
13 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 services).¹ These services are targeted primarily 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 13.1.

Governments also fund other programs, such as Home and Community Care (HACC) services, and rehabilitation services. The HACC services are provided to people living in the community who, in the absence of basic maintenance and support services, are at risk of premature or inappropriate long term residential care. Performance information on this program is provided in the Aged Care Services chapter (see chapter 12). Performance information is not provided for rehabilitation services.

Some mainstream services provided to the community as a whole as well as to people with disabilities — such as school education, acute hospital care and housing — are 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.

A profile of services for people with a disability appears in section 13.1. A new section on policy developments in services for people with a disability is presented in section 13.2. All jurisdictions have agreed to develop and report against comparable performance indicators, and a framework of indicators is outlined in section 13.3. The performance indicators in this chapter focus on accommodation support and employment services (which account for approximately 61 per cent of total government expenditure on services provided under the CSDA).

The performance of jurisdictions is discussed in section 13.4 and future directions for performance reporting are discussed in 13.5. The chapter concludes with

¹ In general, State and Territory services for people with a psychiatric disability are delivered under the health system. However, many people with a psychiatric disability access CSDA services.

jurisdictions' comments in section 13.6 and definitions of the data descriptors and indicators in section 13.7.

Box 13.1 **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 Organisation. The 1980 classification was a framework for disability described in three dimensions: impairment, disability and handicap. The ABS Survey of Disability, Ageing and Carers in 1981, 1988, and 1993 was 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 Organisation).

Disability is now conceptualised as being a multi-dimensional experience for the person involved. There may be effects on organs or body parts and 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 or communication; and
- *profound* — where a person is unable to perform self care, mobility and communication or always needs assistance.

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

Efficiency data for employment services are reported for the first time in this chapter. Time series data are reported for performance indicators that are derived

using potential population projections based on the 1998 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (ABS 1999). Indicators of quality reported in the 2000 Report (SCRCSSP 2000), which were based on the results of the National Satisfaction Survey of Clients of Disability Services (Equal and Donovan Research 2000), will not be updated this year. A number of individual jurisdictions will conduct quality surveys on a regular basis.

Supporting tables

Supporting tables for chapter 13 are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel 97 format as \Publications\Reports\2001\Attach13A.xls and in Adobe PDF format as \Publications\Reports\2001\Attach13A.pdf.

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the electronic files). They may be subject to revision. The most up-to-date versions of these files can be found on the Review web page (www.pc.gov.au/service/gsp/2001/). Users without Internet access can contact the Secretariat to obtain up-to-date versions of these tables (see details on the inside front cover of the Report).

13.1 Profile of services for people with a disability

Service overview

Under the CSDA, governments fund both government and non-government providers of services for people with a disability. The funding and delivery of CSDA services differ significantly across jurisdictions as a result of policy differences and a range of other factors described in appendix A.

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 package of services, which better reflects individual needs (SCRCSSP 1998).

Roles and responsibilities

The CSDA was designed to define the roles and responsibilities of the Commonwealth, State and Territory governments in the provision of certain 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 of specialist disability services along with their funding, policy setting, planning and management; and
- provide for the Commonwealth, States and Territories to contribute funds under the agreement, and identify factors affecting the need for funds now and in future years (CSDA 1998).

A number of services are provided under the agreement. Employment assistance is the administrative responsibility of the Commonwealth Government, while State and Territory governments are responsible for administering accommodation, community support and access, and respite services. Both tiers of government administer advocacy services and research and development programs (box 13.2).

Box 13.2 Services provided under the CSDA

Services administered by the Commonwealth Government

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

Services administered by State and Territory governments

- *Accommodation support services* provide people with a disability with accommodation (group homes, hostels and 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.

(Continued next page)

Box 13.2 (Continued)

- *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.*

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 and verbal communication for persons with a disability (ABS 1999). Recognising the cost of providing such informal support, the Commonwealth Government provides income support in the form of the Carer Payment and other financial assistance through the Carer Allowance to families and carers of people with a disability (box 13.3).

Box 13.3 Commonwealth income support arrangements

The Commonwealth Government funds payments for people with a disability, those caring for people with a disability and those temporarily incapacitated from work as a result of illness. These payments include the Disability Support Pension, the Carer Payment, the Carer Allowance, and the Sickness and Mobility Allowances. Commonwealth outlays on payments to people with a disability in 1999-2000 (on an accrual basis) amounted to \$5.2 billion for the Disability Support Pension, \$368.0 million for the Carer Payment, \$417.5 million for the Carer Allowance, \$90.6 million for the Sickness Allowance and \$53.4 million for the Mobility Allowance. At 30 June 2000 there were 602 280 recipients of the Disability Support Pension, 47 550 recipients of the Carer Payment, 194 887 recipients of the Carer Allowance, 14 076 recipients of the Sickness Allowance and 35 154 of the Mobility Allowance (table 13.1).

Source: FaCS (unpublished).

Over 44 767 clients used accommodation, respite, and community access and support services provided under the CSDA on the snapshot day in 2000 (AIHW 2000a). More information on users of CSDA services can be found in the attachment (table 13A.3). The proportion of services provided by non-government organisations in 2000 varied across jurisdictions. The Commonwealth Government did not provide services directly; most services funded by the Commonwealth in 2000 were purchased from non-government organisations (table 13A.3).

Table 13.1 Recipients of Disability Support Pension 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</i>
Disability support pension ^a									
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
June 2000	201.0	142.5	110.6	50.0	56.7	29.6 ^b	5.9	4.8	602.2
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
June 2000	10.3	10.4	6.4	2.6	3.4	1.0 ^b	0.4	0.1	35.1

^a The Disability Support Pension is a means tested income support payment for people aged over 16 years who have a physical, intellectual or psychiatric impairment (meeting set criteria) resulting in an inability to work or to 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. ^b Includes payments to approximately 10 000 overseas residents made by the International Operations Branch of the Department of Family and Community Services which is located in Tasmania. ^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: FaCS (unpublished).

Funding

Governments fund both government and non-government service providers of services for people with a disability under the CSDA and HACC programs, and through the provision of rehabilitation services. Total government expenditure on CSDA services was \$2.2 billion in 1999-2000, a real increase of 8.8 per cent from the level in 1998-99 (table 13A.7). Approximately 71 per cent (\$1.5 billion) of all CSDA funding came from State and Territory governments. The Commonwealth Government funded the remaining 29 per cent, which included \$355.6 million in transfer payments to States and Territories. In addition to transfer payments, the Commonwealth spent \$251.4 million on employment assistance and other services, including \$221 million on employer services for people with a disability (FaCS, unpublished).

The distribution of expenditure across CSDA services varied across jurisdictions. The main areas of State and Territory government expenditure in 2000 were accommodation support services (51.5 per cent of total direct service delivery expenditure), community support (11.1 per cent) and community access (9.9 per cent) (table 13A.7). 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).

Size and scope

The ABS conducts a Survey of Disability, Ageing and Carers once every five years. The last survey was conducted in 1998. The results of this survey provide contextual information about disability related matters (table 13A.1).

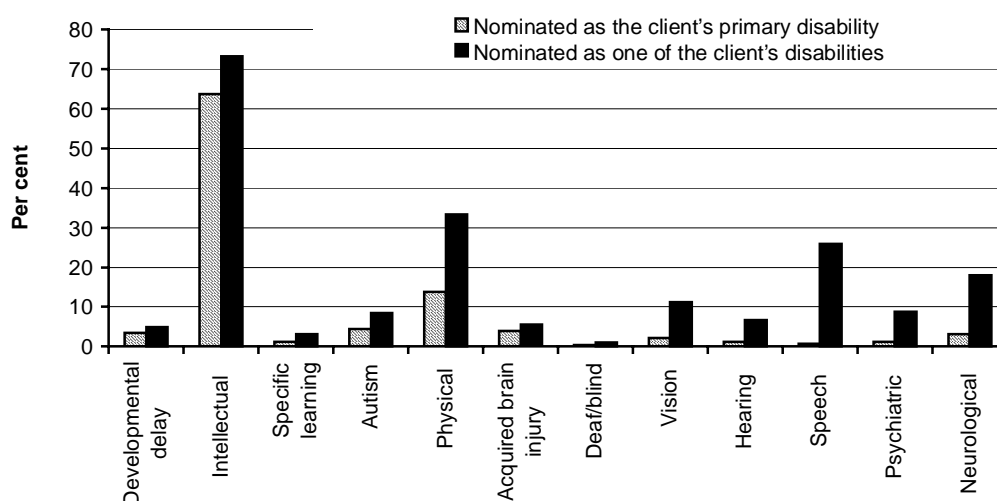
Of the total Australian population aged 5–64 years in 1998, 13.4 per cent had a core activity, schooling or employment restriction (ABS 1999):²

- 4.1 per cent had a profound/severe core activity restriction;
- 2.8 per cent had a moderate core activity restriction;
- 4.2 per cent had a mild core activity restriction; and
- 11 per cent had a schooling or employment restriction (table 13A.1).

Nationally, 2.5 per cent of children aged under 5 years in 1998 had a disability that restricted their core activities (ABS 1999).

Intellectual disability was identified as the primary disability for 64 per cent of all people with a disability who received services in 2000 (figure 13.1).

Figure 13.1 Consumers of CSDA funded services, by disability group, 2000^a



^a Consumer data are estimates after a statistical linkage key is used to account for individuals who received more than one service on the snapshot day. Data exclude services identified as psychiatric services.

