the purpose of comparing use by the general population with use by people from non-English speaking backgrounds, the general users exclude recipients whose non-English speaking origin was 'not known' or 'not stated'. Data exclude psychiatric services.

Source: table 12A.31.

The proportion of people from non-English speaking backgrounds who used employment services was less than the proportion of the total population who used these services in all jurisdictions in 1999. The largest difference was in SA and the smallest difference was in the NT (figure 12.19).

Figure 12.19 People from non-English speaking backgrounds using employment services, 1999^{a, b}



^a A statistical linkage key has been used to count a person only once if they accessed more than one service during the snapshot day. The use of a snapshot day means that counts apply to one point in time, and may differ from an average day. For the purpose of comparing use by the general population with use by people from non-English speaking backgrounds, the general users exclude recipients whose non-English speaking origin was 'not known' or 'not stated'. ^b Preliminary data.

Source: table 12A.31.

Efficiency

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

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

Unit cost data for government delivered services for people with a disability does not yet contain user cost of capital.

Institutional/large residential accommodation support includes both large institutions and hostels. Community accommodation support includes smaller group homes. There has been an ongoing process across States and Territories of de-institutionalisation of services for people with a disability. As a result, total government expenditure on institutional or large residential accommodation places has decreased, with a corresponding increase in expenditure on ‘non-institutional’ accommodation and care. This year government expenditure on non-institutional community accommodation places includes in-home support as well as group homes.

It is an objective of the Review to report comparable estimates of costs. Ideally the full range of costs to government is counted on a comparable basis. Where the full costs cannot be counted, costs should be estimated on a consistent basis.

Significant effort has been made to improve the counting rules for efficiency indicators in this Report and document where there are differences. However, some concerns remain over the comparability of the results because jurisdictions use somewhat different methods of data collection (table 12.12). Expenditure estimates for NSW, Victoria, Queensland and WA are generally comparable because the estimates are based on accrual accounting and include all major items in a consistent way. The expenditure from the remaining jurisdictions are not strictly comparable with the first group, but will tend to understate the full accrued cost.

Table 12.12 Comparability of expenditure estimates for government delivered disability services — items included, 1998-99

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Superannuation	✓	✓	✓	✓	✗	✗	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	..	..	Accrual	Funding
Workers' compensation	✓	✓	✓	✓	✓	✗	✓	✓
Payroll tax	✓	✗	✓	✗	✗	✗	✗	✓
Amount	\$18.6m	..	\$2.8m	..	..	..	..	\$108 758
Apportioned umbrella department costs	✓	✓	✓	..	✓	✓	✓	✓
Basis of apportioning	Dept. formula	Dept. formula	Staff ^a	..	Staff ^a	Staff ^a	Staff ^a	Staff ^a
Long service leave entitlements	✓	✓	✓	✓	✗	✗	✗	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	..	..	..	na
Depreciation	✓	✓	✓	✓	✗	✗	✗	✗

^a Proportion of full time equivalent employees. .. Not applicable. **na** Not available.

Source: State and Territory governments (unpublished).

Cost to government of government delivered places

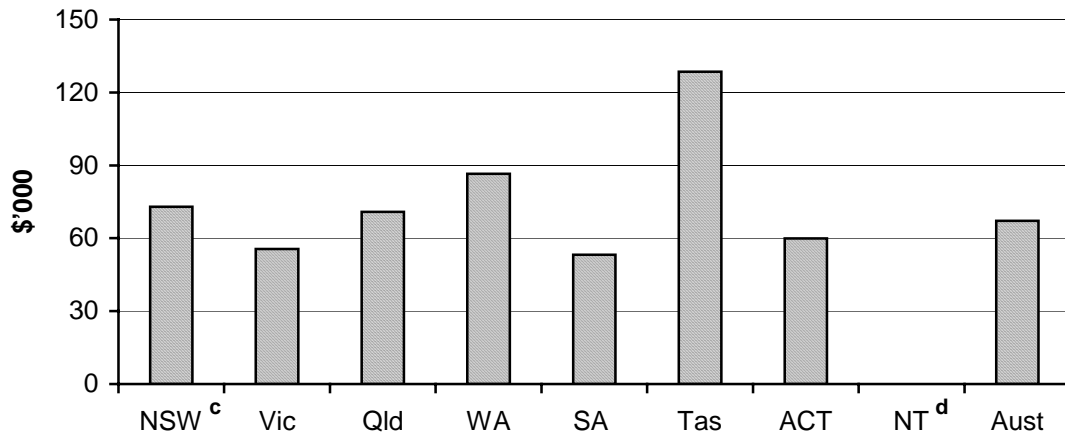
Cost per government delivered institutional/large residential place

