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## 13 Services for people with a disability

Commonwealth, State and Territory governments aim to maximise opportunities for people with a disability to participate actively in the community, by providing services and supports for people with a disability and their carers. The Commonwealth–State Disability Agreement (CSDA) provides a framework for the provision of specialist disability services to those aged less than 65 years with a severe or profound disability requiring ongoing support. This chapter focuses on the performance of the Commonwealth, State and Territory governments in providing services and supports for people with a disability under the CSDA. Services to people with severe psychiatric conditions are excluded from State government data. A definition of disability is provided in box 13.1.

Formal services to people with a disability can be grouped into income support, disability support services, and relevant generic services provided to the community as a whole as well as to people with a disability. As a general rule, the Review does not report information on income support. Disability support services are largely provided under programs such as Home and Community Care (HACC), rehabilitation and the CSDA.

The recipients of HACC services are people living in the community who are, in the absence of basic maintenance and support services, at risk of premature or inappropriate long term residential care. Funding through HACC applies to both frail aged people (estimated at 70 per cent) and younger people with a disability (estimated at 30 per cent) (SCRCSSP 2001). Performance information on the HACC program is provided in the aged care services chapter (chapter 12). Performance information is not provided for rehabilitation services for people with a disability.

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### Box 13.1 Definition of disability

The first international classification relating to disability was provided by the International Classification of Impairments, Disabilities and Handicaps, initially published in 1980 by the World Health Organisation (WHO). The 1980 classification was a framework for disability described in three dimensions: impairment, disability and handicap. The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers in 1981, 1988 and 1993 was based on this classification. A revised classification — the International Classification of Functioning, Disability and Health (ICF) — was adopted by the World Health Assembly in May 2001, after several years of international revision.

Disability is conceptualised as being a multidimensional 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 ICF: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restrictions). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.

The ABS 1998 Survey of Disability, Ageing and Carers defined disability as any person with a limitation, restriction or impairment which has lasted, or is likely to last, for at least six months and restricts everyday activities.

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

- *mild* — where a person has no difficulty with self care, mobility 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/or communication tasks, or always needs assistance.

Sources: ABS (1999), WHO (1999), (2001).

Some mainstream services provided to the community as a whole as well as to people with a disability — such as vocational education and training, school education, public hospital care, mental health services and housing — are covered elsewhere in this Report (box 13.2). Other mainstream services provided to people with a disability — such as transport and utility services at concessional rates — are outside the scope of this Report.

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**Box 13.2 Other disability reporting in the 2002 Report**

School education (chapter 3) reports on students with disabilities — student body mix.

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

Health management issues (chapter 7) reports on services for people with mental disorders including those with long term psychiatric disorders.

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

Children's services (chapter 14) reports on the representation of children with disabilities in child care.

Housing (chapter 16) reports on access to public housing assistance — special needs households as a proportion of all new households; the proportion of new tenancies allocated to households with special needs; households that pay less than market rent or that are special needs households paying market rent as a proportion of all households — where special needs groups include applicants with a disability in the household.

Significant steps have been made in improving the comparability and scope of reporting this year. Additional data consistent with the existing indicators are included for the first time in this Report. These are:

- geographic indicators of access to services;
- indicators of day activity services to Indigenous people;
- disaggregated cost per place for employment services; and
- social participation indicators comprising:
  - community, cultural and leisure participation;
  - use of public transport;
  - educational attainment; and
  - level of schooling.

A profile of services for people with a disability available under the CSDA appears in section 13.1. Policy developments in services for people with a disability are presented in section 13.2. Under the CSDA, all jurisdictions have agreed to develop and report against comparable performance indicators. A framework of performance indicators is outlined in section 13.3. The performance of jurisdictions is discussed in section 13.4 and future directions for performance reporting are

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discussed in 13.5. The chapter concludes with jurisdictions' comments in section 13.6 and definitions of the data descriptors and indicators in section 13.7.

### *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\2002\Attach13A.xls and in Adobe PDF format as \Publications\Reports\2002\Attach13A.pdf.

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the electronic files). These tables 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](http://www.pc.gov.au/service/gsp)). Users without Internet access can contact the Secretariat to obtain updated 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 increased funding for community based services, partly as a substitute for government and non-government operated intensive, institutionalised care. To increase the overall level and range of services available for people staying in the community, programs have been developed that provide funding directly to clients. These programs allow clients to choose a customised package of services, which better reflects their needs (SCRCSSP 1998).

### **Roles and responsibilities**

The CSDA defines the roles and responsibilities of the Commonwealth, State and Territory governments in the provision of certain services to people with a disability.

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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 CSDA (box 13.3).

**Box 13.3 Services provided under the Commonwealth–State Disability Agreement**

The second CSDA was signed in 1998 by Commonwealth, State and Territory governments and covers the provision of specialist disability services by those jurisdictions for the five–year period ending 30 June 2002. Specialist disability services are defined under the agreement as services specially designed from time to time to meet the needs of people with a disability.

The following services are administered by the Commonwealth Government.

- Open employment services provide employment assistance to people with a disability in obtaining and/or retaining 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.

The following services are 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.
- Community support helps people with a disability to integrate and participate in the community. It includes information/referral services, recreation and holiday

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**Box 13.3 (Continued)**

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 are:

- advocacy services, which enable people with a disability to increase their control over their lives by representing their interests and views in the community; and
- research and development.

The CSDA does not apply to the provision of:

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

Source: CSDA (1998).

Family and friends meet most needs of people with a disability. In 1998, 450 900 primary carers provided the majority of help with self care, mobility and verbal communication for persons with a disability (ABS 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 13.4).

**Box 13.4 Commonwealth supplementary and 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, the Sickness Allowance and the Mobility Allowance. Commonwealth outlays on payments to people with a disability in 2000-01 (on an accrual basis) amounted to \$5.8 billion for the Disability Support Pension, \$481.0 million for the Carer Payment, \$532.0 million for the Carer Allowance, \$95.5 million for the Sickness Allowance and \$59.4 million for the Mobility Allowance. At 30 June 2001 there were 623 926 recipients of the Disability Support Pension, 57 190 recipients of the Carer Payment, 246 337 recipients of the Carer Allowance, 10 942 recipients of the Sickness Allowance and 37 574 recipients of the Mobility Allowance (table 13.1).

Source: DFaCS (unpublished).

Accommodation, respite, and community access and support services provided under the CSDA on the snapshot day in 2001 were used by 46 010 clients. There were 17 373 consumers of employment services provided under the CSDA on the snapshot day in 2000 (and 52 618 consumers throughout the year) (AIHW 2000b). More information on users of CSDA services can be found in the attachment (table 13A.3B) and 2001 data on employment services can be found on the Review web page. The proportion of services provided by non-government organisations in 2001 varied across jurisdictions (table 13A.3B).

**Table 13.1 Recipients of Disability Support Pension, Mobility Allowance, Carer Payment and Carer Allowance ('000)<sup>a</sup>**

	<i>NSW<sup>b</sup></i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas<sup>c</sup></i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Disability Support Pension<sup>d</sup></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
June 2000	201.0	142.5	110.6	50.0	56.7	29.6	5.9	4.8	602.2
June 2001	207.1	147.0	116.5	51.6	59.9	30.4	6.4	5.0	623.9
<b>Mobility Allowance<sup>e</sup></b>									
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	0.4	0.1	35.1
June 2001	10.9	11.0	7.1	2.9	3.9	1.1	0.4	0.2	37.6
<b>Carer Payment<sup>f</sup></b>									
June 2001	20.1	14.5	11.6	3.8	4.4	2.0	0.5	0.3	57.2
<b>Carer Allowance<sup>g</sup></b>									
June 2001	80.7	64.5	47.3	22.1	20.1	7.0	3.1	1.3	246.3

<sup>a</sup> Totals may not sum exactly as a result of rounding. <sup>b</sup> NSW figures for the Carer Payment and Carer Allowance include 267 customers under the category of 'unknown'. <sup>c</sup> June 2000 data include payments to approximately 10 000 overseas residents made by the International Operations Branch of the Department of Family and Community Services (DFaCS) which is located in Tasmania. <sup>d</sup> 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. <sup>e</sup> 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. <sup>f</sup> The Carer Payment provides income support to people who, as a result of the demands of their caring role, are unable to support themselves through substantial workforce participation. <sup>g</sup> The Carer Allowance is a supplementary payment available to people who provide daily care and attention at home for an adult or child with a disability or chronic mental condition.

Source: DFaCS (2001).

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## 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 \$2.5 billion in 2000-01 — a real increase of 5.3 per cent from the level of expenditure in 1999-2000 (table 13A.8). Of all CSDA funding in 2000-01, 71.1 per cent (\$1.8 billion) came from State and Territory governments. The Commonwealth Government funded the remainder (28.9 per cent), which included \$427.7 million in transfer payments to States and Territories (DFaCS unpublished). In addition to transfer payments, the Commonwealth spent \$289.5 million on employment assistance and other services, including \$241.1 million on employment services for people with a disability (table 13A.8).

The distribution of expenditure across CSDA services varied across jurisdictions. The main areas of State and Territory government expenditure in 2001 were accommodation support services (56.5 per cent of total direct service delivery expenditure), community support (12.0 per cent) and community access (10.7 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).

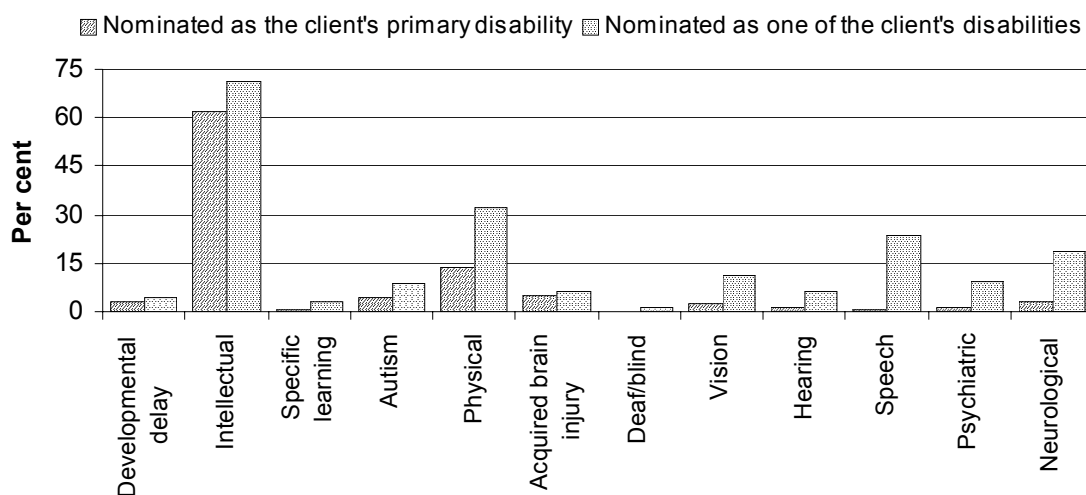
## Size and scope

The ABS conducts a Survey of Disability, Ageing and Carers once every five years. The last survey was conducted in 1998. 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). Detailed survey results provide contextual information about disability related matters and were discussed in the 2000 and 2001 reports (table 13A.1).

Intellectual disability was identified as the primary disability for 61.7 per cent of all people with a disability who received services in 2001 (figure 13.1).



Figure 13.1 **Consumers of CSDA services, State and Territory governments by disability group, 2001<sup>a, b</sup>**



<sup>a</sup> Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where primary disability group was inconsistently recorded, the person was allocated a primary disability group according to a standard method. Where disability groups were inconsistently recorded for the same person, all recorded types were included. Totals may not be the sum of the components because individuals may have accessed services from more than one jurisdiction on the snapshot day. Data for consumers of CSDA services funded by the States and Territories exclude psychiatric services specifically identified by the jurisdiction. <sup>b</sup> Excludes Commonwealth employment data. The main impact on figure 13.1 (compared with that in the 2001 Report) is that numbers of consumers are lower than in previous years.

Source: Australian Institute of Health and Welfare (AIHW) (2001a); tables 13A.5(B) and 13A.6(B).

## 13.2 Policy developments in services for people with a disability

The following six policy areas reflect the key new directions evident in program management for people with a disability, their families and the wider community.

### Community inclusion

Community inclusion initiatives aim to promote acceptance of people with a disability actively contributing and participating in their community. Initiatives aimed at enhancing community inclusion operate nationally. These initiatives aim to promote the independence, inclusion, participation and personal choice of individuals with disabilities of all ages in all environments through the development and enhancement of culturally sensitive, cost effective and responsive services and support, and work opportunities.

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## **Demand management**

The demand for a range of accessible and appropriate intervention options is expected to grow in line with a range of factors such as an ageing population and increased community expectations. The redevelopment of the CSDA Minimum Data Set (MDS) establishes evidence to assist governments and service providers to plan for and meet growing needs.

In addition, there are a number of initiatives aimed at managing the demand for disability services. Several States have implemented new systematic processes to prioritise objectively those individuals who are in critical need of support or who would most benefit from early intervention.

## **Individualised approaches**

In recognition of the diverse capacity and circumstances of, and opportunities for, people with a disability, most governments have implemented an individual client focused approach to assessment and service delivery in at least one program area. Brokerage services for people with a disability are operating in all States and Territories. These services assist people with a disability to identify the supports needed, secure funding resources, and negotiate and establish customised services to respond appropriately to identified needs. Several States have established a local area coordination service, for example, aimed at assisting people with a disability and their families and carers to plan, select and receive needed services.

## **Transitions**

The Commonwealth, State and Territory governments are committed to ensuring that people with a disability and their families are able to navigate their way through the myriad of choices and decisions that need to be made throughout different stages of their lives. The most significant transitions include those from childhood to adulthood; from family based support to accommodation support; and from work to retirement. The ability to make the transition between day activity and employment if a person's condition changes, is also an area for development work.

## **Early intervention and prevention**

A balance between early intervention and ongoing support is necessary to ensure services cater for the needs of individuals and their families. Early intervention strategies are being further developed as part of improving management. They are

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also desirable for individuals, families and the wider community to assist in providing appropriate services at the right time (for example, respite) to prevent carers from reaching crisis point.

### **Better assessment**

Governments are trialing several new assessment tools and methods to identify and respond to the needs of individuals and to determine resource and funding allocations for CSDA services.

## **13.3 Framework of performance indicators**

The framework of performance indicators is based on shared government objectives of services for people with a disability (box 13.5). The framework provides information on the efficiency and effectiveness of government services for people with a disability.

Proxy efficiency indicators focus on unit cost and administrative costs. Effectiveness indicators focus on outcomes, service quality and access to services (figure 13.2). The performance indicators in this chapter focus on accommodation support and employment services (which account for 61.8 per cent of total government expenditure on services provided under the CSDA) (table 13A.7).

