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## 13 Services for people with a disability

The Australian, State and Territory governments aim to maximise opportunities for people with a disability to participate actively in the community, by providing services and support for people with a disability, their families and carers. A definition of disability is provided in box 13.1.

The Commonwealth State/Territory Disability Agreement (CSTDA), which applies to the period 1 July 2002 to 30 June 2007, forms the basis for the provision and funding of specialist services for people with a disability who require ongoing or long term episodic support.

This chapter focuses on services covered by the CSTDA, examining the performance of the Australian, State and Territory governments in providing services and supports for people with a disability where the disability manifests before the age of 65 years. Specialist psychiatric disability services are excluded to improve data comparability.

Services for people with a disability can be grouped into income support, disability support services and relevant generic services provided to the community as a whole. The Review of Government Service Provision generally does not report information on income support. Disability support services are primarily delivered under the CSTDA, as well as through programs such as Home and Community Care (HACC). The HACC program aims to prevent inappropriate or premature admission to residential care by providing basic maintenance and support services to frail older people, younger people with a disability, and their carers. An estimated 68.2 per cent of HACC clients in 2004-05 were aged 70 years or over, while 31.8 per cent were aged under 70 years (table 12A.33). Performance information on the HACC program is provided in the 'Aged care services' chapter (chapter 12).

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### Box 13.1 Definition of disability

Disability is conceptualised as being a multidimensional experience for the person involved, relating to body functions and structures, activities, and the life areas in which the person participates (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, 1998 and 2003, and was based on the International Classification of Functioning, Disability and Health and its predecessor. The 2003 survey defined a disability as 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 limitation as follows:

- mild — where a person does not need assistance and has no difficulty with self-care, mobility and/or communication, but uses aids or equipment
- moderate — where a person does not need assistance, but has difficulty with self-care, mobility and/or communication
- severe — where a person sometimes needs assistance with self-care, mobility and/or communication tasks; has difficulty understanding or being understood by family or friends; or can communicate more easily using sign language or other non-spoken forms of communication
- profound — where a person is unable, or always needs assistance, to perform self-care, mobility and/or communication tasks.

The CSTDA (2003, p. 9) defines people with disabilities who are eligible for CSTDA funded services:

People with disabilities attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following:

- self-care/management
- mobility
- communication

requiring significant ongoing and/or long term episodic support and which manifests itself before the age of 65.

*Source:* ABS (2004a); WHO (2001); CSTDA (2003).

Some mainstream services provided to the community as a whole — for example, vocational education and training (VET), school education, public hospital care, specialised mental health services and public housing — are covered elsewhere in this Report (box 13.2). Other mainstream services provided to people with a

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disability — such as transport and utility services at concessional rates — are outside the scope of this Report.

**Box 13.2 Other disability reporting in the 2006 Report**

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

‘Vocational education and training’ (chapter 4) reports the proportion of government funded VET students who are identified as having a disability, and the load pass rates of VET students who are identified as having a disability.

‘Health management issues’ (chapter 11) reports performance data on specialised mental health services.

The ‘Community services preface’ (section F) reports data on recurrent expenditure on services for people with a disability.

‘Aged care services’ (chapter 12) reports data on HACC services received, including those received by people with a profound, severe or moderate core activity limitation, disaggregated by jurisdiction and geographic location.

‘Children’s services’ (chapter 14) reports data on the representation of children with a disability in Australian Government approved child care and in State and Territory government funded and/or provided preschool.

‘Housing’ (chapter 16) reports data on access to public, community and State owned and managed Indigenous housing by special needs households, which include households that have at least one member with a disability. Also reported are Disability Support Pension recipients by the proportion of their income spent on rent with and without Commonwealth Rent Assistance.

Significant improvements in the reporting of services for people with a disability in this Report are:

- reporting data on community access services against the ‘service use by severity of disability’ indicator
- reporting data by special needs groups against the ‘labour force participation and employment’ outcome indicator
- inclusion of CSTDA National Minimum Data Set (NMDS) service user data collected over a whole year (2003-04 data) — this is an improvement over the six months of data (from 1 January 2003 to 30 June 2003) for 2002-03 included in last year’s report and the data for previous reports sourced from the Commonwealth/State Disability Agreement (CSDA) Minimum Data Set (MDS) snapshot day collections.