The average cost to government of delivering institutional/large residential accommodation was \$67 187 per place in 1998-99. Across the four jurisdictions with consistent data, the lowest expenditure per institutional/large residential accommodation place was in SA (\$53 235). Tasmania reported expenditure per place of \$128 474 and this would probably be higher if collected on a consistent basis. The NT Government did not deliver institutional/large residential accommodation (figure 12.20).

Cost per government delivered community accommodation and care place

Nationally the cost per government delivered community accommodation and care place was \$61 409 in 1998-99. Across jurisdictions, the cost per place was highest in NSW (\$84 939) and lowest in Victoria (\$48 404). The NT Government did not directly provide community accommodation and care places (figure 12.21).

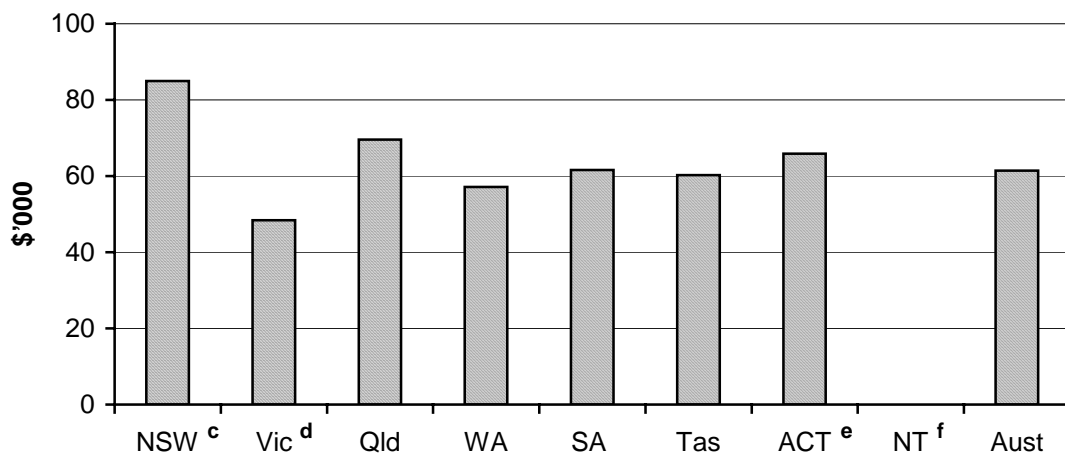
Figure 12.20 **Government expenditure per government delivered institutional/large residential place, 1998-99^{a, b}**



^a Based on total expenditure divided by number of places on a snapshot day (rather than average number of places during the year). ^b Data exclude payroll tax payments except for Queensland and the NT which could not be identified by service. ^c Data exclude estimated payroll tax payments to make the data more comparable. ^d Did not provide institutional or large residential accommodation.

Source: table 12A.32.

Figure 12.21 **Government expenditure per government delivered community accommodation and care place, 1998-99^{a, b}**



^a Based on total expenditure divided by number of places on a snapshot day (rather than average number of places during the year). ^b Data exclude payroll tax payments except for Queensland and the NT which could not be identified by service. ^c Data exclude estimated payroll tax payments to make the data more comparable. ^d Included Accommodation Outreach Support expenditure and places. ^e Included new services provided to 19 individuals (including 12 individuals with complex needs) in a new accommodation project. ^f Did not provide community accommodation care and support.

Source: table 12A.32.

