
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 with a disability who require ongoing or long term episodic support.

This chapter focuses on the performance of the Commonwealth, State and Territory governments in providing services and supports for people with a severe or profound disability aged less than 65 years 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.

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. The Review generally 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 admission to long term residential care. Funding through HACC applies to both frail aged people (estimated at 69.8 per cent of HACC clients) and younger people with a disability (estimated at 30.2 per cent of HACC clients) (table 12A.30). Performance information on the HACC program is provided in the aged care services chapter (chapter 12). Performance information is not provided in the Report for rehabilitation services for people with a disability.

Some mainstream services provided to the community as a whole as well as to people with a disability (for example, 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.

Box 13.1 Definition of disability

Disability is conceptualised as being a multidimensional experience for the person involved, relating to body functions and structures, the activities people do, and the life areas in which they participate (WHO 2001). The International Classification of Functioning, Disability and Health also recognises the role of physical and social environmental factors in affecting disability.

The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers was conducted in 1981, 1988, 1993 and 1998, and was based on the International Classification of Functioning, Disability and Health and its predecessor. The 1998 survey defined disability as any person with a limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities.

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

Source: ABS (1999); World Health Organisation (2001).

Comparability is improved this year for accommodation activity/financial data (through revised definitions and counting rules) and expenditure data overall (due to accounting for differences in payroll tax). The scope of reporting this year has also increased.

Data from several jurisdictions' collections on quality assurance processes for providers of disability services, consistent with the existing indicators, are included for the first time in this Report. Data for geographic indicators of access to employment services are included for the first time in this Report. No new data for social participation were available from the ABS Survey of Disability Ageing and Carers. Alternate data for social participation are included from collections in several jurisdictions for the first time in this Report.

A profile of services for people with a disability to be provided 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 Review and the CSDA, all jurisdictions have developed and agreed to 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 discussed in section 13.5. The chapter concludes with jurisdictions' comments in section 13.6 and definitions of the data descriptors and indicators in section 13.7.

Box 13.2 Other disability reporting in the 2003 Report

School education (chapter 3) reports data on students with a disability in the student body mix.

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

Health preface reports information on Disability Adjusted Life Expectancy, Disability Adjusted Life Years and provides a broad definition of disability.

Health management issues (chapter 11) reports data on mental health, the prevalence of mental disorder and expenditure on services for people with mental disorders, including those with long term psychiatric disorders.

Community services preface reports data on recurrent expenditure on services for people with a disability.

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

Children's services (chapter 14) reports data on the representation of children with a disability in Commonwealth approved child care.

Protection and support services (chapter 15) reports data on potential consumers who are not able to be supported because facilities to meet disability needs are not available.

Housing (chapter 16) reports data on access to public housing assistance (affordability with/without rent assistance including disability support pensioners in public housing) — 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. Also reported are disability support pension recipients by the proportion of their income spent on rent with and without Commonwealth Rent Assistance.

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\2003\Attach13A.xls and in Adobe PDF format as
\Publications\Reports\2003\Attach13A.pdf.

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

Data on employment services in 2002 were not available in time for publication. These data will be available in Attach13A on the Review web page.

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 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 consumers. These programs allow consumers to choose a customised package of services, which better reflects their needs (SCRCSSP 1998).

The National Disability Administrators commissioned the Australian Institute of Health and Welfare (AIHW) to conduct a study with two objectives, namely to:

- assess the effectiveness of the unmet need funding in reducing unmet need for disability services; and
- identify the remaining unmet need to obtain an understanding of current shortfalls in services (AIHW 2002d).

The report found that additional Commonwealth and State/Territory funding for unmet need in disability services totalling \$519 million was effective in providing additional services. On a snapshot day in 2001 an additional 920 people were receiving accommodation support services, an additional 2350 were receiving

community support services and 2425 additional people were receiving community access services. The resulting estimates of remaining unmet need in 2001 are:

- 12 500 people needing accommodation and respite services;
- 8200 places needed for community access services; and
- 5400 people needing employment support.

These estimates are made on a conservative basis. Community support services are not included in the estimates (AIHW 2002d).

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. 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).

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. This financial assistance is not included under the CSDA funding arrangements (box 13.4).

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. The CSDA was due to expire on 30 June 2002 and has been extended until the Commonwealth–State–Territory Disability Agreement (CSTDA), which is under negotiation, is finalised. Specialist disability services are defined under the agreement as services that are specially designed from time to time to meet the needs of people with a disability.

The Commonwealth Government administers the following services:

- Open employment services provide employment assistance to people with a disability in obtaining and/or retaining paid employment in the open market.
- 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 State and Territory governments administer the following services:

- Accommodation support services provide people with a disability with accommodation (group homes, hostels and 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. It includes learning and life skills development and recreation/holiday program.
- 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 case management, counselling, early intervention therapy and other therapy services.
- Advocacy, information and print disability services (in part), which enable people with a disability to increase their control over their lives by representing their interests and views in the community. State/Territory only responsibility includes mutual support/self help groups.

(Continued on next page)

Box 13.3 (Continued)

Services for which administration is shared are:

- Advocacy, information and print disability services (in part), which enable people with a disability to increase their control over their lives by representing their interests and views in the community. Shared Commonwealth–State/Territory responsibility includes advocacy, information/referral, combined information/advocacy, and print disability/alternative formats of communication services.
- Research and development.

The CSDA does not apply to the provision of:

- disability services and activities provided under the *Veteran's Entitlements Act 1986* (Commonwealth); 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).

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 income support arrangements do not constitute a CSDA service. 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 2001-02 (on an accrual basis) amounted to \$6.4 billion for the Disability Support Pension, \$595.8 million for the Carer Payment, \$645.7 million for the Carer Allowance, \$93.7 million for the Sickness Allowance and \$67.8 million for the Mobility Allowance (DFaCS unpublished).

At 30 June 2002 there were 658 900 recipients of the Disability Support Pension, 67 300 recipients of the Carer Payment, 283 800 recipients of the Carer Allowance, and 41 500 recipients of the Mobility Allowance (table 13A.29). There were also 9500 recipients of the Sickness Allowance (DFaCS unpublished).

Source: DFaCS (unpublished); table 13A.29.

Accommodation, respite, and community access and support services provided under the CSDA on the snapshot day in 2002 were used by 47 915 consumers (table 13A.3). There were 17 730 consumers of employment services provided under the CSDA on the snapshot day in 2001 (table 13A.3). Data for

Commonwealth employment services in 2002 were not available in time for publication. These data will be available on the Review web page.

The proportion of consumers serviced by non-government organisations on the snapshot day in 2002 varied across jurisdictions ranging from 81.8 per cent in Victoria to 55.1 per cent in SA, with the national average at 71.8 per cent (table 13A.3). More information on users of CSDA services can be found in the attachment (table 13A.3).

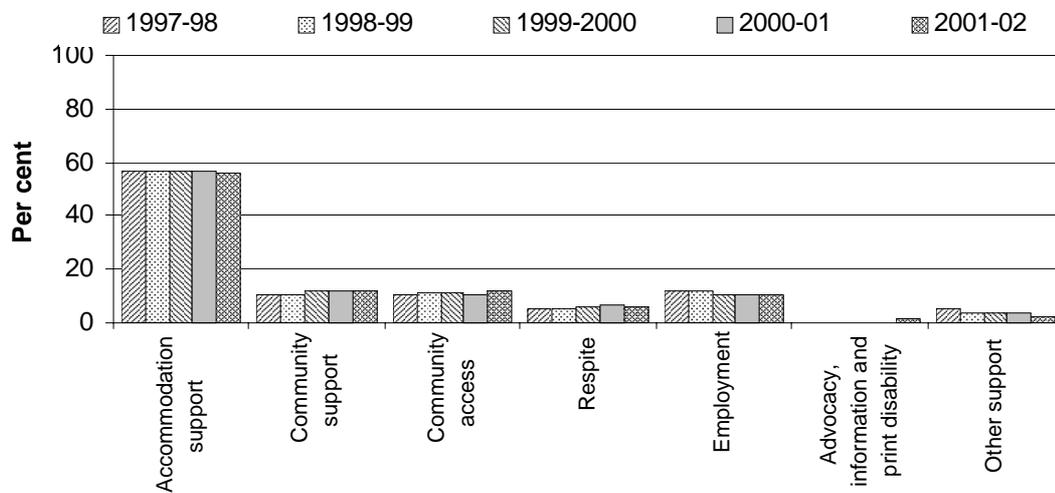
Funding

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 \$2.7 billion in 2001-02 — a real increase of 7.9 per cent from the level of expenditure in 2000-01 (table 13A.21).

State and Territory government expenditure accounted for the majority (70.3 per cent, or \$1.9 billion) of total CSDA expenditure in 2001-02. The Commonwealth Government funded the remainder (29.7 per cent, or \$816.2 million), which included \$503.1 million in transfer payments to States and Territories (table 13A.21). The State and Territory governments spent \$1.4 billion on accommodation support, \$299.1 million on community support and \$218.6 million on other services for people with a disability. The Commonwealth spent \$313.1 million on employment assistance and other services, including \$261.2 million on employment services for people with a disability (table 13A.21).

The distribution of expenditure across CSDA services varied across jurisdictions. The main areas of State and Territory government expenditure in 2001-02 were accommodation support services (55.9 per cent of total direct service delivery expenditure) and community support (11.8 per cent). Employment services was the main area of Commonwealth Government expenditure in 2001-02 (10.3 per cent) (figure 13.1). 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).

Figure 13.1 Distribution of expenditure, by disability service type^a



^a See table 13A.21 for detailed notes accompanying expenditure data.

Source: Commonwealth, State and Territory governments (unpublished); table 13A.21.

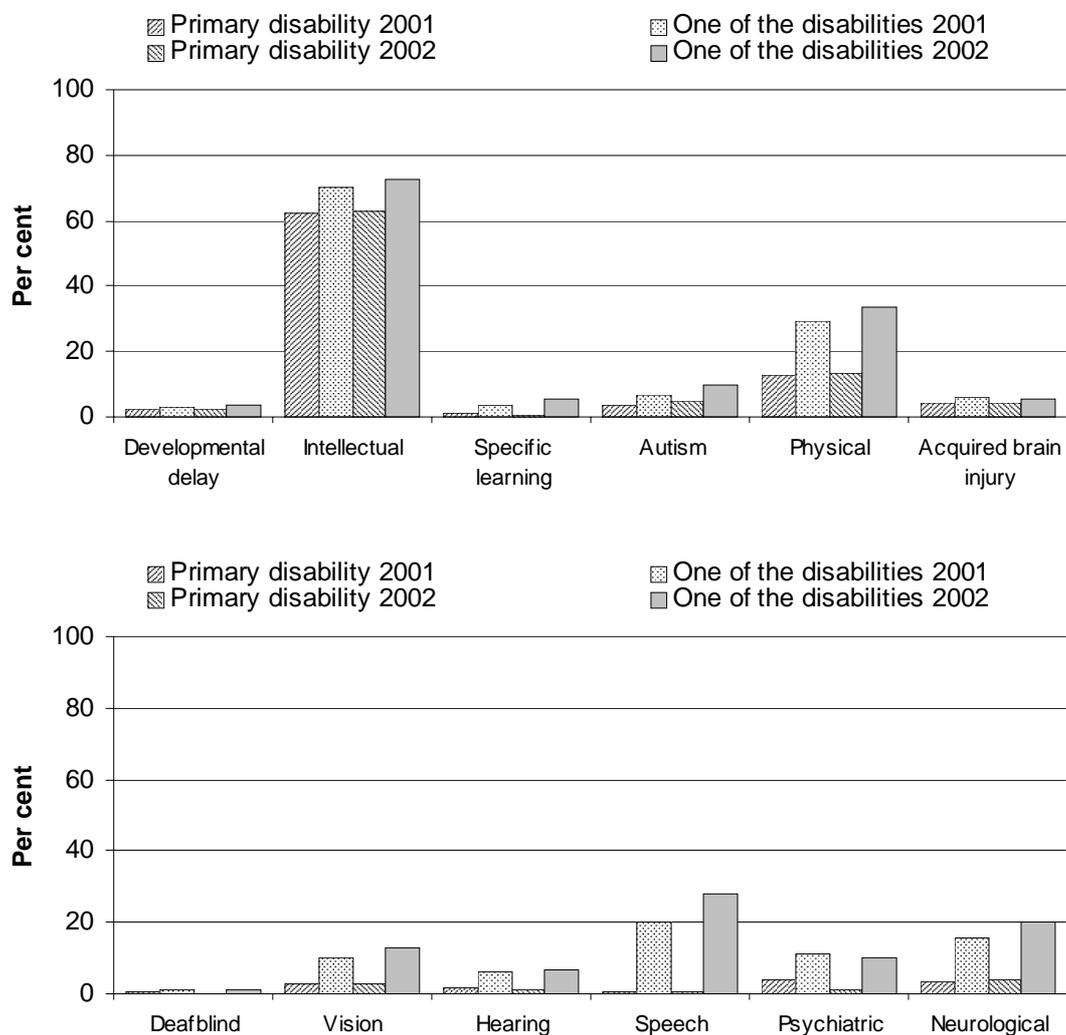
Size and scope

The performance indicators in this chapter mainly focus on accommodation support and employment services (which accounted for 60.9 per cent of total government expenditure on services provided under the CSDA in 2001-02). There is also some reporting on community access and other services (table 13A.21).

The ABS conducts a Survey of Disability, Ageing and Carers once every six years. The last survey was conducted in 1998. People with a core activity, schooling or employment restriction accounted for 13.4 per cent of the total Australian population aged 5–64 years in 1998 (ABS 1999). Detailed survey results provide contextual information about disability-related matters (table 13A.1).

Intellectual disability was identified as the primary disability for 63.1 per cent of all people with a disability who received services on the snapshot day in 2002 (figure 13.2).

Figure 13.2 Consumers' nominated disability type(s), State and Territory governments, by disability group^{a, b, c}



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who have received more than one service on the snapshot day. Where primary disability group was inconsistently recorded for the same consumer, the person was allocated a primary disability group according to a standard method (see AIHW 2002a). Row totals may not be the sum of the components since individuals may access services from more than one jurisdiction on the snapshot day. ^b Data for consumers of CSDA services funded by the States and Territories exclude psychiatric services specifically identified by the jurisdiction. ^c Excludes Commonwealth employment data so the number of consumers used in the calculation of data is lower than in the 2001 and previous reports, where Commonwealth employment data were included.

Source: AIHW (2001a, 2002a); tables 13A.4 and 13A.5.

13.2 Policy developments in services for people with a disability

New policy priorities will continue the work on the policy areas outlined in the 2002 Report. These policy areas were community inclusion, demand management, individualised approaches, transitions, early intervention and prevention, and better assessment.

The following five policy priorities complement the key directions for the management, planning and delivery of specialist disability services for people with a disability, their families and carers. These policy priorities have been endorsed by disability services Ministers as part of the negotiation process for the CSTDA. Until the CSTDA is finalised, the CSDA (which was due to expire as at 30 June 2002) funding arrangements will continue to operate. Once the CSTDA is finalised, all jurisdictions will work collaboratively and independently to progressively implement the policy priorities over the life of the CSTDA, and will regularly report progress against achievements.

The five policy priorities under the CSTDA are described below.