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

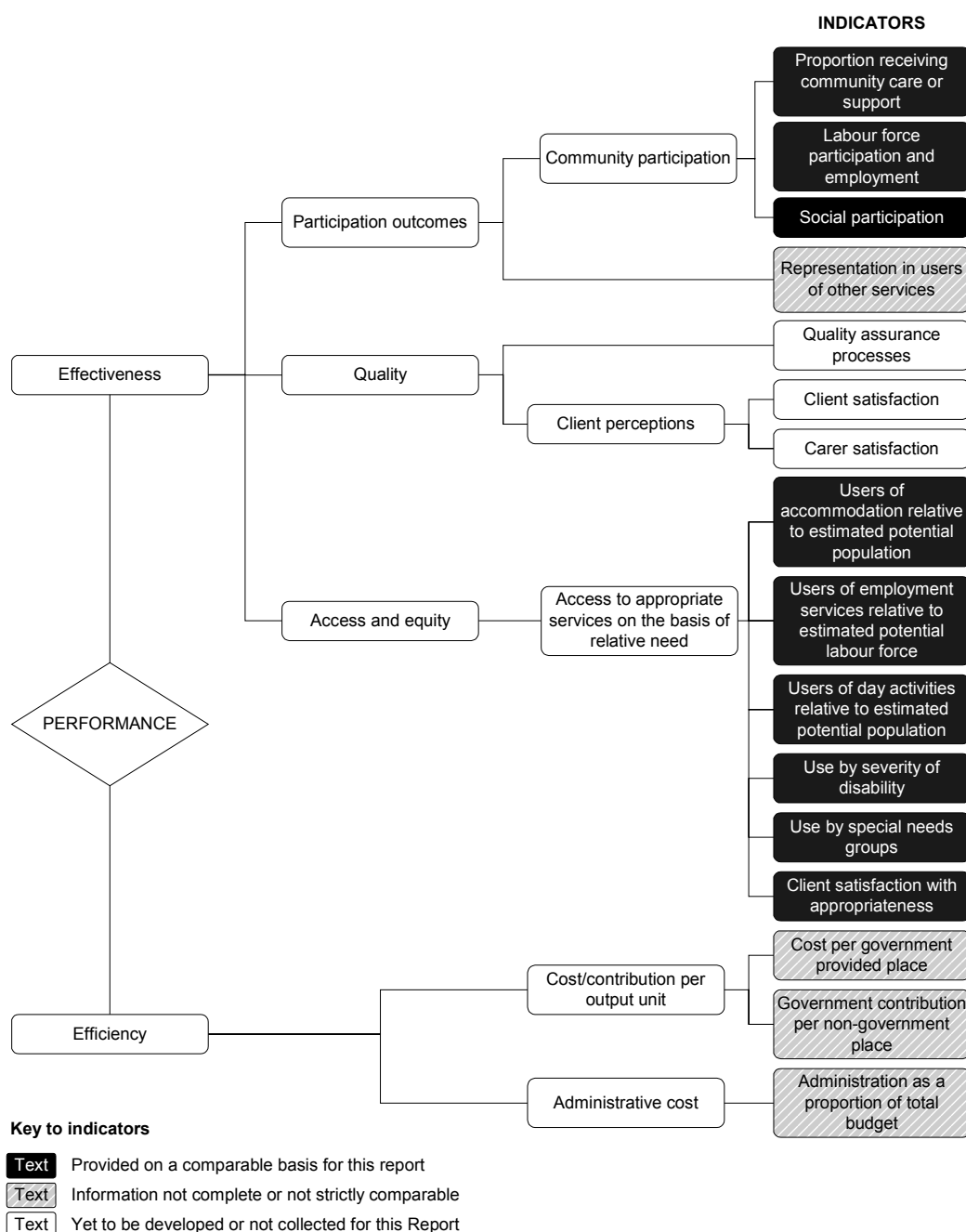
Governments strive to enhance the quality of life experienced by people with a disability by assisting them to live as valued and participating members of the community.

In working towards 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 types 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.

*Source:* CSDA (1998).

Figure 13.2 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.

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The main sources of data for performance indicators are the 2001 CSDA MDS collection (AIHW 2001a), the ABS 1998 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 2001 was in May or June, depending on the jurisdiction. A single consumer may receive more than one service on the snapshot day, so the number of consumers on the snapshot day is less than the number of services received on the day.

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 MDS collection relates to services delivered on a single snapshot day. For 1999, 2000 and 2001, the number of consumers receiving accommodation services on the snapshot day has been estimated from the number of occasions on which a service was received, using a statistical linkage key to remove double counting. This is possible because the statistical linkage key enables, with a small degree of error, the identification of multiple data records belonging to the same individual, but without identifying the individual.

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

## **Participation outcomes**

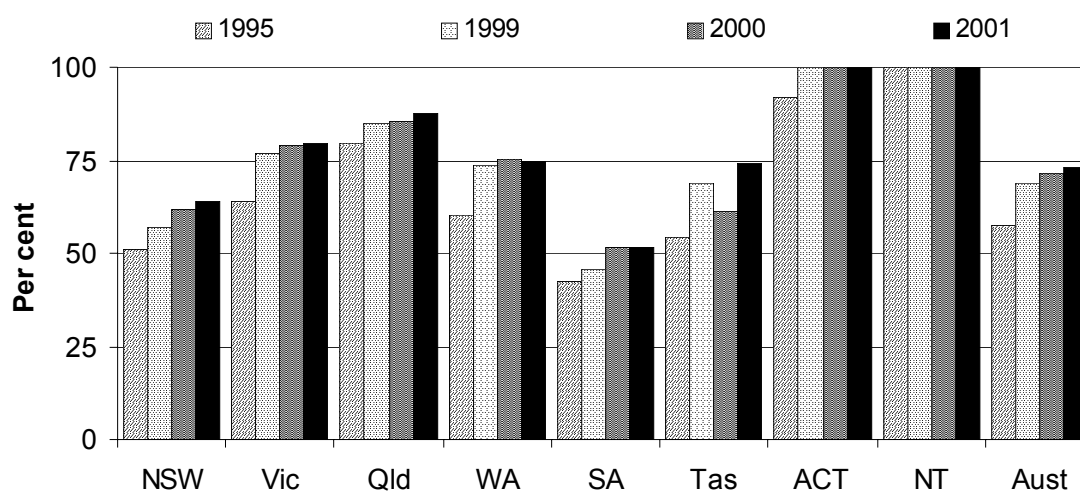
Four indicators of participation are outlined in the framework: the proportion of accommodation clients receiving community based accommodation support or care; labour force participation and the employment status of people with a disability; the level of social participation of people with a disability; 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, 73.0 per cent of accommodation clients had community based accommodation or 'in-home' support in 2001, rising from 67.2 per cent in 1997 (table 13A.9). The ACT and the NT had the highest proportion of accommodation clients receiving community based care or support (both 100 per cent) in 2001 and SA had the lowest (51.6 per cent) (figure 13.3). The upward trend in consumers of CSDA community based or 'in-home' accommodation support services reflects de-institutionalisation nationally over the period 1995 (57.4 per cent) to 2001 (73.0 per cent) (figure 13.3).

**Figure 13.3 Consumers of CSDA community based or 'in-home' accommodation support services<sup>a</sup>**



<sup>a</sup> Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where the accommodation service type was inconsistently recorded for the same consumer, the consumer was counted as receiving an 'institutional/large residential or hostel' accommodation support service. Totals may not be the sum of the components because individuals may have accessed services from more than one jurisdiction on the snapshot day. Data for consumers of CSDA services funded by the States and Territories exclude psychiatric services specifically identified by the jurisdiction. Community based or 'in-home' accommodation support services are group homes, attendant care, outreach/other 'in-home'/drop-in support, alternative family placement and other accommodation. Data for 1995 are based on services received (recipients, not consumers), while the 1999-2001 data are consumer data.

Source: AIHW (2001a); table 13A.9.

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

The ABS 1998 Survey of Disability, Ageing and Carers provides data for labour force participation and employment rates for people aged 15–64 years with a profound or severe core activity restriction. The participation rate for people with a profound or severe core activity restriction in 1998 was 34.7 per cent, which equates to 28.6 percentage points below the participation rate for the general population in all jurisdictions (63.3 per cent). The employment rate for people with a profound or

severe core activity restriction was 89.0 per cent — 3.1 percentage points below the rate for the general population (92.1 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)<sup>a, b, c</sup>**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA<sup>d</sup></i>	<i>Tas<sup>d</sup></i>	<i>ACT<sup>d</sup></i>	<i>NT<sup>d</sup></i>	<i>Aust</i>
Labour force participation rate									
People with a profound/severe core activity restriction <sup>e</sup>	32	32	42	37	33	22	52	45	35
General population <sup>f</sup>	62	64	65	67	60	59	72	69	63
Employment rate									
People with a profound/severe core activity restriction <sup>e</sup>	93	90	87	87	80	85	92	85	89
General population <sup>f</sup>	93	92	91	93	90	90	94	96	92

<sup>a</sup> People aged 15–64 years, living in households. Core activities comprise communication, mobility and self care. <sup>b</sup> 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. <sup>c</sup> Totals are taken from ABS publications and may not calculate to an exact average due to ABS calculation methods. <sup>d</sup> Estimates for people with a disability for smaller jurisdictions need to be interpreted with caution because the sample sizes are small. <sup>e</sup> In 2001, the ABS revised the 1998 disability data for NSW, the ACT and the NT. <sup>f</sup> Participation and employment rates for the total population are available for 2001, however, June 1998 figures are used as a better comparison than the current year data reported previously.

Source: ABS (1998, 1999); 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. Governments seek to advance the rights and wellbeing of people with a disability by helping them to live as valued and participating members of the community.

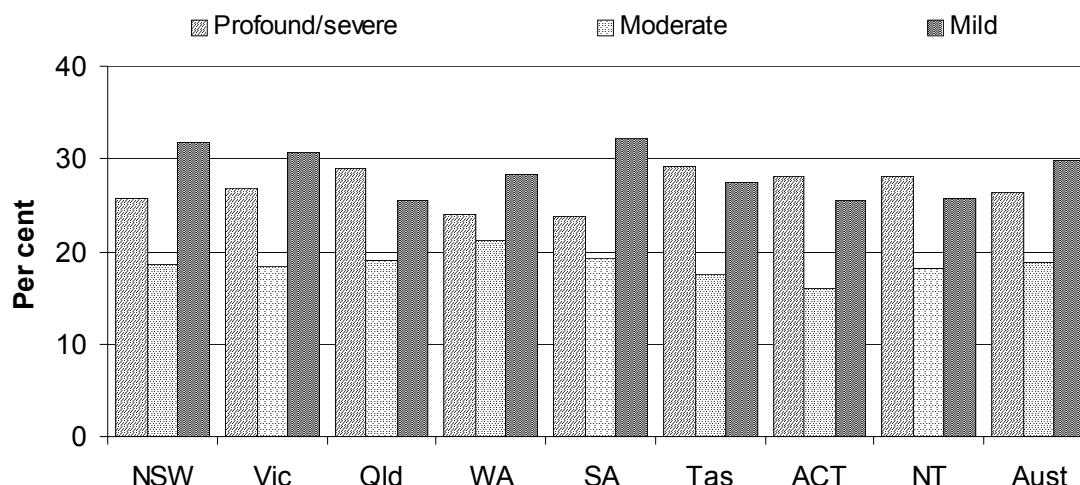
The ABS 1998 Survey of Disability, Ageing and Carers provides data for social participation for people aged 5 years and over with a profound, severe, moderate and mild core activity restriction. Social participation of people with a disability includes community, cultural and leisure participation, use of public transport, educational attainment, and schooling (ABS 1999; AIHW 1999).

Reporting on the social participation of people with a disability has expanded considerably this year. In particular, reported for the first time are the proportions of people with a disability who participated in community, cultural and leisure activities, attained a post-school educational qualification, completed year 12 schooling and used public transport. The proportions of people with a disability who

attained a post-school educational qualification and completed year 12 are also compared with the proportions of the total population.

Nationally, 75.0 per cent of the total population of people with a disability participated in community, cultural and leisure activities at home in the last three months preceding the 1998 survey. Community, cultural and leisure participation for those with a profound/severe core activity restriction was highest in Tasmania (29.2 per cent) and lowest in SA (23.8 per cent). For those with a moderate core activity restriction, participation was highest in WA (21.1 per cent) and lowest in the ACT (15.9 per cent) (figure 13.4).

**Figure 13.4 Community participation at home in the last three months, by disability status, as a proportion of all people with a disability, 1998<sup>a, b, c</sup>**



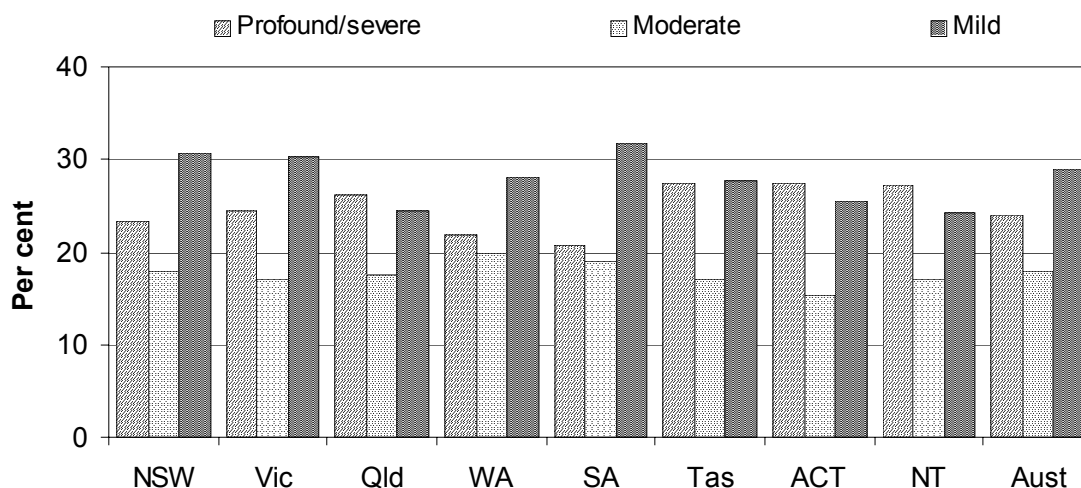
<sup>a</sup> In the three months preceding the ABS 1998 Survey of Ageing, Disability and Carers. <sup>b</sup> Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. <sup>c</sup> People aged 5 years and over, with a disability, living in households.

Source: ABS (1999); table 13A.21.

Nationally, 70.8 per cent of the total population of people with a disability participated in community, cultural and leisure activities away from home in the three months preceding the 1998 survey. Community, cultural and leisure participation for those with a profound/severe core activity restriction was highest in Tasmania (27.5 per cent) and lowest in SA (20.8 per cent). For those with a moderate core activity restriction, community, cultural and leisure participation was highest in WA (19.9 per cent) and lowest in the ACT (15.3 per cent) (figure 13.5).