Government funding of non-government service providers

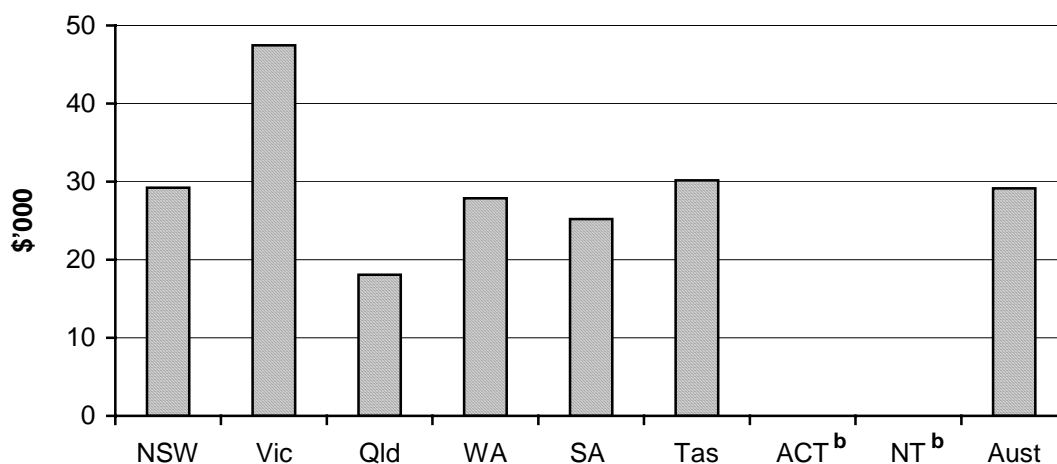
Government funding per non-government institutional/large residential place

Frequently, government does not entirely fund the accommodation for clients of non-government service providers; rather, government subsidises this accommodation. Nationally, government funding per non-government delivered institutional/large residential accommodation places was \$29 155 in 1998-99. Across jurisdictions, government funding per place was highest in Victoria (\$47 478) and lowest in Queensland (\$18 094). There were no non-government or government providers of institutional/large residential accommodation in the ACT or the NT (figure 12.22).

Government funding per non-government community accommodation and care place

Nationally, funding per non-government community accommodation and care place was \$33 940 in 1998-99; across jurisdictions, it ranged from \$56 563 per place in the NT to \$21 200 per place in the ACT (figure 12.23).

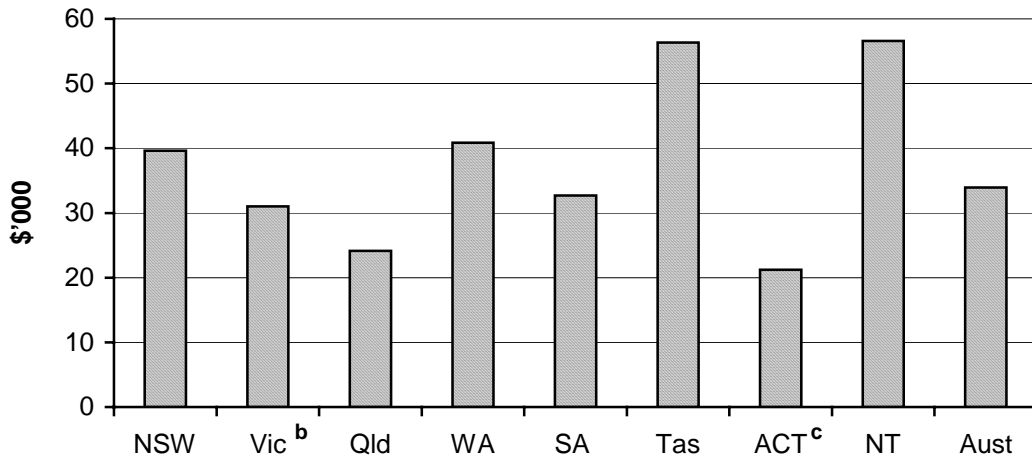
Figure 12.22 **Government funding per non-government institutional/large residential place, 1998-99^a**



^a Based on total expenditure divided by number of places on a snapshot day (rather than average number of places during the year). ^b Did not purchase non-government provided institutional or large residential accommodation.

Source: table 12A.32.

Figure 12.23 **Government funding per non-government community accommodation and care place, 1998-99^a**



^a Based on total expenditure divided by number of places on a snapshot day (rather than average number of places during the year). ^b Included Accommodation Outreach Support expenditure and places. ^c Included the introduction of a new accommodation project for eight individuals with complex needs and more accurate costing of services provided to three individuals with complex needs.