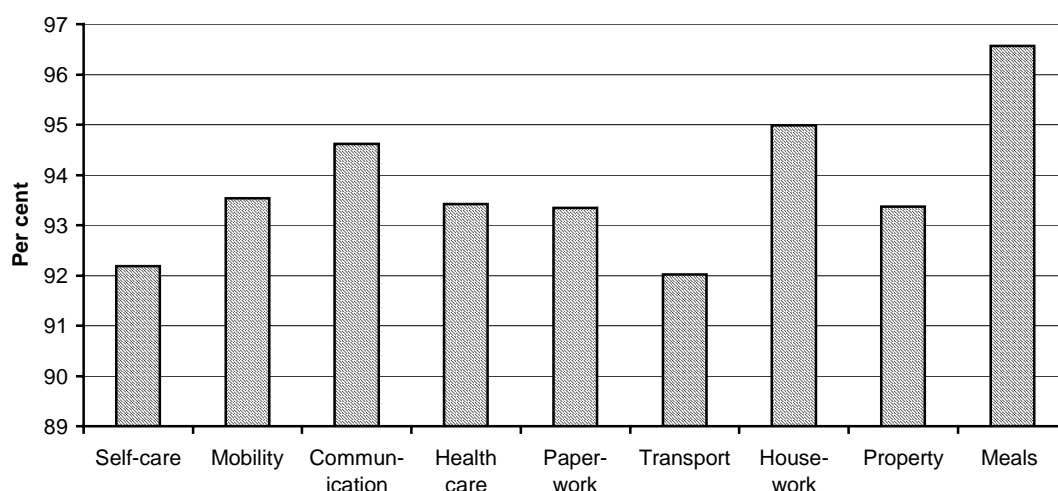
Source: tables 13A.5 and 13A.6.

² The components may exceed the total because some people with schooling or employment restriction might also have had a core activity restriction.

Ninety-six per cent of people aged 0–64 years³ who were identified as having a profound or severe core activity restriction reported a need for assistance with one or more core activity. Of the people reporting a need for assistance, 57 per cent had their need fully met, 40 per cent had their need partly met and 3 per cent did not have their need met (ABS 1999). Not all unmet need relates to formal services and not all need would be appropriately satisfied by a CSDA service.

Of people aged 0–64 years with a profound or severe core activity restriction, 92 per cent who reported a need for assistance with self-care were receiving assistance from either formal or informal sources. This was also the case for 93 per cent who reported a need for assistance with mobility, 92 per cent who reported a need for assistance with transport and 96 per cent who sought assistance with meal preparation (figure 13.2).

Figure 13.2 People aged 0–64 years with a profound or severe core activity restriction who received help, as a proportion of those who reported a need for assistance, 1998^{a, b}



^a Core activity comprises communications, mobility and self-care. ^b Caution needs to be used where there are small differences in the results, which are affected by sample size and estimate size.

Source: table 13A.2.

13.2 Policy developments in services for people with a disability

The National Disability Administrators, comprising representatives of the Commonwealth, State and Territory Governments, provide a forum for a nationally

³ Data on people aged under 5 years could not be extracted from data on the need for assistance.

consistent approach to broad policy development and priority, and direction setting for research and development.

The Commonwealth Minister for Family and Community Services established a reference group to consult with the community on options for welfare reform including improving the capacity of people with disabilities to participate in the workforce and the community. The reference group submitted its report — *Participation Support for a More Equitable Society* — in July 2000, for consideration by the Commonwealth Government.

Over the last two decades there has been growing community recognition that people with disabilities have the same rights, wants and needs as other members of the community. It has become increasingly evident that segregated services are not the best solution for people with disabilities, their families or for the community as a whole.

A move towards flexible, individualised and local responses to the needs of people with disabilities, their families and their carers is clearly embodied in the service models now being developed and implemented across Australia.

The Commonwealth is currently trialing a case based funding model for employment assistance. At the State and Territory level, individualised and localised responses to people's needs have been evidenced through various programs such as Local Area Coordination and Post School Options.

Research and development

The National Disability Administrators and the Australian Institute of Health and Welfare (AIHW) are redeveloping the CSDA Minimum Data Set (MDS). This project has two components: an updated agreement on nationally significant data items defined according to international standards, and a national data collection and transmission strategy. This strategy will enable the collection of ongoing data to replace the current snapshot day collection. The new system will be fully operational by June 2002.

The MDS redevelopment will draw on the Integrating Indicators project that was commissioned by the National Disability Administrators and recently completed by the AIHW. The aim of this project was to develop a national framework in which current Australian practice in the disability services field can be viewed in the context of theoretical approaches to indicating demand, input, output, outcome and performance (AIHW 2000b). The project report recommends that outcome indicators be based on data elements, particularly those focusing on participation,

from the National Community Services Data Dictionary (AIHW 2000c) and that a number of output measures should be investigated for pilot testing. It also suggests that further work is needed on the collection and development of appropriate financial data items and indicators.

13.3 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 13.4).

Box 13.4 Objectives for government services for people with a disability

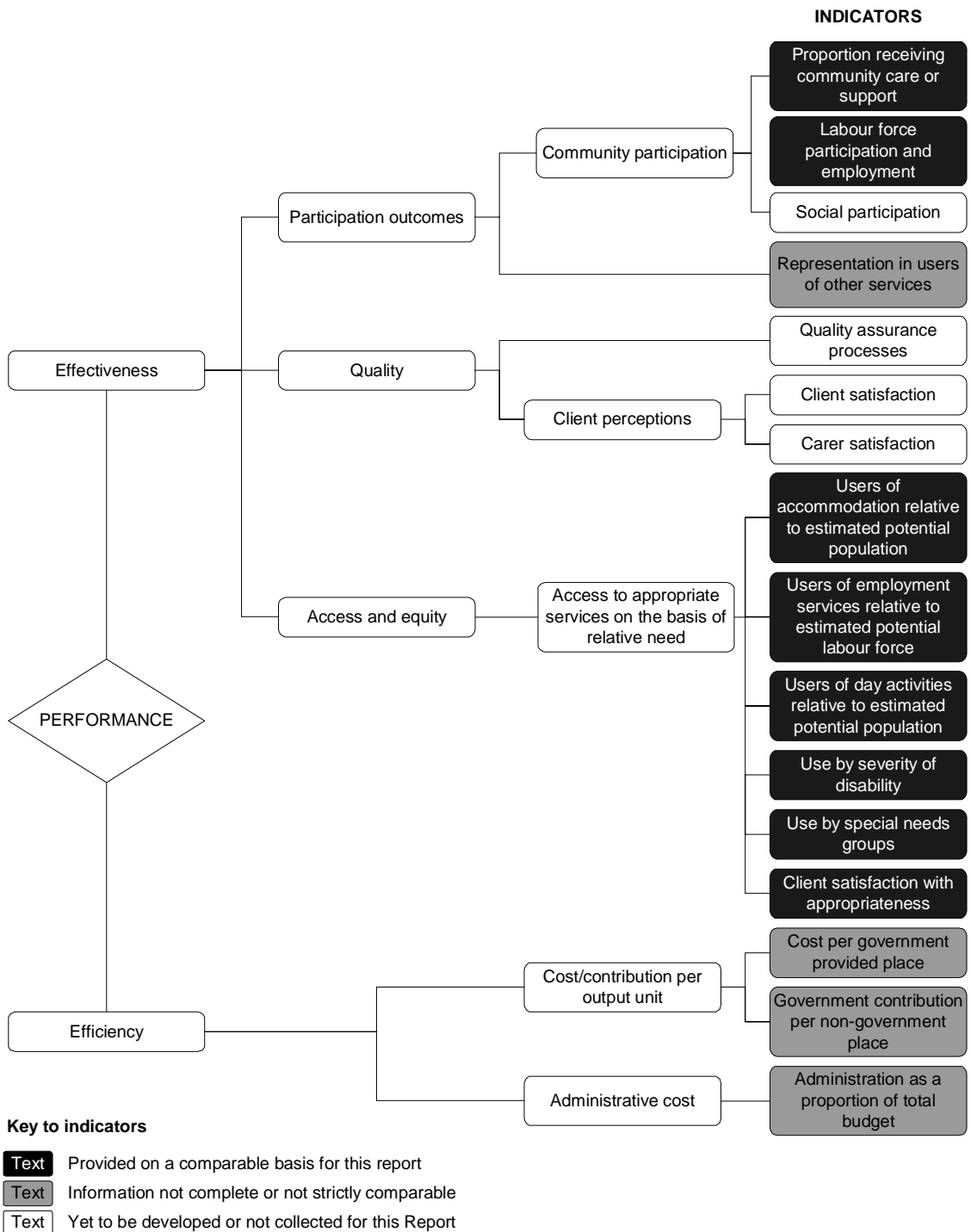
Governments strive to enhance the quality of life experienced by people with a disability by assisting them to live as valued and participating members of the community. Services to people with a disability should be delivered in an equitable and efficient manner.

In working towards the above objectives, governments 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 services;
- ensure 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 focus on unit cost and administrative costs. Efficiency indicators for employment services are reported for the first time in this Report. Effectiveness indicators focus on outcomes, service quality and access to services (figure 13.3).

Figure 13.3 Performance indicators for disability services



13.4 Key performance indicator results

Different delivery contexts, locations and client characteristics 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.