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This Report also includes 2004-05 expenditure data provided by jurisdictions. However, efficiency indicators (cost per service user) are reported for 2003-04, because 2004-05 service user data from the CSTDA NMDS collection were not available for this Report. Service user data from the CSTDA NMDS collection are also published in the following Australian Institute of Health and Welfare (AIHW) reports: *Disability Support Services 2003-04: National Data on Services Provided under the Commonwealth State/Territory Disability Agreement (2005a)* and *CSTDA NMDS Tables Prepared for the CSTDA Annual Public Report 2003-04 (2005b)*. There are also other reports that include these data for example, the National Disability Administrators' (NDA) *CSTDA Annual Public Report 2003-04*.

Social participation, labour force participation and employment rate data for 2003 are reported for all jurisdictions (except the NT). For WA, 2004 social participation and client/carer satisfaction data are also included. Information on quality assurance processes for providers of specialist disability services in 2004-05 are available for four jurisdictions — the Australian Government, Victoria, WA and Tasmania.

A profile of services for people with a disability provided under the CSTDA appears in section 13.1. All jurisdictions have developed and agreed to report against comparable performance indicators. A framework of performance indicators is outlined in section 13.2. The performance of jurisdictions is discussed in section 13.3 and future directions for performance reporting are discussed in section 13.4. Section 13.5 contains jurisdictions' comments and section 13.6 provides definitions of the data descriptors and indicators. Section 13.7 lists the supporting tables for this chapter. Supporting tables are identified in references throughout the chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the attachment). Supporting tables are provided on the CD-ROM enclosed with the Report. Section 13.8 lists references used in this chapter.

## **13.1 Profile of specialist disability services**

### **Service overview**

The Australian, State and Territory governments fund both government provided and non-government provided services for people with a disability. Mechanisms for the funding and delivery of specialist disability services differ across jurisdictions as a result of policy differences and other factors described in the statistical appendix (see appendix A). Under the CSTDA, the Australian Government administers employment services, and the State and Territory governments administer accommodation support, community access, community support and respite care

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services. Advocacy, information, print disability and research and development services are jointly administered by the Australian, State and Territory governments. Details of these services are outlined below.

## **Roles and responsibilities**

The CSTDA defines the roles and responsibilities of the Australian, State and Territory governments in the provision of specialist disability services to people with a disability. Specialist disability services are defined under the CSTDA as services that are specially designed from time to time to meet the needs of people with a disability. The third national agreement, the CSTDA, is effective from 1 July 2002 to 30 June 2007. Its agreed purposes are listed in box 13.3.

### **Box 13.3 The purposes of the CSTDA**

The purposes of the CSTDA are to:

- provide a national framework to underpin the provision of specialist disability services across Australia, and outline a means for measuring and publicising the progress of governments towards achieving this national framework
- outline the respective and collective roles and responsibilities of governments in the planning, policy setting and management of specialist disability services
- provide for accountability to funders in respect of funds contributed by one government which are expended by another government
- establish the financial arrangements for making funds available for the provision of specialist disability services
- define the persons eligible for services under this Agreement and acknowledge they may require services provided outside the Agreement
- provide for a nationally consistent approach to quality across specialist disability services
- provide for funds to address key national and strategic research, development and innovation priorities.

*Source:* CSTDA (2003).

The Australian Government administers the following services:

- open employment services that provide assistance to people with a disability in obtaining and/or retaining paid employment in the open labour market
- supported employment services that provide support to, and employment for, people with a disability within the same organisation

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- open and supported employment services that provide both open and supported employment assistance.

State and Territory governments administer the following services:

- accommodation support services that provide support to people with a disability in accommodation settings (hostels, institutions and group homes), and in their own home (attendant care and in-home support)
- community access services that provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence. They include learning and life skills development and recreation/holiday programs
- community support services that help people with a disability to integrate and participate in the community, and include case management, counselling, early intervention therapy and other therapy services
- respite care services that provide relief or support (for limited periods) to families and carers of people with a disability who are living in the community.

Australian, State and Territory governments share administration of the following services:

- advocacy services that enable people with a disability to increase their control over their lives by representing their interests and views in the community
- information services that provide accessible information to people with a disability, their carers, families and related professionals about disabilities, specific and generic services and equipment; and promote the development of community awareness
- print disability services that produce alternative communication formats for people who, by reason of their disability, are unable to access information provided in a print medium
- research and development services that undertake research projects relating to:
  - the provision of services funded under the CSTDA
  - the achievement of the national framework, under the CSTDA for people with a disability.