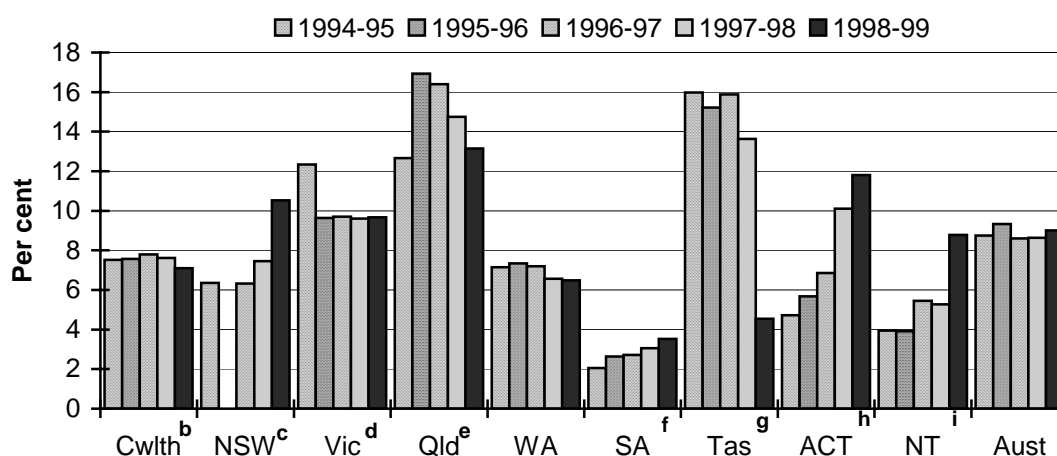
Source: table 12A.32.

Administrative efficiency

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

The average administrative cost as a proportion of total government expenditure on disability services for all jurisdictions remained around 9 per cent from 1995-96 to 1998-99. Across jurisdictions, administrative costs as a proportion of expenditure between 1997-98 to 1998-99 increased in NSW, Victoria, SA, the ACT and the NT (figure 12.24).

Figure 12.24 **Administrative costs as a proportion of total expenditure^a**



^a See table 12.12 for an explanation of different methods of apportioning umbrella costs. ^b The Commonwealth administers a different set of services to the States and Territories. The Commonwealth estimated administration expenditure for 1998-99 because the data were unavailable as a result of a restructuring of administering departments during the year. The estimation method used was to apply the Wage Cost Index for public sector government administration and defence to the 1997-98 figures. ^c No 1995-96 data were available. ^d Expenditure for 1998-99 based on accrual accounting reporting. ^e The method for apportioning corporate expenditure in Queensland changed from 1994-95 to 1995-96. ^f 1998-99 data included the administration costs of a support services service provider located on institutional premises. ^g Agency restructuring in 1998-99 centralised all administrative support services. ^h Increase in administrative expenditure from 1997-98 to 1998-99 included implementation of new services to 12 individuals with complex needs and an estimated 2.7 full time equivalent central office administration cost. ⁱ 1998-99 data include operational costs, which were excluded in previous years.

Source: table 12A.34.

12.4 Future directions in performance reporting

Improving the measurement of unit costs

The Steering Committee is working to improve data on unit costs by introducing a more consistent treatment of:

- superannuation costs (see SCRCSSP 1998b);
- payroll tax (see SCRCSSP 1999a); and
- depreciation and the user cost of capital.

Accounting for these should improve the comparability and accuracy of unit cost information in future Reports.

Aboriginal and Torres Strait Islander peoples' access to mainstream services

In May 1997 the Prime Minister requested that the Steering Committee give priority to developing indicators of the performance of mainstream services in meeting the needs of Indigenous Australians. This is an important task, but large gaps remain. This chapter reports on the proportion of people from Indigenous backgrounds with a disability who access accommodation and employment services compared with the proportion of all people with a disability who access these services. The availability and coverage of nationally consistent data on the provision of services to Indigenous clients will increase in future Reports.