The sources of data for performance indicators are the 2000 CSDA MDS collection (AIHW 2000a), the 1998 ABS Survey of Disability, Ageing and Carers (ABS 1999) and the Commonwealth, State and Territory governments. The CSDA MDS collection commenced in 1995 and is conducted each year. National data are collected on all services received by CSDA clients on a 'snapshot' day, which in 2000 was in May or June, depending on the jurisdiction. A single consumer may receive more than one service on the snapshot day, so that the number of consumers on the snapshot day is less than the number of services received on the day.

Data sourced from the CSDA MDS 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 accommodation and employment services delivered on a single snapshot day. For 1999 and 2000 the number of consumers receiving accommodation services on the snapshot day has been estimated from the number of occasions of service received using a statistical linkage key to remove double counting. This is possible because, with a small degree of error, the statistical linkage key enables the identification of multiple data records belonging to the same individual, but without identifying the individual.

The number of consumers on the snapshot day will be less than the number for the whole year as some consumers will not receive services on that day. The difference between the two will be greater for employment services than for accommodation services, due to the differences in the nature of these two types of services.

Participation outcomes

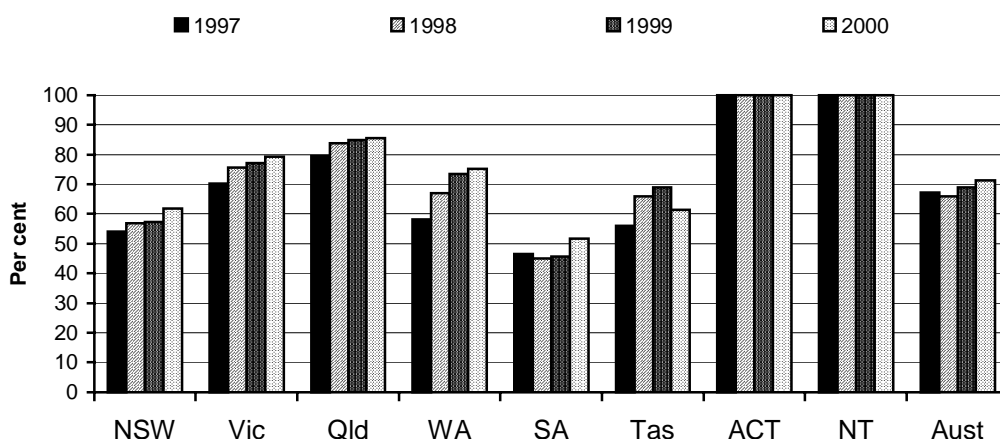
Four indicators of participation are outlined in the framework: the proportion of accommodation clients receiving community based accommodation support or care; labour force participation and the employment status of people with a disability; the level of social participation of people with a disability;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

Proportion of accommodation clients receiving community based care or support

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

Nationally, 71 per cent of accommodation clients had community based accommodation or ‘in-home’ support in 2000, rising from 61 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 2000 and SA had the lowest (52 per cent) (figure 13.4).

Figure 13.4 Consumers of CSDA funded community based or ‘in-home’ accommodation support services^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. Consumer data are estimates. A statistical linkage key was introduced in 1999 to account for individuals who received more than one service on the snapshot day. Data for 1999 and 2000 are not fully comparable with 1997 and 1998 data. Data exclude services identified as psychiatric services.

Source: table 13A.9.

Labour force participation of people with a disability

The 1998 ABS Survey of Disability, Ageing and Carers provides data for labour force participation and employment rates for people with a profound or severe core activity restriction aged 15–64 years. The participation rate for people with a profound or severe core activity restriction in 1998 was 59 per cent — 5 percentage points below the participation rate for the general population in all jurisdictions

(64 per cent). The employment rate for people with a profound or severe core activity restriction was 81 per cent — 12 percentage points below the rate for the general population (93 per cent) (table 13.2).

Table 13.2 People with a profound or severe core activity restriction and the total population in the labour force, 1998 (per cent)^{a, b}

	NSW	Vic	Qld	WA	SA ^c	Tas ^c	ACT ^c	NT ^d	Aust
Labour force participation rate									
People with a profound/severe core activity restriction	23	32	42	37	33	22	52	48	59
General population ^e	63	63	65	66	61	59	73	68	64
Employment rate									
People with a profound/severe core activity restriction	86	90	87	87	80	85	91	85	81
General population ^e	94	93	92	94	91	91	95	95	93

^a Aged 15–64 years, living in households. Core activities comprise communication, mobility and self-care.

^b There were differences between the two surveys (the ABS Survey of Disability, Ageing and Carers and the Labour Force Survey,) 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 Data are not disaggregated and are for all persons aged 15–64 years with specific restrictions. ^e At June 2000.

Source: table 13A.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 1998 ABS 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 (ABS 1999; AIHW 1999).

Representation of users in other services

Indicators for participation in other services 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 4), children's services (see chapter 14) and housing (see attachment 16A).

Quality

The 2000 Report (SCRCSSP 2000) provided information on the quality of services provided to people with a disability. This information has not been updated for this year. A number of jurisdictions will conduct their own surveys on a regular basis.

Access to services

Access indicators relate to accommodation support and employment services and community support day activities. An indicator of access is the proportion of the potential population using the service. The potential populations for accommodation and employment services are defined in table 13.5.

Information is also provided on access to employment and accommodation services by severity of disability, and by Indigenous and non-English speaking background status. To address the issue of access to CSDA funded services, a study has been conducted on the level of unmet demand for accommodation support, respite services and day programs (box 13.5).

Box 13.5 Demand for disability support services in Australia

The Disability Services Subcommittee of the Standing Committee of Community Services and Income Security Administrators commissioned the AIHW 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.

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Box 13.5 (Continued)

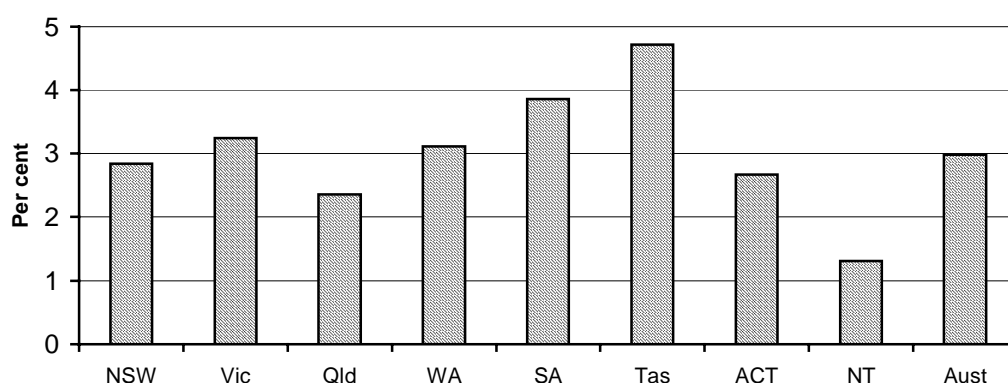
The study concluded that the total number of Australians with a severe or profound core activity restriction was projected to increase by 13.7 per cent (109 200 people) over the next six years (primarily as a result of population ageing) and add to the demand for disability services. Commonwealth, State 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. State and Territory governments responded to the Commonwealth's offer by providing a further \$360 million over the last two years of the CSDA to address other service needs.

Source: AIHW (1997) and FaCS (2000a).

Accommodation and in-home support

Nationally, 3 per cent of the estimated potential population were using accommodation support services in 2000. Across jurisdictions, this proportion was highest in Tasmania (4.7 per cent) and lowest in the NT (1.3 per cent) (figure 13.5).

Figure 13.5 Consumers of accommodation support services relative to the estimated potential population, 2000^a



^a Consumer data are estimates. A statistical linkage key is used to account for individuals who received more than one service on the snapshot day. Data exclude services identified as psychiatric services. The potential population data are estimates. The potential population for accommodation services is the number of people aged under 65 years with a profound or severe core activity restriction, adjusted for the Indigenous factor in that jurisdiction.

Source: table 13A.11.

Employment services

The Commonwealth has responsibility for employment services under the CSDA and purchases most services from non-government providers. Information on employment services was not available at the time of publication. This information will be available on the Review website after publication of the Report (table 13A.12).

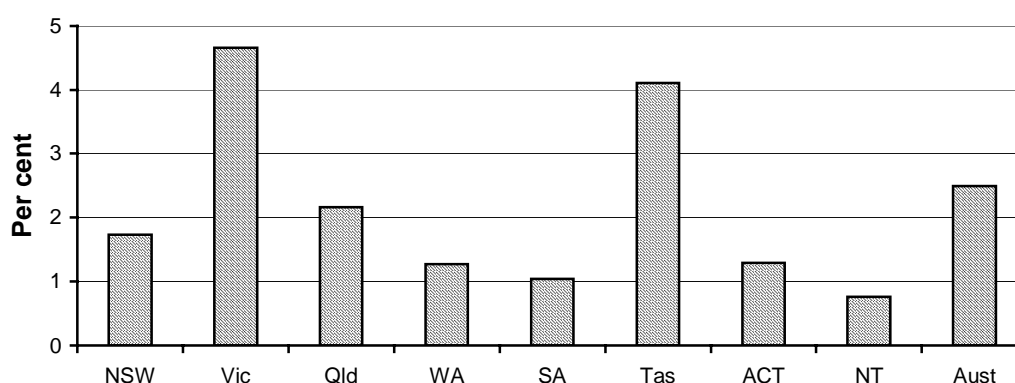
Use of community access services

Nationally, around 2.5 per cent of the potential labour force received a community access place in 2000 on the snapshot day. Across jurisdictions, Victoria had the highest proportion of recipients (4.7 per cent) and the NT had the lowest (0.8 per cent) (figure 13.6).