The CSTDA does not apply to the provision of:

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

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Family and friends meet most needs of people with a disability. In 2003, an estimated 474 600 primary carers provided the majority of informal help with self-care, mobility and communication for people with a disability — an increase of 5.3 per cent on the number in 1998 (ABS 1999, 2004a). Recognising the cost of providing such informal support, the Australian Government provides income support in the form of the Carer Payment and other financial assistance through the Carer Allowance to carers of people with a disability (box 13.4). This financial assistance is not included under the CSTDA funding arrangements.

Accommodation support, community access, community support and respite services provided under the CSTDA in 2003-04 had 125 709 service users (excluding users who received specialist psychiatric disability services only) (table 13A.1). Employment services provided under the CSTDA in 2003-04 had 64 281 service users (table 13A.1).

**Box 13.4 Australian Government supplementary and income support arrangements**

The Australian Government funds payments for people with a disability, those caring for people with a disability and those temporarily incapacitated from work as a result of illness. These payments include the Disability Support Pension, the Carer Payment, the Carer Allowance, the Sickness Allowance and the Mobility Allowance. Outlays on payments to people with a disability in 2004-05 (on an accrual basis) amounted to \$7.9 billion for the Disability Support Pension, \$1.1 billion for the Carer Payment (includes expenditure on carer bonus), \$1.1 billion for the Carer Allowance (includes expenditure on carer bonus), \$89.4 million for the Sickness Allowance and \$85.6 million for the Mobility Allowance (Department of Family and Community Services [DFaCS] [unpublished] and Department of Employment and Workplace Relations [DEWR] [unpublished]). These income support arrangements do not constitute a CSTDA service.

At 30 June 2005, there were 706 782 recipients of the Disability Support Pension, 95 446 recipients of the Carer Payment, 357 078 recipients of the Carer Allowance, and 49 215 recipients of the Mobility Allowance. There were also 8367 recipients of the Sickness Allowance (table 13A.2).

*Source:* DFaCS (unpublished); DEWR (unpublished); table 13A.2.

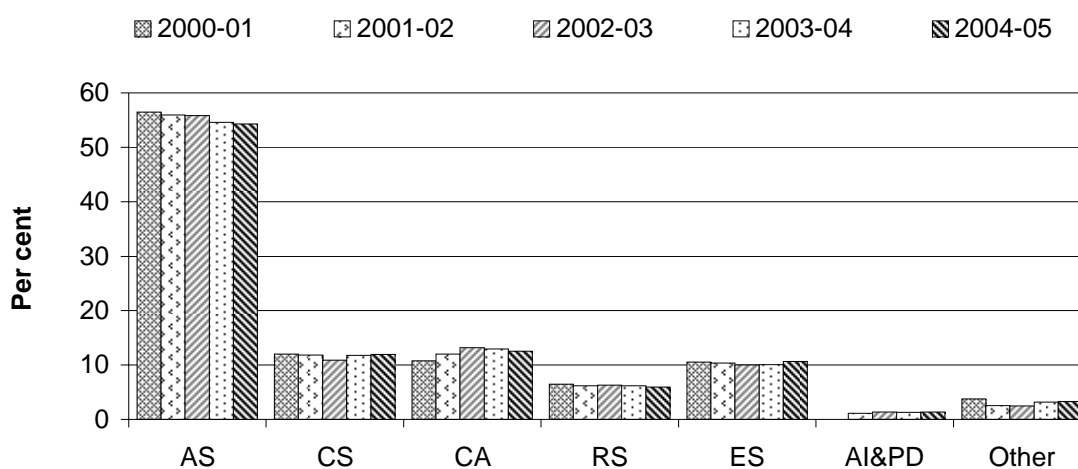
## Funding

Both government and non-government providers of services for people with a disability are funded under the CSTDA, the HACC program and Commonwealth Rehabilitation Services (CRS) Australia. HACC services are reported in chapter 12 ('Aged care services') but CRS Australia's services are not covered in this Report.

Total government expenditure on CSTDA services was \$3.6 billion in 2004-05 — a real increase of 6.2 per cent on the expenditure in 2003-04 (\$3.4 billion) (table 13A.4). State and Territory governments funded the majority of this expenditure in 2004-05 (72.1 per cent, or \$2.6 billion). The Australian Government funded the remainder (27.9 per cent, or \$1.0 billion), which included \$563.7 million in transfer payments to the states and territories (tables 13A.3 and 13A.5).