Improving coverage

Significant gaps remain in the coverage of services to people with a disability. The feasibility of expanding the scope of reporting to cover other services is being considered for future Reports. Reporting on services provided under community support and community access has been extended in this Report to include data on group homes and other in-home support. As noted earlier, the majority of data on clients of CSDA services are sourced from the CSDA Minimum Data Set which provides estimates of the number of services provided to clients on an average day (a snapshot day). In most jurisdictions it is not possible to determine the period for which a client received a service. As a result, this data collection does not yet provide robust estimates of the number of people receiving services over the year.

12.5 Jurisdictions' comments

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



Commonwealth Government comments

The Commonwealth welcomes the publication of this Report and the opportunity to comment on achievements in the delivery of services for people with disabilities.

The administration of Commonwealth disability programs and services has undergone significant change over the past year. The creation of the Commonwealth Department of Family and Community Services in October 1998 has provided the opportunity for a more integrated approach to social policy for people with disabilities, with responsibility for income support and services now within the same portfolio.

The Commonwealth has achieved a number of significant milestones since the last Report, including the development of new funding arrangements for employment assistance, a commitment to addressing unmet need for accommodation services, and improvement of data collection.

Significant progress was made during the year in the development of new funding arrangements for disability employment assistance, first announced in the 1996-97 Budget. The aims of the funding reforms are to: enhance job seeker access, choice and employment outcomes; make funding arrangements more equitable; provide employment assistance to as many people as practicable; and promote flexibility and innovation. A trial of case based funding arrangements was announced in the 1999-2000 Budget and commenced in November 1999.

On 4 August this year, the Commonwealth announced a significant additional contribution of \$150 million over two years towards addressing unmet need for disability services provided by the State and Territory governments under the Commonwealth/State Disability Agreement (CSDA). This announcement was the result of the commitment made by the Commonwealth at the April 1999 meeting of Commonwealth and State Ministers responsible for disability services. Ministers considered the estimates of unmet need and a range of priority areas for action, subject to a significant additional contribution from State and Territory governments. The Commonwealth is awaiting formal responses to this offer.

On 29 September 1999 the Minister for Family and Community Services announced the establishment of a Welfare Reform Reference Group including senior representatives from the community sector, business, academia and government. The Reference Group is consulting with the community and will report to Government on options for welfare reform. Options to improve the capacity of people with a disability to participate in the workforce and the community forms an important part of the Reference Group's work and consultations.

The Commonwealth applauds the Productivity Commission on the completion of the first National Satisfaction Survey of Clients of Disability Services.





New South Wales Government comments

The NSW Government has energetically progressed the national data reform agenda in NSW. This included participation in development of the National Community Services Information Development Plan and the NSW Human Services Information Management Strategy. This work has contributed to improvements in the comparability and reliability of data on specialist disability services.

The Ageing and Disability Department (ADD) has initiated a Memorandum of Understanding on Joint Planning for Older People, People with Disabilities and their respective Families and Carers (MOU). Signatories include the NSW branches of the Commonwealth Departments of Health and Aged Care and Family and Community Services, the NSW Health Department and ADD itself. The principal initiative under the Memorandum in 1998-99 has been the expansion of the Population Group Planning Model which now incorporates supply side data from all programs for people with a disability and their families/carers operated by the four participating agencies. This model also includes data from the Commonwealth Department of Veterans Affairs. Improved data will inform ADD's Regional Planning Framework in 2000. Regional Planning focuses on the needs of people where they live. It features coordination between all levels of government and with service providers in system reform and development.

ADD and NSW Health have completed phase one development of a Classification of Community Care and Support Need; a tool for better managing demand, supply and costs in the specialist disability and aged care service systems operated by these two agencies. The first stage in the implementation of this Classification will commence in 2000 with the roll out of the HACC and reformed Commonwealth/State Disability Agreement Minimum Data Sets (MDS). The MDS collections will include several additional data fields which will provide data to test generation one of the Classification and inform further refinement and implementation of generation two.

Implementation of the ATLAS (Adult Training, Learning and Support) strategy has commenced in 1999. An ATLAS program will be provided for 346 school leavers at the end of 1999, and for a further 408 at the end of 2000. ATLAS will ensure that school leavers can move into employment or another program that integrates all current Post School Options and day program services and also has a strong interface with Commonwealth supported employment programs.