- *Strengthening access to generic services* enables people with a disability to participate further in their community — both economically and socially — and recognises that generic services complement specialist disability services. Initiatives to strengthen access to generic services include promoting the responsiveness and accessibility of general community services and facilities through legislation, partnerships, education and awareness, and access and inclusion initiatives. Initiatives also include promoting the planning and implementation of action plans or similar mechanisms across government agencies and between government programs, and promoting a better understanding of the *Disability Discrimination Act 1992* and other relevant legislative requirements relating to people with a disability.
- *Strengthening across-government linkages* involves influencing the service system to enable people with a disability to have appropriate access to a range of services. It also involves improving collaboration and coordination between, and transition across, programs and Governments to ensure that people with a disability have opportunities to access and move to services at all stages of their lives.
- *Strengthening individuals, families and carers* enhances their wellbeing, contribution, capacity and inclusion. Initiatives to strengthen individuals, families, and carers involve developing supports and services based on individual needs and outcomes, and increasing the opportunity of people with a

disability, their families and carers to influence the development and implementation of supports and services at all levels.

- *Responding to, and managing demand for, specialist disability services* means that as the demand for specialist disability services continues to grow, all jurisdictions need to improve long term strategies to respond to and manage this increasing demand. This involves developing approaches that enhance prevention and early intervention outcomes, effective coordination across service systems, and clear and transparent decision making.
- *Improving accountability, performance reporting and quality*, as well as the transparency of specialist disability services, involves ensuring that performance information is provided within a nationally consistent, output/outcome based framework. This includes implementing consistent data collection items and coherent data systems linked to a national performance reporting framework.

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 13.3).

Box 13.5 Objectives of government services for people with a disability

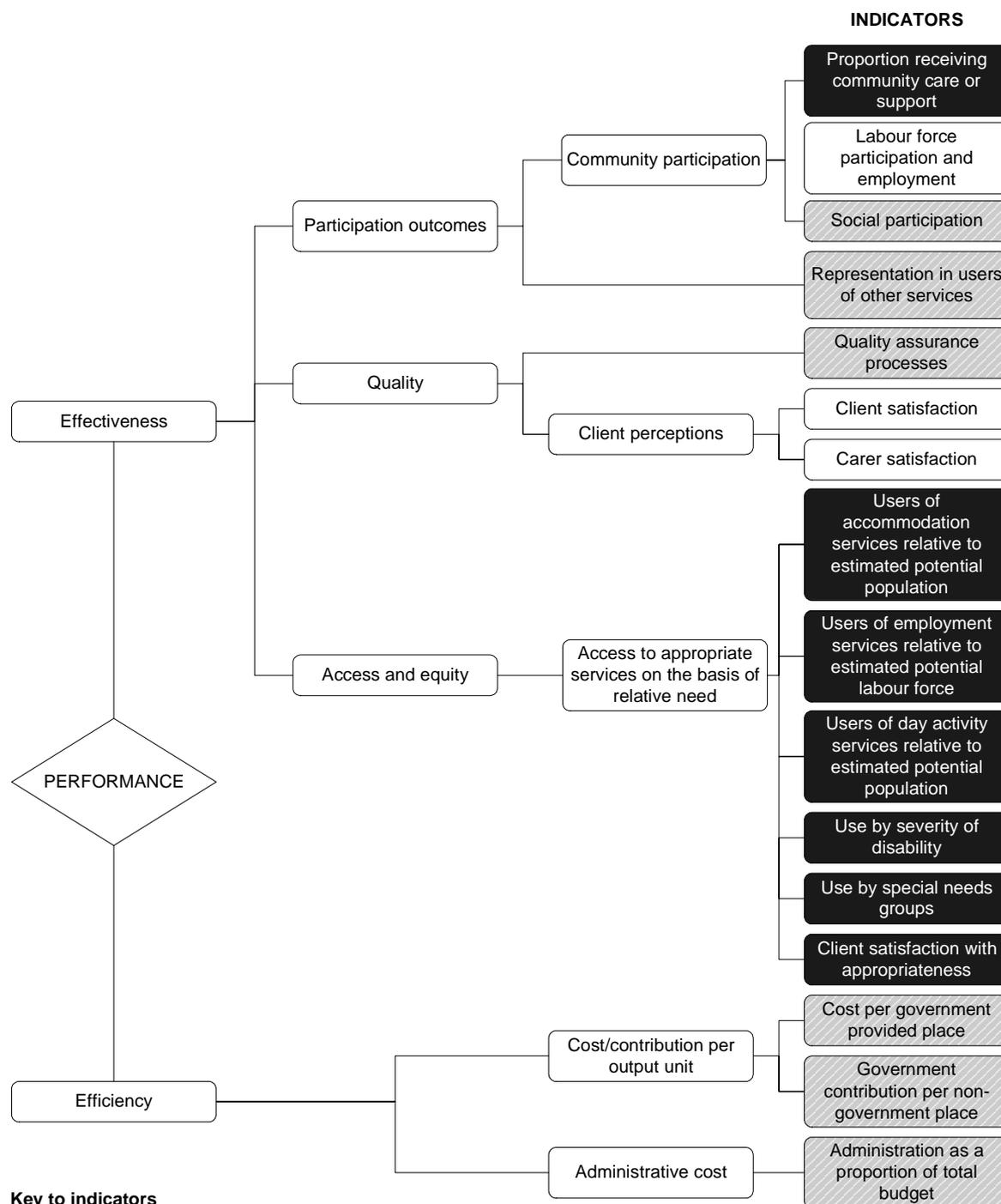
Under the second CSDA, governments strive to enhance the quality of life experienced by people with a disability by assisting them to live as valued and participating members of the community. In working towards the above objectives, governments aim to:

- 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 the services;
- ensure consumers 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).

The performance indicator framework shows which data are comparable in the 2003 Report (figure 13.3). For data that are not considered strictly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see section 1.6).

Figure 13.3 Performance indicators for disability services



13.4 Key performance indicator results

Different delivery contexts, locations and client characteristics may affect the effectiveness and efficiency of disability services. Appendix A contains data that may assist in interpreting the performance indicators presented in this chapter.

The main sources of performance data for 2002 indicators were the CSDA Minimum Data Set (MDS) snapshot day collection and the Commonwealth, State and Territory governments. The performance indicator results reported in this chapter relate to CSDA services only. The CSDA MDS collection commenced in 1995 and has been conducted each year until 2002. Data for 2002 have been collected using the 2002 CSDA MDS revised service type definitions, which are a refinement on the 2001 CSDA MDS items, in preparation for the CSTDA National Minimum Data Set (NMDS) (box 13.6). The main changes to the 2002 definitions have improved the comparability of data collected across jurisdictions, and include:

- the further disaggregation of accommodation support categories, which allows hostels and institutional/small residential accommodation to be reported separately;
- the addition of a category for advocacy, information and print disability; and
- the reduction of several items that were previously part of community support.

These changes mean that data for previous years collected under the CSDA MDS are not fully comparable to the 2002 data collected under the CSDA MDS. Further, refinements to the agreed definitions for the chapter for this year have an impact on data comparability over time. Cost per accommodation place data, for example, were provided for six categories this year, representing a disaggregation from the four categories reported in previous years. To assist comparability to preceding years data, these data have also been presented in aggregate. National data were collected on all services received by CSDA consumers on a snapshot day, which was in May/June in 2002. 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.

Box 13.6 **CSTDA NMDS development**

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 AIHW have developed the CSTDA NMDS collection.

It is anticipated that the CSTDA NMDS, in specifying revised core data items for ongoing collection by all service providers funded under the CSTDA, 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 CSDA MDS, the CSTDA NMDS has an agreed set of nationally significant data items, and an agreed framework for collection and national collation. Data items relate to the accessibility, appropriateness, efficiency and effectiveness of services, with data to be collected on an ongoing basis from 2002-03, replacing the current snapshot day census collection.

Due to a revised commencement date for the CSTDA NMDS, a snapshot day census was again conducted in May/June in 2002. The CSTDA NMDS ongoing collection was operational for the Commonwealth and WA from June 2002 and was nationally operational as of 1 October 2002 (revised from July 2002), replacing the snapshot day census collection for all other jurisdictions.

Source: AIHW (2001b, 2001c, 2001d, 2001e, 2002a, 2002b, 2002c).

Data sourced from the CSDA MDS on the number of consumers or places provided in each jurisdiction may differ from information reported elsewhere (such as in departmental annual reports) because the CSDA MDS collection for 2002 relates to services delivered on a single snapshot day. Expenditure data sourced from jurisdictions' collections may also differ from information reported elsewhere because, for example, expenditure on psychiatric services is excluded here. The number of consumers receiving accommodation services on the snapshot day for 1999–2002 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 and community access services than for accommodation services, given differences in the nature of these services.

Effectiveness

Participation outcomes

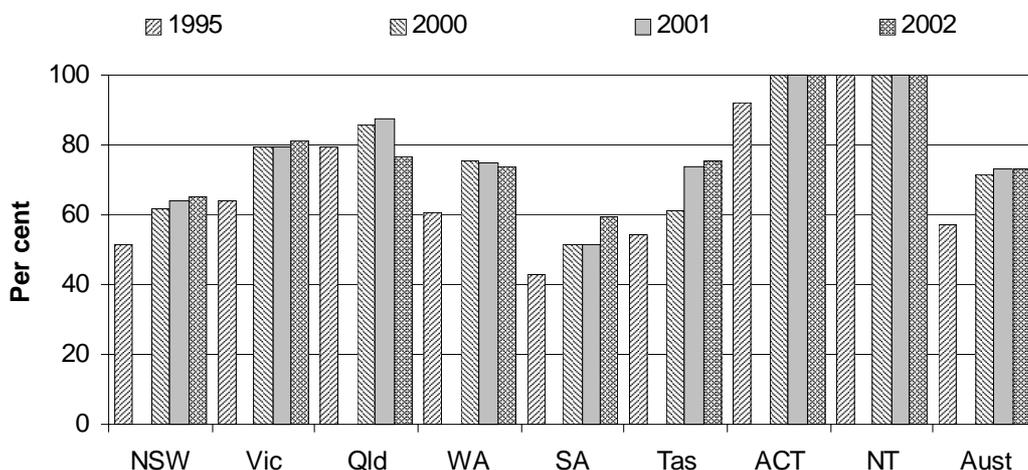
Four indicators of participation are outlined in the framework: the proportion of accommodation consumers receiving community-based accommodation support or care; labour force participation and the employment status of people with a disability; the level of social participation of people with a disability;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

Proportion of accommodation consumers 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, 72.9 per cent of accommodation consumers had community-based accommodation or 'in-home' support on the snapshot day in 2002, rising from 66.0 per cent in 1998 (table 13A.6). The ACT and the NT had the highest proportion of accommodation consumers receiving community-based care or support (both 100 per cent) on the snapshot day in 2002 and SA had the lowest (59.5 per cent) (figure 13.4). 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 2002 (72.9 per cent) (figure 13.4).

Figure 13.4 Consumers of community-based or 'in-home' accommodation support services as a proportion of all accommodation consumers^{a, b, c, d}



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who have 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/residential or hostel' accommodation support service. Totals may not be the sum of the components because individuals may access services from more than one jurisdiction on the snapshot day. ^b Community-based or 'in-home' accommodation support services include group homes, attendant care, outreach/other 'in-home'/drop-in support, alternative family placement and other accommodation support for data prior to 2002. Community-based or 'in-home' accommodation support services include group homes, attendant care/personal care, 'in-home' accommodation support, alternative family placement and other accommodation support for 2002 data. ^c Data for consumers of CSDA funded accommodation support services exclude psychiatric services specifically identified by the jurisdiction. ^d Data for 1995 were based on services received (recipients, not consumers). The 2000–02 data are consumer data.

Source: AIHW (2000, 2001a, 2002a); Madden et al. (1997); table 13A.6.

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 13A.7).

Social participation of people with a disability

A primary objective of government services for people with a disability is to enhance consumers' 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.

It was agreed in the recent CSTDA NMDS development process that social participation data would not be collected as part of the NMDS. Nevertheless, Victoria and WA have independently developed indicators and data on social participation for people with a disability, and these are reported for the first time in this Report.

Data reported are from different collection instruments in Victoria and WA. In Victoria, annual data have been collected by adding questions onto the CSDA MDS census instrument in 2001. Victoria expects to collect social participation data on an ongoing basis from 2003. In WA, a consumer satisfaction survey was applied in 2002 for the collection of social participation data for the second time and the data are expected to be collected on a regular, but less than annual, basis. Notwithstanding these differences, there is some synergy between the Victorian data items 'maintaining relationships with family', 'maintaining social relationships' and 'participation and recreation' and the WA data items 'social relationships' and 'recreation/entertainment' (box 13.7).

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 survey data on the quality of services provided to people with a disability (SCRCSSP 2000). These data have not been updated.

Box 13.7 Social participation of people with a disability

Victoria

In May 2001, Victoria collected census data through the CSDA MDS on the Disability Services Program Day Program and Shared Accommodation Clients' ability to participate fully, partially or not at all. Reported results of consumer perceptions are:

- for all people with a disability, 37 per cent of consumers were able to fully participate in maintaining relationships with family, 43 per cent reported that they partially participated, 12 per cent reported that they did not participate at all, and 8 per cent were reported as unknown;
- for all people with a disability, 20 per cent of consumers were able to fully participate in maintaining social relationships, 54 per cent reported that they partially participated, 19 per cent reported that they did not participate at all, and 7 per cent were reported as unknown; and
- for all people with a disability, 25 per cent of consumers were able to fully participate in recreation or leisure activities, 63 per cent reported that they partially participated, 10 per cent reported that they did not participate at all, and 3 per cent were reported as unknown.

Data were disaggregated by severity of disability. Between 11 and 41 per cent of those in the profound and severe disability severity groups reported that they participate fully for all three of the above indicators.

WA

In 2002, 450 randomly selected disability services consumers were surveyed on a variety of social participation items. Reported results of consumer perceptions indicate:

- for all people with a disability, 37 per cent of consumers reported that they had friend(s) that they could talk or do things with, besides staff or family members;
- for all people with a disability 41 per cent reported that they had a friend(s) that they could talk or do things with who is staff and 54 per cent reported that they had a friend(s) that they could talk or do things with who is family;
- for all people with a disability, 51 per cent of consumers reported that they were able to participate in entertainment activities (for example, movies and concerts) as often as he/she would like to; and
- for all people with a disability, 48 per cent of consumers reported that they were able to participate in exercise or play sports (for example, walking, swimming cycling) as often as he/she would like to.

Source: Department of Human Services (2002); WA Government (unpublished).

Quality assurance processes

Quality assurance monitoring of service providers data for 2002 are reported for the first time for the Commonwealth, WA and Tasmania (box 13.8). Data reported are from newly implemented collections and relate to a sample of service providers from all disability service types provided under the CSDA. It is anticipated that those jurisdictions implementing quality assurance monitoring will review all service providers in a rolling process over several years.

Box 13.8 Quality assurance for disability services

The quality assurance data reported below relate to CSDA funded services. Data are from jurisdictions' collections as at 27 September 2002.

Commonwealth

The proportion of assessed disability employment support service organisations that have been certified against all standards and key performance indicators by independent accredited certification bodies is 3 per cent (13 of 414) of all organisations and 100 per cent (13 of 13) of assessed organisations. All 414 disability employment service organisations have registered their intention to be certified by December 2004 against the revised Disability Service Standards and new Key Performance Indicators which were implemented on 1 July 2002. Only certified organisations will receive Commonwealth funding from 2005.

WA and Tasmania

Different quality assurance monitoring systems are in place in WA and Tasmania, but these jurisdictions collect data on similar indicators. Disability services providers refer to providers of accommodation support; community support; community access; respite services; advocacy, information and print disability; and other support services. For Tasmania, the following relates to non-government disability service outlets only.

The number of total disability service outlets independently monitored (comprehensive and abridged) for WA or self assessed (or another form of assessment) for Tasmania against the service standards as a proportion of total disability service outlets is 20 per cent in WA and 61 per cent in Tasmania. In WA, 135 of 688 total service outlets have been assessed. In Tasmania, 97 of 159 total service outlets have been assessed.