Figure 13.5 **Community participation away from home in the last three months, by disability status, as a proportion of all people with a disability, 1998<sup>a, b, c</sup>**



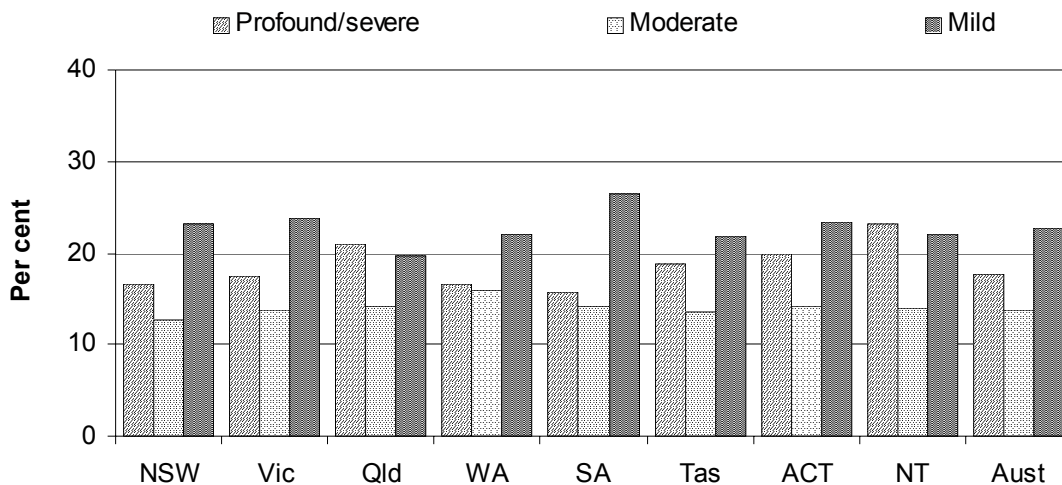
<sup>a</sup> In the three months preceding the ABS 1998 Survey of Ageing, Disability and Carers. <sup>b</sup> Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. <sup>c</sup> People aged 5 years and over with a disability, living in households.

Source: ABS (1999); table 13A.22.

Nationally, 54.2 per cent of the total population of people with a disability participated in community, cultural and leisure activities away from home in the 12 months preceding the 1998 survey. Community, cultural and leisure participation for those with a profound/severe core activity restriction was highest in the NT (23.1 per cent) and lowest in SA (15.7 per cent). For those with a moderate core activity restriction, participation was highest in WA (16.0 per cent) and lowest in NSW (12.6 per cent) (figure 13.6).

Nationally, visits and telephone calls from family or friends were the most common community, cultural and leisure activities participated in at home by people with a profound/severe core activity restriction in the three months preceding the 1998 survey (24.8 per cent and 24.0 per cent respectively, of all people with a disability). Across jurisdictions, visits from family and friends were highest in Tasmania (27.3 per cent) and lowest in WA (22.8 per cent). Telephone calls from family and friends were highest in Tasmania (27.3 per cent) and lowest in SA (21.5 per cent) (figure 13.7).

**Figure 13.6 Community participation away from home in the last 12 months, by disability status, as a proportion of all people with a disability, 1998<sup>a, b, c</sup>**



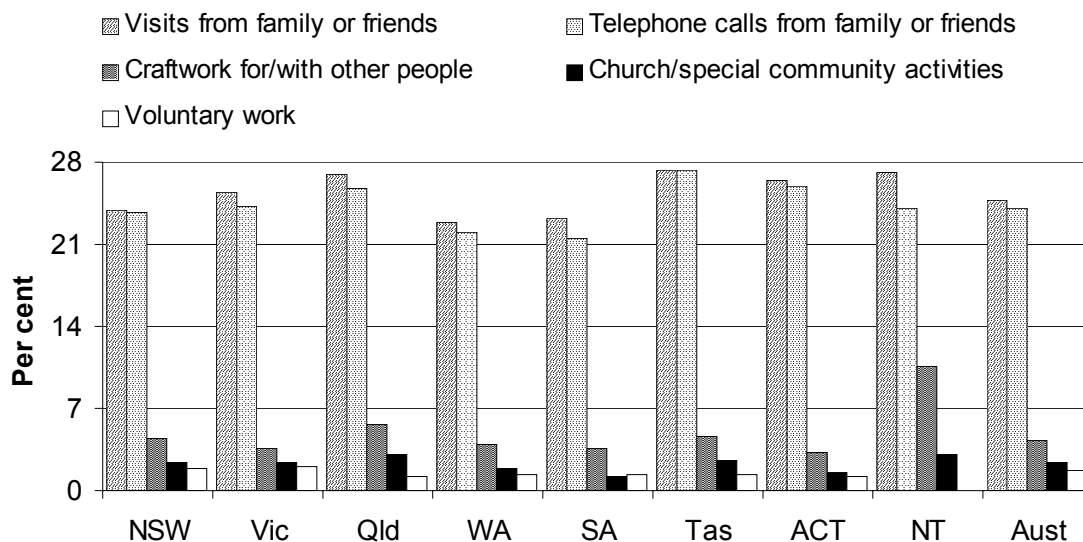
<sup>a</sup> In the three months preceding the ABS 1998 Survey of Ageing, Disability and Carers. <sup>b</sup> Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. <sup>c</sup> People aged 5 years and over with a disability, living in households.

Source: ABS (1999); table 13A.23.

Involvement in craftwork was highest in the NT (10.6 per cent) and lowest in the ACT (3.3 per cent). Participation in church/special community activities was highest in Queensland and the NT (3.0 per cent) and lowest in SA (1.3 per cent), and voluntary work was highest in Victoria (2.0 per cent) and lowest in the NT (less than 1 per cent) (figure 13.7).

Nationally, in 1998, the proportion of the total population holding a post-school educational qualification (39.0 per cent) was higher than the proportion of the total population with a disability (29.6 per cent). The highest proportion of people with a disability holding a post-school educational qualification was in the ACT (58.2 per cent) and the lowest was in Tasmania (24.3 per cent) (figure 13.8).

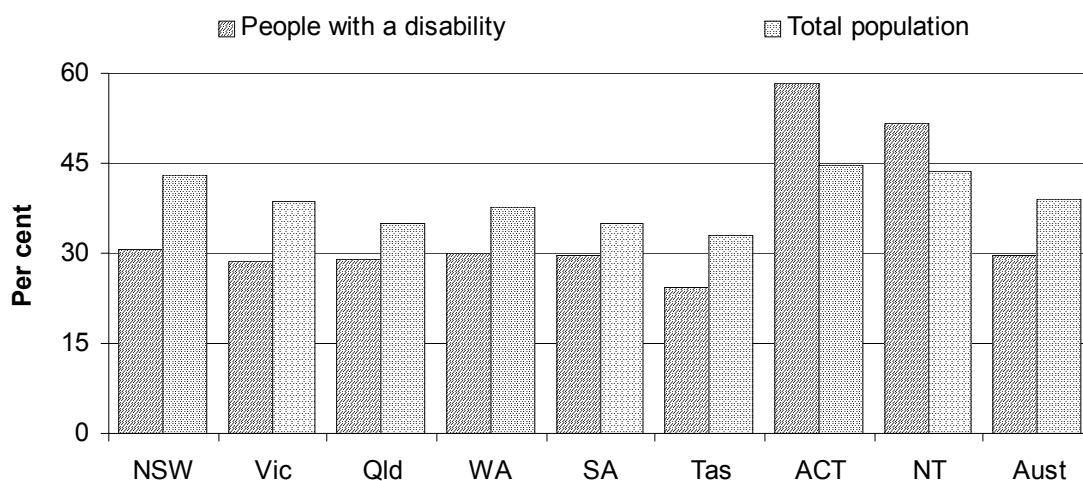
**Figure 13.7 Community participation of people with a profound/severe core activity restriction, at home in the last three months, by activity 1998<sup>a, b, c</sup>**



<sup>a</sup> In the three months preceding the ABS 1998 Survey of Ageing, Disability and Carers. <sup>b</sup> Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. <sup>c</sup> People aged 5 years and over with a disability, living in households.

Source: ABS (1999); table 13A.21.

**Figure 13.8 Proportion of people with a post-school educational qualification, 1998<sup>a, b</sup>**

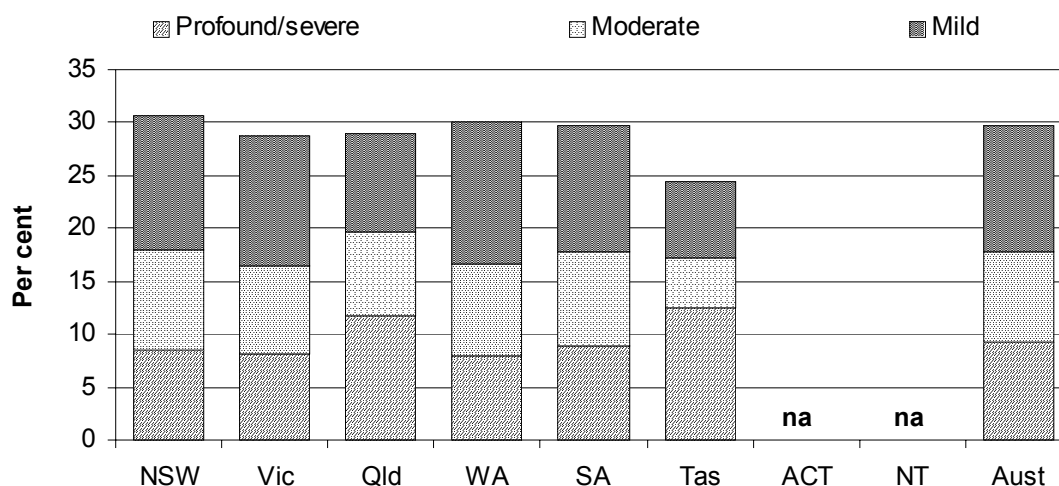


<sup>a</sup> People aged 15-64 years, living in households. <sup>b</sup> Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions.

Source: ABS (1999); table 13A.24.

The results in figure 13.8 need to be interpreted with care because small sample sizes for the smaller jurisdictions can cause bias and therefore data are not disaggregated by severity of core activity restriction for the ACT and the NT. Where the proportion of people can be disaggregated by severity of core activity restriction, data show that Tasmania had the highest proportion of people with a profound/severe core activity restriction and a post-educational qualification (12.4 per cent) and WA had the lowest (7.9 per cent) (figure 13.9).

**Figure 13.9 People with a post-school educational qualification, by severity of core activity restriction, as a proportion of all people with a disability, 1998<sup>a, b</sup>**



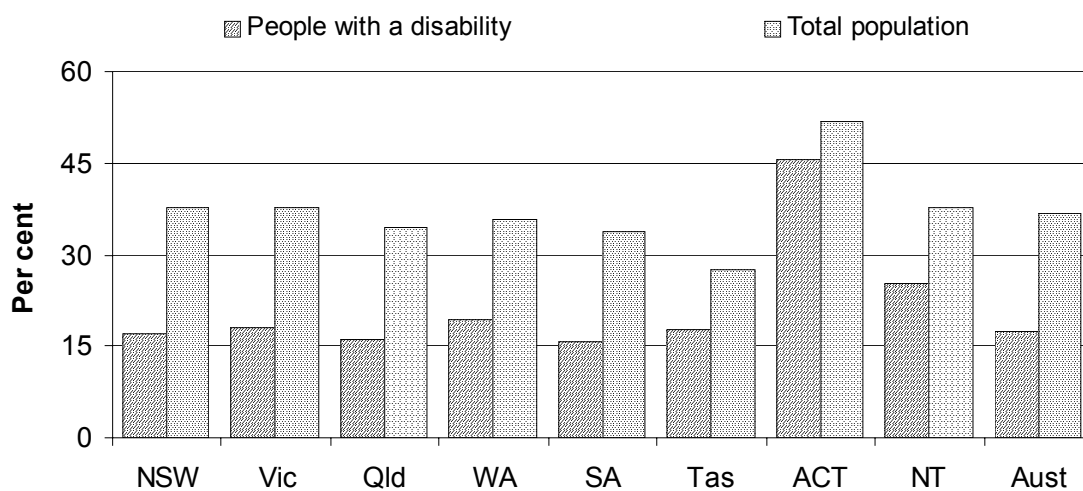
<sup>a</sup> People aged 15–64 years, living in households. <sup>b</sup> Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. **na** Not available.

Source: ABS (1999); table 13A.24.

Nationally, in 1998, the proportion of the total population who had completed year 12 was higher (36.6 per cent) than the proportion of the total population with a disability (17.4 per cent). The highest proportion of people with a disability who had completed year 12 was in the ACT (45.7 per cent) and the lowest was in SA (15.7 per cent) (figure 13.10).

The proportion of people with a post-school qualification is higher than those with year 12 schooling as a result of the definitions used in the ABS 1998 Survey of Disability, Ageing and Carers. Specifically, post-school educational qualification includes higher and bachelor degrees, as well as basic vocational qualifications and a variety of other categories.

Figure 13.10 **Proportion of people who had completed year 12 schooling, 1998<sup>a, b</sup>**



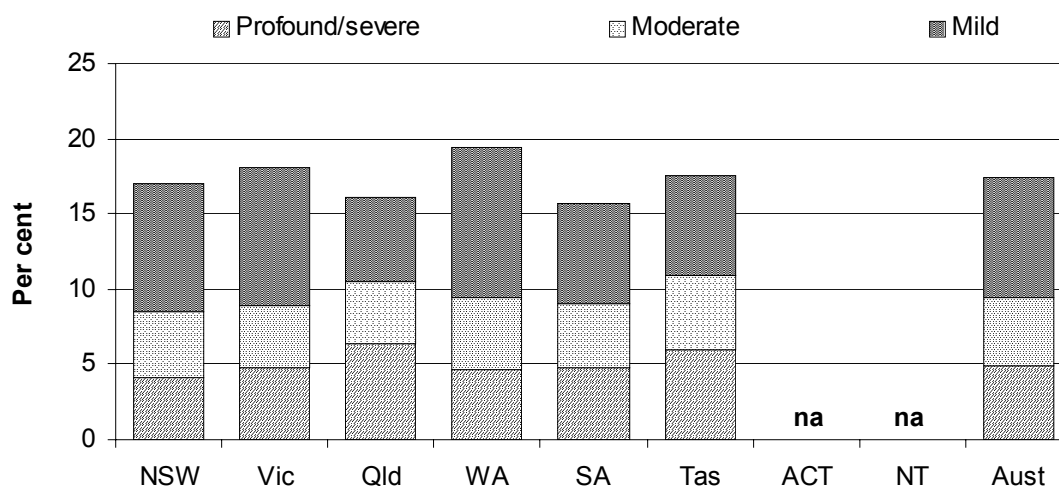
<sup>a</sup> People aged 15–64 years, living in households. <sup>b</sup> Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions.

Source: ABS (1999); table 13A.25.

The results in figure 13.10 need to be interpreted with care because small sample sizes for the smaller jurisdictions can cause bias and, therefore, data are not disaggregated by severity of core activity restriction for the ACT and the NT. Where the proportion of people can be disaggregated by severity of core activity restriction, data show that Queensland had the highest proportion of people with a profound/severe core activity restriction and a post school educational qualification (6.4 per cent) and NSW had the lowest (4.1 per cent) (figure 13.11).

Nationally, in 1998, the proportion of the total population of people with a disability who had access to local public transport was 63.9 per cent. The proportion of the total population of people with a disability who used public transport was 33.9 per cent. The proportion who used public transport was highest in NSW (40.9 per cent) and lowest in Tasmania (22.0 per cent) (figure 13.12). Data on public transport use, access and difficulty of use do not include the subsidised taxi services (public access cabs) which are available to people with a disability.