The NSW Government welcomes the recognition of the shared responsibility for addressing unmet demand for disability services implicit in the Commonwealth offer of additional funding. The NSW Government also welcomes the inclusion of HACC Program expenditure for younger (<65 years old) people with disabilities in this report.



“ Victorian Government comments

Information included in this chapter of the 2000 report marks further progress towards nationally consistent and comparable data on disability services. In particular, the chapter includes for the first time information about clients' satisfaction with services. The initiative of disability administrators and the Steering Committee to commission a satisfaction survey has provided a welcome insight into service quality and the views of those who receive services. The survey also reported on the significant number of families who are waiting for accommodation, respite services and other support services. This information, together with other data included in the chapter, serves to reinforce existing knowledge of the high level of unmet demand for disability services. Victoria is hopeful that additional Commonwealth funds on offer for disability services can complement real increases in expenditure at a State level to alleviate unmet need, and that this will be reflected in future performance indicators.

In addition to the satisfaction survey, further advances in performance data are planned. The redevelopment of the minimum data set for disability services being undertaken by administrators, in conjunction with the Australian Institute of Health and Welfare, holds out the promise of better national data with an enhanced focus on client outcomes and effectiveness. Similarly, a national study on performance indicators to be completed early in 2000 will be another step towards better information.

Victoria is particularly interested in collecting data that highlight service outcomes on an ongoing basis and using this information, in partnership with non-government organisations and other governments, to enhance service delivery. This is one of the objectives of Victoria's own information strategy for disability services. The strategy will build on past work establishing needs assessment, service allocation, case management and agency reporting systems. The strategy aims to develop an integrated system that meets the information needs of a range of stakeholders including service providers, managers, planners and external agencies.

Notwithstanding improvements in nationally comparable information, like all reports of this kind, some cautionary notes regarding the interpretation of data are necessary. Victoria recognises that problems with data consistency and comparability still exist and that more work is required in some areas. A notable case in point relates to the apportionment of costs to service outputs and resulting efficiency measures. For example, as has been noted in the chapter, the proportion of total expenditure spent on administration is not comparable across jurisdictions due to the different methods used to apportion administration costs in each jurisdiction. Readers should keep such differences in mind when interpreting data reported here.

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Queensland Government comments

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

In early December 1999 a separate State Government Department called Disability Services Queensland (DSQ) was created. The new Department will aim to lift the profile of disability issues and ensure that a strategic approach is taken across government and between layers of government. DSQ will also provide leadership across the disability sector.

DSQ is continuing the development of major reforms within the Queensland disability sector. Work to refine the Needs Registration Process for Adults has occurred and work is now commencing to include the registration of families. This will provide a statewide comprehensive support needs register. Work has also occurred around improving the Regional Priority Panel (RPP) process, which is designed to provide a consistent standardised individual needs assessment and is linked to funding priority determination.

DSQ is also piloting a local area coordination approach (six pilots) in rural and remote areas of Queensland where there are few, if any, formal services available. Detailed data collection will be a vital part of these pilots. Specific initiatives are being developed between DSQ and other Queensland Government agencies to improve the access of people with a disability and their families to Queensland Government mainstream and community services such as transport, housing and health. In particular the provision of integrated support services for people with psychiatric disability and other specific disability groups are seen as a priority. New family support services have been established to focus on the diverse needs of families with children with disabilities. These approaches have a strong emphasis on ensuring the continuing viability of family support networks, early intervention and a seamless support continuum for children as they enter adulthood.

DSQ has developed a five-year information management strategic plan focusing on the information management needs for the Department. During 1999 work has proceeded on the development of a proposed Disability Information System (DIS) which will be Internet based and eventually available to both government and non-government service providers. Queensland strongly supports the work being conducted by the Australian Institute of Health And Welfare (AIHW) in relation to the redevelopment of the Commonwealth/State Disability Agreement Minimum Data Set (MDS), and also the work on developing a set of national performance indicators. This work, sponsored by the Disability Services Sub-Committee (DSSC) should lead to an improved and comprehensive set of national service provision data.

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Western Australian Government comments

With four years of data available from the Minimum Data Set it is now possible to assess trends in service delivery. In WA, in line with policy objectives, there has been a steady decline in institutional care and a corresponding extension of community based services. Over that same period, there has been an average annual increase in service users of 6.5 per cent.