The number of disability service outlets that are quality assured against all assessed service standards as a proportion of total number of assessed disability service outlets is 83 per cent in WA and 100 per cent in Tasmania. In WA, 112 service outlets of the 135 that have been assessed, have been quality assured against all assessed service standards. In Tasmania, all 97 service outlets of the 97 that have been assessed, have been quality assured (through self assessment) against all assessed service standards.

Source: Commonwealth, WA and Tasmanian governments (unpublished).

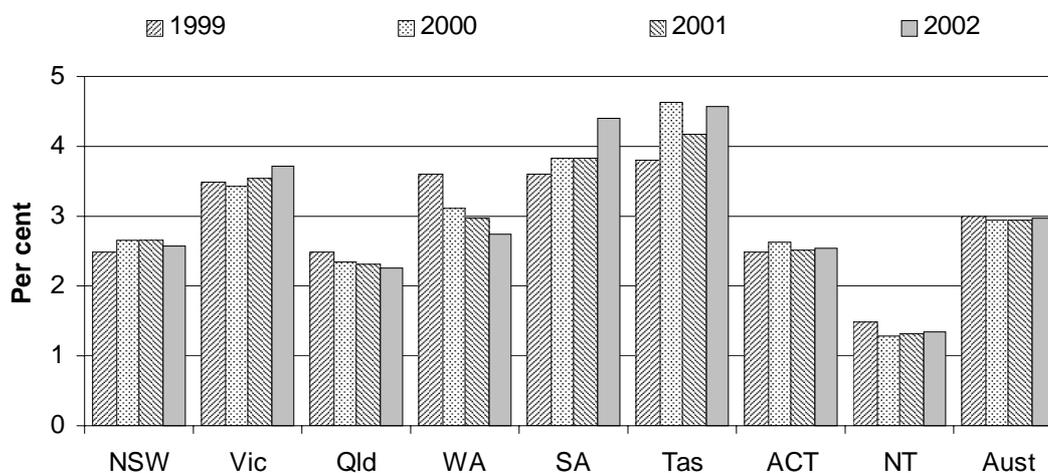
Access to services

Access data are reported for accommodation support, employment services and community support day activities. One 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 13.2. Data are also reported on access to employment and accommodation services by severity of disability.

Accommodation support

Nationally, 3.0 per cent of the estimated potential population were using accommodation support services on the snapshot day in 2002. Across jurisdictions, this proportion was highest in Tasmania (4.6 per cent) and lowest in the NT (1.3 per cent) (figure 13.5).

Figure 13.5 **Consumers of accommodation support services as a proportion of the total potential population for accommodation support services^{a, b, c, d, e}**



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who have received more than one service on the snapshot day. Totals may not be the sum of the components because individuals may access services from more than one jurisdiction 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. ^b Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. ^c 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. ^d Data for 2000 are revised and therefore differ from those in previous reports. ^e WA consumer data for 1999 to 2001 are inflated by between 123 and 466 consumers due to incorrect coding by two providers over this time period. This error has been corrected for 2002 data.

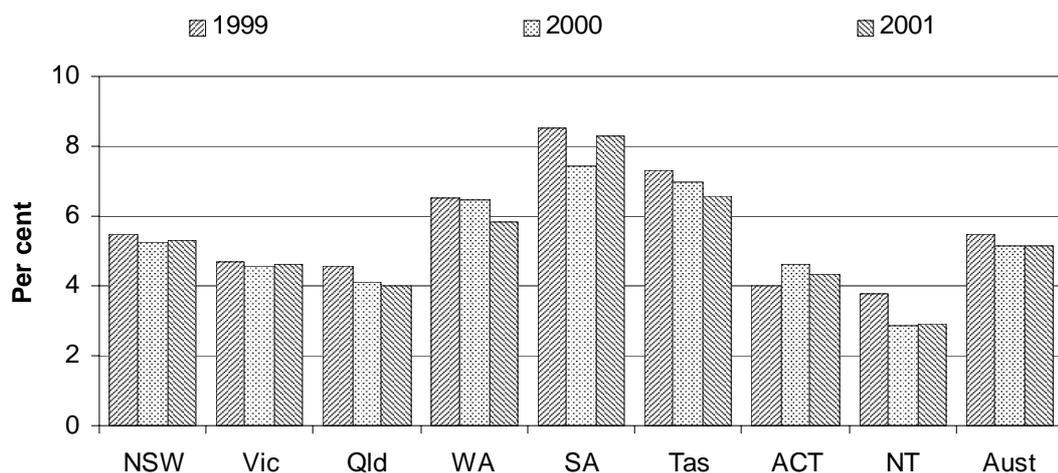
Source: AIHW (1999, 2000, 2001a, 2002a); table 13A.8.

Employment services

The Commonwealth has responsibility for employment services under the CSDA and purchases most services from non-government providers. Data for employment services for 2002 were not available in time for publication. This information can be found, however, on the Review web page (see supporting tables section, p. 13.3).

Nationally, 5.1 per cent of consumers of the estimated potential population were using employment services on the snapshot day in 2001. Across jurisdictions, the proportion was highest in SA (8.3 per cent) and lowest in the NT (2.9 per cent) (figure 13.6).

Figure 13.6 **Consumers of employment services as a proportion of the total potential population for employment services^{a, b, c}**



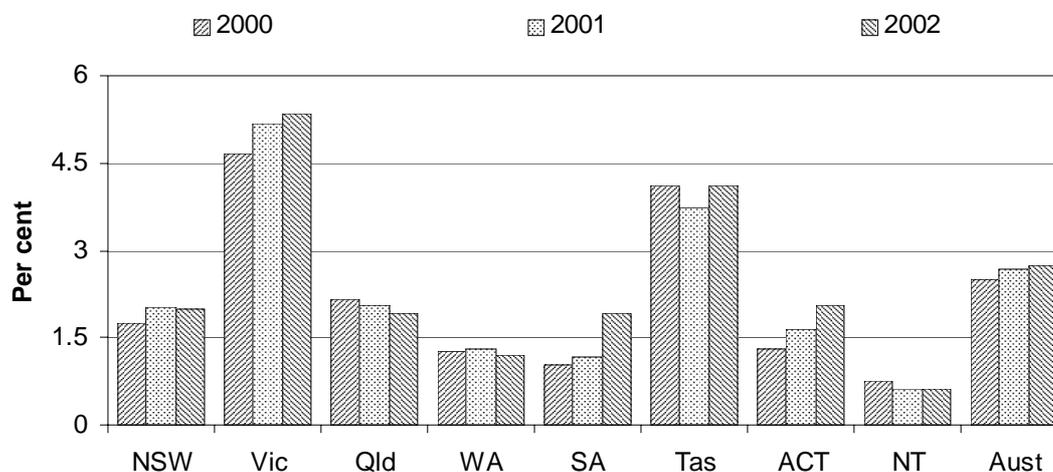
^a Consumer data are estimates after use of a statistical linkage key to account for individuals who have received more than one service on the snapshot day. The population data are estimates. ^b The potential population for employment services is the number of people aged 15–64 years with a severe or 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. ^c Data for 2000 are revised and therefore differ from those in previous reports.

Source: AIHW (1999, 2000, 2001a); table 13A.9.

Use of day activity services

Nationally, 2.7 per cent of consumers of the potential labour force received a day activity service on the snapshot day in 2002. Across jurisdictions, Victoria had the highest proportion of consumers (5.4 per cent) and the NT had the lowest (0.6 per cent) (figure 13.7).

Figure 13.7 Consumers of day activity services as a proportion of the total potential population for day activity services^{a, b, c, d, e, f}



^a Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. ^b The potential population for day activity services is the number of people aged 15–64 years, with a severe or profound core activity restriction, multiplied by the Indigenous factor for that jurisdiction. ^c Consumer data are estimates after use of a statistical linkage key to account for individuals who have received more than one service on the snapshot day. Totals may not be the sum of the components because individuals may access services from more than one jurisdiction on the snapshot day. ^d Day activity services in 2001 include consumers using community access service types ‘continuing education/independent living training/adult training centre’, ‘post-school options/social and community support/community access’ and ‘other community access and day programs’. Day activity services in 2002 include consumers using community access service types ‘learning and life skills development’ and ‘other community access’, but not ‘recreation/holiday programs’. ^e Data for consumers of CSDA funded day activity services exclude psychiatric services specifically identified by the jurisdiction. ^f Data may have different inclusions for different jurisdictions which may explain the variability across jurisdictions. Data are, therefore, not strictly comparable.

Source: AIHW (2000, 2001a, 2002a); table 13A.10.

Service use by disability status

Services provided under the CSDA are allocated to consumers 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. Consumers of accommodation support services, by severity of core activity restriction data for 2002, are not strictly comparable to data for previous years, because of refinements to questions on self-care, mobility and communication. These changes were made to achieve greater consistency with the ABS data collection items.

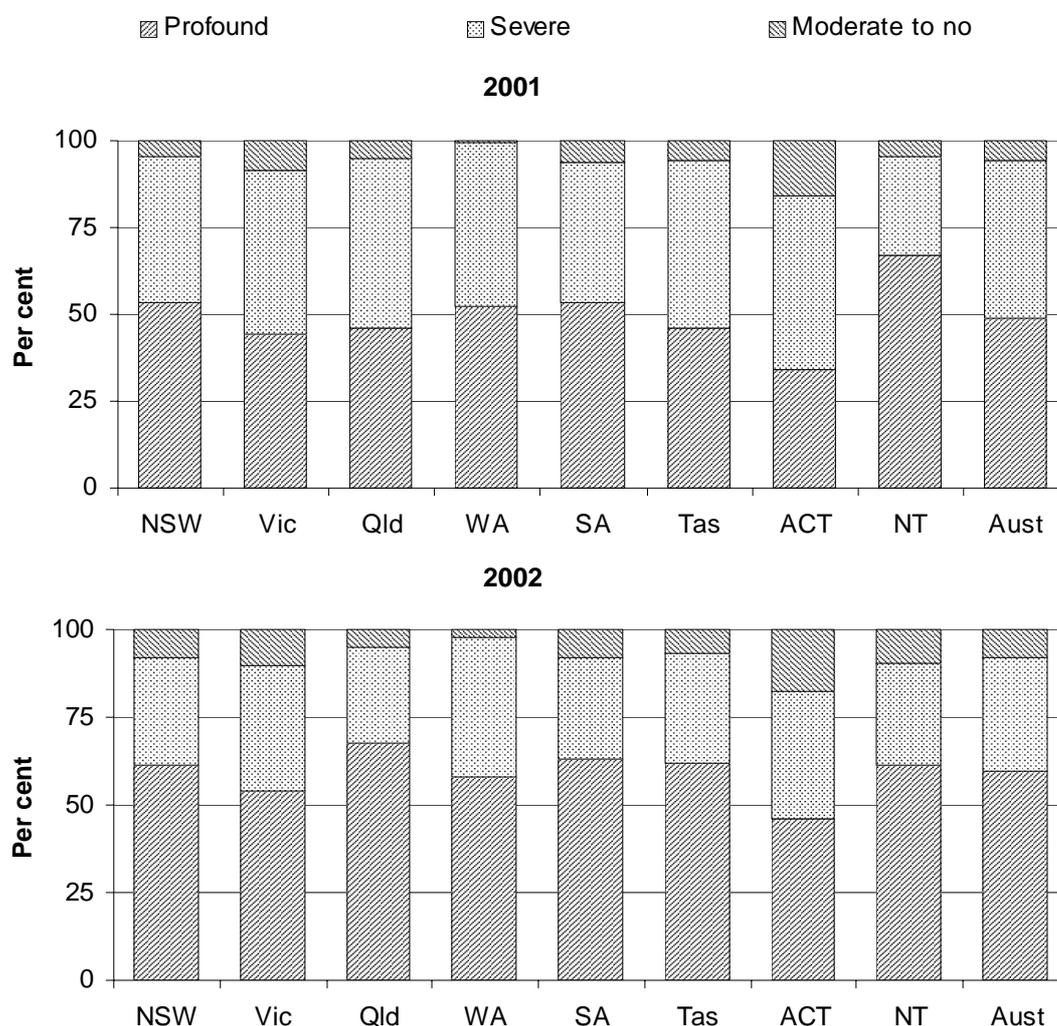
Nationally, 7.7 per cent of consumers of accommodation services had a moderate to no core activity restriction on the snapshot day in 2002, 32.6 per cent had a severe core activity restriction and 59.7 per cent had a profound core activity restriction. Across jurisdictions, the ACT had the highest proportion of consumers with a

moderate to no core activity restriction (17.5 per cent) and WA had the lowest (2.2 per cent). The highest proportion of consumers with a severe core activity restriction was in WA (39.6 per cent) and the lowest was in Queensland (27.5 per cent). The highest proportion of consumers with a profound core activity restriction (that is, people who always require help or supervision) was in Queensland (67.4 per cent) and the lowest was in the ACT (46.1 per cent) (figure 13.8).

Information on the use of employment services by severity of disability for 2002 were not available in time for publication. This information can be found on the Review web page (see supporting tables section p. 13.3).

Nationally, 21.8 per cent of consumers of employment services had a moderate to no core activity restriction on the snapshot day in 2001, 65.1 per cent had a severe core activity restriction and 13.1 per cent had a profound core activity restriction. Across jurisdictions, Queensland had the highest proportion of consumers with a moderate to no core activity restriction (25.0 per cent) and the NT had the lowest (16.5 per cent). The highest proportion of consumers with a severe core activity restriction was in the ACT (67.9 per cent) and the lowest was in Tasmania (61.5 per cent). The highest proportion of consumers with a profound core activity restriction was in the NT (19.4 per cent) and the lowest was in Queensland (8.3 per cent) (figure 13.9).

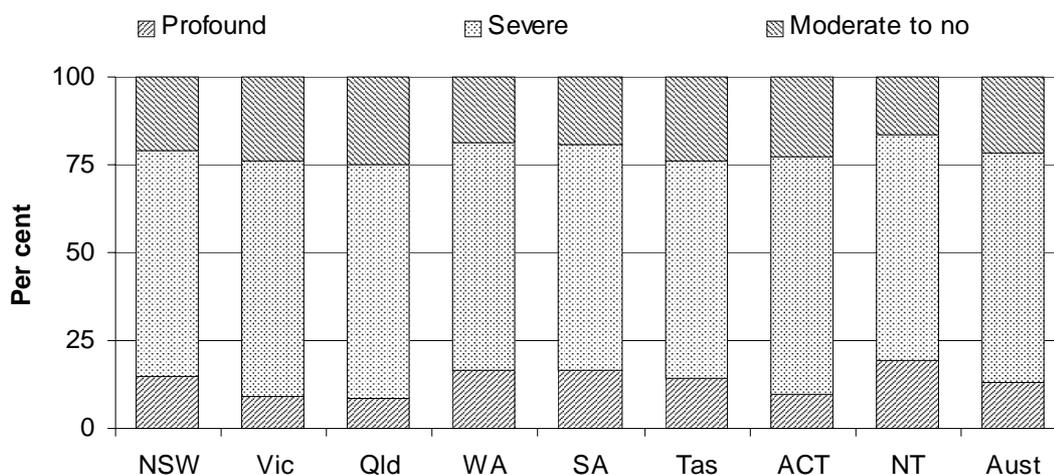
Figure 13.8 Consumers of accommodation support services, by severity of core activity restriction^{a, b, c, d}



^a Severity of core activity restriction is derived using data on level of support needed in one or more of the support areas: self care, mobility and communication. Consumers with profound core activity restriction reported always needing support in one or more of these areas. Consumers with severe core activity restriction reported sometimes needing support in one or more of these areas. Consumers with moderate or no core activity restriction reported needing no support in all of these areas. ^b 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 level of support need was inconsistently recorded for the same consumer, the person was allocated a level of support according to a standard method. Row totals may not be the sum of the components because individuals may access services from more than one jurisdiction on the snapshot day. ^c Data exclude 293 consumers in 2001 and 246 consumers in 2002 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.3. ^d Data for consumers of CSDA funded accommodation support services exclude psychiatric services specifically identified by the jurisdiction.