Service use by disability status

Services provided under the CSDA are allocated to clients on the basis of relative need. This depends on the level of support need (including status of disability) and access to other formal and informal help. An indicator of access to services is the level of service use by severity of disability.

Figure 13.6 Consumers of community access services, relative to the potential population, 2000^a

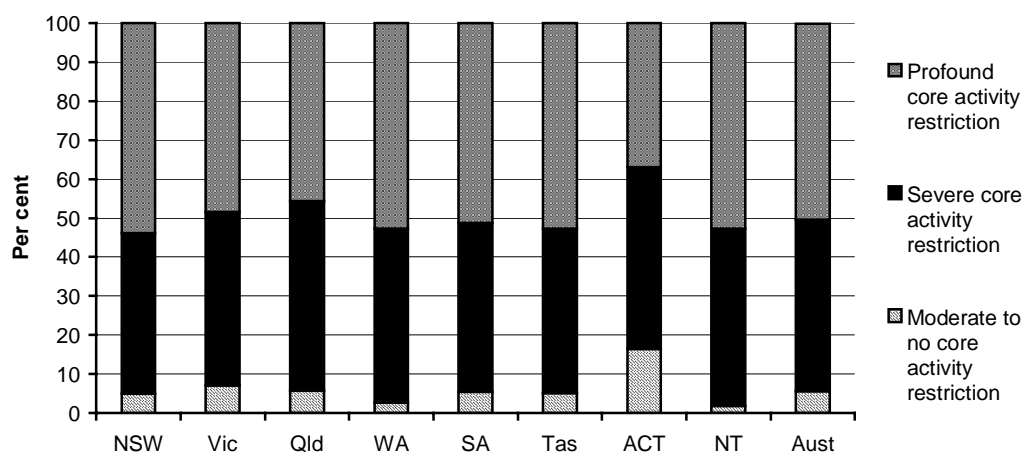


^a Consumer data are estimates. A statistical linkage key is used to account for individuals who have received more than one service on the snapshot day. Data exclude services identified as psychiatric services. The potential population for community access services is the number of people aged 15–64 years with a profound or severe core activity restriction, multiplied by the Indigenous factor for that jurisdiction.

Source: table 13A.13.

Nationally, 6 per cent of clients of accommodation services had a moderate to no core activity restriction in 2000, 44 per cent had a severe core activity restriction and 50 per cent had a profound core activity restriction. The NT had the lowest proportion of clients with a moderate to no core activity restriction (2 per cent) and the ACT had the highest (16 per cent). The highest proportion of clients with a profound core activity restriction (that is, people who always require help or supervision) was in NSW (54 per cent of accommodation clients) and the lowest was in the ACT (37 per cent) (figure 13.7).

Figure 13.7 Consumers of accommodation support services, by severity of disability, 2000^a



^a Consumer data are estimates. A statistical linkage key is used to account for individuals who received more than one service on the snapshot day. Data exclude services identified as psychiatric services. Data exclude 347 consumers who did not report a need for support with self-care, mobility or communication.

Source: table 13A.14.

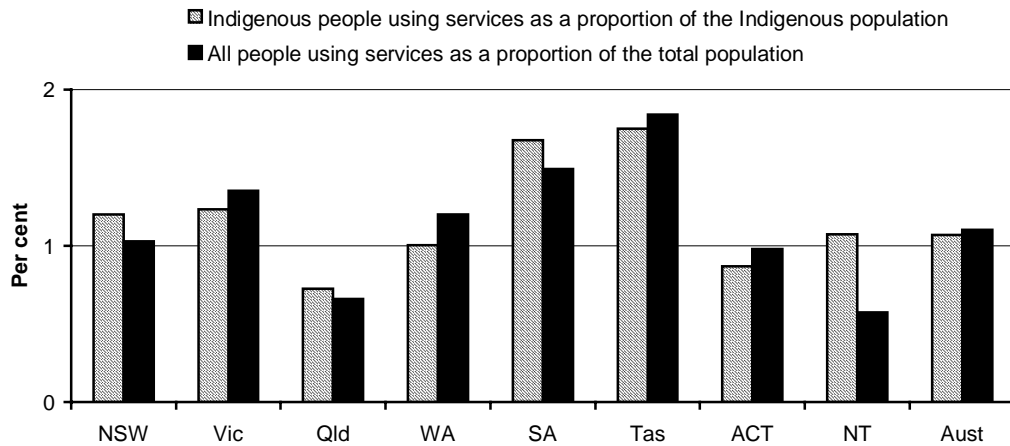
Information on the use of employment services by severity of disability was not available at the time of publication. This information will be available on the Review website after publication of the Report (table 13A.15).

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 provided for accommodation support and employment services.

In 2000, a higher proportion of the Indigenous population than of the general population used accommodation support services in all jurisdictions except Victoria WA, Tasmania and the ACT (figure 13.8).

Figure 13.8 Consumers of accommodation support services, by Indigenous status, 2000^a



^a Consumer data are estimates. A statistical linkage key is used to account for individuals who received more than one service on the snapshot day. Data exclude services identified as psychiatric services. Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as Indigenous. Data exclude 1381 consumers whose Indigenous origin was 'not known' or 'not stated'.

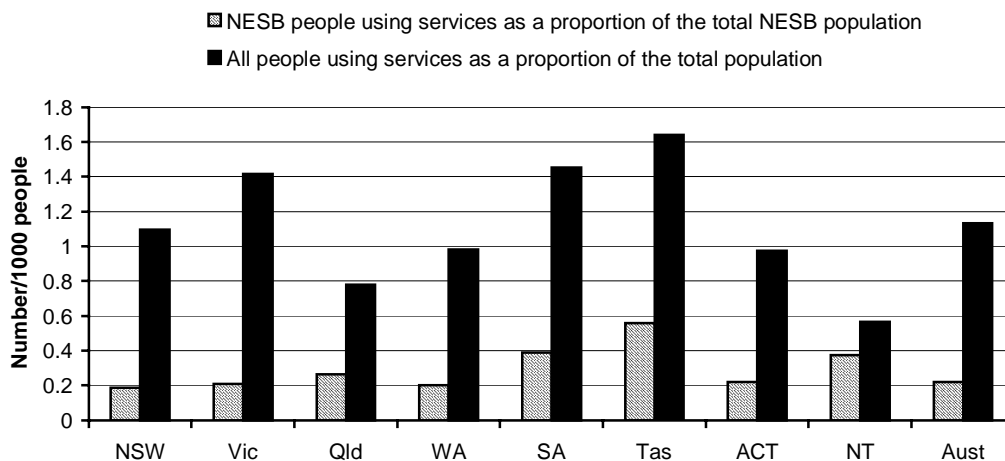
Source: table 13A.16.

Information on the use of employment services by consumers by Indigenous status was not available at the time of publication. This information will be available on the Review website after publication of the Report (table 13A.16).

The proportion of people from non-English speaking backgrounds who used accommodation support services was lower than the proportion of the general population who used these services for all jurisdictions in 2000. The largest differences were in Victoria and SA and the smallest difference was in the NT (figure 13.9).

Information on the use of employment services by consumers from non-English speaking backgrounds was not available at the time of publication. This information will be available on the Review website after publication of the Report (table 13A.17).

Figure 13.9 Consumers of accommodation support services, by non-English speaking background, 2000^a



^a Consumer data are estimates. A statistical linkage key is used to account for individuals who received more than one service on the snapshot day. Data exclude services identified as psychiatric services. Where English-speaking origin was inconsistently recorded for the same consumer, the consumer was counted as having a non-English speaking origin. Data exclude 1048 consumers whose non-English speaking origin was 'not known' or 'not stated'.

Source: table 13A.17.

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 providing institutional/large residential and community accommodation places;
- the level of government funding of non-government delivered institutional/large residential and community accommodation places;
- the level of government funding of non-government delivered open, supported, and open and supported employment services; 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 any allowance for the 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. In this Report, government expenditure on noninstitutional community accommodation places includes expenditure on in-home support as well as group homes.

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

Significant effort has been made to improve the method for calculating the efficiency indicators in this Report and document any differences. Some concerns remain over the comparability of the results, however, because jurisdictions use somewhat different methods of data collection (table 13.3). Expenditure estimates for NSW, Victoria, Queensland and WA are generally comparable because the estimates for all items are based on accrual accounting and include all major items in a consistent way. The expenditure data from the remaining jurisdictions are not strictly comparable and tend to understate the full accrued cost.

Table 13.3 Comparability of expenditure estimates for government delivered disability services, by items included, 1999-2000

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
Superannuation included	✓	✓	✓	✓	x	x	✓	✓
<i>Basis of estimate</i>	Accrual	Accrual	Accrual	Accrual	..	..	Accrual	Cash
Workers compensation included	✓	✓	✓	x	✓	x	✓	✓
Payroll tax included	✓	x	✓	x	x	x	x	✓
<i>Amount</i>	\$18.6 m	..	\$3.5m	..	..	..	..	\$120 553
Apportioned umbrella department costs included	✓	✓	✓	..	✓	✓	✓	✓
<i>Basis of apportioning</i>								
<i>Departmental formula</i>	✓	✓	x	..	✓	x	x	x
<i>% of full time equivalent employees</i>	x	x	✓	..	x	✓	✓	✓
Long service leave Entitlements	✓	✓	✓	✓	x	x	x	✓
<i>Basis of estimate</i>	Accrual	Accrual	Accrual	Accrual	..	..	..	Cash
Depreciation	✓	✓	✓	✓	x	x	x	x

na Not available. .. Not applicable.