In WA in 1997-98, with hostel accommodation being gradually replaced by community based services, four hostels were closed, representing 111 beds. Over the past four years, the number of people accommodated in hostels has declined by 185 or 20 per cent. Conversely, the number of people in community residential options has increased 29 per cent over the same period. Similarly, in line with building upon and strengthening the natural social support networks of people with disabilities by working cooperatively with their families, carers and communities, community based support has increased 35 per cent over the past four years.

The continued trend towards funding individuals directly, thereby allowing them to purchase services of their choice, requires that services be varied, flexible, responsive and individualised.

In line with this, there has also been considerable expansion in non-residential services. Over the past four years, supported community living has expanded from 684 to 2051 people; respite has expanded from 1634 to 2535 families; day options have expanded from 6458 to 8204 people; post-school options (providing access to alternative to employment services) have expanded from 974 to 1477, medical, therapy and specialist services have expanded from 5696 to 7561 people. This includes services for 169 children with autism, including 27 children in rural and remote areas, and school-aged therapy services covering 3005 children. Over the same period Local Area Coordination now provides services for 4819 people, almost double that of four years ago. By the end of the year 2000 Local Area Coordination is expected to cover the whole of the State.

Specialist and individualised disability services, as exemplified above, are complemented by a pro-active approach to improving access for people with disabilities to mainstream services and facilities provided by State Government agencies, local government and the private sector.

From the current review of performance indicators being conducted by the Australian Institute of Health and Welfare and the improvement of the Minimum Data Set collection more relevant and comparable data should emerge.

The National Consumer Satisfaction Survey has provided a wealth of valuable information on quality of life measures and client and family satisfaction with services. These data will be of great assistance in guiding service improvement measures.

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South Australian Government comments

SA supports the continuing improvements made this year in regard to the national reporting of disability services in Australia; in particular the inclusion of a quality measure through a national survey of client satisfaction.

The recognition of services to younger people with disabilities provided through the joint Commonwealth and State Home and Community Care (HACC) program is also a welcome development. More detailed reporting of services provided through the HACC program to this client group, proposed for future reports, will ensure a more complete picture of supports is obtained. This will help explain some of the variation in results between SA and other jurisdictions on levels of institutional accommodation and community based care or supports. SA has, over recent years, attempted to maximise complementarity between HACC and Commonwealth/State Disability Agreement (CSDA) funded services to provide a broad range of supports to meet the needs of people with disabilities and their carers, and will therefore vary to other States and Territories on some indicators.

SA looks forward to the further development by the Australian Institute of Health and Welfare of the CSDA Minimum Data Set (MDS) which provides the basis for national reporting.

SA sees a key enhancement of the CSDA MDS as requiring the inclusion of data on supports arranged or brokered through service coordination arrangements. In SA, Options Coordination provides this function and is the gateway to accessing services and supports for people with disabilities. Community based services arranged through Options Coordination may be hidden as a result of not being separately reported on in the MDS collection.

The Department of Human Services in SA is currently developing a Disability Services Planning and Funding Framework. This Framework will identify the present distribution of disability services and funding in this state, establish demand for disability services for the next five years, establish a basis for prioritising the funding of services within the resources provided by Government and recommend where any new resources gained should be allocated. The Framework will identify the data necessary for population planning, reporting requirements and performance monitoring. This will ensure that funds are allocated commensurate with best estimates of need and with principles of sound management.



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Tasmanian Government comments

The information presented in this chapter continues to undergo a number of refinements and enhancements which will broaden consistency and compatibility.

Much of the data are dependent upon the Minimum Data Set (MDS) collection which is currently being reviewed and redeveloped as significant changes have occurred since the original CSDA MDS collection in 1993-94. These changes have involved the nature of service delivery, the information needs of services and the capacity of enhanced technology to generate more sophisticated data.

There have been a number of related data developments such as the National Community Services Data Dictionary and the National Health Data Dictionary. It is therefore timely to reconsider the CSDA MDS in light of these developments to ensure consistency of data definitions. The continuing work around developing a statistical linkage key and national agreement on collection methods will produce more accurate, meaningful and cost effective data collections.