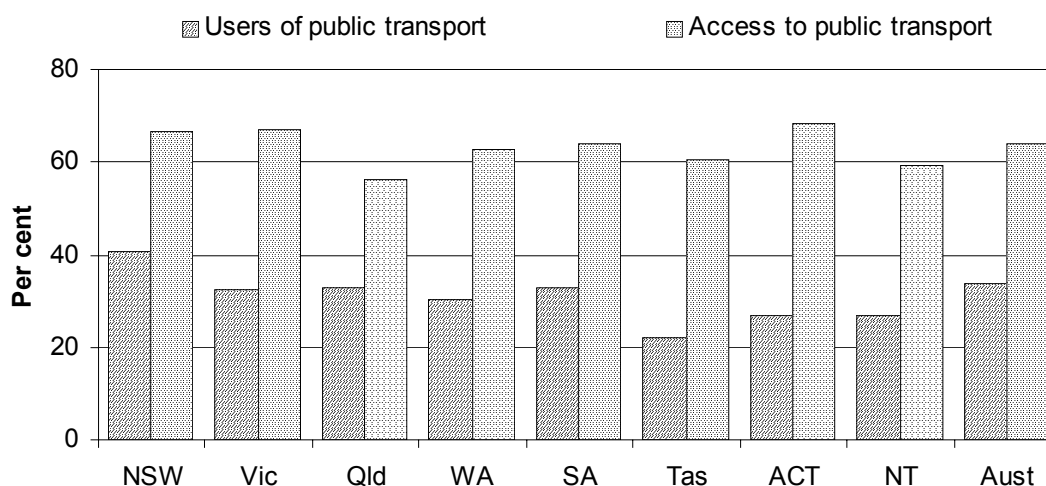
**Figure 13.11 People with a disability who had completed year 12 schooling, by severity of core activity restriction, 1998<sup>a, b</sup>**



<sup>a</sup> People aged 15–64 years, living in households. <sup>b</sup> Where results are close in value, once confidence intervals are considered there may be little to no variation between jurisdictions. **na** Not available.

Source: ABS (1999); table 13A.25.

**Figure 13.12 People using public transport compared to those with access, as a proportion of all people with a disability, 1998<sup>a, b</sup>**



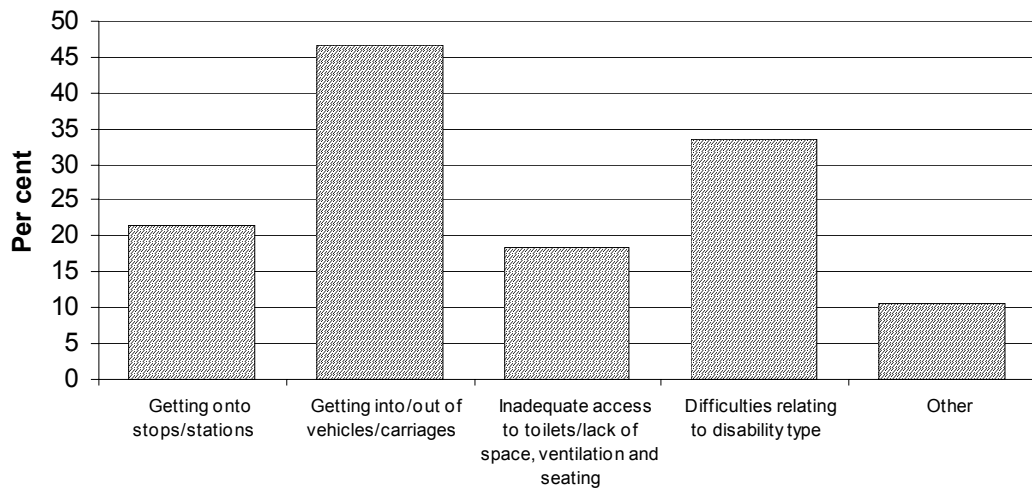
<sup>a</sup> People aged 5 years and over, living in households. <sup>b</sup> Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions.

Source: ABS (1999); table 13A.26.

There are likely to be several reasons that people with a disability do not use public transport even though they have access locally, including use of private transport and difficulty with using public transport. Nationally, the main reason for people

with a disability having difficulty using public transport was getting into and out of vehicles and carriages (figure 13.13).

Figure 13.13 **People having difficulty using public transport, by type of difficulty, as a proportion of people with a profound/severe core activity restriction, 1998<sup>a, b</sup>**



<sup>a</sup> People aged 5 years and over, living in households. <sup>b</sup> People who experience pain/discomfort when sitting, cognitive or behavioural difficulties, fear/anxiety and/or sight problems.

Source: ABS (1999); table 13A.28.

### *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 for vocational education and training (chapter 4), children's services (chapter 14) and housing (attachment 16A).

## **Quality**

The 2000 Report provided information on the quality of services provided to people with a disability. This information has not been updated. A number of jurisdictions will conduct their own surveys on a regular basis. Further, most jurisdictions are implementing quality assurance processes (section 13.6).

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## 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 13.4.

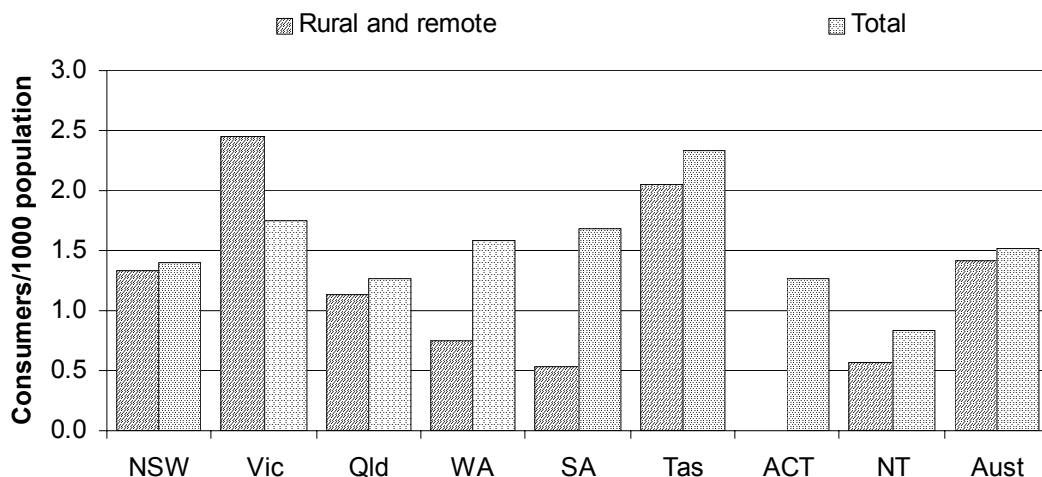
Information is also provided on access to employment and accommodation services by severity of disability, and by Indigenous and non-English speaking origin (NESO) status. Access for rural and remote consumers of CSDA accommodation services is reported for the first time this year. The proportion of people from rural and remote locations who used accommodation support services was lower than the proportion of the general population who used these services for all jurisdictions except Victoria in 2001. The largest difference was in SA and the smallest difference was in NSW (figure 13.14).

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

Additional reporting of rural and remote data — for CSDA services other than accommodation — may be achievable in future reports. To address the issue of access to CSDA services, a study has been conducted on the level of unmet demand for accommodation support, respite services and day programs. The Commonwealth, State and Territory governments subsequently provided approximately \$510 million. Information on developments in unmet demand will be outlined in future reports.



Figure 13.14 **Consumers of CSDA accommodation support services per 1000 population, by rural and remote location, 2001<sup>a</sup>**



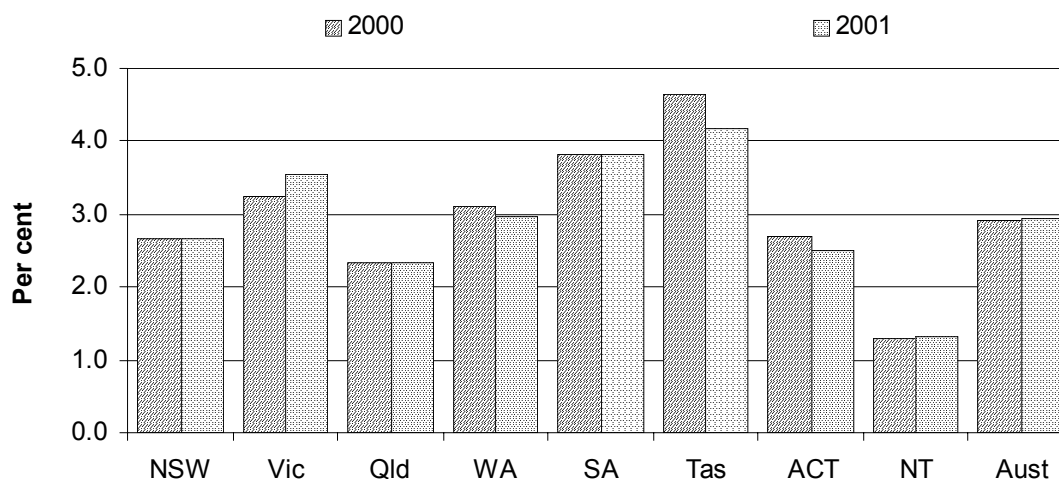
<sup>a</sup> The State and Territory data on the rural and remote population are derived by the AIHW for ABS statistical local area population estimates for June 2000. Data for rural and remote consumers was based on the postcode of the consumer except for SA and the NT, for which it was based on the postcode of the service outlet. A postcode is classified as rural or remote if more than 50 per cent of the population in the postcode area are so classified. The data for rural and remote consumers are divided by the data for rural and remote Australians multiplied by 1000. Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where postcode was inconsistently recorded for the same consumer, the consumer was counted as rural/remote on the basis of a least one postcode being so classified. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for all consumers exclude 744 consumers whose postcode was not known, thus totals may differ from other tables. Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction. Data for rural and remote relate to people aged 15–64 years. Other accommodation tables use people under 65 years. Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions.

Source: AIHW (2001a); table 13A.27.

### *Accommodation and in-home support*

Nationally, 2.9 per cent of the estimated potential population were using accommodation support services in 2001. Across jurisdictions, this proportion was highest in Tasmania (4.2 per cent) and lowest in the NT (1.3 per cent) (figure 13.15).

**Figure 13.15 Consumers of CSDA accommodation support services relative to the potential population<sup>a</sup>**



<sup>a</sup> The population data are estimates. They are rounded to the nearest 100, although unrounded figures have been used for further calculations. The potential population for accommodation services is the number of people aged less than 65 years, with profound and/or severe core activity restriction, adjusted for the Indigenous factor for that jurisdiction. Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction. The 2000 and 2001 data are consumer data.

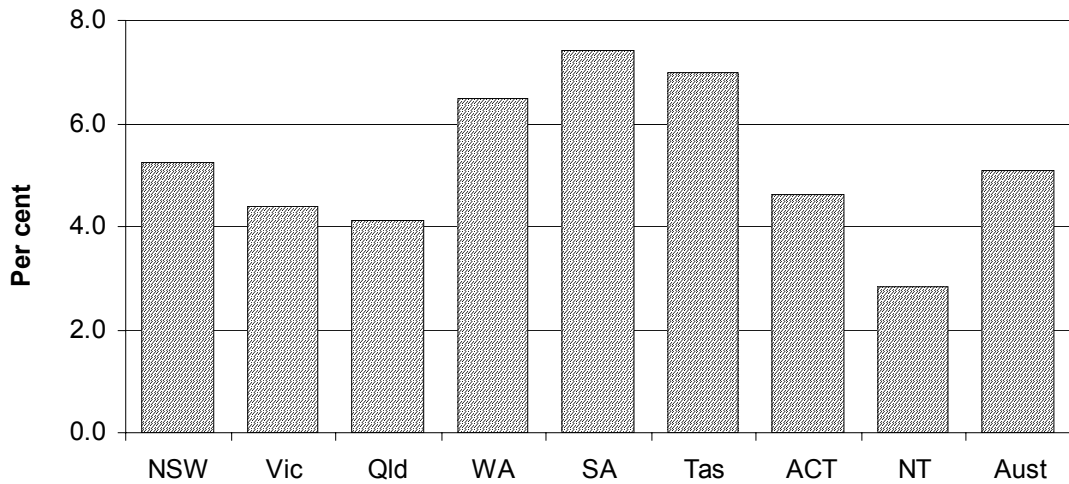
Source: AIHW (2001a); table 13A.11.

### *Employment services*

The Commonwealth has responsibility for employment services under the CSDA and purchases most services from non-government providers. Information on employment services for 2001 was not available at the time of publication. This information (table 13A.12) can be found, however, on the Review web page.

Nationally, 5.1 per cent of consumers of the estimated potential population were using employment services in 2000. Across jurisdictions, the proportion was highest in SA (7.4 per cent) and lowest in the NT (2.8 per cent) (figure 13.16).

Figure 13.16 Consumers of CSDA employment services relative to the potential population, 2000<sup>a</sup>



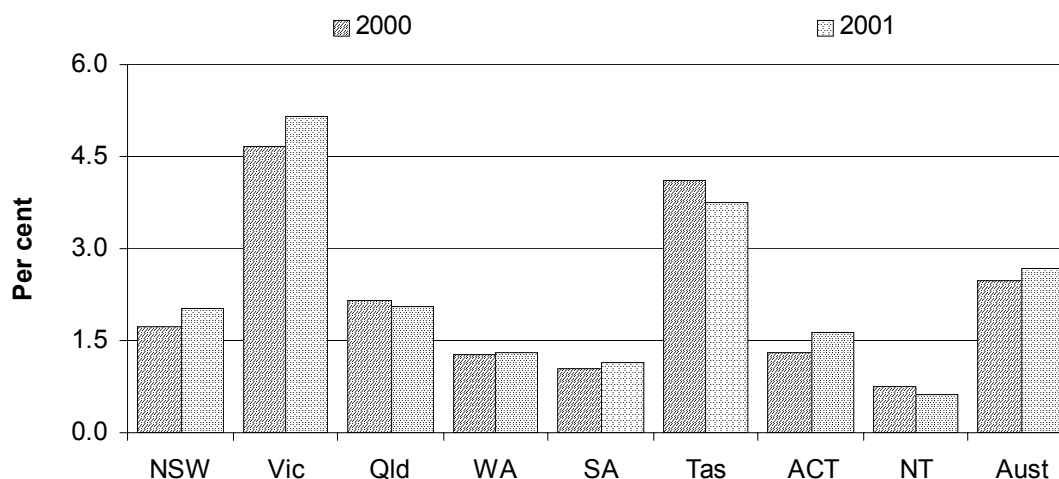
<sup>a</sup> Consumer data are estimates collected on the snapshot day. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. The potential population for employment services is the number of people aged 15–64 years with a severe or profound core activity restriction, multiplied by both the Indigenous factor and the labour force participation rate for that jurisdiction. Due to this adjustment the sum of the potential populations of the jurisdictions is not necessarily equal to the national total. The 2000 data are consumer data.

Source: AIHW (2000b); table 13A.12.

### *Use of community access services*

Nationally, 2.7 per cent of consumers of the potential labour force received a community access place on the snapshot day in 2001. Across jurisdictions, Victoria had the highest proportion of recipients (5.2 per cent) and the NT had the lowest (0.6 per cent) (figure 13.17).

**Figure 13.17 Consumers of CSDA community access services relative to the potential population<sup>a</sup>**



<sup>a</sup> The population data are estimates. They are rounded to the nearest 100, although unrounded figures have been used for further calculations. The potential population for community access services is the number of people aged 15–64 years, with profound and/or severe core activity restriction, multiplied by the Indigenous factor for that jurisdiction. Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for consumers of CSDA community access services exclude psychiatric services specifically identified by the jurisdiction. Data may have different inclusions for different jurisdictions, which may explain variability across jurisdictions. Data are not, therefore, strictly comparable.