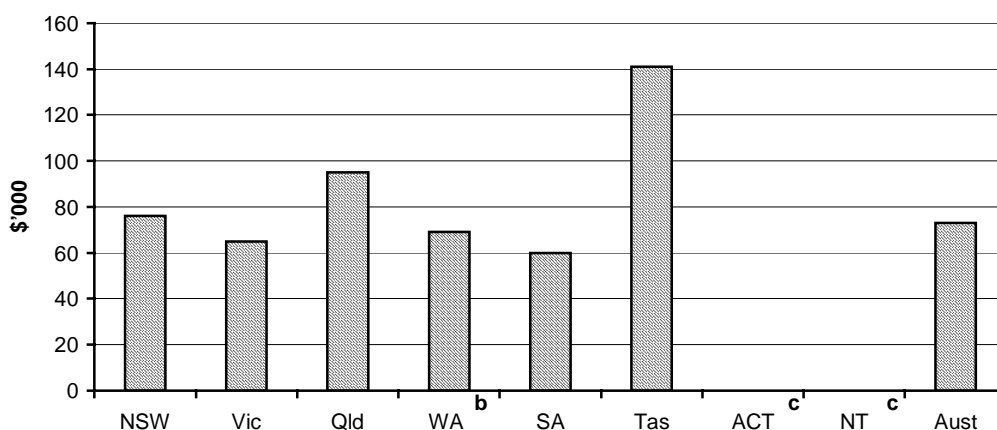
Source: State and Territory governments (unpublished).

Cost to government of government delivered places

Cost per institutional/large residential place

The average cost to government of providing institutional/large residential accommodation was \$72 778 per place in 1999-2000. The lowest expenditure per place was in SA (\$60 006) and the highest expenditure per place was in Tasmania (\$140 815). The ACT and the NT governments do not provide institutional/large residential accommodation (figure 13.10).

Figure 13.10 **Government expenditure per government provided institutional/large residential place, 1999-2000^a**



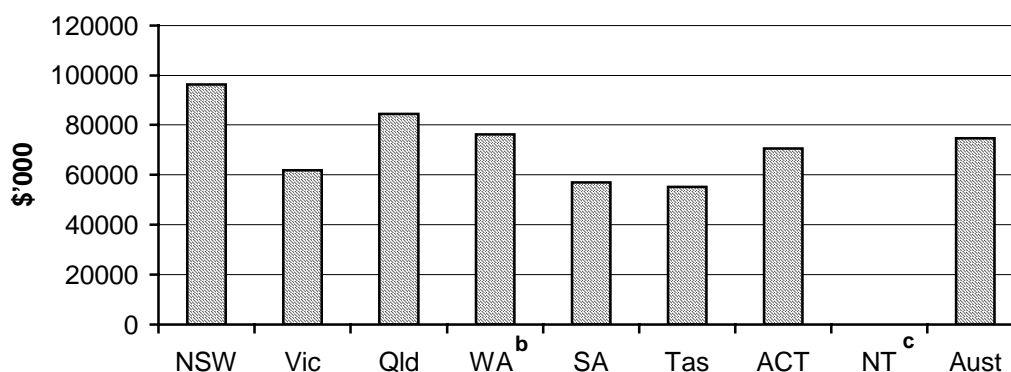
^a Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). ^b Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. ^c There are no institutional or large residential accommodation services delivered in the ACT or the NT.

Source: table 13A.18.

Cost per community accommodation and care place

Nationally, the cost per government delivered community accommodation and care place was \$74 711 in 1999-2000. Across jurisdictions, the cost per place was highest in NSW (\$96 338) and lowest in Tasmania (\$55 143). The NT Government does not provide community accommodation and care places (figure 13.11).

Figure 13.11 **Government expenditure per government provided community accommodation and care place, 1999-2000**^a



^a Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). ^b Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. ^c There are no community accommodation care and support services delivered in the NT.

Source: table 13A.18.

Government funding of non-government service providers

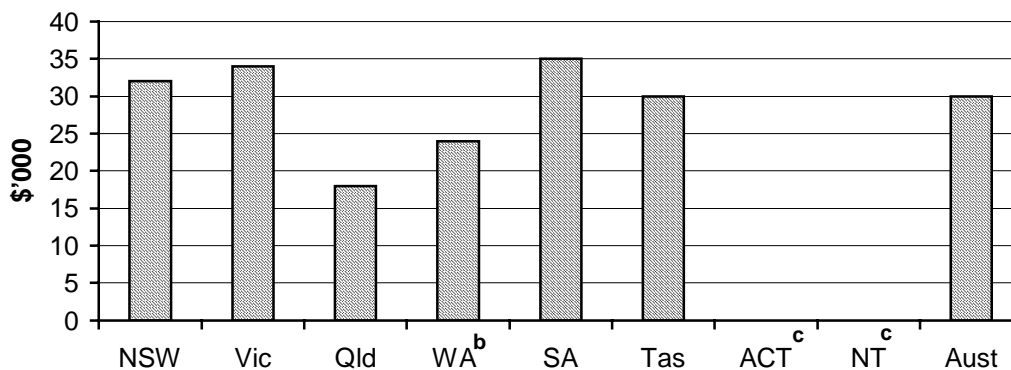
Government funding per non-government institutional/large residential place

Governments do not always provide accommodation services; rather, governments may fund non-government service providers to deliver this service. Nationally, government funding per non-government delivered institutional/large residential accommodation places was \$29 973 in 1999-2000. Across jurisdictions, government funding per place was highest in SA (\$35 078) and lowest in Queensland (\$17 676). There were no non-government or government providers of institutional/large residential accommodation in the ACT or the NT (figure 13.12).

Government funding per non-government community accommodation and care place

Nationally, government funding per non-government delivered community accommodation and care place was \$39 683 in 1999-2000. Across jurisdictions, it ranged from \$23 407 per place in the ACT to \$64 593 per place in the NT (figure 13.13).

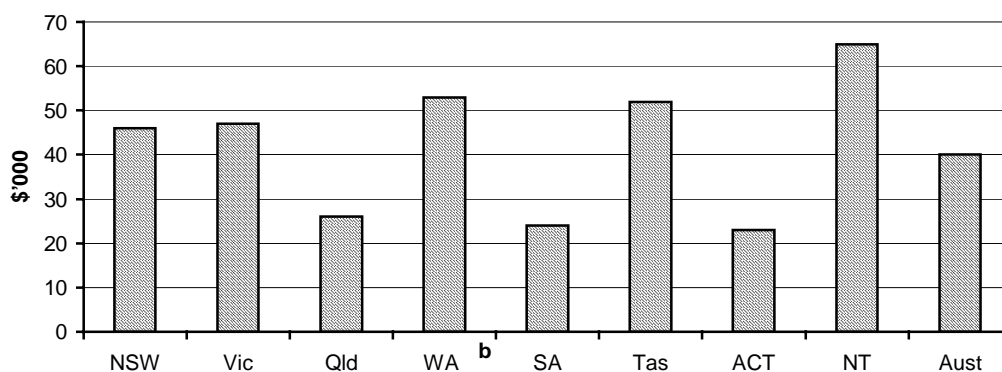
Figure 13.12 Government funding per non-government provided institutional/large residential place, 1999-2000^a



^a Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). ^b Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. ^c There are no institutional or large residential accommodation services delivered in the ACT or the NT.

Source: table 13A.18.

Figure 13.13 Government funding per non-government provided community accommodation and care place, 1999-2000^a



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

Source: table 13A.18.

Government expenditure on employment services

Assistance with employment for people with a disability is the responsibility of the Commonwealth Government under the CSDA. Cost per place for employment services is provided for the first time this year (table 13.4).

Table 13.4 Government expenditure on employment services, 1999-2000^a

<i>Employment service</i>	\$
Expenditure on open program	95 709 481
Expenditure on supported program	95 348 301
Expenditure on open and supported program	19 037 234
<i>Cost per place^a</i>	
Open program	3 028
Supported program	5 485
Open and supported program	5 246

^a Based on the number of places during the whole year.

Source: table 13A.20.

Administrative efficiency

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

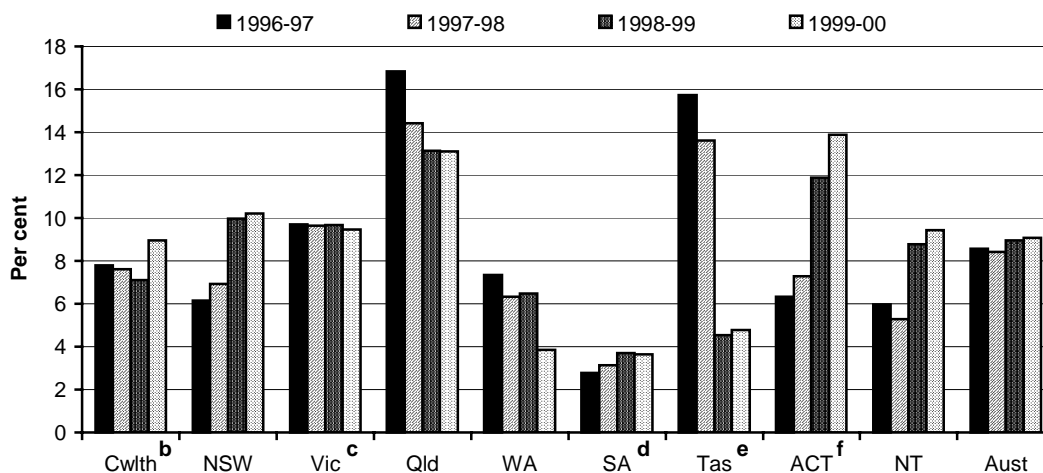
The national average administrative cost as a proportion of total government expenditure on disability services remained around 9 per cent from 1996-97 to 1999-2000. Across jurisdictions, the proportion increased between 1998-99 to 1999-2000 for the Commonwealth, NSW, Tasmania, the ACT and the NT (figure 13.14).