Source: AIHW (2001a, 2002a); table 13A.11.

Figure 13.9 Consumers of employment services, by severity of core activity restriction, 2001^{a, b, c, d}



^a 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. ^b Data exclude 342 consumers who did not report a need for support with one or more of these areas: self care, mobility or communication. Consumer totals do not therefore necessarily match those in table 13A.3. ^c Severity of core activity restriction was 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 moderate or no core activity restriction reported needing no support in one or more of these areas. ^d 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.

Source: AIHW (2001a); table 13A.12.

Service use by special needs groups

An important indicator of access is the comparison between the representation of all people with a disability who access services and the representation of people with a disability from rural and remote locations, Indigenous or non-English speaking origin who access services. This information is provided for accommodation support, employment and community access services.

Data are presented by disability service type, as the representation of each special needs group in the total population of people with special needs, per 1000 people; compared to the representation of all disability services consumers in the total Australian population, per 1000 people.

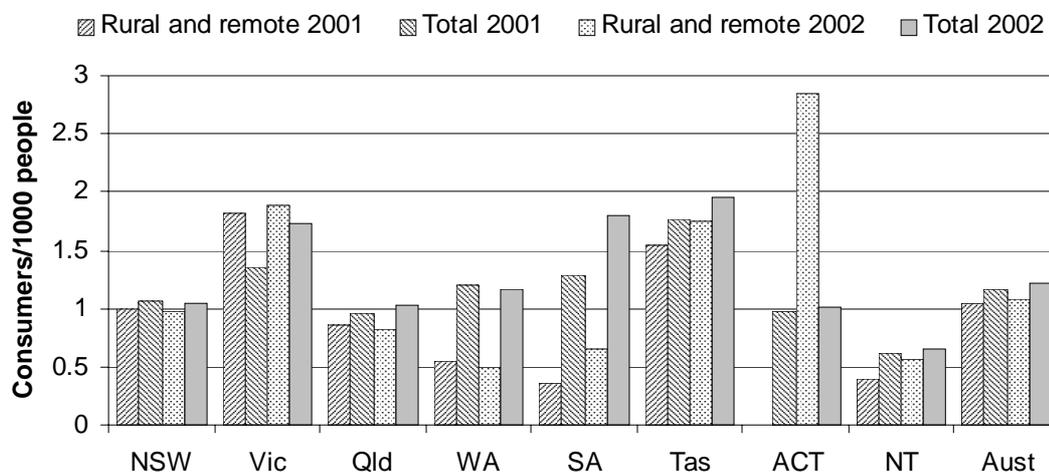
Rural and remote representation per 1000 people

Nationally, the representation of rural and remote consumers in accommodation support services was lower than the community representation in all consumers of

accommodation support services (1.08 rural and remote consumers per 1000 people and 1.22 consumers per 1000 people, respectively) on the snapshot day in 2002. Notwithstanding this national result, a higher representation of the rural and remote population than of the total population used accommodation support services in Victoria and the ACT. It should be noted throughout this section that the rural and remote data category reported, in relation to the ACT, includes rural data only because the ACT has no remote areas (table A.6). The data category, however, is an aggregate of rural and remote data. A lower representation of the rural and remote population than of the total population used accommodation support services in all other jurisdictions. The highest representation of rural and remote consumers accessing accommodation support services was in the ACT (2.84 rural and remote consumers per 1000 people) and the lowest was in WA (0.5 rural and remote consumers per 1000 people) (figure 13.10).

Interpretation of these data should consider that the ACT is an urban regional centre and the majority of the population lives in areas classified as urban. Raw data indicate that the servicing of one cross-border client has skewed the rural and remote representation of consumers accessing accommodation support services to an erroneous level. Results of rural and remote users of accommodation support services need to be considered with care, generally, 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.

Figure 13.10 **Consumers of accommodation support services per 1000 people, by geographic location^{a, b, c, d, e, f}**

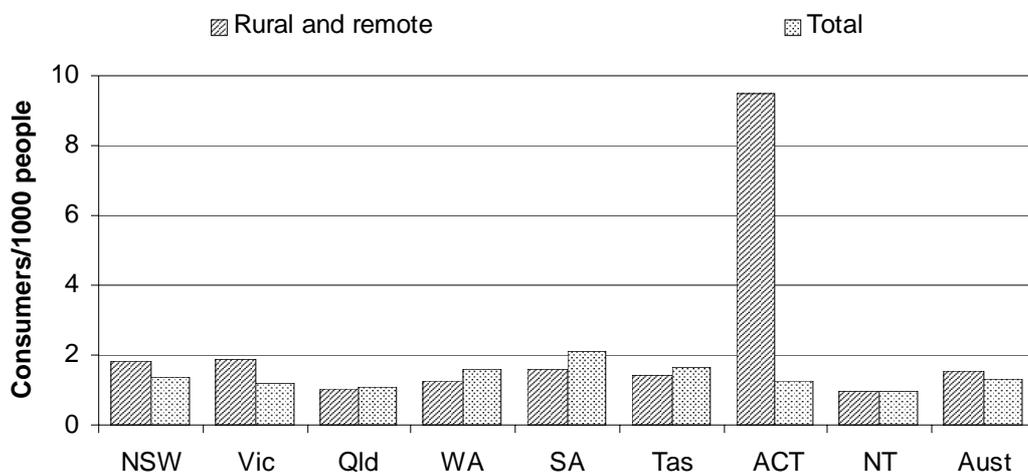


^a The State and Territory data on the rural and remote population are derived by the AIHW from ABS statistical local area population estimates for June 2000 and 2001. ^b Data for rural and remote consumers were based on the residential postcode of the consumer except for SA, the ACT and the NT in 2001, which were 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. ^c Data for rural and remote consumers (per 1000) are per rural and remote people. That is, the rural and remote consumer data divided by the rural and remote Australians data multiplied by 1000. The rural and remote data category in relation to the ACT includes rural only, because the ACT has no remote areas (table A.6). ^d 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. ^e Data for all consumers exclude 626 consumers in 2001 and 214 consumers in 2002 whose postcode was not known, thus totals may differ from other tables. ^f Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction.

Source: AIHW (2001a, 2002a); table 13A.18.

Nationally, the representation of rural and remote consumers in employment support services was higher than the community representation of all consumers in employment support services (1.52 rural and remote consumers per 1000 people and 1.33 consumers per 1000 people, respectively) on the snapshot day in 2001. A higher representation of the rural and remote population than of the total population used employment support services in NSW, Victoria and the ACT. A lower representation of the rural and remote population than of the total population used employment support services in all other jurisdictions. The highest representation of rural and remote consumers accessing employment support services was in the ACT (9.48 rural and remote consumers per 1000 people) and the lowest was in the NT (0.95 rural and remote consumers per 1000 people) (figure 13.11). The large variation in the ACT data may be due to the relatively small proportion of the rural population to the general population (table A.6) (and, as noted, the ACT has no remote population).

Figure 13.11 Consumers of employment support services per 1000 people, by geographic location, 2001^{a, b, c, d, e}



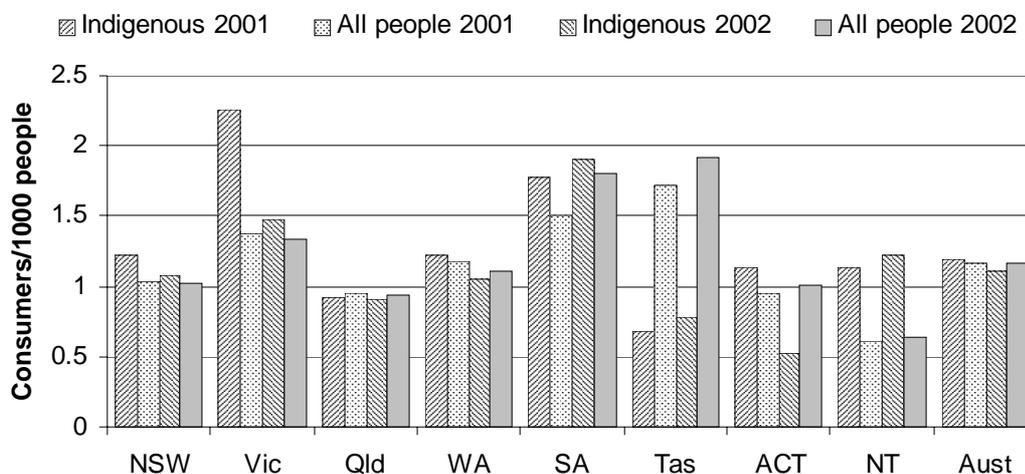
^a The State and Territory data on the rural and remote population are derived by the AIHW from ABS statistical local area population estimates for June 2000. ^b A postcode is classified as rural or remote if more than 50 per cent of the population in the postcode area are so classified. ^c Data for rural and remote consumers (per 1000) are per rural and remote people. That is, the rural and remote consumer data divided by the rural and remote Australians data multiplied by 1000. The rural and remote data category in relation to the ACT includes rural only, because the ACT has no remote areas (table A.6). ^d 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 may access services from more than one jurisdiction on the snapshot day. ^e Data for all consumers exclude 292 consumers in 2001 whose postcode was not known, thus totals may differ from other tables.

Source: AIHW (2001a); table 13A.19.

Indigenous representation per 1000 people

Nationally, the representation of Indigenous consumers in accommodation support services was similar to the community representation of all consumers in accommodation support services (1.10 Indigenous consumers per 1000 people and 1.17 consumers per 1000 people, respectively) on the snapshot day in 2002. Notwithstanding this national result, a higher representation of the Indigenous population than of the total population used accommodation support services in NSW, Victoria, SA and the NT. A lower representation of the Indigenous population than of the total population used accommodation support services in all other jurisdictions. The highest representation of Indigenous consumers accessing accommodation support services was in SA (1.91 Indigenous consumers per 1000 people) and the lowest was in the ACT (0.52 Indigenous consumers per 1000 people) (figure 13.12).

Figure 13.12 **Consumers of accommodation support services per 1000 people, by Indigenous status^{a, b, c, d, e}**



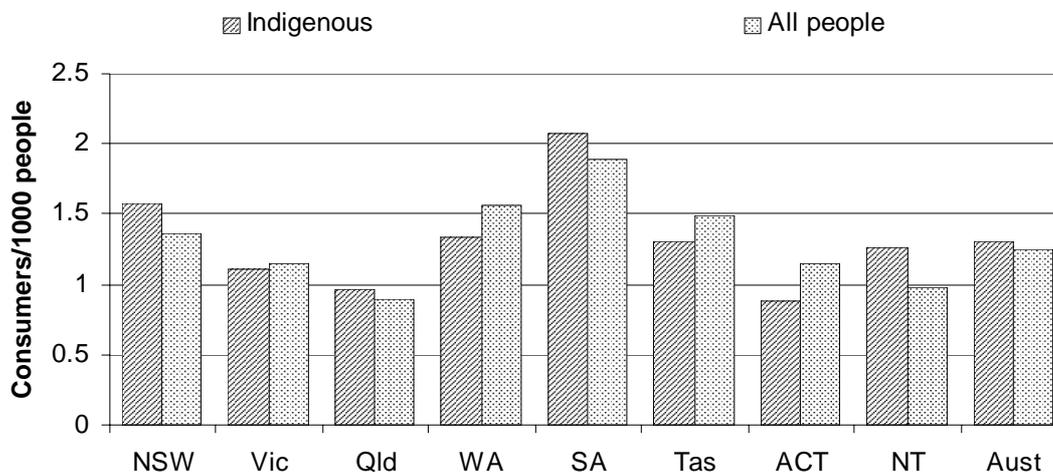
a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as an Indigenous Australian. Totals may not be the sum of the components because individuals may access services from more than one jurisdiction on the snapshot day. **b** Data for Indigenous consumers (per 1000) are per 1000 Indigenous people. That is, the Indigenous consumer data are divided by the Indigenous Australians data, multiplied by 1000. **c** Data for all consumers exclude 626 consumers in 2001 and 943 consumers in 2002 whose Indigenous origin was 'not known' or 'not stated'; therefore, totals may differ from other tables. **d** ABS Indigenous population projections were used for 2001. Indigenous population projections for 2002 were obtained by multiplying percentages of Indigenous people in each State or Territory based on the most recently available 2001 ABS Census data on the Indigenous population, and applying these percentages to June 2002 ABS projected population data. **e** Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction.

Source: AIHW (2001a, 2002a); table 13A.13.

Information on the use of employment services by consumers by Indigenous status for 2002 were not available in time for publication. This information can be found on the Review web page (see supporting tables section p. 13.3).

Nationally, the representation of Indigenous consumers in employment support services was similar to the community representation of all consumers in employment support services (1.31 Indigenous consumers per 1000 people and 1.25 consumers per 1000 people, respectively) on the snapshot day in 2001. A higher representation of the Indigenous population than of the total population used employment support services in NSW, Queensland, SA and the NT. A lower representation of the Indigenous population than of the total population used employment support services in all other jurisdictions. The highest representation of Indigenous consumers accessing employment support services was in SA (2.08 Indigenous consumers per 1000 people) and the lowest was in the ACT (0.88 Indigenous consumers per 1000 people) (figure 13.13).

Figure 13.13 Consumers of employment support services per 1000 people, by Indigenous status, 2001^{a, b, c, d}

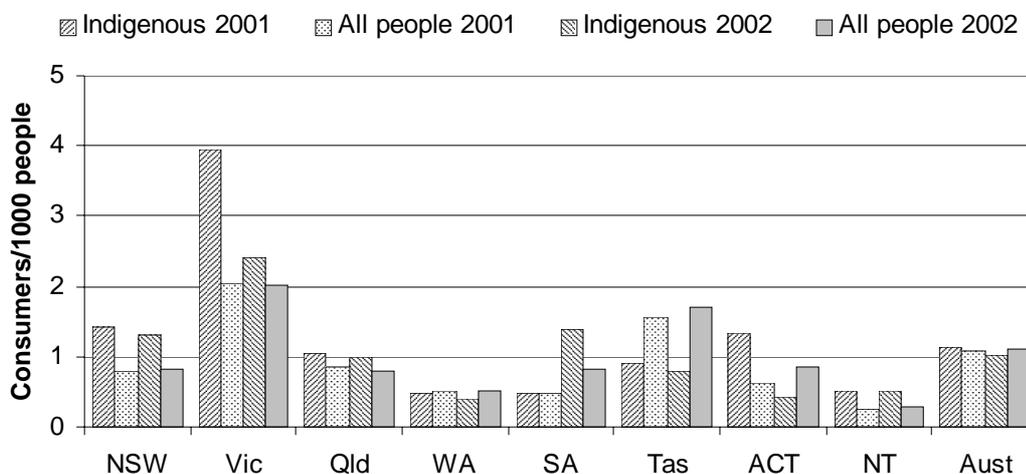


^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. ^b Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as an Indigenous Australian. ^c Data for Indigenous consumers (per 1000) are per 1000 Indigenous people. That is, the Indigenous consumer data divided by the Indigenous Australians data, multiplied by 1000. ^d Data exclude 973 consumers in 2001 of employment services whose Indigenous origin was 'not known' or 'not stated'.

Source: AIHW (2002a); table 13A.14.