Direct government expenditure on CSTDA services, which excludes expenditure on administration, was \$3.3 billion in 2004-05 (table 13A.3). The distribution of direct government expenditure varied across jurisdictions in 2004-05. The main areas of State and Territory government expenditure were accommodation support services (54.3 per cent of direct service expenditure) and community access services (12.6 per cent of direct service expenditure). Employment services were the main area of Australian Government expenditure in 2004-05 (86.0 per cent of Australian Government direct service expenditure and 10.7 per cent of total direct service expenditure) (figure 13.1).

Figure 13.1 Distribution of expenditure, by disability service type<sup>a, b</sup>



AS = accommodation support; CS = community support; CA = community access; RS = respite services; ES = employment services; AI&PD = advocacy, information and print disability. <sup>a</sup> See table 13A.3 for detailed notes accompanying expenditure data. <sup>b</sup> Data for advocacy, information and print disability are not available for 2000-01.

Source: Australian, State and Territory governments (unpublished); table 13A.5.

Governments have increased funding over time for accommodation support services provided in community settings to enable people with a disability to participate more fully in the community. In addition, some jurisdictions have developed programs that provide funding directly to service users. These programs allow service users to choose a customised package of services that better reflects their needs.



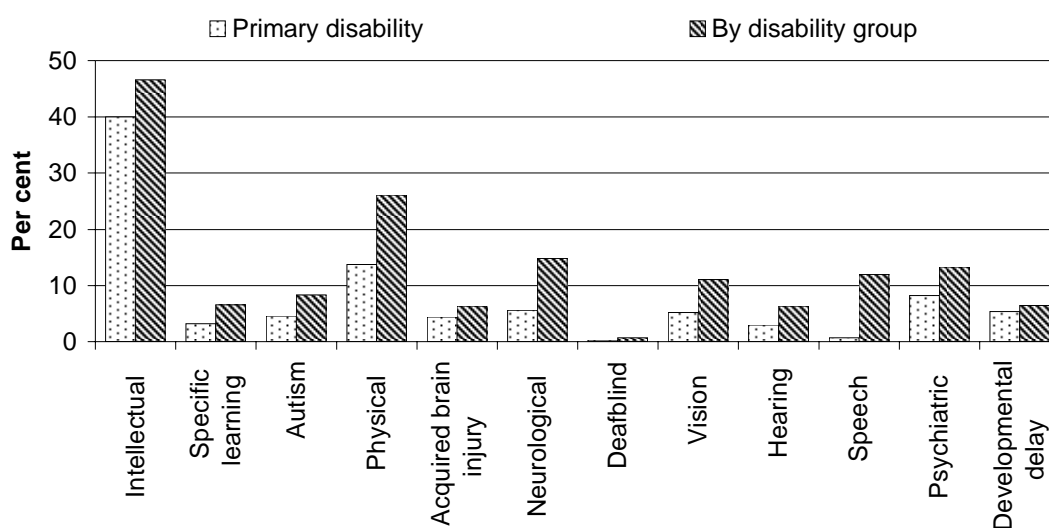
## Size and scope

Performance indicators for services provided under the CSTDA in 2003-04 are reported in this chapter. These indicators focus mainly on accommodation support and employment services, which accounted for 64.7 per cent of total government direct expenditure on services provided under the CSTDA in 2003-04 (table 13A.5).

The ABS Survey of Disability, Ageing and Carers (SDAC) estimated that people with a core activity limitation, schooling or employment restriction accounted for 13.0 per cent of the total Australian population aged 5–64 years in 2003 (ABS 2004a). Tables 13A.6 and 13A.7 contain additional information from the SDAC on people with a disability.

Data provided by the AIHW for 2003-04 indicate that 46.6 per cent of CSTDA service users had an intellectual disability and 40.0 per cent of CSTDA service users had an intellectual disability as their primary disability (figure 13.2).

Figure 13.2 **Service users by disability group, 2003-04<sup>a, b</sup>**



<sup>a</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet during the relevant period. Individuals might have accessed services from more than one State or Territory during the relevant period. <sup>b</sup> Data for users of CSTDA services funded by the states and territories exclude specialist psychiatric disability services identified by the jurisdiction.

Source: AIHW (2005a, 2005b); tables 13A.8 and 13A.9.

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## 13.2 Framework of performance indicators

The framework of performance indicators is based on the Australian, State and Territory governments' shared objectives under the CSTDA (box 13.5).

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

The performance data for this Report cover services provided under the CSTDA. Through this agreement, governments strive to enhance the quality of life experienced by people with a disability by assisting them to live as valued and participating members of the community. In working towards this objective, governments have five policy priorities, to:

- strengthen access to generic services for people with a disability
- strengthen across government linkages — bilateral agreements between the Australian Government and each State and Territory have been negotiated to improve services
- strengthen individuals, families and carers
- improve long term strategies to respond to, and manage, demand for specialist disability services
- improve accountability, performance reporting and quality.