13.5 Future directions in performance reporting

National Satisfaction Survey of Clients of Disability Services

The *National Satisfaction Survey of Clients of Disability Services Consultancy Report*, a joint publication by the Steering Committee for the Review of Commonwealth/State Service Provision and the National Disability Administrators, was released in July 2000 (Equal and Donovan Research 2000).

Figure 13.14 Administrative costs as a proportion of total expenditure^a



^a See table 13.3 for an explanation of different methods of apportioning departmental costs. ^b Government administrative expenditure is an estimate and is based on a FaCS model of staffing plans, as at September 1999. There has since been a number of organisational changes which have impacted on the accuracy of this figure. 1999-2000 administrative expenditure is not directly comparable with previous years due to a shift from cash to accrual reporting, and a change of responsibility for disability programs from the former Department of Health and Family Services to the Department of Family and Community Services, where a different methodology for cost attribution is applied. ^c Expenditure for 1998-99 based on accrual accounting reporting. ^d 1998-99 data include the administration costs of a service provider located on institutional premises. ^e The method for apportioning corporate expenditure in Tasmania changed from 1996-97 to 1997-98. ^f The increase in administrative expenditure from 1997-98 to 1998-99 included the implementation of new services to 12 individuals with complex needs and an estimated 2.7 full time equivalent central office administration cost. 1998-99 data include operational costs, which were excluded in previous years.

Source: table 13A.4.

Improved coverage

Significant steps were made in improving the comparability and accuracy of reporting in the 2001 Report. However, gaps remain in the reporting against the current framework — for example, the representation of users of disability services among users of other services that are covered in the Report. Significant and further refinement of performance indicators is planned over the coming year.

Long term developments

Further development of disability performance indicators (outcomes, outputs and costs) is planned as a result of the report prepared by the AIHW on the disability performance indicator project.

13.6 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this chapter and attachment 13A on the CD-ROM. Appendix A contains short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter. In addition, detailed statistics covering age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (such as Indigenous and ethnic status) are included in the appendix.

Commonwealth Government comments

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This year the timing of both the FaCS data collection and the Productivity Commission Report publication was changed. The implications for timely provision of data from FaCS were substantial, resulting in some difficulty for the Commonwealth in providing complete data within the required timeframe.

The FaCS 2000 census of employment services was deferred to 30 June to align our contract performance reporting requirements with the census. This reduces the burden on service providers and produces more reliable data. The introduction of both the GST and wholesale change in related IT business systems for FaCS providers created significant change for the Disability Employment Services Industry. The volume of concurrent change in 2000 appears to have been a major cause of a slower response to the FaCS census than previous years.

Only 88% of census data was available at the September deadline for the report. The Commonwealth now has near complete (99%) raw data which indicates an increase in the use of employment services. For example, the estimated number of all people assisted in employment was 52,205, up from 49,285 in the previous year. In view of the incomplete data submitted to the AIHW in September, the Commonwealth decided to withdraw its data. When the complete data set is analysed by the AIHW and moderated for the linkage key, the results will be available on the Productivity Commission website www.pc.gov.au/service/gspindex.html.

The incomplete data provided in September was withdrawn because it gave an inaccurate picture of employment services activity. Disability Employment Service Providers are also involved in several program reforms and trials as well as managing the taxation and business changes referred to above. We acknowledge their excellent effort in completing the 2000 census. We are keen to work with the Productivity Commission and the AIHW to resolve these issues for next year's Report.

This year employment service providers are also participating in the reform agenda. The **Case Based Funding Trial** is testing a new funding model for allocation of employment assistance based on relative job seeker need. Funding will be more closely linked to individual outcomes. Results from the trial will be fully evaluated before new funding arrangements are considered. The second phase of the trial, which includes many of the industry's suggestions for refinement, will commence in January 2001. The Assessment and Contestability Trial for People with Disabilities will test whether detailed assessment leads to better identification of individual abilities, targeting of interventions and better outcomes. It will also examine the capacity of non-government sectors to provide rehabilitation services.

Further information is available at www.facs.gov.au/disability/ood/index.htm

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New South Wales Government comments



The Population Group Planning Extension Project (PGP) was completed in early 2000. This work was undertaken under the auspice of the Memorandum of Understanding on Joint Planning for Older People, People with Disabilities and their respective Families and Carers (MOU) as advised in last year's report. For the first time in NSW, the PGP has combined all community care outputs for the population groups to develop a data model which represents supply and a proxy for demand for services across the state. ADD has used PGP as the basis of its resource distribution formula in both the Home and Community Care and Disability Services Programs. ADD has developed a regional planning framework to complement PGP data and together they now inform the purchasing of services in each local planning area. This approach injects objective data into qualitative discussion over investments that will improve the provision of services to consumers through NSW's community partner agencies.

State and Territory disability data holdings will be significantly strengthened by the redevelopment of the CSDA Minimum Data Set collection, which will progress from a one-day "snapshot" to a routine, ongoing collection on 1 July 2002, nationally.

The NSW Government has set new strategic directions for disability services under the core theme of "Living in the Community". Increasingly, the focus will be on investing in specialised assistance to people with disabilities and their families that complements supports gained through informal sources in the community and through general services provided by government departments. The reforms will include improved demand management; increased opportunities for consumer choice in service provision (within available resources); a greater emphasis on prevention and early intervention; and a greater involvement of the non-government, community partners sector to increase service capacity and its responsiveness. This reform agenda has been underwritten by the substantial, additional resources delivered in the 2000/01 NSW state budget.

NSW is also now well down the track to finding alternatives to institutional care arrangements and is now working with some 400 individuals and their families to identify their preferences for community based supports. This includes all children in both government and non-government facilities.

The New South Wales Government's ATLAS (Adult Training, Learning and Support) initiative has been implemented providing two year time limited places for 1999 and 2000 school leavers. This work has now entered its second stage with the commencement of the reviews of all day programs and with the roll out of the Bilateral Case Management Project with the Commonwealth to ensure school leavers have better access to employment following their ATLAS program.



Victorian Government comments

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Information included in this chapter of the 2001 report marks further progress towards nationally consistent and comparable data on disability services, building on recent advances which have been made through the efforts of the National Disability Administrators, the Disability Services Working Group, the Secretariat and others such as the Australian Institute of Health and Welfare to obtain objective and reliable performance information.

The redevelopment of the minimum data set for disability services being undertaken jointly by the National Disability Administrators, in conjunction with the Australian Institute of Health and Welfare, is an exciting development that holds out the promise of better national data with an enhanced focus on client outcomes and effectiveness. To this end, Victoria has recently conducted a pilot capturing data on client participation in a range of life areas as part of the minimum data set collection. The growing importance of the minimum data set is evident in its use for a range of planning and policy development purposes. Readers of this report may also be interested in obtaining the detailed reports produced annually by the Victorian Department of Human Services using these data.

Similarly, the recently completed national study on performance indicators is another step towards better information.

Victoria, along with other jurisdictions, 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 builds on past work establishing various information systems. The strategy is progressing the development of an integrated system to meet 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, 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

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Queensland recognises the value of this chapter as part of the continual progress towards nationally comparable data on disability services, and congratulates the continuing efforts of the Productivity Commission and the State and Territory and Commonwealth governments in seeking to develop information to assist comparison of the efficiency and effectiveness of disability services. It should be noted that the chapter still only reports on a very small proportion of the functions of the total disability sector.

Disability Services Queensland (DSQ) is continuing the development of major reforms within the Queensland disability sector. The needs registration process has been expanded beyond adults and now incorporates post-school services and families, providing a Statewide comprehensive supports needs register.

DSQ's information strategy for disability support services is also currently being developed. This strategy will build on previous work of a five-year information management plan, through the commencement of the development of the DSQ Information System (DIS). This system will use web based technology infrastructure and will represent a major change in service delivery and communications for departmental staff, service providers and service users. The first phase of DIS consists of the components of client profile and registration of need, and is expected to be developed by March 2001.

Queensland plans to build on previously published work of the national consumer satisfaction survey, by running its own survey during 2001. This survey will provide detailed information on a range of performance measures that will assist DSQ's commitment to quality initiatives to improve consumer satisfaction and service provision.

DSQ has also developed the:

- *Queensland Government Strategic Framework for Disability 2000–2005.* This framework outlines the key directions to be progressed by all Queensland Government departments over the next five years to meet the needs of people with a disability and their families;
- *DSQ Strategic Plan 2000–2005.* This plan provides the roadmap for DSQ to implement the seven strategic directions of the framework; and
- *Business Plan 2000–2002.* This plan allocates new funds for 2000-01 and 2001-02 across a range of new and existing initiatives.