Nationally, the representation of Indigenous consumers in day activity services was similar to the community representation of all consumers in day activity services (1.03 Indigenous consumers per 1000 people and 1.10 consumers per 1000 people, respectively) on the snapshot day in 2002. Across jurisdictions, a higher representation of the Indigenous population than of the total population used day activity services in all jurisdictions except WA, Tasmania and the ACT. The highest representation of Indigenous consumers accessing day activity services was in Victoria (2.41 Indigenous consumers per 1000 people) and the lowest was in WA (0.40 Indigenous consumers per 1000 people) (figure 13.14).

Figure 13.14 Consumers of day activity services per 1000 people, by Indigenous status^{a, b, c, d, e, f, g}



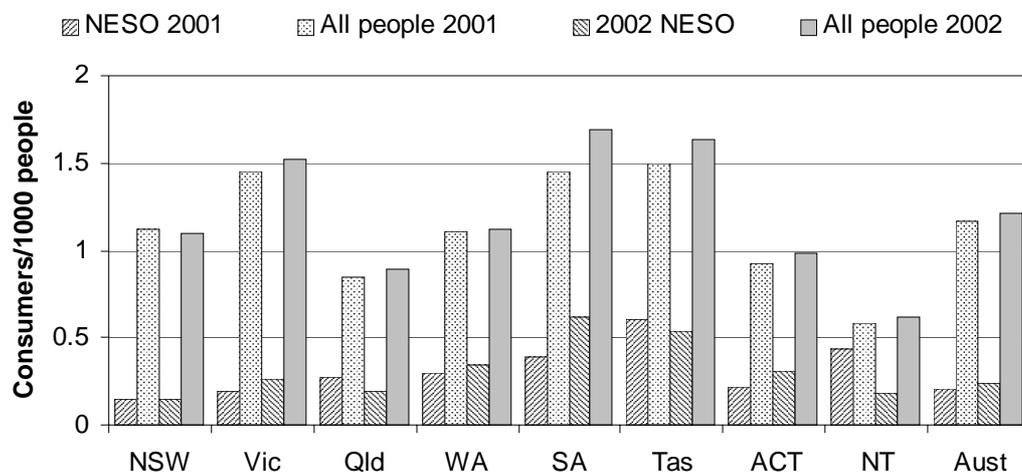
^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as an Indigenous Australian. Totals may not be the sum of the components because individuals may access services from more than one jurisdiction on the snapshot day. ^b Data for Indigenous consumers (per 1000) are per 1000 Indigenous people. That is, the Indigenous consumer data divided by the Indigenous Australians data multiplied by 1000. ^c Indigenous population projections were obtained by multiplying percentages of Indigenous people in each State or Territory based on the most recently available 2001 ABS Census data on the Indigenous population, and applying these percentages to June 2002 ABS projected population data. ^d Day activity services in 2001 include consumers using the community access service types 'continuing education/independent living training/adult training centre', 'post-school options/social and community support/community access' and 'other community access and day programs'. Day activity services in 2002 include consumers using the community access service types 'learning and life skills development' and 'other community access', but not 'recreation/holiday programs'. ^e Data for all consumers exclude 372 consumers in 2001 and 737 consumers in 2002 whose Indigenous origin was 'not known' or 'not stated'; therefore, totals may differ from other tables. ^f Data for consumers of CSDA community access services exclude psychiatric services specifically identified by the jurisdiction. ^g Data may have different inclusions for different jurisdictions, which may explain variability across jurisdictions. Data are therefore not strictly comparable.

Source: AIHW (2001a, 2002a); table 13A.15.

Non-English speaking origin representation per 1000 people

Nationally, the representation of non-English speaking origin consumers in accommodation support services was lower than the community representation of all consumers in accommodation support services (0.24 non-English speaking origin consumers per 1000 people and 1.21 consumers per 1000 people, respectively) on the snapshot day in 2002. This was the case for all jurisdictions. The highest representation of non-English speaking origin consumers accessing accommodation support services was in SA (0.61 non-English speaking origin consumers per 1000 people) and the lowest was in NSW (0.15 non-English speaking origin consumers per 1000 people) (figure 13.15).

Figure 13.15 Consumers of accommodation support services per 1000 people, by non-English speaking origin^{a, b, c, d, e, f, g}



^a 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 country of birth was inconsistently recorded for the same consumer, the consumer was counted as having a non-English speaking origin. ^b 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 of America. ^c Data for consumers of non-English speaking origin (per 1000) are per 1000 people of non-English speaking origin. That is, the non-English speaking origin consumer data divided by the non-English speaking origin Australians data, multiplied by 1000. ^d The State and Territory data on the non-English speaking origin population are derived from the corresponding 1996 Australian Census proportional distribution of population of States and Territories applied to the ABS national estimate of 2000 country of birth data, adjusted for expected 2001 increases in total and non-English speaking background populations. Estimates exclude people whose non-English speaking origin was not stated or who were visitors to Australia from overseas. ^e Data for all Australians exclude people whose birthplace was not stated or who were visitors to Australia from overseas. ^f Data for all consumers exclude 754 consumers for 2001 and 353 consumers for 2002 whose non-English speaking origin was 'not known' or 'not stated'; therefore, totals may differ from other sections of this Report. ^g Data for consumers of CSDA funded accommodation support services exclude psychiatric services specifically identified by the jurisdiction.

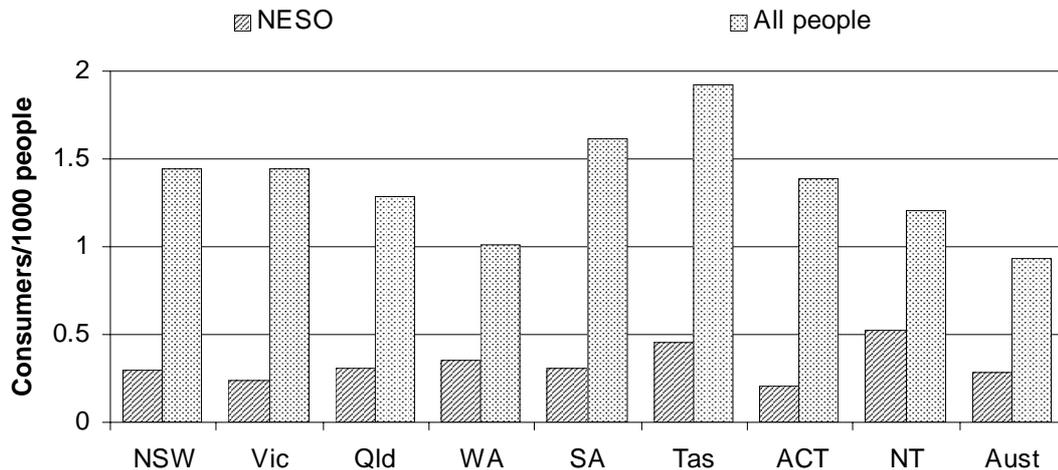
Source: AIHW (2001a, 2002a); table 13A.16.

Information on the use of employment services by consumers by non-English speaking origin status for 2002 were not available in time for publication. This information can be found on the Review web page (see supporting tables section, p. 13.3).

Nationally, the representation of non-English speaking origin consumers in employment support services was lower than the community representation of all consumers in employment support services (0.28 non-English speaking origin consumers per 1000 people and 1.37 consumers per 1000 people, respectively) in 2001. This was the case for all jurisdictions. The highest representation of non-English speaking origin consumers accessing employment support services was in the NT (0.53 non-English speaking origin consumers per 1000 people) and the

lowest was in the ACT (0.21 non-English speaking origin consumers per 1000 people) (figure 13.16).

Figure 13.16 **Consumers of employment services per 1000 people, by non-English speaking origin, 2001^{a, b, c, d, e, f, g}**



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who may have received more than one service on the snapshot day. Where non-English speaking origin was inconsistently recorded for the same consumer, the consumer was counted as a non-English speaking origin consumer.

^b 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. ^c

Data for consumers of non-English speaking origin (per 1000) are per 1000 people of non-English speaking origin, that is, the consumers of non-English speaking origin divided by the non-English speaking origin Australians data, multiplied by 1000. ^d

The State and Territory data on the non-English speaking origin population are derived from the corresponding 1996 Australian Census proportional distribution applied to the ABS national estimate of 1999 country of birth data. They exclude people whose non-English speaking origin was not stated or who were visitors to Australia from overseas. ^e

Data for all Australians exclude people whose birthplace was not stated or who were visitors to Australia from overseas. ^f Data exclude 248 consumers of employment services whose non-English speaking origin was 'not known' or 'not stated'.

^g Commonwealth data are preliminary and cover 99 per cent of Commonwealth-funded services.

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

Efficiency

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

- the cost to government of providing institutional/residential and community accommodation places;
- the level of government funding of non-government delivered institutional/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.

Institutional residential accommodation support includes both institutions and hostels. Community accommodation support includes group homes, attendant care/personal care, in-home accommodation support, alternative family placement, and other accommodation support. 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/residential accommodation places has decreased, with a corresponding increase in expenditure on non-institutional accommodation and care.

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 13.1). 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. Further, as noted, accommodation data for 2001-02 are not strictly comparable to data on previous years, due to the refinement of definitions.

Table 13.1 Comparability of expenditure estimates for government delivered disability services, by items included, 2001-02^{a, b}

<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	✓	✓	✓	✓	x	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	..	Accrual	Accrual	Cash
Workers' compensation included	✓	✓	✓	✓	✓	✓	✓	✓
Payroll tax included								
Actual	✓	✓	✓			✓	x	✓
Imputed		✓		✓	✓		x	
Apportioned umbrella department costs included	✓	✓	✓	..	✓	✓	✓	✓
Basis of apportioning								
Departmental formula	✓	✓	x	..	✓	x	x	x
% of FTE employees	x	x	✓	..	x	✓	✓	✓
Long service leave								
Entitlements	✓	✓	✓	✓	x	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	Accrual	Cash
Depreciation	✓	✓	✓	✓	x	x	x	x

^a Actual amounts only are included in cost per place data for NSW, Victoria, Queensland, Tasmania and the NT because actual and imputed amounts are not separately identified at the service delivery area level.

^b Actual and imputed amounts are included in total CSDA expenditure proportional to administrative costs and total CSDA expenditure per consumer. FTE Full time equivalent. .. Not applicable.

Source: State and Territory governments (unpublished).

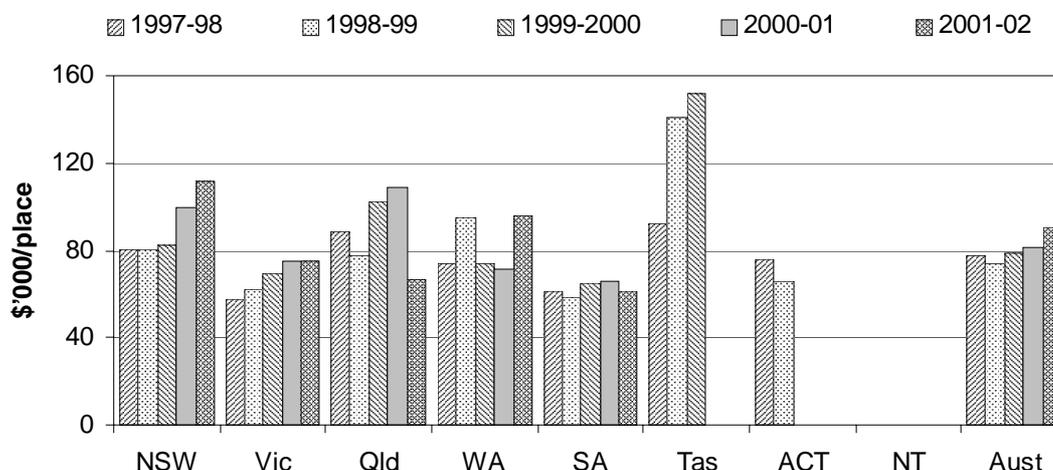
Cost to government of government provided services

Data reported in this section are from individual jurisdictions' collections and may differ from cost per place data reported elsewhere.

Cost per government provided institutional residential place

The average cost to government of providing institutional residential accommodation was \$90 609 per place in 2001-02. Across jurisdictions, the highest expenditure per place was in NSW (\$111 834) and the lowest was in SA (\$60 803). The Tasmanian, ACT and NT governments did not provide institutional residential accommodation in 2001-02 (figure 13.17).

Figure 13.17 Real cost per government provided institutional residential place, (2001-02 dollars)^{a, b, c, d, e, f}



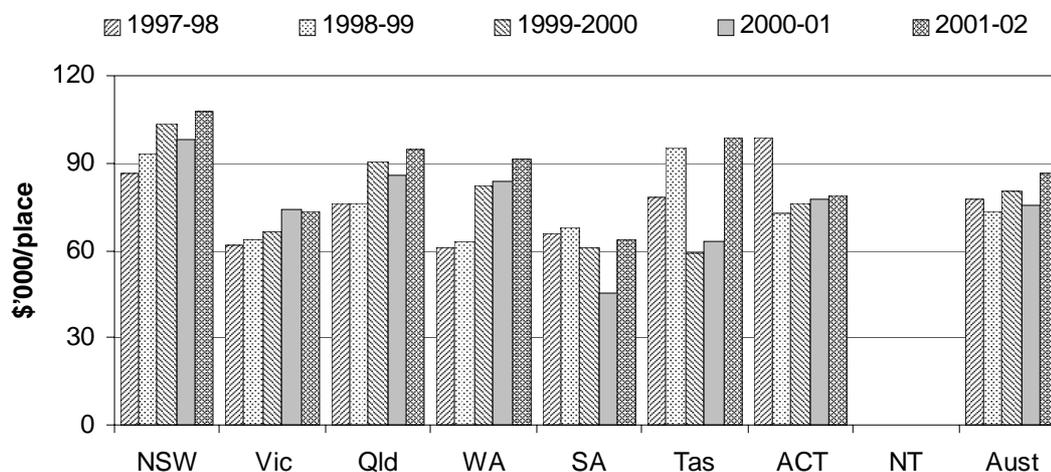
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). The change from 1998-99 reflects the refinement of the process (based on accrual accounting) used to allocate expenditure between institutions and community accommodation. ^b Increased costs in NSW in 2000-01 and 2001-02 reflect devolution expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This will reduce as the relocation program accelerates. ^c Data for Victoria prior to 2001-02 are not comparable with previous reports, which used data from departmental administrative collections. ^d The decrease in Queensland government expenditure per government provided institutional residential place is due to transitional changes in models of accommodation support provided. ^e An improved cost allocation and payments database has been used for WA data in 2001-02. This has resulted in a refinement and in some cases a major re-alignment of costs previously reported. Accommodation support also reflects growth, indexation and parity funding provided for wage increases. ^f There was no government provided institutional residential accommodation support in Tasmania (in 2000-02), the ACT (in 1999-2002) or the NT.

Source: State and Territory governments (unpublished); table 13A.23.

Cost per government provided community accommodation and care place

Nationally, the cost per government provided community accommodation and care place was \$86 360 in 2001-02. Across jurisdictions, the cost per place was highest in NSW (\$107 434) and lowest in SA (\$63 507). The NT did not provide government provided community accommodation and care places (figure 13.18).