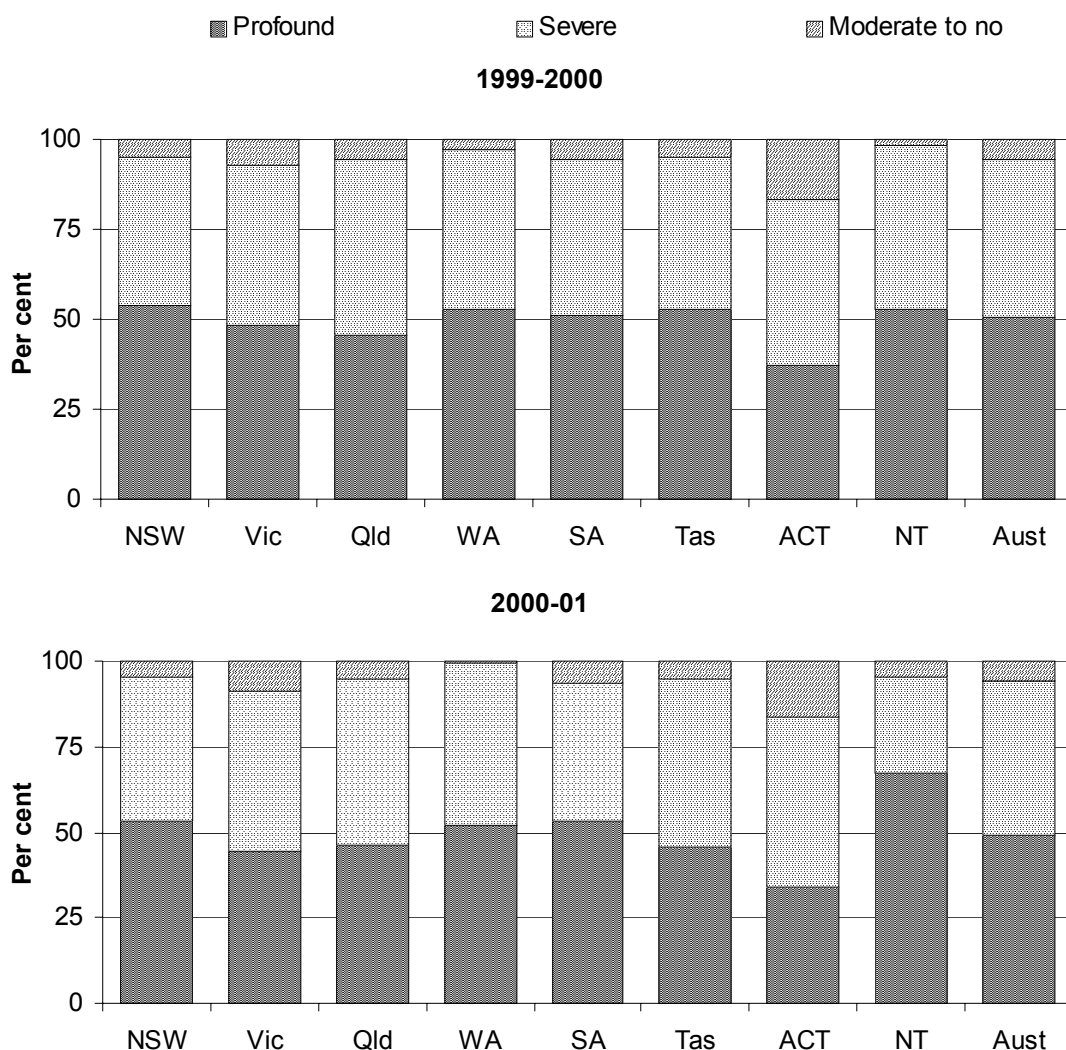
Source: AIHW (2001a); table 13A.13(A) and 13A.13(B).

### *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.

Nationally, 5.9 per cent of clients of accommodation services had a moderate to no core activity restriction in 2001, 45.0 per cent had a severe core activity restriction and 49.1 per cent had a profound core activity restriction. Across jurisdictions, the ACT had the highest proportion of clients with a moderate to no core activity restriction (16.1 per cent) and WA had the lowest (0.3 per cent). The highest proportion of clients with a profound core activity restriction (that is, people who always require help or supervision) was in the NT (67.2 per cent of accommodation clients) and the lowest was in the ACT (33.9 per cent) (figure 13.18).

Figure 13.18 Consumers of CSDA accommodation support services, by severity of core activity restriction<sup>a</sup>



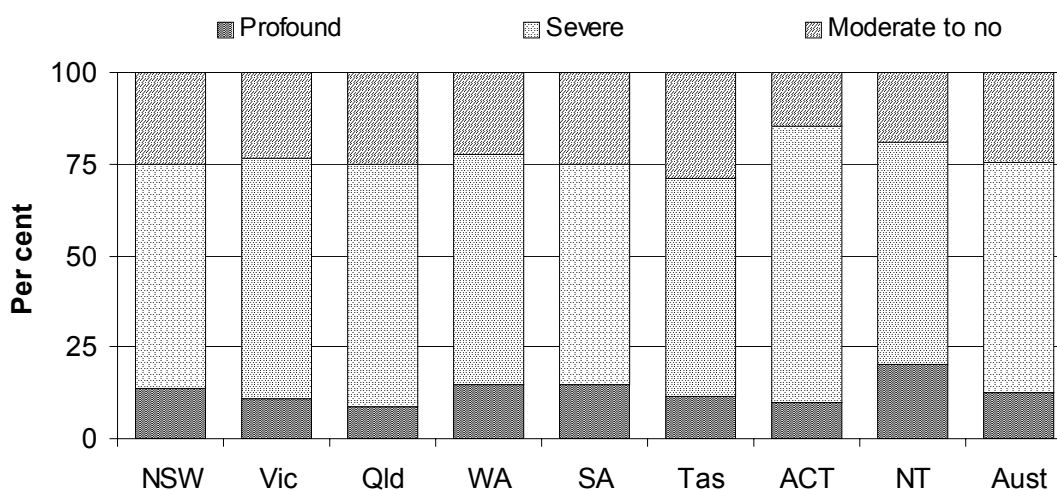
<sup>a</sup> Severity of core activity restriction is derived using data on the level of support needed in one or more of the following support areas: self care, mobility and communication. Consumers with a profound core activity restriction reported a continual need for support in one or more of these areas. Consumers with a severe core activity restriction reported occasional or frequent need for support in one or more of these areas. Consumers with a moderate to no core activity restriction reported needing no support in any of these areas. Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Where the level of support need was inconsistently recorded for the same consumer, the person was allocated a level of support according to a standard method. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Excludes 296 consumers who did not report on a need for support with self care, mobility or communication. Consumer totals do not, therefore, necessarily match those in table 13A.4. Services exclude psychiatric services specifically identified by the jurisdiction.

Source: AIHW (2001a); table 13A.14(A) and 13A.14(B).

Information on the use of employment services by severity of disability for 2001 was not available at the time of publication. This information can be found on the Review web page (table 13A.15B).

Nationally, 24.4 per cent of clients of employment services had a moderate to no core activity restriction in 2000, 63.1 per cent had a severe core activity restriction and 12.5 per cent had a profound core activity restriction. Across jurisdictions, Tasmania had the highest proportion of clients with a moderate to no core activity restriction (28.9 per cent) and the ACT had the lowest (14.7 per cent). The highest proportion of clients with a severe core activity restriction was in the ACT (75.7 per cent of employment clients) and the lowest was in Tasmania (59.4 per cent). The highest proportion of clients with a profound core activity restriction was in the NT (20.2 per cent) and the lowest was in Queensland (8.6 per cent) (figure 13.19).

**Figure 13.19 Consumers of CSDA employment services, by severity of core activity restriction, 2000<sup>a</sup>**



<sup>a</sup> Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Data exclude 427 consumers who reported a need for support with one or more of self care, mobility or communication. Severity of core activity restriction is derived using data on the level of support needed in one or more of the following support areas: self care, mobility and communication. Consumers with a profound core activity restriction reported a continual need for support in one or more of these areas. Consumers with severe core activity restriction reported occasional or frequent need for support in one or more of these areas. Consumers with moderate or no core activity restriction reported needing no support in one or more of these areas. Where the level of support was inconsistently recorded for the same consumer, the person was allocated a level of support using a standard method.

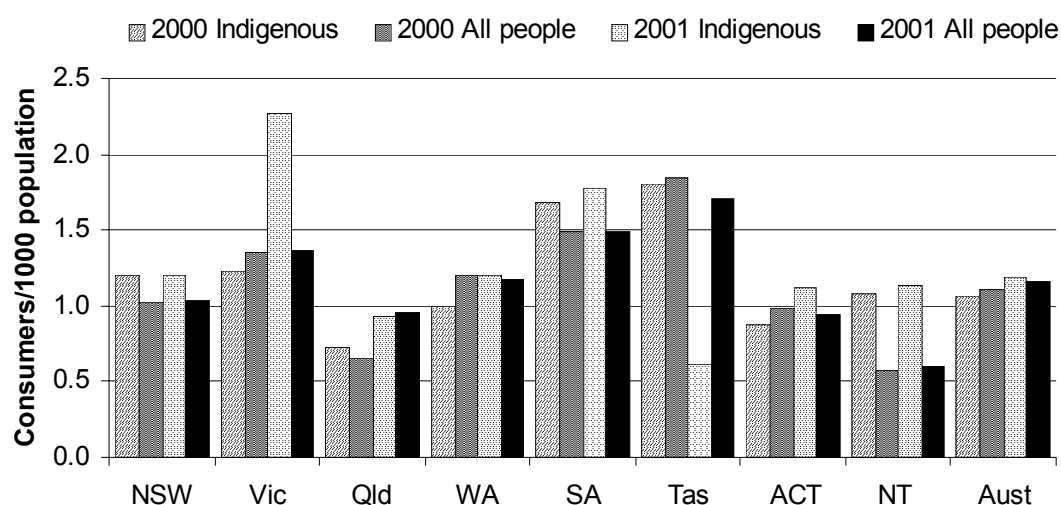
Source: AIHW (2000b); table 13A.15(A).

### *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 origin who access services. This information is provided for accommodation support and employment services.

Nationally, in 2001, a proportion of the Indigenous population similar to that of the total population used accommodation support services (1.18 per 1000 and 1.16 per 1000, respectively). Notwithstanding this national result, a higher proportion of the Indigenous population than of the total population used accommodation support services in all jurisdictions except in Tasmania and to a lesser extent in Queensland (where the proportion was lower) (figure 13.20).

**Figure 13.20 Consumers of CSDA accommodation support services per 1000 population, by Indigenous status<sup>a</sup>**



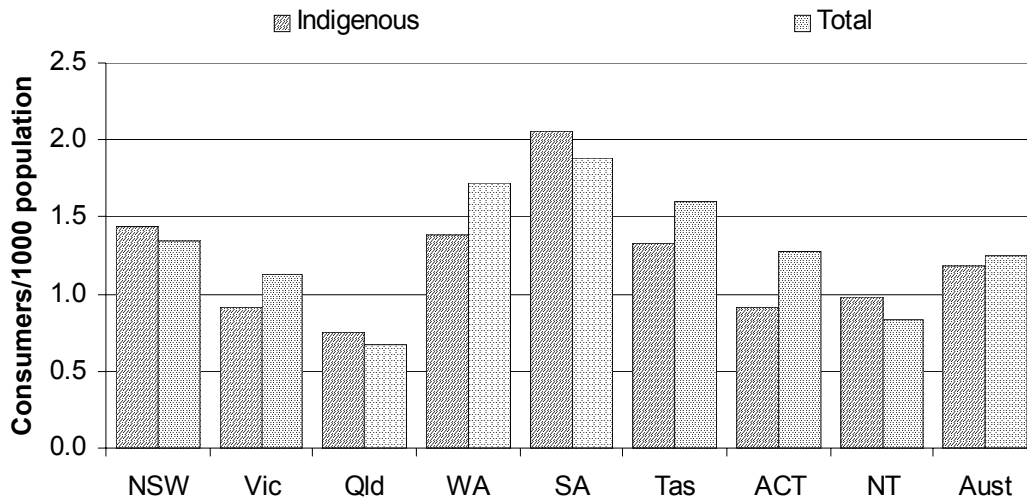
<sup>a</sup> Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as an Indigenous Australian on the basis of one such response. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for Indigenous consumers are per 1000 Indigenous people. The Indigenous consumer data are divided by the Indigenous Australians data, multiplied by 1000. Data for all consumers exclude 626 consumers whose Indigenous origin was 'not known' or 'not stated'; therefore, totals may differ from other tables. Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction.

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

Information on the use of employment services by consumers by Indigenous status for 2001 was not available at the time of publication. This information (table 13A.16B) can be found on the Review web page.

Nationally, in 2000, a proportion of the Indigenous population similar to that of the total population used employment services (1.18 per 1000 and 1.24 per 1000, respectively) (figure 13.21). In NSW, Queensland, SA and the NT, a higher proportion of the Indigenous population than of the total population used employment services; in all other jurisdictions, the proportion was lower.

**Figure 13.21 Consumers of CSDA employment services per 1000 population, by Indigenous status, 2000<sup>a</sup>**



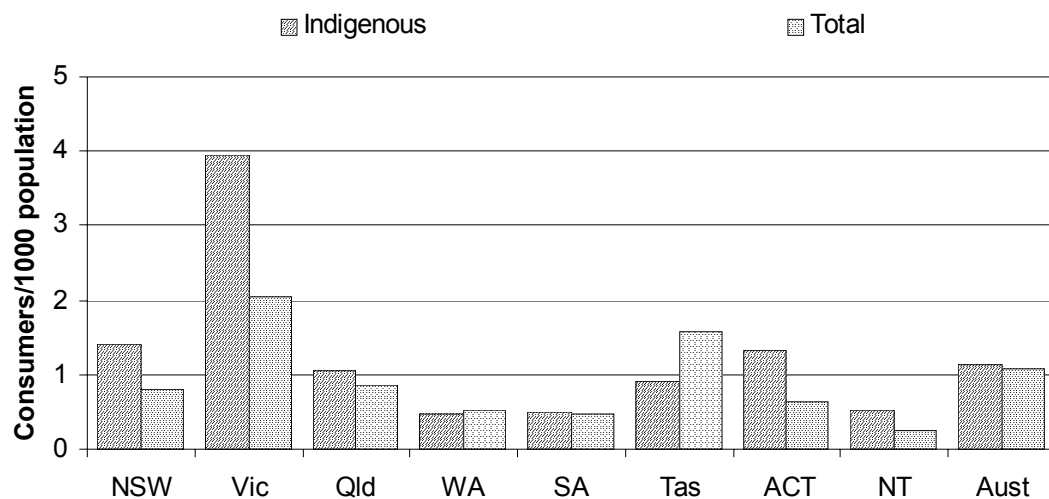
<sup>a</sup> Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Data exclude 1373 consumers of employment services whose Indigenous origin was 'not known' or 'not stated'. Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as an Indigenous Australian.