Queensland continues to support the work being conducted by the Australian Institute of Health and Welfare in relation to the redevelopment of the Commonwealth/State Disability Agreement Minimum Data Set, providing the basis for improved national reporting on disability service provision.

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Western Australian Government comments

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It is pleasing to see ongoing improvements in the development of nationally comparable data on disability services, and WA is supportive of initiatives in this regard. With five years of data available from the Minimum Data Set it is possible to assess trends in service delivery and also view the relative stability of the data. The decline in the number of people living in institutional care, with a corresponding increase in community based services, is continuing. Over that same period, there has been an average annual increase in service users in Western Australia of 11.3%.

Over the past five years the number of people in hostel accommodation has reduced by 33%, from 920 to 614. Conversely there has been an increase of 33% of people in community residential accommodation, that is, an increase from 727 to 970 people over the same period. Most significantly, supported community living has increased 376% over that time - from 420 to 2,001 people. This has largely occurred by working cooperatively with families, carers and communities to strengthen the natural social support networks of people with disabilities.

Over the past five years the number of families accessing respite services has grown by 27%, while day options have grown by 40%. Local Area Coordination now covers the whole of the State, providing services for 5,110 people. This represents more than a two fold increase over the past five years.

Specialist and individualised disability services, as outlined 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. The Commission actively promotes access for the 355,500 Western Australians with a disability.

The Western Australian government has recently announced the Disability Services Commission's second five-year Business Plan which will provide additional assistance for people with disabilities and their families in the areas of accommodation support, professional and therapy services, respite and family care, post school options and Local Area Coordination. Following extensive community consultation, the Disability Services Commission has also recently adopted a second five-year Strategic Plan that focuses on strengthening families and carers, strengthening communities and strengthening partnerships and support services.

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South Australian Government comments

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South Australia supports the continuing improvements made to the national reporting of disability services data, particularly the re-development of the Minimum Data Set reporting arrangement for agencies funded under the Commonwealth/State Disability Services Act. This State welcomes the move to ‘whole of year’ data reporting by 2002. Together with improved data reporting under the HACC minimum data set, this will mean that disability service planning will be better informed by accurate and meaningful data. There is also some variation in results between South Australia and other jurisdictions on levels of institutional accommodation and community-based care. Deficiencies have arisen from problems in the ways in which the categories of community support are conceptualised. In South Australia there is very close working relationship between CSDA funding and HACC funding, to ensure that they operate in complementary ways. HACC Funding and Service Agreements for agencies providing services to people with disabilities are now developed and monitored through the Disability Services Office, which also administers CSDA Funding and Service Agreements.

In South Australia the Options Coordination agencies provide extensive service provision through brokering of individual supports. Options Coordination agencies are, in effect “lead agencies” that work with clients around their individualised needs, referring clients to service provider agencies but also purchasing assistance in a variety of flexible ways.

This year the Department of Human Services has developed a Disability Services Planning and Funding Framework. The Framework identifies the present distribution of disability services and funding in South Australia, has established the demand for disability services for the next three years and has established a basis for prioritising the funding of services within the resources provided by the Government. There has been considerable community consultation on the content of the Framework document and there is broad agreement around the more important themes, including:

- agencies working together to solve problems for people with complex needs;
- the creation of community options for people currently residing in institutions;
- the development of common assessment tools to ensure benchmarking of support services for people in accommodation and day options;
- working closely with the aged care sector to develop appropriate service models for people with disabilities who are ageing, and
- clarifying the roles of The Department of Human Services as funder and the Options Coordination Agencies as lead agencies working closely with individuals around their needs.

The “unmet needs” funding received from the Commonwealth Government (\$4.045m in 2000/01 and \$8.09m in 2001/01) and from the State Government (\$6.05m recurrent from 2000/01) has allowed the Department of Human Services to address considerable unmet needs for services, particularly with respect to support for long-term and ageing carers and support for younger people with disabilities through supported accommodation, day options, equipment, intervention services and family support and respite.

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Tasmanian Government comments

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Tasmania is pleased to again be part of the development of this chapter, the primary aim of which is to develop nationally consistent performance data. The CSDA Minimum Data Set provides the bulk of information about service providers funded under the CSDA and about people receiving a service from these service providers on the snapshot day.

From Tasmania's point of view there are still a number of issues which have the potential to impact on the comparability of service data. Services included under the CSDA umbrella vary from jurisdiction to jurisdiction, particularly psychiatric services and early childhood intervention services which are not included under agreements in all jurisdictions. There are also issues that potentially will impact on future CSDA MDS collections, such as defining changing service types and maintaining comparability with the linkage key to be used by Home and Community Care program data collections.

Tasmania is undertaking a number of major initiatives. A Statewide pilot project is being conducted, the Personal Outcomes Measures Project, with four service provider organisations. The aim of the project is to ascertain the feasibility of evaluating services in terms of the extent to which individualised, agreed client outcomes are being met. A Statewide steering committee will present a report and recommendations concerning the project by the end of the year.

The Willow Court Centre Redevelopment Project will see the closure of Willow Court, a government run institutional service for people with intellectual disabilities, by the end of the year. The subsequent relocation of clients to community based options will mark the end in Tasmania of government provided institutional services for clients of disability services.

The purpose of the Sector Reform Project is to review and redevelop the existing disability services system in Tasmania to ensure its viability in the longer term and to make services more accessible to people with disabilities and their families. There are four priority projects being conducted under Sector Reform: eligibility; roles and structures; funding and clients; and liaison strategies and protocols.

The Tasmanian *Anti-Discrimination Act 1998* has been enacted and is now fully operational. The Act provides for the appointment of an Anti-Discrimination Commissioner and covers discrimination in a number of areas, including disability. The commissioner is able to conduct investigations and inquiries and attempt conciliation of the complaints received.

The new *Mental Health Act 1996* which commenced on 1 November 1999 replaces the provisions of the 1963 Act. Not only the new Mental Health Act but also other complementary legislation such as the *Guardianship and Administration Act 1995*, the *Sentencing Act 1997* and the *Criminal Justice (Mental Impairment) Bill 1998* is progressively replacing the old Act.

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Australian Capital Territory Government comments

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The ACT Government acknowledges improvements made to developing nationally consistent performance indicators around services for people with a disability.

The ACT Government however, is still concerned about the comparability of data between jurisdictions. For example, information gathered in relation to administrative costs is not yet nationally consistent.

It is understood that larger States are not able to fully capture the level of administrative overheads in their regional branches across all departments responsible for disability services. In the ACT the administrative costs include the allocation of corporate overheads for the government sector, which has resulted in what seems higher administrative costs than other states. This is in fact not the case.

The ACT Government has over the past year and in this year's budget substantially increased its resources and funding for services for people with disabilities. This additional commitment flows from the implementation of the Government's Strategic Plan for Disability Services released in August 1999. Additional funding was used to improve access to services for young people with disabilities, individuals in crisis and a range of individual support packages.

Further funding was also provided to over 70 non-government agencies to provide computer, software and Internet communication packages to facilitate office management, communication and collaboration for people with disabilities. This has been a particularly useful means of collecting data for our minimum data sets from our non-government organisations.

Under the Commonwealth/State Disability Agreement, additional funds have now been provided for respite for mature carers.

Public Housing functions were recently transferred to the newly named Department of Health, Housing and Community Care and will provide opportunities for improvement in co-ordination and delivery of services for people with disabilities, particularly in relation to supported accommodation and adaptable housing.

The ACT Department of Health, Housing and Community Care will also be undertaking an audit of the performance management, monitoring and reporting framework around services provided for people with disabilities.

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Northern Territory Government comments

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The Northern Territory welcomes the collaborative approach between the Productivity Commission, Commonwealth and States and Territories in reporting data on disability services in Australia. Whilst the data included in this chapter continues to improve, there is still need for caution in the application of the conclusions.

Challenges for the Northern Territory Government continue in the provision of services to people with a disability living in rural and remote areas. This is particularly relevant considering the high cost of service provision, lack of infrastructure on many communities and relative small numbers of people with disabilities across large geographical areas, all of which impact on service viability and appropriateness. Further, Indigenous people comprise 28% of the NT population, compared to 2% nationally, which highlights the need for culturally appropriate service options.

The Northern Territory has never provided institutional/large residential accommodation which has meant that the ongoing development of services has focused on community based options. Whilst these may be more expensive than institutional settings the NT has as a result not been faced with the need for significant deinstitutionalisation as has occurred in other jurisdictions.

In recognition of this the Territory Government is moving towards an individualised funding model to address unmet need. This new model will ultimately enable people with disabilities and their families to exercise greater autonomy and to choose from a wide range of formal and informal service options. This model will be supported by a Local Area Coordination program, which will assist in the coordination of formal and informal supports.

The Northern Territory Government is committed to developing closer linkages between the Disability Services Program and the Home & Community Care (HACC) Program acknowledging that the Territory has the highest proportion nationally of younger people with disabilities accessing HACC services.

The linkages between both programs will ensure that the data collected from either program will inform future policy development for all people with disabilities in the NT with the ultimate goal of enhanced service delivery across the Territory.