This year's client satisfaction survey is a first attempt to gather data on clients' perceptions of the quality of services. To date the Report has not included quantitative data on the quality of disability services. Comparative measurements of client satisfaction, particularly once all service types are incorporated, will assist in reporting in this area.

Tasmania is continuing to pursue the development of an individual outcomes assessment tool which conceptualises outcomes at the whole person level, across agencies and programs that are providing support and services.

As far as information in this year's chapter is concerned, it highlights Tasmania's continued good performance particularly in access to accommodation support services and day support services.

In terms of major initiatives Tasmania is continuing the closure of Willow Court Centre. The full closure of Willow Court in 2000 and the development of new accommodation will provide a greater focus on local community based services across Tasmania. The project will enable clients to move into accommodation more suited to their needs, especially those with high levels of physical disability and/or challenging behaviour. It will also create opportunities for other community clients in need of purpose built and/or supported accommodation.

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Australian Capital Territory Government comments

The ACT Government recognises that this chapter is part of a continued effort to develop nationally consistent performance data. The ACT supports these efforts but continues to have reservations concerning the validity and reliability of the data contained within this Report. These problems continue to make comparability between jurisdictions difficult. Along with the issues of data not being comparable is the issue of the lack of inclusion of all the services funded within the disability sector.

Current national efforts in relation to refining the Minimum Data Set and the development of national performance indicators should assist with the ongoing improvement of comparable data within the disability sector.

The *Strategic Plan for Disability Services in the ACT* was launched in August 1999 and its goals are:

- to ensure that people with disabilities are able to access support services which complement the support they receive from their families, communities and mainstream services to enable them to live as valued members of the community;
- to ensure that the support services purchased by the Department on behalf of people with disabilities are achieving the consumer outcomes which they are funded to achieve and that these services meet agreed quality standards; and
- to develop a disability services system which delivers services which are of a high quality, centre on consumer needs and empowerment, are coordinated, give best value for money, and offer choice and flexibility.

A welcome addition to the consultation process in relation to disability services is the establishment of the ACT Disability Advisory Council. The first meeting of the Council was held in November 1999. This Council will provide advice to the Minister on matters relating to people with disabilities. An important part of this advice will be the Council's focus on the key elements of the *Strategic Plan*.

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“ Northern Territory Government comments

The NT welcomes the continuing efforts of the Productivity Commission, Commonwealth Government, States and Territories in seeking to develop reporting data that allow for a comparison of efficiencies and effectiveness in the delivery of disability services across Australia today.

The NT has embarked on a program of reform of disability services provision. This process continues to address the needs of a relatively small number of people with disabilities widely dispersed and scattered over an enormous geographical area. NT people with disabilities are of varying cultural background and influence, and has a disproportionately large aboriginal consumer group (58 per cent of users of NT disability services are of Aboriginal and Torres Islander origin). Prominent amongst the objectives of the reform is the families to care for people with disabilities and avoid the movement of clients to large urban areas. This has been commenced with the introduction of Local Area Coordination in a number of rural districts.

Other aspects of the reform being addressed include improving the focus of the disability programs within Territory Health Services and across government. Further our targets over the next 12 months include the development of innovative community needs assessment and evaluation systems based on much enhanced evidence including further development of data collection and information systems for the NT. An Aged and Disability module for the THS Community Care Information System has recently been introduced which will provide extensive information about these services provided by the Territory Health Services.

While the data included in this publication continues to improve, as does the individual jurisdiction data collection, there is still a need for caution in the application of the resultant conclusions. For example, it needs to be stated that the NT data reported against the consumer satisfaction survey are based on quite small numbers.

The impact of different policy, structural and disability service programs between jurisdictions may also impact on the way data may be received. For example, historically many NT clients have been accommodated in SA institutions in the absence of institutional accommodation options in the NT. Many of these have since been repatriated to the NT. However, others remain in SA and in the future still others may need a negotiated placement interstate. Therefore, the resultant respective levels and costs of service provision need also to be recognised in interpreting the data.

Bearing these limitations in mind the NT is heartened by the performance measure that nationally the NT has the highest proportion (63 per cent) of clients of accommodation support with profound core activity restriction (that is, persons who always require help or supervision (figure 12.14). This shows that the NT is better at targeting accommodation services to those in most need, than any other jurisdiction in Australia.”