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

The Indigenous population using day activity services is reported for the first time this year. Nationally, in 2001, a proportion of the Indigenous population similar to that of the total population used day activity services (1.13 per 1000 and 1.08 per 1000 respectively). Notwithstanding this national result, a higher proportion of the Indigenous population than of the total population used day activity services in all jurisdictions except Tasmania and to a lesser extent in WA (figure 13.22).



Figure 13.22 Consumers of CSDA day activity services per 1000 population, by Indigenous status, 2001<sup>a</sup>

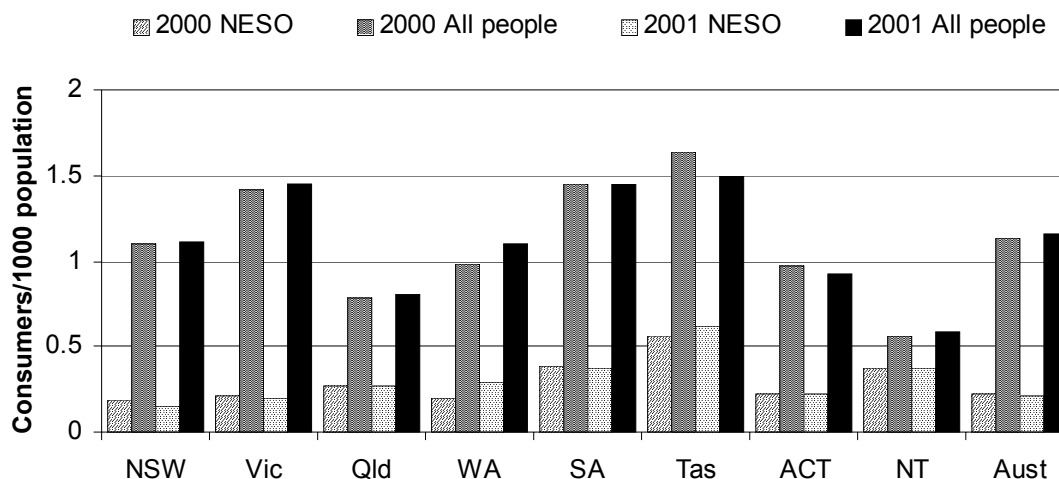


<sup>a</sup> Data for Indigenous consumers are per 1000 Indigenous people. The Indigenous consumer data are divided by the Indigenous Australians data, multiplied by 1000. Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as an Indigenous Australian. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for all consumers exclude 372 consumers whose Indigenous origin was 'not known' or 'not stated'; therefore, totals may differ from other tables. Data for consumers of CSDA community access services exclude psychiatric services specifically identified by the jurisdiction. Data may have different inclusions for different jurisdictions, which may explain variability between jurisdictions. Data are therefore not strictly comparable.

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

Nationally, the proportion of people from non-English speaking origin who used accommodation support services was lower than the proportion of the general population who used these services for all jurisdictions in 2001 (0.21 per 1000 and 1.16 per 1000 respectively). The difference was largest in Victoria (0.20 per 1000 and 1.45 per 1000 respectively) and smallest in the NT (0.37 per 1000 and 0.58 per 1000 respectively) (figure 13.23).

**Figure 13.23 Consumers of CSDA accommodation support services per 1000 population, by non-English speaking origin<sup>a</sup>**



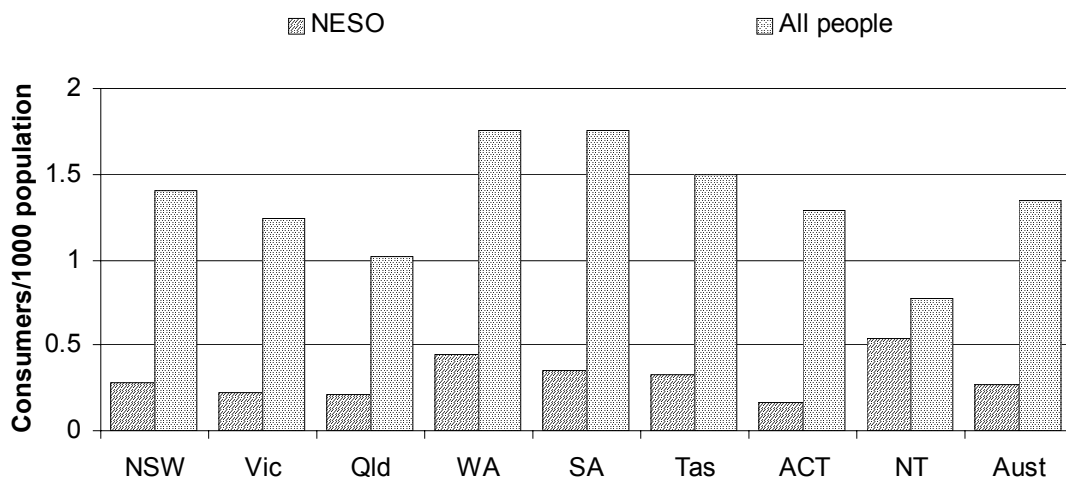
<sup>a</sup> Data for consumers of non-English-speaking origin were based on consumer responses for country of birth other than Australia, New Zealand, Canada, United Kingdom, South Africa, Ireland or the United States. The State and Territory data on the non-English speaking origin population are derived from the corresponding ABS 1996 Census proportional distribution of population of States and Territories applied to the ABS national estimate of 2000 country of birth data. They exclude people whose non-English speaking origin was not stated or who were visitors to Australia from overseas. Data for all Australians exclude people whose birthplace was not stated or who were visitors to Australia from overseas. Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Where country of birth was inconsistently recorded for the same consumer, the consumer was counted as having a non-English-speaking origin on the basis of one such response. Data for all consumers exclude 754 consumers whose non-English speaking origin was 'not known' or 'not stated'; therefore, totals may differ from other sections of this Report. Services exclude psychiatric services specifically identified by the jurisdiction. Data for consumers of non-English speaking origin per 1000 people of non-English speaking origin, are the data on the non-English speaking origin consumers divided by the data on non-English speaking origin Australians, multiplied by 1000.

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

Information on the use of employment services by consumers from non-English speaking origin for 2001 was not available at the time of publication. This information (table 13A.17B) can be found on the Review web page.

Nationally, the proportion of people from non-English speaking origin who used employment services was lower (0.27 per 1000) than the proportion of the general population (1.34 per 1000) who used these services in 2000. This was the case for all jurisdictions. The difference was largest in SA (0.35 per 1000 and 1.75 per 1000 respectively) and smallest in the NT (0.54 per 1000 and 0.78 per 1000 respectively) (figure 13.24).

Figure 13.24 **Consumers of CSDA employment services per 1000 population, by non-English speaking origin, 2000<sup>a, b, c</sup>**



<sup>a</sup> Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Where English speaking origin was inconsistently recorded for the same consumer, the consumer was counted as having a non-English speaking origin. Data exclude 274 consumers of employment services whose non-English speaking origin was 'not known' or 'not stated'. <sup>b</sup> Data for all Australians exclude people whose birth place was not stated, or who were visitors to Australia from overseas. <sup>c</sup> Where data for consumers of non-English speaking origin were 'not known' or 'not stated', the consumer was counted as a non-English speaking origin consumer.

Source: AIHW (2000b); table 13A.17(B).

## Efficiency

An indicator of efficiency is the level of government inputs per place (unit cost). Indicators 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 include the user cost of capital.

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Institutional/large residential accommodation support includes both large institutions and hostels. Community accommodation support includes smaller group homes. In recent years, 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 non-institutional 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 would include the full range of costs to government. Where the full costs cannot be counted, costs are best estimated on a consistent basis.

Considerable effort has been made to document any differences in calculating the reported efficiency indicators. 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 all jurisdictions except SA and the NT 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 SA and the NT are not strictly comparable and may understate the full accrued cost.

**Table 13.3 Comparability of expenditure estimates for government delivered disability services, by items included, 2000-01**

<i>Expenditure</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
Superannuation included	✓	✓	✓	✓	✗	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	..	Accrual	Accrual	Cash
Workers' compensation included	✓	✓	✓	✗	✓	✓	✓	✓
Payroll tax included	✓	✗	✓	✗	✗	✓	✗	✓
Apportioned umbrella department costs included	✓	✓	✓	..	✓	✓	✓	✓
Basis of apportioning								
Departmental formula	✓	✓	✗	..	✓	✗	✗	✗
% of full time equivalent employees	✗	✗	✓	..	✗	✓	✓	✓
Long service leave Entitlements	✓	✓	✓	✓	✗	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	..	..	Accrual	Cash
Depreciation	✓	✓	✓	✓	✗	✗	✗	✗

.. Not applicable.

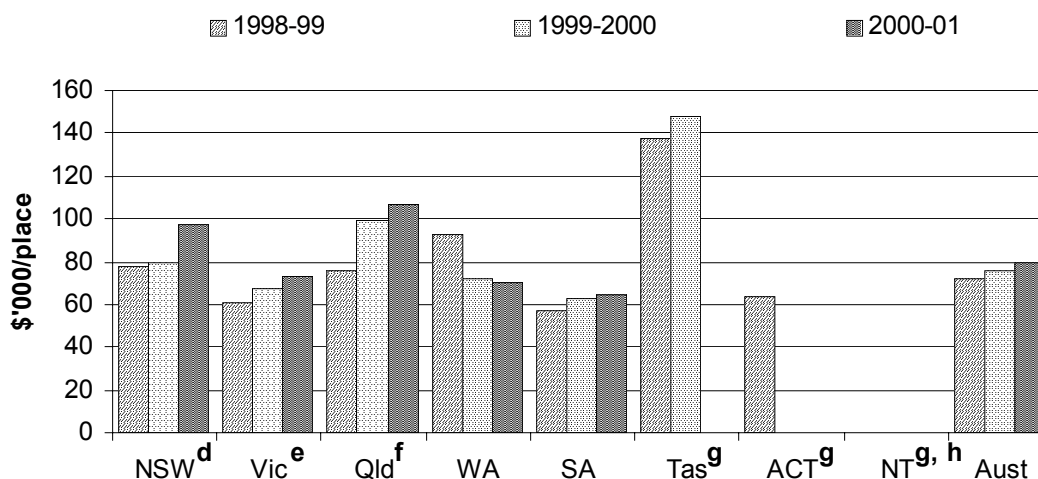
Source: State and Territory governments (unpublished).

### *Cost to government of government provided services*

#### *Cost per government provided institutional/large residential place*

The average cost to government of providing institutional/large residential accommodation was \$79 725 per place in 2000-01. Across jurisdictions, the highest expenditure per place was in Queensland (\$106 503) and the lowest was in SA (\$64 181). Tasmania, the ACT and the NT governments did not provide institutional/large residential accommodation in 2001 (figure 13.25).

Figure 13.25 **Cost per government provided institutional/large residential place, 2000-01 dollars<sup>a, b, c</sup>**



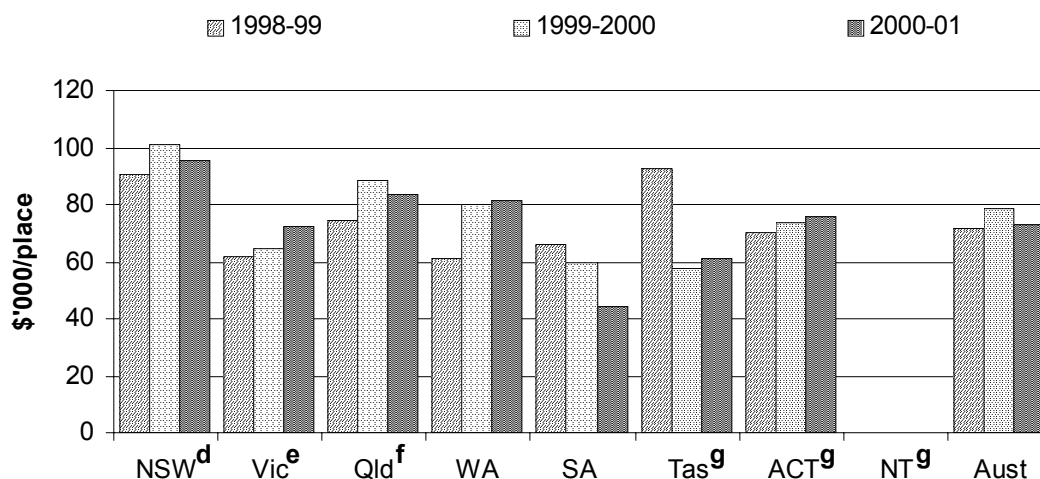
<sup>a</sup> Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). <sup>b</sup> Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. <sup>c</sup> Data for non-government provided places reflect cost to government and not the full cost of providing accommodation places. Governments make a contribution towards non-government provided places. <sup>d</sup> Increased costs in NSW reflect devolution of expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This will reduce as the relocation program accelerates. Increase represents a significant increase in funding from the NSW State Government on supported accommodation for individuals in crisis and people relocating from large residential services under the devolution program. <sup>e</sup> Data for Victoria are not comparable with previous reports, which used data from departmental administrative collections. <sup>f</sup> Increase in Queensland Government expenditure per government provided institutional/large residential place is a result of continued movement of people from institutions to appropriate community accommodation. <sup>g</sup> There were no government provided institutional or large residential accommodation services delivered in Tasmania (in 2000-01), the ACT (in 1999-2001) or the NT (in 1998-2001). <sup>h</sup> Average NT government cost per non-government community place is affected by the five quarter payments made in 2000-01 instead of the usual four quarters.

Source: State and Territory governments (unpublished); table 13A.19.

### *Cost per government provided community accommodation and care place*

Nationally, the cost per government provided community accommodation and care place was \$73 324 in 2000-01. Across jurisdictions, the cost per place was highest in NSW (\$95 649) and lowest in SA (\$44 401). The NT did not provide government provided community accommodation and care places (figure 13.26).

Figure 13.26 **Cost per government provided community accommodation and care place, 2000-01 dollars<sup>a, b, c</sup>**



<sup>a</sup> Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). <sup>b</sup> Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. <sup>c</sup> Data for non-government provided places reflect cost to government and not the full cost of providing accommodation places. Government makes a contribution towards non-government provided places. <sup>d</sup> Increased costs in NSW reflect devolution of expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This will reduce as the relocation program accelerates. Increase represents a significant increase in funding from the NSW State Government on supported accommodation for individuals in crisis and people relocating from large residential services under the devolution program. <sup>e</sup> Data for Victoria are not comparable with previous reports, which used data from departmental administrative collections. <sup>f</sup> Increase in Queensland Government expenditure per government provided institutional/large residential place is a result of continued movement of people from institutions to appropriate community accommodation. <sup>g</sup> There are no government provided community accommodation care and support services delivered in the NT. Average NT government cost per non-government community place is affected by the five quarter payments made in 2000-01 instead of the usual four quarters.

Source: State and Territory governments (unpublished); table 13A.19.