Figure 13.18 Real cost per government provided community accommodation and care place, (2001-02 dollars)^{a, b, c, d}



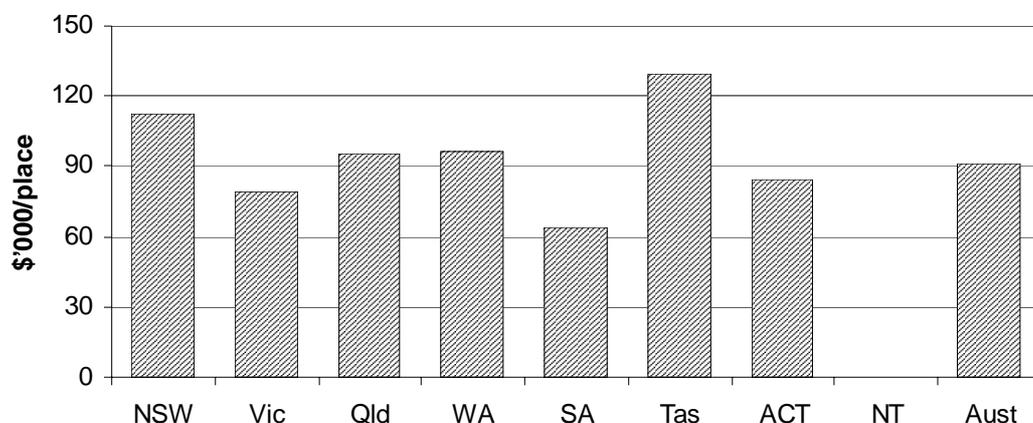
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). The change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. ^b Due to refinements made to the counting rules for accommodation data, the 2001-02 data are not strictly comparable with data for previous years. ^c Data for Victoria prior to 2001-02 are not comparable with previous reports, which used data from departmental administrative collections. ^d There was no government provided community accommodation support in the NT.

Source: State and Territory governments (unpublished); table 13A.23.

Cost per government provided community accommodation and care place — group homes

Nationally, the cost per government provided community accommodation and care place — group homes — was \$91 463 in 2001-02. Across jurisdictions, the cost per place was highest in Tasmania (\$129 709) and lowest in SA (\$63 507). The NT did not provide government provided community accommodation and care places — group homes (figure 13.19).

Figure 13.19 Real cost per government provided community accommodation and care place — group homes, 2001-02 (2001-02 dollars)^{a, b}



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

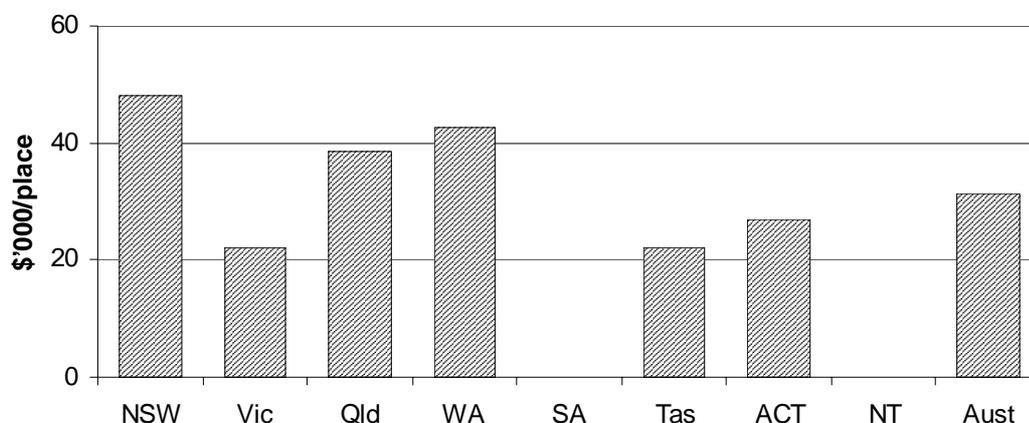
^b There was no government provided community accommodation support — group homes — in the NT.

Source: State and Territory governments (unpublished); table 13A.23.

Cost per government provided community accommodation and care place — other

Nationally, the cost per government provided community accommodation and care place — other — was \$31 270 in 2001-02. Across jurisdictions, the cost per place was highest in NSW (\$47 991) and lowest in Victoria (\$22 246). Both SA and the NT did not provide government provided community accommodation and care places — other (figure 13.20).

Figure 13.20 Real cost per government provided community accommodation and care place — other, 2001-02 (2001-02 dollars)^{a, b}



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

^b There was no government provided community accommodation support — other — in SA or the NT.

Source: State and Territory governments (unpublished); table 13A.23.

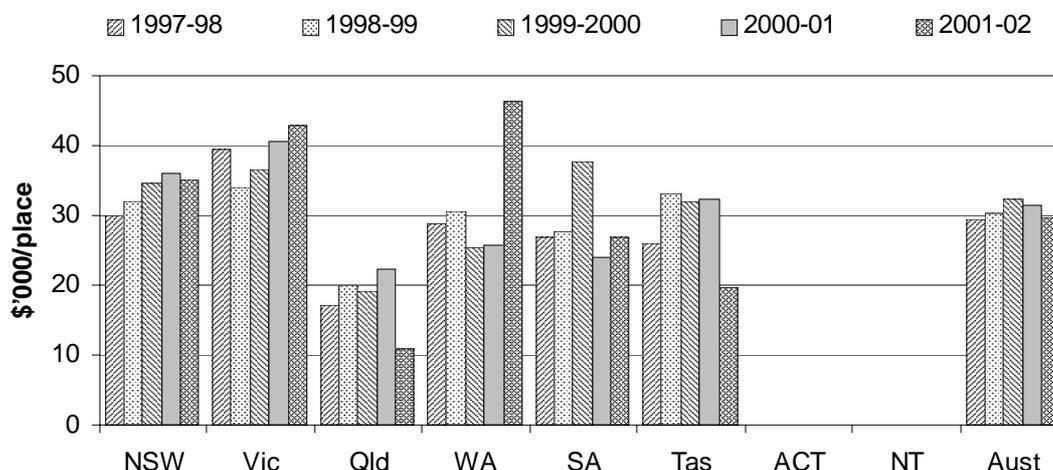
Government funding of non-government service providers

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 residential place

Nationally, government funding per non-government delivered institutional residential accommodation place was \$29 649 in 2001-02. Across jurisdictions, government funding per place was highest in WA (\$46 161) and lowest in Queensland (\$10 908). There were no non-government or government providers of institutional residential accommodation in the ACT or the NT (figure 13.21).

Figure 13.21 Real government funding per non-government provided institutional residential place, (2001-02 dollars)^{a, b, c, d, e}



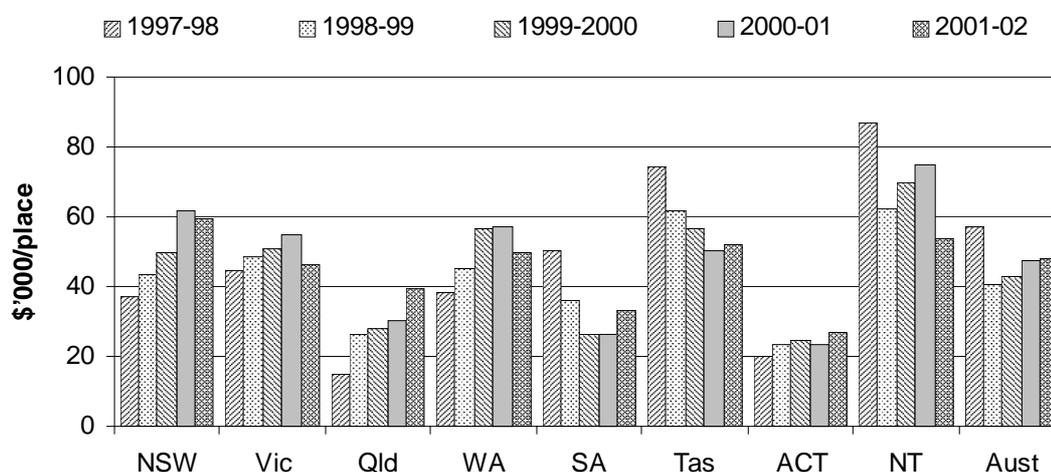
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). The change from 1998-99 reflects the refinement of the process (based on accrual accounting) used to allocate expenditure between institutions and community accommodation. Data for non-government provided places reflect cost to government and not full cost of providing accommodation places. Government makes a contribution towards non-government provided places. ^b Data for Victoria prior to 2001-02 are not comparable with previous reports, which used data from departmental administrative collections. ^c The decrease in Queensland's 2001-02 data is due to changes in service-type definitions. ^d An improved cost allocation and payments database has been used for WA data in 2001-02. This has resulted in a refinement and in some cases a major re-alignment of costs previously reported. Accommodation support also reflects growth, indexation and parity funding provided for wage increases. ^e There was no non-government provided institutional residential accommodation support in the ACT or the NT.

Source: State and Territory governments (unpublished); table 13A.23.

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

Nationally, government funding per non-government provided community accommodation and care place was \$48 139 in 2001-02. Across jurisdictions, it ranged from \$59 178 per place in NSW to \$26 766 per place in the ACT (figure 13.22).

Figure 13.22 **Real government funding per non-government provided community accommodation and care place, (2001-02 dollars)^{a, b, c, d}**



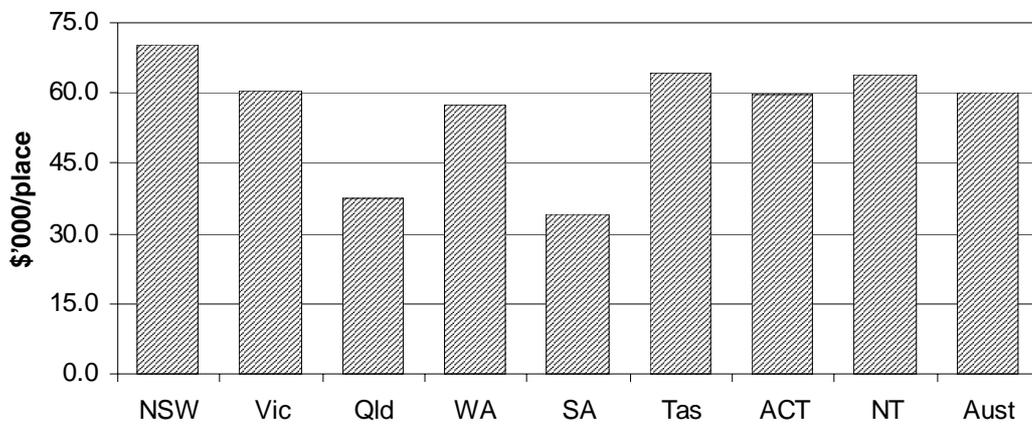
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). The change from 1998-99 reflects the refinement of the process (based on accrual accounting) used to allocate expenditure between institutions and community accommodation. Data for non-government provided places reflect cost to government and not full cost of providing accommodation places. Government makes a contribution towards non-government provided places. ^b Due to refinements made to the counting rules for accommodation data, the 2001-02 data are not strictly comparable with data for previous years. ^c Data for Victoria prior to 2001-02 are not comparable with previous reports, which used data from departmental administrative collections. ^d Expenditure variations in 2001-02 for the disability service types reflect changes in service provision under an individual funding model. Payments under the model are categorised as community support (as per CSTDA NMDS definitions) and are not included specifically in the service type purchased (for example, supported accommodation). In the NT, some non-government organisations received three quarterly payments in 2001-02. One quarterly payment was paid in advance in 2000-01. These factors affect the ability to make meaningful comparisons to previous financial years.

Source: State and Territory governments (unpublished); table 13A.23.

Government funding per non-government provided community accommodation and care place — group homes

Nationally, government funding per non-government provided community accommodation and care place — group homes — was \$60 068 in 2001-02. Across jurisdictions, it ranged from \$70 272 per place in NSW to \$34 059 per place in SA (figure 13.23).

Figure 13.23 **Real government funding per non-government provided community accommodation and care place — group homes, (2001-02 dollars)^a**



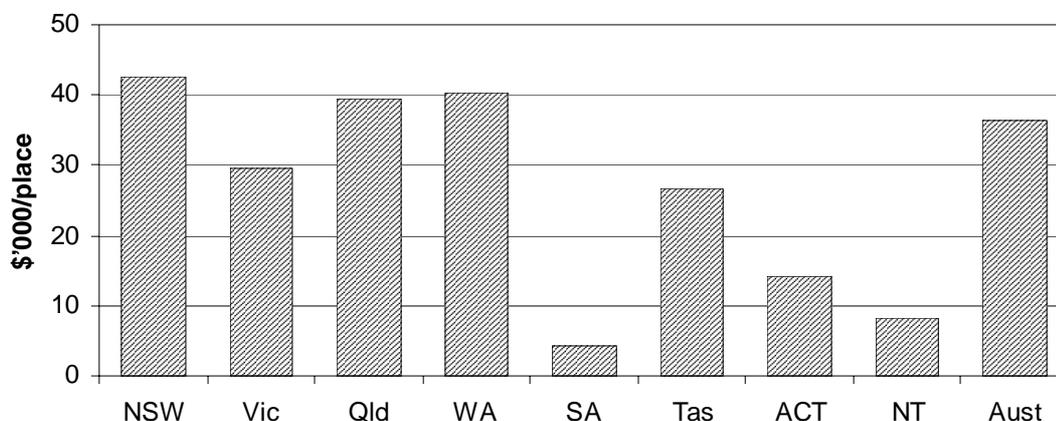
^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). Data for non-government provided places reflect cost to government and not full cost of providing accommodation places. Government makes a contribution towards non-government provided places.

Source: State and Territory governments (unpublished); table 13A.23.

Government funding per non-government provided community accommodation and care place — other

Nationally, government funding per non-government provided community accommodation and care place — other — was \$36 288 in 2001-02. Across jurisdictions, it ranged from \$42 713 per place in NSW to \$4307 per place in SA (figure 13.24).

Figure 13.24 **Real government funding per non-government provided community accommodation and care place — other, (2001-02 dollars)^{a, b, c}**



^a Based on total expenditure divided by the number of places on a snapshot day (rather than average number of places during the year). ^b Data for non-government provided places reflect cost to government and not full cost of providing accommodation places. Government makes a contribution towards non-government provided places. ^c Data for 2001-02 on non-government provided community accommodation, other, include the In Home Accommodation Support program not previously reported.

Source: State and Territory governments (unpublished); table 13A.23.

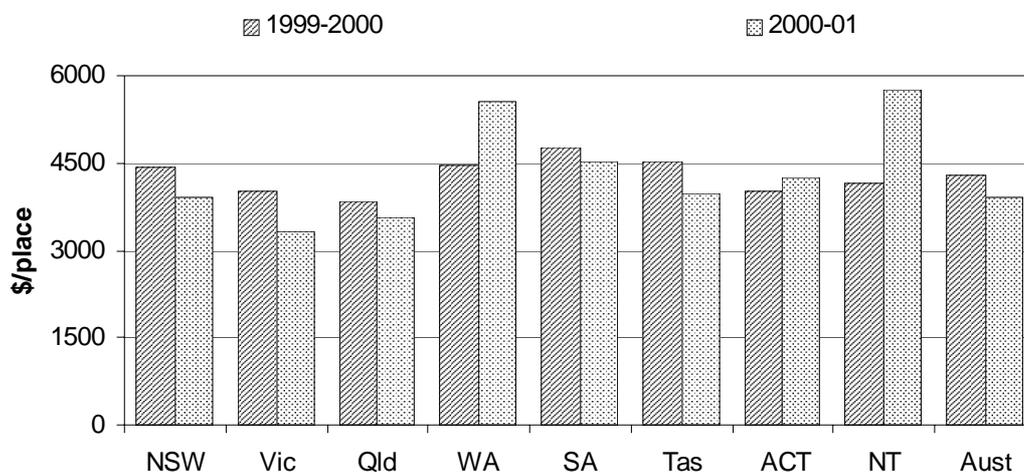
Government expenditure on employment services

Assistance with employment for people with a disability is the responsibility of the Commonwealth Government under the CSDA. Cost per place data disaggregated by jurisdiction for employment services are reported here for 1999–2001. Number of places data for employment services in 2002 were not available in time for publication. This information can be found, however, on the Review web page (see supporting tables section, p. 13.3).