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13.7 Definitions

Table 13.5 Terms

<i>Term</i>	<i>Definition</i>
CSDA minimum data set	An agreed set of data items, and for each data item, an agreed definition, to be applicable across all CSDA funded services. It was developed by all jurisdictions working in cooperation with the Australian Institute of Health and Welfare (which collates and publishes national data from collections occurring annually in each jurisdiction).
Core activities as per the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers	Self care — bathing or showering, dressing, eating, using the toilet, and managing incontinence; mobility — moving around at home and away from home, getting into or out of a bed or chair and using public transport; and communication — understanding and being understood by strangers, family and friends.
Disability	<p>A multi-dimensional experience that may involve effects on organs or body parts, and effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognised in the International Classification of Impairments, Disabilities and Handicaps (ICIDH) draft classification: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restriction) (WHO 1997). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.</p> <p>The 1998 Survey of Disability, Ageing and Carers defined 'disability' as the presence of one or more of 17 limitations, restrictions or impairments: restrictions or impairments that have lasted, or are likely to last, for a period of six months or more: loss of sight (even when wearing glasses or contact lenses); loss of hearing; speech difficulties in native languages; blackouts, fits or loss of consciousness; slowness at learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding small objects; incomplete use of feet or legs; treatment of nerves or an emotional condition; restriction in physical activities or in doing physical work; disfigurement or deformity; long term effects of head injury, stroke or any other brain damage; a mental illness requiring help or supervision; treatment or medication for a long term condition or ailment that still results in a restriction; and any other long term condition resulting in a restriction.</p>
Impairment	Any loss or abnormality of psychological, physiological or anatomical structure or function.
Mild core activity restriction (as per the Australian Bureau of Statistics Survey of Disability, Ageing and Carers)	Having no difficulty performing a core activity, but using aids or equipment as a result of a disability.
Moderate core activity restriction (as per the Australian Bureau of Statistics Survey of Disability, Ageing and Carers)	Not needing assistance but having difficulty performing a core activity.

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Table 13.5 (Continued)

<i>Term</i>	<i>Definition</i>
People using CSDA accommodation services	People using one or more services corresponding to the following CSDA minimum data set service types on the snapshot day: 1.01 institution/large residential (more than 20 beds); 1.02 hostels; 1.03 group houses (no more than six people), 1.04 attendant care; 1.05 outreach support/other in-home support/drop-in support; 1.06 alternate family placements and 1.07 other accommodation.
People using CSDA community access services	People on the snapshot day using one or more services corresponding to the following CSDA minimum data set service types: 3.01 continuing education/independent living training/adult training centre; 3.02 post-school options/social and community support/community access; and 3.03 other community access and day programs.
People using CSDA community support services	People on the snapshot day using one or more services corresponding to the following CSDA minimum data set service types: 2.04 early childhood intervention; 2.05 recreation/holiday programs; 2.06 therapy (physiotherapy, occupational therapy, speech therapy); 2.07 family/individual case practice/management; 2.08 behaviour intervention/specialist intervention; 2.09 counselling: individual/ family/ group; 2.10 brokerage/direct funding; 2.11 mutual support/self help groups; 2.13 resource teams/ regional teams; and 2.14 other community support.
People using CSDA employment services	People on the snapshot day using one or more services corresponding to the following CSDA minimum data set service types: 5.01 open employment; 5.02 supported employment; and 5.03 combined open and supported employment.
People using CSDA respite services	People on the snapshot day using one or more services corresponding to the following CSDA minimum data set service types: 4.01 own home respite; 4.02 centre based/respite homes; 4.03 host family respite/peer support respite; and 4.04 other respite/flexible respite/combination.
Potential labour force	The population with the potential to require disability employment services. This is estimated as the 'potential population' (see following) aged 15–65 years with a severe or profound core activity restriction. Jurisdiction-specific potential labour force estimates include adjustment for labour force participation rates and the Indigenous population. Some performance indicators use these estimates as denominators.
Potential population	The population with the potential to require disability support services. The Australian Bureau of Statistics' concept of 'severe or profound' core activity restriction, relating as it does to the need for assistance with everyday activities of self care, mobility and verbal communication, was argued to be the most relevant population figure for disability services. However, the relatively high standard errors in the prevalence rates for smaller jurisdictions, as well as the need to adjust for the Indigenous population, necessitated the preparation of special estimates of the 'potential population' for disability services. These estimates, prepared by the Australian Institute of Health and Welfare, were used in the performance indicators when population data were needed in the denominator. Briefly, the 1998 national age and sex specific rates of severe and profound core activity restriction for people aged under 65 years were applied to the current year age and sex structure of each

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Table 13.5 (Continued)

<i>Term</i>	<i>Definition</i>
	jurisdiction in the current year to give an 'expected current estimate' of people with a severe or profound core activity restriction who were aged under 65. years in that jurisdiction. People of Indigenous status were given a weighting of 2 in these estimates, in recognition of their greater prevalence rates of disability and their relatively greater representation in CSDA services (AIHW 2000).
Primary carer	A person aged 15 years or more who provides the most informal care for the activities of self care, mobility or verbal communication. For the Survey of Disability, Ageing and Carers, the recipient (including people with a disability and older people) chooses their principal carers from the main carers nominated for the activities of self care, mobility or verbal communication. A recipient can identify only one carer as the principal carer.
Profound core activity restriction (as per Australian Bureau of Statistics Survey of Disability, Ageing and Carers)	Being unable to perform a core activity or always needing assistance.
Real expenditure	Actual expenditure (accrual) adjusted for changes in prices, using the GDP(E) price deflator, and expressed in terms of the base year (1999-2000) dollars.
Schooling or employment restriction	<i>Schooling restriction:</i> as a result of disability being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school. <i>Employment restriction:</i> as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a better job.
Severe core activity restriction (as per the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers)	Sometimes needing assistance to perform a core activity.
Specific restrictions (as per the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers)	Core activity restrictions and/or schooling or employment restrictions.
Accommodation clients receiving community based care or support	People using CSDA minimum data set service types 1.03–1.07 as a proportion of all people using CSDA accommodation services (excluding services provided to people with a psychiatric disability).

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Table 13.6 Indicators

<i>Indicator</i>	<i>Definition</i>
Administration expenditure as a proportion of total expenditure	The numerator — expenditure (accrual) by jurisdictions on administering the system as a whole (including the regional disability program administration, regional administration, the central program policy branch administration, the disability program administration and the disability program share of corporate administration costs under the umbrella department, but excluding administration expenditure on individual services) — divided by the denominator — total government expenditure on providing and funding services for people with a disability (including expenditure on both programs and administration, direct expenditures and grants to government service providers, and government grants to non-government service providers).
Cost per consumer of employment service	The numerator — Commonwealth grant and case-based funding expenditure (accrual) on specialist disability employment services as defined by CSDA MDS service types: 5.01 open, 5.02 supported, 5.03 combined open and supported, divided by the denominator — number of customers who received assistance during the financial year.
Cost per government delivered community accommodation and care place	The numerator — government expenditure (accrual) on government delivered community accommodation and care as defined by CSDA minimum data set category 1.03, 1.05, 1.06, and 1.07 — and where the service has fewer than six clients — divided by the denominator — the number of places of this type on the snapshot day.
Cost per government delivered institutional/large residential place	The numerator — government expenditure (accrual) on government delivered institutional/large residential accommodation and care, as defined by CSDA minimum data set categories 1.01 and 1.02, and where a service has six or more clients — divided by the denominator — the number of places of this type on the snapshot day.
Government funding per non-government community accommodation and care place	The numerator — government expenditure (accrual) on government delivered community accommodation and care as defined by CSDA minimum data set category 1.03, 1.06, 1.06 and 1.07 and where the service has fewer than six clients (government contributions to non-government providers per place represents only a proportion of the total cost of providing a place, with this proportion varying among jurisdictions) — divided by the denominator — the number of places of this type on the snapshot day.
Government funding per non-government institutional/large residential place	The numerator — government funding (accrual) to non-government delivered institutional/large residential accommodation and care, as defined by CSDA minimum data set categories 1.01 and 1.02, and where the service has six or more clients (government per place contributions to non-government providers represent only a proportion of the total cost of providing a place, with this proportion varying among jurisdictions) — divided by the denominator — the number of places of this type on the snapshot day.
Labour force participation rate for people with a disability	The total number of people with a disability in the labour force (where the labour force includes employed and unemployed) and divided by the total number of people with a disability aged 15 years and over and multiplied by 100.

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Table 13.6 (Continued)

<i>Indicator</i>	<i>Definition</i>
	<p>An <i>employed person</i> is a person aged 15 years or more, who in their main job during the enumeration period (reference week):</p> <ul style="list-style-type: none"> • worked one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (including employees, employers and self-employed persons); • worked one hour or more without pay in a family business or on a farm (excluding persons undertaking other unpaid voluntary work); or • was an employer, employee or self employed person or unpaid family helper who had a job, business or farm, but was not at work. <p>An <i>unemployed person</i> is a person aged 15 years or more who was not employed during the enumeration period, but was looking for work.</p>
Labour force participation rate for the total population	Total number of people aged 15 years or more in the labour force (where the labour force that includes both employed and unemployed people) divided by the total number of people aged 15 years and over and multiplied by 100.
Proportion of people with a disability employed	Total number of people with a disability aged 15 years or more who are employed, divided by the total number of people with a disability aged 15 years or more in the labour force and multiplied by 100.
Proportion of people with a disability unemployed	Total number of people with a disability aged 15 years or more who are unemployed, divided by the total number of people with a disability aged 15 years or more in the labour force and multiplied by 100.
Proportion of the total population employed	Total number of people aged 15–64 years who are in the labour force and employed, divided by the total number of people aged 15–64 years in the labour force.
Proportion of the total population unemployed	Total number of people aged 15–64 years who are in the labour force but unemployed, divided by the total number of people aged 15–64 years in the labour force.