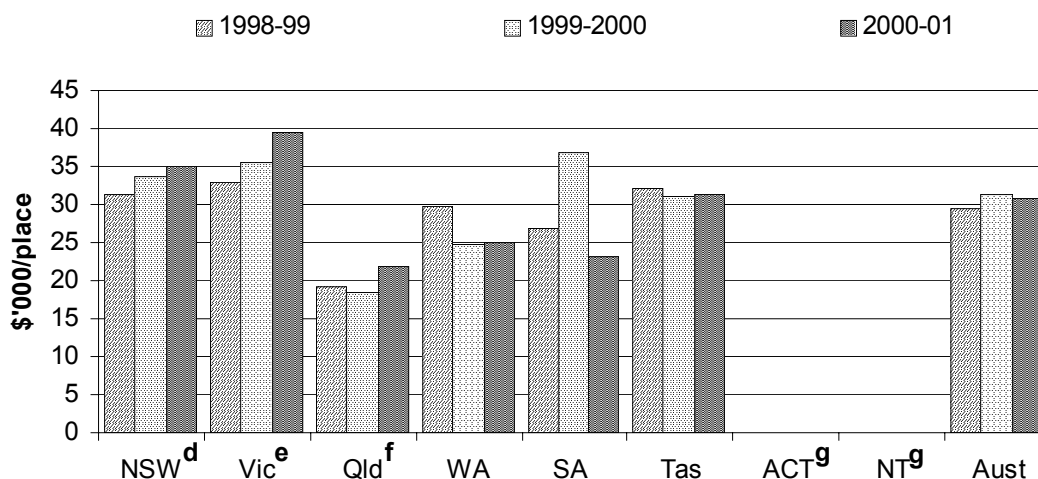
### *Government funding of non-government service providers*

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

### *Government funding per non-government provided institutional/large residential place*

Nationally, government funding per non-government delivered institutional/large residential accommodation place was \$30 701 in 2000-01. Across jurisdictions, government funding per place was highest in Victoria (\$39 517) and lowest in Queensland (\$21 743). There were no non-government or government providers of institutional/large residential accommodation in the ACT or the NT (figure 13.27).

Figure 13.27 **Government funding per non-government provided institutional/large residential place, 2000-01 dollars<sup>a, b, c</sup>**



<sup>a</sup> Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). <sup>b</sup> Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. <sup>c</sup> Data for non-government provided places reflect cost to government and not the full cost of providing accommodation places. Governments make a contribution towards non-government provided places. <sup>d</sup> Increased costs in NSW reflect devolution of expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This will reduce as the relocation program accelerates. Increase represents a significant increase in funding from the NSW State Government on supported accommodation for individuals in crisis and people relocating from large residential services under the devolution program. <sup>e</sup> Data for Victoria are not comparable with previous reports, which used data from departmental administrative collections. <sup>f</sup> Increase in Queensland Government expenditure per government provided institutional/large residential place is a result of continued movement of people from institutions to appropriate community accommodation. <sup>g</sup> There are no non-government provided institutional or large residential accommodation services delivered in the ACT or the NT.

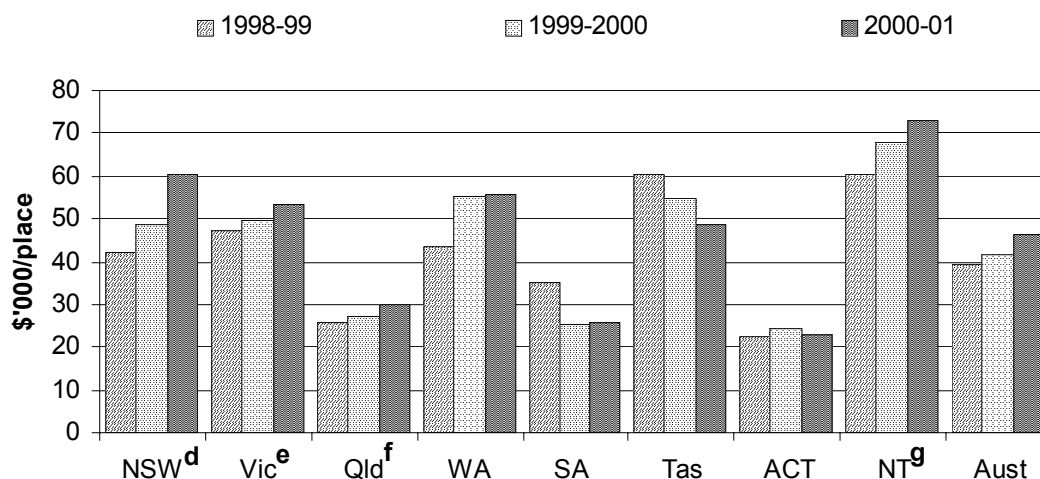
Source: State and Territory governments (unpublished); table 13A.19.

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

Nationally, government funding per non-government provided community accommodation and care place was \$46 208 in 2000-01. Across jurisdictions, it ranged from \$72 800 per place in the NT to \$22 728 per place in the ACT (figure 13.28).



Figure 13.28 **Government funding per non-government provided community accommodation and care place, 2000-01 dollars<sup>a, b, c</sup>**



<sup>a</sup> Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). <sup>b</sup> Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. <sup>c</sup> Data for non-government provided places reflect cost to government and not the full cost of providing accommodation places. Governments make a contribution towards non-government provided places. <sup>d</sup> Increased costs in NSW reflect devolution of expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This will reduce as the relocation program accelerates. Increase represents a significant increase in funding from the NSW State Government on supported accommodation for individuals in crisis and people relocating from large residential services under the devolution program. <sup>e</sup> Data for Victoria are not comparable with previous reports, which used data from departmental administrative collections. <sup>f</sup> Increase in Queensland Government expenditure per government provided institutional/large residential place is a result of continued movement of people from institutions to appropriate community accommodation. <sup>g</sup> Average NT Government cost per non-government community place is affected by the five quarter payments made in 2000-01 instead of the usual four quarters.

Source: State and Territory governments (unpublished); table 13A.19.

### *Government expenditure on employment services*

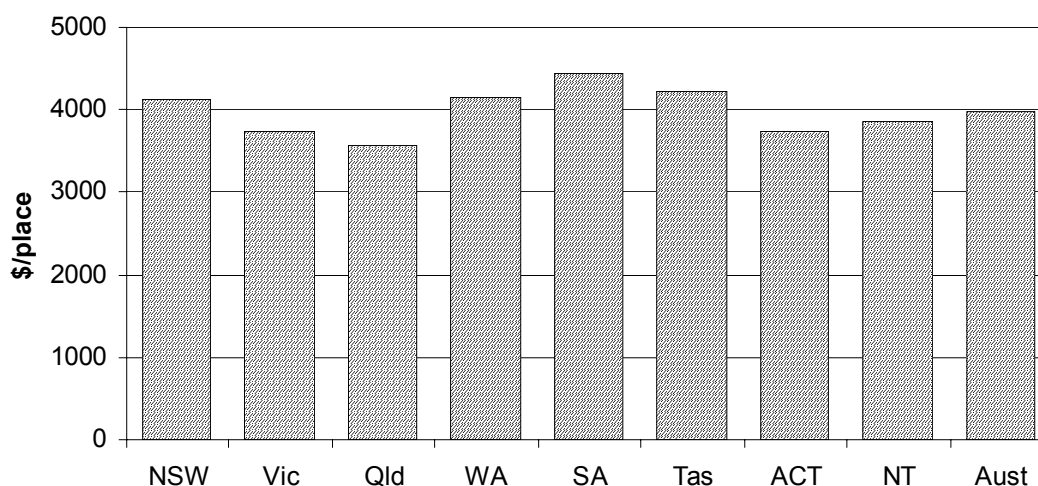
Assistance with employment for people with a disability is the responsibility of the Commonwealth Government under the CSDA. Cost per place disaggregated by employment service for 1999-2000 was reported in the 2001 Report (table 13A.20A). Data for 2000-01 (table 13A.20B) can be found on the Review web page.

Cost per place disaggregated by jurisdiction for employment services in 1999-2000 is provided for the first time this year (figure 13.29). Cost per place for all employment service types (open program, supported program and open and supported program) was highest in SA (\$4447 per place) and lowest in Queensland (\$3562 per place). Data for 2000-01 cost per place (table 13A.20C) can be found on the Review web page.

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Figure 13.29 Commonwealth expenditure per employment place by jurisdiction, 1999-2000<sup>a</sup>

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<sup>a</sup> Based on the number of places during the whole year.

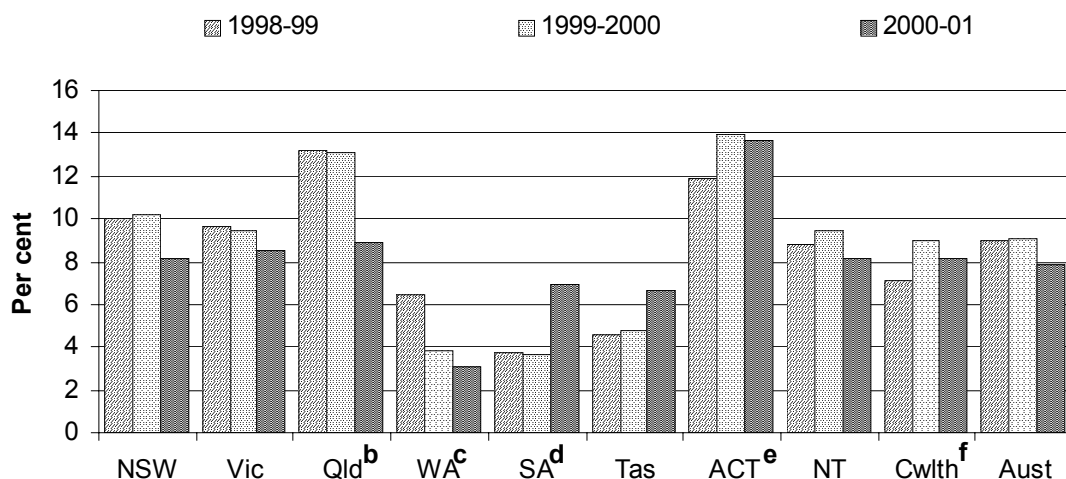
Source: DFACS (unpublished); table 13A.20(C).

### *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 fell from 9.1 per cent in 1999-2000 to 7.9 per cent in 2000-01. Across jurisdictions, the proportion increased between the two years for SA and Tasmania, and decreased for all other jurisdictions (figure 13.30).

Figure 13.30 **Administrative costs as a proportion of total expenditure on CSDA services<sup>a</sup>**



<sup>a</sup> See table 13.3 for an explanation of different methods of apportioning departmental costs. <sup>b</sup> Method for apportioning government administration expenditure in Queensland changed in 2000-01 as a result of improved financial reporting systems and with the establishment of Disability Services Queensland. <sup>c</sup> Decrease in WA administration expenditure reflects reduction in corporate services costs and elimination of costs associated with the implementation of the GST in 1999-2000. <sup>d</sup> Figures for SA include administration expenses (indirect service delivery costs) relating to all government agencies receiving funding from the department. Reports in previous years included only the Central Office and IDSC administrative costs. <sup>e</sup> Improved allocation of corporate overheads occurred again in 2000-01 within the government sector. The ACT has incurred additional one-off overhead costs in 2000-01 due to the Inquiry into Disability Services in the ACT. <sup>f</sup> Commonwealth administrative expenditure is an estimate only and is based on average staffing levels.

Source: State and Territory governments (unpublished); table 13A.4.

## 13.5 Future directions in performance reporting

In advance of the third CSDA, a new MDS is being established (box 13.6). Significant development and further refinement of performance indicators is planned in subsequent reports, largely arising from improved data expected to be available from the new CSDA MDS collection. It is anticipated, due to the implementation timetable, that the 2004 Report will include full-year data for 2002-03 captured through the redeveloped CSDA MDS collection.

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### Box 13.6 CSDA Minimum Data Set redevelopment

The second CSDA reflected significant changes in the nature of services and delivery methods, information needs and capabilities, suggesting a need for redeveloping the CSDA MDS collection. Accordingly, the National Disability Administrators and the Australian Institute of Health and Welfare (AIHW) are redeveloping the CSDA MDS collection. The AIHW is managing the establishment of the new CSDA MDS, in collaboration with Commonwealth, State and Territory governments, and non-government organisations.

It is anticipated that the new CSDA MDS, in specifying revised core data items for ongoing collection by all service providers funded under the CSDA, will:

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

Consistent with the existing CSDA MDS, the new CSDA MDS will have an agreed set of nationally significant data items, and an agreed framework for collection and national collation. Data items will relate to accessibility, appropriateness, efficiency and effectiveness of services, with data collected on an ongoing basis, replacing the current 'snapshot day' census collection.

The CSDA MDS redevelopment project is planned to proceed in four phases over two years. The first and second phases are now complete (described below), including:

- the preparation of materials for discussion, workshops and testing in the field;
- the development of data principles and a data transmission strategy; and
- initial and then more comprehensive field testing, resulting in a revised set of data items.

A live pilot test has been scheduled for April 2002 (replacing the snapshot day census collection). The new CSDA MDS is expected to commence from July 2002.

*Source:* AIHW (2001b, 2001c, 2001d).

## Improvements in performance reporting

Significant steps made in improving the comparability and scope of reporting in the 2002 Report were outlined earlier in this chapter. Notwithstanding these improvements, limitations remain in reporting against the current framework — in particular:

- 
- there are gaps in reporting service quality (for example, client and carer satisfaction);
  - the availability of snapshot day data only, rather than whole-of-year data has an impact on the reliability of performance indicators; and
  - the scope of reporting is restricted to CSDA services.

The Review intends to address these limitations by:

- expanding reporting to cover non-CSDA services used by people with a disability;
- developing an indicator on quality assurance processes;
- reporting current, ongoing social participation data; and
- reporting additional disaggregated Indigenous data.

## **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 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 Indigenous and ethnic status).

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## Commonwealth Government comments

“ The Commonwealth welcomes the sixth Report on Government Services and the opportunity to comment on achievements in the delivery of specialist support services for people with disabilities. This Report reflects significant developments in the design and delivery of services for people with disabilities and the measurement capabilities of the efficiency and effectiveness of those services.

The most fundamental change to the design and delivery of services for people with disabilities is contained in the Australians Working Together strategy. Under the Australians Working Together strategy the Commonwealth will spend more than \$230 million over four years from 2001-02 providing a better deal for people with disabilities.

The Commonwealth also has a number of trials and research projects underway that place greater emphasis on recognising people's capacities, and provide the kind of individualised assistance they need to realise their potential. As part of a staged approach running to January 2005, the Commonwealth aims to provide a more effective assessment of need for people with disabilities, explore the private sector's capacity to deliver specified vocational rehabilitation services, and match funding to the assessed needs of individuals and their outcomes.

The 2000-01 and 2001-02 financial years saw the largest ever single injection of new funding for disability services to address unmet need in the areas of accommodation support and day services. The result of joint Commonwealth and State efforts has resulted in an additional \$510 million nationally to fund new disability services over the last two years of the current Commonwealth-State Disability Agreement — \$210 million in 2000-01 and more than \$300 million in 2001-02. This included an additional Commonwealth contribution of \$150 million.

On 4 August 2001, all jurisdictions committed themselves to a third CSDA to be implemented by June 2002. The redevelopment of the CSDA Minimum Data Set will be a key factor in supporting better, performance reporting and accountability — two particular priorities of the next agreement.

This Report precludes the results of the Commonwealth's 2001 Disability Census that comprises aggregate information on service outlets (employment, advocacy, print disability, information and, from 2000, respite services) and the consumers supported by employment services. Individual consumer records on 53 427 consumers were received in 2000 that represent the volume of clients seen throughout the whole 1999-2000 financial year. The size and timing of the Commonwealth Disability Census prevented presentation of the 2001 Census results in the 2002 Report. These data can be found on the Review web page. ”

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## **New South Wales Government comments**

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New South Wales has commenced reformed service provision which aims to build individual and family capacity, strengthen communities and build partnerships with stakeholders.