Nationally, real cost per place for all employment service types was \$3086 (open program) \$5877 (supported program) and \$3370 (open and supported program) in 2000-01 (table 13A.25). This represents a real decrease in cost per place for open program, supported program, and open and supported program employment services (\$3178, \$6156 and \$4661 respectively, in 1999-2000) nationally (table 13A.25).

Nationally, real cost per place for all employment service types decreased from \$4275 in 1999-2000 to \$3907 in 2000-01. There was a decrease in cost per place for all jurisdictions except WA, the ACT and the NT from 1999-2000 to 2000-01. Across jurisdictions, cost per place for all employment service types in 2000-01 was highest in the NT (\$5749) and lowest in Victoria (\$3322) (figure 13.25).

Figure 13.25 **Real Commonwealth expenditure per employment place, by jurisdiction (2001-02 dollars)^{a, b}**



^a Based on the number of places during the whole year. ^b Expenditure data represent payments made directly to services for the provision of disability employment assistance in 2000-01. These do not include other elements of the Commonwealth Employment Assistance program such as consumer training and support, supported wages system and wage subsidies.

Source: DFACS (unpublished); table 13A.26.

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 expenditure as a proportion of total government expenditure on disability services remained relatively constant from 7.9 per cent in 2000-01 to 8.0 per cent in 2001-02, where actual payroll tax is included in total CSDA expenditure for NSW, Victoria (in part), Queensland, Tasmania and the NT. Across jurisdictions, the proportion increased between 2000-01 and 2001-02 for NSW, WA, SA and the NT, and decreased for all other jurisdictions. The highest administrative expenditure as a proportion of total expenditure was in the ACT (11.5 per cent) and the lowest was in WA (4.4 per cent) (figure 13.26).

Data that account for differences in payroll tax regimes across jurisdictions are included for the first time this year to improve the comparability of reported costs. Payroll tax data need to be interpreted with caution, however, because some jurisdictions have provided payroll/payroll tax data on the basis of direct service delivery expenditure for government provided services (NSW, Queensland, the

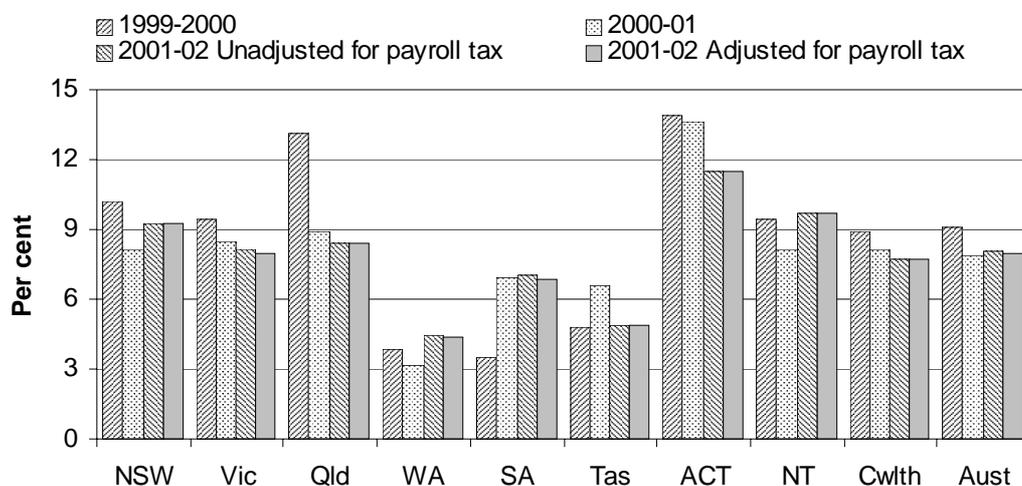
ACT and the NT) and others have provided the data on the basis of total expenditure for government provided services (Victoria, WA, SA and Tasmania). Specifically, total CSDA expenditure is reported, excluding both actual and imputed payroll tax amounts and including both actual and imputed payroll tax amounts, respectively (table 13A.21). Nationally, where payroll tax is excluded, average administrative expenditure as a proportion of total CSDA expenditure was 8.1 per cent in 2001-02. Nationally, where actual and imputed payroll tax is included, average administrative expenditure as a proportion of total CSDA expenditure was 8.0 per cent in 2001-02 (figure 13.26).

Expenditure per consumer

Expenditure per consumer is reported for the first time this year and accounts for payroll tax. Expenditure per consumer is reported both net of payroll tax and including actual and imputed payroll tax. Nationally, expenditure per consumer was \$57 131 excluding payroll tax and \$57 749 including actual and imputed payroll tax (figure 13.27).

Across jurisdictions, the NT had the highest dollars per consumer both where payroll tax was included (\$71 512) and excluded (\$70 834). SA had the lowest dollars per consumer both where payroll tax was included (\$35 600) and excluded (\$34 690) (figure 13.27).

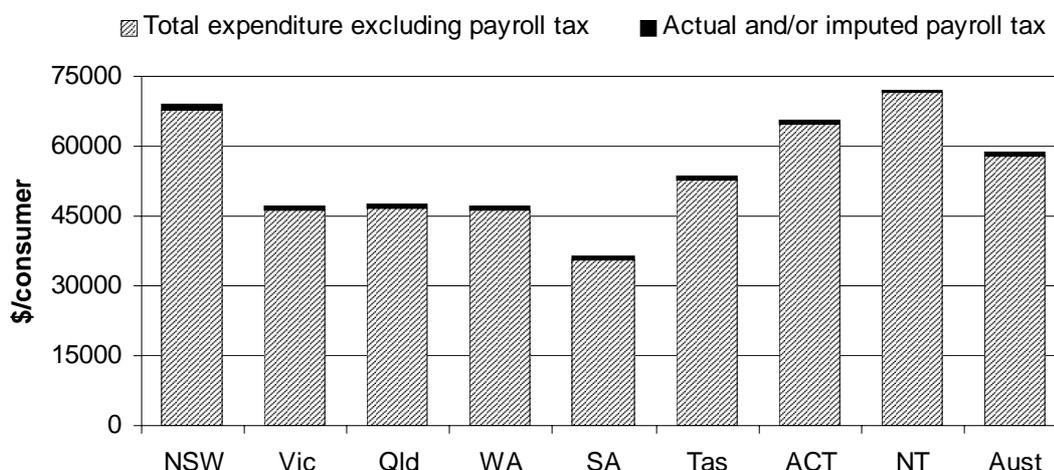
Figure 13.26 Administrative expenditure as a proportion of total expenditure on services^{a, b, c, d, e, f, g, h}



^a See table 13.1 for an explanation of different methods of apportioning departmental costs. ^b Payroll tax is applicable in all jurisdictions. In some jurisdictions the payroll tax is paid directly by the service (NSW, Victoria in part, Queensland, Tasmania and the NT) and in other jurisdictions (Victoria in part, WA, SA and the ACT) payroll tax is not paid directly by the service. Data for 2001-02 adjusted for payroll tax exclude actual payroll tax amounts for all jurisdictions. Data for 2001-02 unadjusted for payroll tax include actual payroll tax amounts for NSW, Victoria (in part), Queensland, Tasmania and the NT. ^c The method of apportioning government administration expenditure in Queensland changed in 2000-01 as a result of improved financial reporting systems and with the establishment of Disability Services Queensland. Payroll tax data for Queensland include payroll tax, accrued payroll tax and long service leave on-costs recovered payroll tax. ^d The decrease in WA 2000-01 administration expenditure reflects a reduction in corporate services costs and the elimination of costs associated with the implementation of the GST in 1999-2000. The increase in WA 2001-02 administration expenditure mainly reflects the realignment of policy costs previously allocated across all outputs. ^e Data for SA include administration expenses (indirect service delivery costs) relating to all Government agencies receiving funding from the department. Reports in previous years included only the Central Office and Intellectual Disability Services Council administrative costs. Improved allocation of corporate overheads occurred again in 2000-01 within the government sector. ^f The ACT incurred additional one-off overhead costs in 2000-01 due to the Inquiry into Disability Services in the ACT. ^g The NT administrative expenditure prior to 2001-02 is estimated only and is based on average staffing levels. There was improved financial reporting in the NT in 2001-02 due to operation within a funder/purchaser/provider framework. Payroll tax relates to NT Government service provision and does not include expenditure for program management and administration. ^h Commonwealth administrative expenditure is an estimate only and is based on average staffing levels.

Source: State and Territory governments (unpublished); table 13A.27.

Figure 13.27 Total expenditure per consumer, 2001-02^{a, b, c}



^a Payroll tax is applicable in all jurisdictions. In some jurisdictions the payroll tax is paid directly by the service (NSW, Victoria in part, Queensland, Tasmania and the NT) and in other jurisdictions (Victoria in part, WA, SA and the ACT) payroll tax is not paid directly by the service. ^b Payroll tax data for Queensland includes payroll tax, accrued payroll tax and long service leave on-costs recovered payroll tax. ^c Payroll tax relates to NT Government service provision and does not include expenditure for program management and administration.

Source: AIHW (2002a); State and Territory governments (unpublished); table 13A.28.

13.5 Future directions in performance reporting

A new NMDS has been established in anticipation of the CSTDA (see performance indicators section, p. 13.12). Significant development and further refinement of reporting against performance indicators are planned for subsequent reports, largely arising from improved, ongoing data expected to be available from the CSTDA NMDS collection from 2002-03. It is unknown, due to the revised implementation timetable, whether the 2004 Report will include part-year data for 2002-03 captured through the CSTDA NMDS collection. The 2003 Report includes 2001-02 snapshot day data consistent with the approach in previous years.

Notwithstanding the improvements in reporting made in the 2003 Report, limitations remain in reporting against the current framework:

- 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.
- 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;
- reporting more complete, current, ongoing social participation data; and
- reporting more complete, current, ongoing quality assurance data.

Reporting on social participation and quality assurance processes is expected to become more complete and comparable over time, with refinements to performance indicators and data collections. In Tasmania, for example, self assessment quality data were collected for 2001-02, but for 2002-03 data will be collected from a new evaluation process. In Victoria, a program of independent review has commenced, and it is expected that 10 per cent of service outlets in 2002-03 will be evaluated.

Additional reporting of rural and remote data — for CSDA services other than accommodation and employment — may be achievable in future reports.

13.6 Jurisdictions' comments

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

Commonwealth Government comments

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In the spirit of improving performance measurement and accountability, both key policy priorities for the third CSTDA, the Commonwealth supports the continuing reporting of achievements and policy progress of all jurisdictions in the delivery of specialist support services for people with disabilities within this report. The redevelopment of the MDS, the move towards reporting whole-of-year data by all jurisdictions and the annual CSTDA Performance Report on the progress of implementing policy priorities under the third agreement will also help provide better information for the disability sector.

Consistent, accurate and comparable data are a key objective of the Commonwealth as reflected by our annual Disability Services Census, which provides the data for the Report.

The Disability Services Census captures data for the full financial year, rather than just snapshot day data, which most other jurisdictions have been collecting up to now. Data are collected for outcomes measurement and statistical information for the full financial year of operations of each employment service. Therefore, the Commonwealth collection of data cannot commence until the end of the financial year.

The Commonwealth goes to a great deal of effort to ensure the data collected from service providers are fully cleaned through rigorous data consistency and error checking prior to being made publicly available. This process takes time and cannot conclude until the returns from service providers are received. Therefore, Commonwealth data were not available at the time that performance indicators are prepared for this report. However, the data were finalised in November 2002 and can also be accessed on the Productivity Commission Review web site.

The Commonwealth has some concerns over the reliability of snapshot data in representing the level of service provision. ‘Whole of year’ data, which is a count of all registered consumers who have been assisted by the service throughout the year provides a more complete picture of employment services activity. To illustrate this, the number of consumers receiving employment services on snapshot day was 18 381 in 2001-02 compared with the more representative figure of 64 595 consumers reported on whole-of-year data for 2001-02. Between 1999-2000 and 2001-02 there was an increase of 11 168 consumers of employment services recorded for the full financial year. This and future increases in consumer numbers can be attributed to increased Commonwealth funding for disability employment services of \$200 million announced in the last two Federal Budgets.

To obtain a comprehensive picture of Commonwealth funded services for people with disabilities we recommend looking at the whole of year disability census data available on the FaCS website http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/disability-dscensus_nav.htm).

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New South Wales Government comments

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The NSW Government is committed to providing services to people with a disability and their carers to maximise their independence and participation in community life.

The proportion of people in NSW who have a disability is increasing at a faster rate than for the general population, and this is having a major impact on the demand for services. Efforts in NSW are being directed towards policy leadership in disability issues, strengthening the availability and responsiveness of generalist services, and targeted growth in specialist disability services. This balance of approaches will allow us to provide a greater range of opportunities for people with a disability and their carers in the future.

Expenditure on disability services in NSW increased by more than \$100 million from 2000-01 to 2001-02 — an increase of approximately 14 per cent. This resulted in significant additional resources being directed towards respite services, community access and day programs, case management and brokerage, accommodation outreach, in-home support and early childhood intervention.

Two significant areas of disability services reform in NSW include the devolution program and reform of the Adult Training, Learning and Support (ATLAS) Program.

Under the devolution program, the NSW Government has made a commitment to providing alternate accommodation for people with a disability living in large institutions. This process has begun.

The ATLAS Review and Reform process continues and includes Post School Options and Day Program Services. The reform aims to 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 community support for people with a disability.

Disability output data contained in future reports, and the comparability of data across jurisdictions, will be vastly improved with the implementation of the new CSTDA NMDS. The new NMDS has progressed from a one-day snapshot to a routine, ongoing collection from 1 October 2002.

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Victorian Government comments

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Victoria has continued to build on previous improvements in the collection and provision of data that are comparable on a national basis. Additional Victorian data related to social participation have been collected and included for the first time in the 2003 Report.

The 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. This is very much in keeping with the Victorian State Disability Plan 2002-2012, launched in September 2002, which includes strategies that seek to improve the lifestyles of people with a disability including greater participation in the full range of community activities.

The MDS continues to be an important source of information for a range of planning and policy development purposes. The implementation of the redeveloped MDS for disability services from October 2002 is an exciting development that holds out the promise of better national data with an enhanced focus on client outcomes and effectiveness. The bedding down of a new data collection system in Victoria will lead to improved reporting from 2003.

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.

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

“ During 2001-2002 Disability Services Queensland (DSQ) has actively supported the redevelopment of the CSTDA NMDS collection. The collection of the full year data will provide the basis for improved planning, reporting and comparison across the jurisdiction, and with other jurisdictions. However care in interpretation of the data in this report is cautioned as data consistency and comparability issues still remain.

Over the past 12 months, DSQ has continued the Funding Reform project which aims to :

- identify and analyse demand for disability services in Queensland, including the development of a predictive model for demand;
- review current service responses under the existing DSQ Program Framework; and
- review viability issues confronting non-government service providers.

An extensive consultation process was undertaken to seek the views of the disability sector on future funding directions. Government will consider the recommendations from the Funding Reform Project during 2003.

Over the same period of time, a Legislative Reform Project has been addressing two key streams of work. The first of these is a review of the Queensland *Disability Services Act 1992*. This review will provide people with a disability, their families, Government and non-government service providers across Queensland with an improved legislative platform for disability policy and contemporary disability practice. The second is to recognise carers' needs and concerns as well as their role in service delivery. Whilst a number of departments deal with carer issues, DSQ will lead the whole-of-Government commitment to develop a Queensland Carer Policy and to identify issues which may require a legislative response.

A project to develop models of innovative and supportive housing to increase the capacity of the Queensland disability sector to respond to the support needs of people with a disability who display complex and seriously harmful behaviours has been established. These models are to improve outcomes for individuals who are part of this target group.

The joint Commonwealth and State funding for unmet need has enabled DSQ to provide support for a significant number of Queenslanders with a disability and their carers, in addition to funding the development of additional service infrastructure and community initiatives.

The 2002-03 Queensland State Government Budget provided additional recurrent funding of \$22.6 million to help address demand within the disability sector in Queensland. A significant amount of DSQ's budget is allocated to people with psychiatric disability, data on whom are not included in this Report. ”

Western Australian Government comments

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WA welcomes the improvements to this year's report on disability services, which reflect the ongoing commitment by all jurisdictions to improved performance reporting and accountability under the CSDA. In particular, WA welcomes the inclusion for the first time of data on quality assurance processes, the further development of social participation data, and the improved comparability of accommodation financial data. More accurate consumer data for 2001-02 also means that where consumer data were previously inflated, unit costs were deflated. This year's accommodation financial data reflects more accurate consumer data, as well as more accurate cost allocation.

Good progress has been made on the redevelopment of the NMDS, which once complete will lead to a much improved national data collection to allow better benchmarking and the collection of comparable whole-of-year performance data.

These developments will provide more comparable data both within and across jurisdictions in future years. Caveats remain however with regard to data interpretation and comparison with earlier years, where data trends reflect changes and improvements in data collection, as well as changes in service delivery. For example, the Report suggests a decline in the number of WA consumers receiving accommodation support. A recent review of individual provider data returns revealed that this reflects the earlier reporting by two providers of data in the wrong categories, leading to an inflated figure for accommodation support over the years 1998–2001. When corrected for earlier years, an increase in snapshot day data over the past three years is revealed. This reflects more accurately the sustained growth in accommodation support funding under the Disability Services Commission's Business Plan, which provided additional accommodation funding for 185 people with disabilities over the past two years.

WA supports the need for further development with regard to service quality. This year, the Disability Services Commission undertook its second telephone survey of consumer satisfaction. For the first time, the survey included both provided and funded services. A total of 450 consumers and 300 carers responded. More than 80 per cent of consumers are satisfied with the provision of accommodation support, community support (service coordination), and community access services. A major focus of the survey was Local Area Coordination, which is now available Statewide. At least three quarters of all consumers and carers believed that their local area coordinator (LAC) understood their disability needs; just over half indicated that their LAC had helped them in their decision making and half reported that their local area coordinator had helped increase the number of services/supports they could access.

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South Australian Government comments

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SA supports the continuing improvements made to the national reporting of disability services data through redevelopment of the MDS reporting arrangement, particularly the move to ‘whole-of-year’ data reporting.

Together with improved data reporting under the HACC MDS, this will mean that disability services planning will be better informed by accurate and meaningful data. Some changes have been made in the ways in which the categories of community support are conceptualised, which means agencies in the State categorise service types in a standardised way.

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

In SA 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.

The Disability Services Planning and Funding Framework for the period up until 2003 identifies the distribution of disability services in SA. 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 and State Government has allowed the Department of Human Services to address considerable demand for services.

An additional recurrent \$3.15 million for new services was allocated in 2002-03 by the SA Government to address demand for accommodation and day-time support services.

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Tasmanian Government Comments

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Through the improved availability of data that the redevelopment of the CSTDA NMDS collection will enable, Tasmania is looking forward to more concise and accurate information across the sector. The redeveloped data collection will also be enhanced in the State by clearer links for funded organisations within their individual Service Agreements.

The availability of qualitative data around service provision also enhances the Report. This year Tasmania has seen the introduction of a new Evaluation Process that assesses both the management structure of service outlets and the personal outcomes of service users. Data related to the new evaluation process will be available for the 2004 Report.

This year also saw the appointment of Tasmania's first Ministerial Advisory Council. The Council's terms of reference includes providing advice on disability policy and planning issues to the State Minister; advising on research initiatives and quality assurance matters and to facilitate consultation processes to enable community input to major policy initiatives affecting people with disabilities.

The new evaluation process and the Ministerial Advisory Council both stem from the Sector Reform process. Nearing the completion of the reform's second phase, review of funding equalisation initiatives are still being continued, as is the development of service protocols with other key programs and agencies.

Utilisation of and demand for individually funded packages has grown steadily across the year. In 2001-02 the Individual Options Program supported 126 individuals with recurrent support (predominantly respite and personal support) and has supported 207 individuals through the provision of equipment and one off support funding allocations. The Personal Support Program assisted 61 individuals at an average allocation of 20 hours per week.

The Post School Options program has assisted 58 people in the three years of the program. An extensive review of the program was carried out providing opportunity for feedback from service users, families, service providers and other key stakeholders across the sector. The review highlighted the importance of access to learning and life skills development programs particularly for school leavers.

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Australian Capital Territory Government Comments

“ On the 20 June 2002 a new Department of Disability, Housing and Community Services was announced in the ACT and came into operation on 1 July 2002.

The new Department brings together the Office of Disability, the Disability Program, Housing some parts of Child Health and Development Service and some parts of Community Services.

The Office of Disability and the Disability Program have become Disability ACT as one section of the new Department. The Disability Program is no longer a service provided by ACT Community Care but an operational arm of Disability ACT. The other functions of Disability ACT are policy, planning and partnership. It is anticipated that these arrangements will result in a more coordinated disability service sector.

The Government and the Disability Reform Group provided responses to the recommendations of the Board of Inquiry into Disability Services in the ACT in September 2002. The Government response outlined a framework for disability reform in the ACT over the period 2002–05.

The ACT Government reaffirmed its commitment to reforming the disability service and support environment, and acknowledged that reform involves changing cultures and practices through gaining knowledge about the ‘state of the art’ in the disability field.

The ACT has actively participated in the redevelopment and implementation of the CSTDA NMDS and look forward to maximising the benefits of this national data collection and continues to support the development of data which are nationally comparable.

The ACT has continued to decrease the administrative overheads for the jurisdiction over the previous year. ”

Northern Territory Government comments

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The NT welcomes the eighth report on Government services and the opportunity to comment on policy and service development initiatives in the delivery of specialist support services for people with a disability.

The NT government is committed to working collaboratively with the disability community to improve outcomes for people with a disability. In October–November 2001 the NT Government convened two key Disability Community Consultation Forums in Darwin and Alice Springs with a focus on prioritising areas of unmet need funding.

Forums were attended by people with disabilities, family members, carers, service providers, peak bodies, advocates, government representatives and members of the NT Disability Advisory Board (NTDAB).

The forums identified a number of broad areas as priorities including: Early Childhood Intervention, Post School Options, Remote Area Services, Respite, People with High Support needs, School Therapy Services and Accommodation services which will be progressively implemented over the life of the third CSTDA.

In late 2001 the NTDAB commenced the development of a whole-of-Government approach to disability services through extensive consultation with a number of departments. In partnership with government, Disability Action Plans will be finalised in 2003 which will broaden access for people with disabilities to a range of Government services across the Territory.

In particular, the needs of Indigenous people with a disability require further investigation. With this in mind the CSTDA NMDS is an essential tool for improved data on service user characteristics which will be the basis for the future planning of innovative and flexible service options.

Finally, it should be noted that when interpreting data, there are difficulties with data consistency and comparability across jurisdictions, for example, the representation of payroll tax. In addition, the development of individualised funding has led to some obscuring of boundaries between different categories of service as individualised funding brokered services are categorised as Community Support in lieu of the specific service type purchased.

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13.7 Definitions

Table 13.2 Terms and indicators

<i>Term or indicator</i>	<i>Definition</i>
Accommodation consumers receiving community-based accommodation and care — group homes	People using CSTDA NMDS service type 1.04 as a proportion of all people using CSTDA accommodation services (excluding services provided to people with a psychiatric disability).
Accommodation consumers receiving community-based accommodation and care — other	People using CSTDA NMDS service types 1.05–1.08 as a proportion of all people using CSTDA accommodation services (excluding services provided to people with a psychiatric disability).
Accommodation consumers receiving institutional (or residential) accommodation	People using CSTDA NMDS service types 1.01–1.03 as a proportion of all people using CSTDA accommodation services (excluding services provided to people with a psychiatric disability).
Administration expenditure as a proportion of total expenditure	The numerator — expenditure (accrual) by jurisdictions on administering the system as a whole (including the regional disability program administration, regional administration, the central program policy branch administration, the disability program administration and the disability program share of corporate administration costs under the umbrella department, but excluding administration expenditure on individual services) — divided by the denominator — total government expenditure on providing and funding services for people with a disability (including expenditure on both programs and administration, direct expenditures and grants to government service providers, and government grants to non-government service providers).
Core activities as per the ABS' Survey of Disability, Ageing and Carers	Self care — bathing or showering, dressing, eating, using the toilet, and managing incontinence; mobility — moving around at home and away from home, getting into or out of a bed or chair and using public transport; and communication — understanding and being understood by strangers, family and friends in own native language or most effective method of communication.
Cost per consumer of employment service	The numerator — Commonwealth grant and case based funding expenditure (accrual) on specialist disability employment services as defined by CSTDA NMDS service types 5.01 open, 5.02 supported, 5.03 combined open and supported — divided by the denominator — number of customers who received assistance during the financial year.
Cost per government provided community-based accommodation and care place — group homes	The numerator — government expenditure (accrual) on government delivered community accommodation and care as defined by CSTDA NMDS service type 1.04 and where the service usually has six or fewer consumers — divided by the denominator — the number of places of this type on the snapshot day.
Cost per government provided community-based accommodation and care place — other	The numerator — government expenditure (accrual) on government delivered community accommodation and care as defined by CSTDA NMDS service types 1.05–1.08 divided by the denominator — the number of places of this type on the snapshot day.

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Table 13.2 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
Cost per government provided institutional (residential) place	The numerator — government expenditure (accrual) on government delivered institutional (residential) accommodation, as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03 — divided by the denominator — the number of places of this type on the snapshot day.
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 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 as persons aged 15 years and over who during the reference week:</p> <ul style="list-style-type: none"> • worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm; or • worked for one hour or more without pay in a family business or on a farm (ABS 1999).
Government funding per non-government provided community-based accommodation and care place — group homes	The numerator — government expenditure (accrual) on government delivered community-based accommodation and care as defined by CSTDA NMDS service type 1.04 and where the service usually has six or fewer consumers (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 community-based accommodation and care place — other	The numerator — government expenditure (accrual) on government delivered community-based accommodation and care as defined by CSTDA NMDS service types 1.05–1.08 (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.

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Table 13.2 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
Government funding per non-government provided institutional (residential) place	The numerator — government funding (accrual) to non-government delivered institutional (residential) accommodation and care, as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03 (government per place contributions to non-government providers represent only a proportion of the total cost of providing a place, with this proportion varying among jurisdictions) — divided by the denominator — the number of places of this type on the snapshot day.
Labour force participation rate for people with a disability	The total number of people with a disability in the labour force (where the labour force includes employed and unemployed), divided by the total number of people with a disability aged 15 years and over and multiplied by 100. <i>An employed person</i> is a person aged 15 years or more, who in their main job during the remuneration period (reference week): <ul style="list-style-type: none"> • worked one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (including employees, employers and self-employed persons); • worked one hour or more without pay in a family business, or on a farm (excluding persons undertaking other unpaid voluntary work); or • was an employer, employee or self employed person or unpaid family helper who had a job, business or farm, but was not at work. <i>An unemployed person</i> is a person aged 15 years or more who was not employed during the remuneration period, but was looking for work.
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 includes both employed and unemployed people) divided by the total number of people aged 15 years and over and multiplied by 100.
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.
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 CSTDA accommodation support services	People using one or more services corresponding to the following CSTDA NMDS service types on the snapshot day: 1.01 large residential/institutions (more than 20 people); 1.02 small residential/institutions (7–20 people); 1.03 hostels; 1.04 group homes (less than 7 people); 1.05 attendant care/personal care; 1.06 in-home accommodation support; 1.07 alternative family placement; and 1.08 other accommodation support.
People using CSTDA community access services	People on the snapshot day using one or more services corresponding to the following CSTDA NMDS service types: 3.01 learning and life skills development; 3.02 recreation/holiday programs; and 3.03 other community access.

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Table 13.2 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
People using CSTDA community support services	People on the snapshot day using one or more services corresponding to the following CSTDA NMDS service types: 2.01 therapy support for individuals; 2.02 early childhood intervention; 2.03 behaviour/specialist intervention; 2.04 counselling; 2.05 regional resource and support teams; 2.06 case management, local coordination and development; and 2.07 other community support.
People using CSTDA employment services	People on the snapshot day using one or more services corresponding to the following CSTDA NMDS service types: 5.01 open employment; 5.02 supported employment; and 5.03 combined open and supported employment.
People using CSTDA respite services	People on the snapshot day using one or more services corresponding to the following CSTDA NMDS service types: 4.01 own home respite; 4.02 centre based respite/respite homes; 4.03 host family respite/peer support respite; 4.04 flexible/combo respite; and 4.05 other respite.
Potential labour force	The population with the potential to require disability employment services. This is estimated as the 'potential population' (see following) aged 15–64 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 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 CSTDA services (AIHW 2000a).
Primary carer	A person of any age who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be in one or more of the areas of self care, mobility and/or communication (ABS 1998).

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Table 13.2 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
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.
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.
Real expenditure	Actual expenditure (accrual) adjusted for changes in prices, using the GDP(E) price deflator, and expressed in terms of the base year (2001-02) dollars.
Schooling or employment restriction	<i>Schooling restriction:</i> as a result of disability, being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school. <i>Employment restriction:</i> as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a better job.
Severe core activity restriction (as per the 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.

13.8 References

- ABS (Australian Bureau of Statistics) 1998, *Caring in the Community, Australia*, Cat. no. 4436.0, Canberra.
- 1999, *Disability, Ageing and Carers Australia: Summary of Findings 1998*, Cat. nos 4430.0, 4430.1.40.001–4430.8.40.001, Canberra.
- AIHW (Australian Institute of Health and Welfare) 1999, *Disability Support Services Provided under the Commonwealth–State Disability Agreement: National Data, 1999*, Cat. no. DIS 16, Canberra.
- 2000, *First National Results on Services Provided under the Commonwealth–State Disability Agreement: National Data, 2000*, Cat. no. DIS 21, Canberra.
- 2001a, *First National Results on Services Provided under the Commonwealth–State Disability Agreement: National Data*, Cat. no. DIS 24, Canberra.
- 2001b, *CSDA Newsletter No. 1: CSDA MDS Collection to be Redeveloped*, Canberra.
- 2001c, *CSDA Newsletter No. 2: CSDA MDS Redevelopment: Field Testing about to Begin*, Canberra.
- 2001d, *CSDA MDS Redevelopment: Privacy and Data Principles*, Canberra.
- 2001e, *CSDA MDS Redevelopment: Newsletter No. 3 Final Testing Starting Soon*, Canberra.
- 2002a, *First National Results on Services Provided under the Commonwealth–State Disability Agreement: National Data*, Cat. no. DIS 27, Canberra.
- 2002b, *CSDA MDS Redevelopment: Newsletter No. 4 Project Timetable Extended After Completion of Field Testing*, Canberra.
- 2002c, *CSDA MDS Redevelopment: Newsletter No. 5 Now Being Implemented*, Canberra.
- 2002d, *Unmet Need for Disability Services: Effectiveness of Funding and Remaining Shortfalls*, Cat. no. DIS 26, Canberra.
- CSDA (Commonwealth–State Disability Agreement) 1998, *Agreement between the Commonwealth of Australia and the States and Territories of Australia in Relation to Disability Services*, Commonwealth Department of Health and Family Services, Canberra.
- DHS (Department of Human Services) 2002, *Victoria Services for People with Disabilities 2001*, Victorian Government, Melbourne.

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

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

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

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