The Boarding House Reform Strategy has addressed the needs of people with a disability who were not receiving appropriate support in the licensed boarding house sector. The Residents Relocation Program has resulted in the establishment of accommodation support, community based activities and social support systems for over 300 people with a range of disabilities.

New South Wales has increased funding in 2000-01 for Early Childhood Intervention services. These services provide crucial assistance to families with children (0–6 years) and enable planned transition to school. New South Wales has also introduced Local Support Coordination in 10 locations. This program aims at supporting people with disabilities, families and carers in identifying informal and formal support needs and methods of meeting need within the local community. It is expected that the Local Support Coordination program will be further expanded in 2001-02.

The Adult Training, Learning and Support (ATLAS) Review and Reform process continues and includes Post School Options (PSO) and Day Program Services. The reform aims to improve transition points and changes in peoples' lives, and build more effective pathways between school, work, other day and lifelong learning activities. A critical ingredient is ongoing negotiation with the Commonwealth about enhancing pathways between employment, education and lifestyle or community participation support for people with a disability.

The Service Access System (SAS) has provided a mechanism to ensure that people living with a disability and their families who are currently at risk in the community can access flexible support(s) in a coordinated and systematic manner. In the 2000-01 and 2001-02 budgets, an additional \$27.3 million recurrent and \$10 million one-off has been provided for flexible support options which are now processed through the Service Access System.

The CSDA Bilateral Project was implemented to deliver case management and brokerage to three selected groups: clients from Business Services; 99 school leavers; and others inappropriately placed in day programs, PSO or ATLAS services. The project is due to finish in June 2002.

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## Victorian Government comments

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The information included in this chapter of the 2002 report continues 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 AIHW to obtain objective and reliable performance information.

The Draft Victorian State DisAbility Plan, to be finalised in 2002, includes strategies that seek to improve the lifestyles of people with a disability including greater participation in the full range of community activities. The additional information in this report on social participation reflects current policy directions and provides feedback on the level of community participation for people with a disability across a range of activities.

The minimum data set continues to be an important source of information for a range of planning and policy development purposes. The redevelopment of the minimum data set for disability services being undertaken by the National Disability Administrators, in conjunction with the AIHW, is an exciting development that holds out the promise of better national data with an enhanced focus on client outcomes and effectiveness. 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.

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 supports the steps undertaken by the Productivity Commission, the AIHW, and Commonwealth, State and Territory governments to improve the comparability and scope of national reporting through this report and the redevelopment of the CSDA Minimum Data Set collection. However, users of this report should take care when interpreting the data as problems continue to exist with data consistency and comparability across jurisdictions. In addition, the chapter reports only on a very small proportion of the functions undertaken by the total disability sector.

During 2000-01, Disability Services Queensland (DSQ) continued to implement its information strategy. In 2001-02, community organisations funded through the CSDA will benefit from \$1 million in grants to assist them to obtain the IT infrastructure necessary to support client management and information systems; increase capabilities to meet DSQ and national reporting requirements; and improve methods of communication in line with developments in available technology.

DSQ is leading the following major reforms to achieve a coordinated and strategic approach to disability issues across government and within the disability sector:

- The Funding Reform Strategy will examine the viability of community organisations, ensure reliable and sustainable service delivery infrastructure, develop a funding framework to accurately forecast future demand, cost innovative and flexible models of support, and improve the funding programs framework for DSQ to ensure coherency and consistency.
- Queensland Government departments are implementing the key directions outlined in the *Queensland Government Strategic Framework for Disability 2000–2005* to meet the needs of people with a disability and their families.
- The *DSQ Strategic Plan 2001–2005* is building on work already undertaken to support people with a disability. It provides the foundation for enhanced accountability, openness, collaboration and leadership both within Queensland and nationally. It is consistent with the *Queensland Government Strategic Framework for Disability 2000–2005*.
- The *DSQ Business Plan 2000–02* is now in its second and final year and describes DSQ's financial commitment to the community sector through increased funds, as well as the funds it has used to increase DSQ's internal program infrastructure. In 2001-02, \$18.3M in Commonwealth and State funding has been allocated.
- DSQ is reviewing the *Disability Services Act 1992 (Qld)* and developing a Carers Recognition Act. The review aims to improve legislative guidance to DSQ, service providers and other community organisations. The intention of a Carers Recognition Act is to recognise carers' rights, needs and concerns, as well as their role in service delivery.

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## Western Australian Government comments

“ Western Australia welcomes the extension of performance indicators to include social and community participation, which is a feature of this year’s report. These indicators are important because they directly provide some measures of the social impact of disability, which is in line with the development of the International Classification of Functioning, Disability and Health (ICF).

Overall, Western Australia showed the highest social participation rates for people with moderate levels of disability in a range of community, cultural and leisure activities. These figures have been drawn from the Australian Bureau of Statistics Survey on Disability, Ageing and Carers, which covers all people with disabilities (not just consumers of specialist services). It is important to realise that these new indicators are substantially different from other indicators in that (a) they report on outcomes that are only partially influenced by disability services, and (b) the outcomes are more the result of ‘indirect’ and ‘strategic’ services, such as access improvement, community education and strategic planning.

Also for the first time, there are access indicators, including access to accommodation services in rural and remote areas. It will be more appropriate in future to report on access to non-accommodation services, particularly in the case of Western Australia where there is an emphasis on mobilising local community resources, which usually do not involve formal accommodation. Also, as pointed out in this Report, services in rural and remote areas are provided largely informally, and therefore are not easily identified.

While the performance indicators framework has been enhanced, there are still some anomalies, particularly concerning the reporting of the full range of services. Western Australia distinguishes between residential accommodation (hostels and group homes) and accommodation support services, which encompass a range of individualised, flexible support services. The data in this Report do not show how the decline in full time residential services over the past two years (table 13A.11) has been matched by a steady and concomitant increase in non-residential support services. Over the past five years these have trebled, increasing from 674 to 2255 people. Similarly, family support has increased from 1702 to 3062 people; and respite has increased from 1790 to 2597 people. This growth is in line with the extension of flexible, individualised funding options and the local area coordination system which now covers the whole of Western Australia.

Individualised services have also, however, led to some obscuring of boundaries between different categories of service. This is particularly apparent in the reporting of ‘community access’ (figure 13.17) and ‘day activity’ services (figure 13.22). Some of the variation here is also due to different service delivery structures and different reporting practices. These programmatic changes and definitional issues are likely to be clarified within the redevelopment of the Minimum Data Set.

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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 through re-development of the Minimum Data Set reporting arrangement, particularly 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. Some changes have been made this year in the ways in which the categories of community support are conceptualised, which mean agencies in the State categorise service types the same way.

In South Australia there is close coordination between CSDA funding and HACC funding, to ensure that they operate in complementary ways

In South Australia the Options Coordination agencies are, in effect, “lead agencies” that work with clients around their individual needs, both referring clients to service provider agencies and also purchasing assistance in a variety of flexible ways.

This year the Department of Human Services has launched a Disability Services Planning and Funding Framework for the period up until 2003. The framework identifies the present distribution of disability services in South Australia. There was 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 (\$4.045 million in 2000-01 and \$8.09 million in 2001-02) and from the State Government (\$6.05 million recurrent from 2000-01) has allowed the Department of Human Services to address considerable demand for services.

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## Tasmanian Government Comments

“ Tasmania is pleased to note the improved layout and content of the disability chapter of the Report. The information presented is more structured and concise and overall much easier to read and understand.

The Report generally continues to improve and has developed more accurate and consistently comparable data. There are still however a number of areas where Tasmania has some concern regarding the potential misinterpretation of information and the fact that some data is still far from being comparable. One example of this has evolved from the changing nature of service provision towards more individualised options.

For instance the category of ‘community accommodation’ in the past has been very much aligned with, and interpreted as, a reflection of the cost of group home placements. With the increasing influence of individualised in-home support packages the average cost per place in this category has decreased. There is now no category that specifically tracks the cost of group home placements.

One solution may be to move group homes as a discrete category into ‘institutional accommodation’ broken down in terms of number of beds (that is, four to six). The MDS redevelopment is already looking at a split between large and small institutions, so group homes could be included with the categories reflecting large, medium and small institutions.

In terms of comparability of data the alternative methods of calculating administrative costs — that is, apportioned umbrella department administration costs versus proportion of FTE employees — result in those jurisdictions using the second method not having total control over the actual expenditure (and therefore efficiency) in this area. The actual indicator may be more a reflection of overall agency performance rather than efficiency in the disability program.

Tasmania has continued, over the past year to expand its Individual Options Program (IOP). The IOP was developed through the Amending Bilateral Agreement under the Commonwealth–State Disability Agreement (CSDA) (2000) which provides funding to address unmet need. The program provides funding through individualised support packages that enable people with disabilities and their carers to remain supported within their families and local communities. The type of support provided may include personal support, respite, day options and/or equipment. To date the program has received 443 applications, of which 345 have been deemed eligible under the guidelines. The average allocation per package is \$8500.

The sector reform process is now moving into its second phase concentrating on implementing funding equalisation initiatives, client assessment processes and the continued development of service protocols with other key programs and agencies.”

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## **Australian Capital Territory Government comments**

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A Board of Inquiry was appointed under the Inquiries Act to inquire into disability services in the ACT. It is expected that the board will report in November 2001. The inquiry received substantial input from all parts of the disability sector focusing primarily on accommodation support options and alternatives.

In addition to meeting the requirements of the Board of Inquiry, a number of projects have been implemented to address areas of unmet need in the ACT. These include Post School Options, additional therapy services for children with a disability, and a range of respite for aged carers of people with disabilities.

To improve the quality of services, consultation commenced in relation to the implementation of the Disability Service Improvement Scheme. The scheme will provide an independent service improvement and auditing mechanism for both government and non-government funded services, and will be underpinned by legislation.

The ACT Government has been working within a whole-of-government environment to improve access for people with disabilities. Projects such as Access to the City which looks at issues such as physical access, adaptable housing, and an information hot desk sees a number of agencies working with the disability sector to improve access to government services and facilities, business and more adaptable housing in the ACT.

The ACT has undertaken a review of the ACT Disability Services Strategic Plan 1999 in preparation for the development of a new strategic plan in 2002. The report from the Board of Inquiry into Disability Services in the ACT will inform future directions planning for disability services in the ACT.

The ACT is actively participating in the redevelopment and testing of the CSDA Minimum Data Set and acknowledges this as a tool to facilitate more consistent national data and more robust planning.

The ACT is pleased to report that the administrative overheads for the jurisdiction have decreased from the previous year and significant additional funding was allocated to services for people with disabilities.

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## Northern Territory Government comments

“ Current NT data must be interpreted with caution as small sample sizes have the potential to distort the NT’s performance in comparison to larger jurisdictions. It should be noted that the population of people with a profound/severe disability in the NT is rapidly growing. In the period 1999–2003 the growth rate for the NT was projected to be 17.4 per cent compared to a national rate of 13.7 per cent.

Services delivery in rural and remote areas presents a constant challenge. Geographic isolation, lack of services, limited infrastructure and the high cost of remote living affects the ability of communities to sustain people with high support needs. Consequently, there is a high proportion of Indigenous people with disabilities in urban based accommodation. Given that HACC services are the primary source of support available to people with disabilities living in remote areas, linkages between the Disability Services and HACC programs in the NT remain strong.

The NT has the highest proportion of people with disabilities living with community based support, primarily because the NT has never provided large institutional accommodation. The NT has increased funding for respite and community support services to enhance the numbers of people in community based living. The Local Area Coordination Model together with the Individualised Funding approach implemented throughout the NT last year has also enhanced the range of community services for people with disabilities, their families and carers.

The 2000-01 unmet need funding round together with recent community consultations identified the priority service development areas throughout the NT — these include early childhood intervention, post school options, services for people with high support needs, respite care, remote area services, and accommodation. These priorities will inform the allocation of unmet needs funding available this fiscal year while being a principal influence upon future strategic planning and delivery of disability services across the NT.

The NT has consulted broadly with consumers, service providers, peak bodies families and advocates to identify with government the priorities in this jurisdiction. This consultation has highlighted for government the importance on focusing on more innovative and flexible service options particularly in rural and remote NT.

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## 13.7 Definitions

Table 13.4 Terms and indicators

<i>Term or indicator</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 services. It was developed by all jurisdictions working in cooperation with the AIHW (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 multidimensional experience that may involve effects on organs or body parts, and effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognised in the International Classification of Functioning, Disability and Health (ICF) final draft classification: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restriction) (WHO 2001). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.</p> <p>The 1998 ABS 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>
Employment	<p>Employment in relation to the labour force participation rate and the employment rate is defined (ABS 1999) as persons aged 15 years and over who during the reference week:</p> <ul style="list-style-type: none"> <li>• worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm; or</li> <li>• worked for one hour or more without pay in a family business or on a farm.</li> </ul>
Impairment	Any loss or abnormality of psychological, physiological or anatomical structure or function.
Mild core activity restriction (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Having no difficulty performing a core activity, but using aids or equipment as a result of a disability.

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**Table 13.4 (Continued)**

<i>Term or indicator</i>	<i>Definition</i>
Moderate core activity restriction (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Not needing assistance but having difficulty performing a core activity.
Non-English speaking origin	People with a country of birth other than Australia, New Zealand, Canada, United Kingdom, South Africa, Ireland or the United States.
People using CSDA accommodation support services	People using one or more services corresponding to the following CSDA MDS 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 MDS 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 MDS 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 MDS 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 MDS 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 ABS' 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. The relatively high standard errors in the prevalence rates for smaller jurisdictions, as well as the need to adjust for the Indigenous population, necessitated, however, the preparation of special estimates of the 'potential

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Table 13.4 (Continued)

Term or indicator	Definition
Primary carer	<p>population' for disability services. These estimates, prepared by the AIHW, 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 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 2000a).</p> <p>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 1998 ABS 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.</p>
Profound core activity restriction (as per the 1998 ABS 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 (2000-01) dollars.
Schooling or employment restriction	<p><i>Schooling restriction:</i> as a result of disability, being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school.</p> <p><i>Employment restriction:</i> as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a better job.</p>
Severe core activity restriction (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Sometimes needing assistance to perform a core activity.
Specific restrictions (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Core activity restrictions and/or schooling or employment restrictions.

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**Table 13.4 (Continued)**

<i>Term or indicator</i>	<i>Definition</i>
Accommodation clients receiving community based care or support Administration expenditure as a proportion of total expenditure	People using CSDA MDS 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). 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 provided community accommodation and care place	The numerator — government expenditure (accrual) on government delivered community accommodation and care as defined by CSDA MDS service types 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 provided institutional/large residential place	The numerator — government expenditure (accrual) on government delivered institutional/large residential accommodation and care, as defined by CSDA MDS service types 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 provided community accommodation and care place	The numerator — government expenditure (accrual) on government delivered community accommodation and care as defined by CSDA MDS service types 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 provided institutional/large residential place	The numerator — government funding (accrual) to non-government delivered institutional/large residential accommodation and care, as defined by CSDA MDS service types 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.

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Table 13.4 (Continued)

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