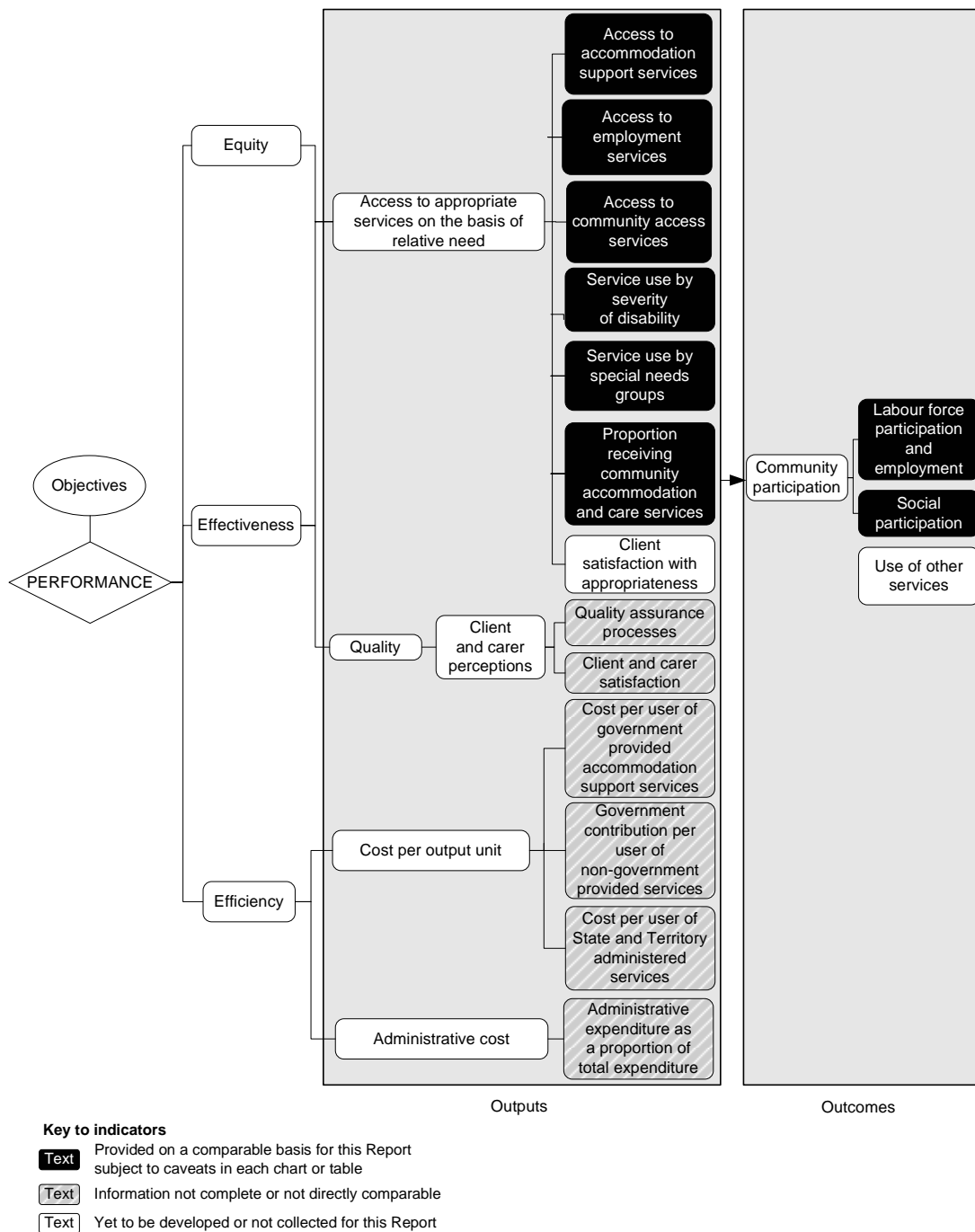
Source: CSTDA (2003).

The performance indicator framework shows which specialist disability services data are comparable in the 2006 Report (figure 13.3). For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see section 1.6).

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of government funded services for people with a disability. This is consistent with the general performance indicator framework and service process diagram (figures 1.2 and 1.3, chapter 1) on which the Steering Committee has agreed.

Proxy efficiency indicators focus on unit costs and administrative costs. Effectiveness and equity indicators focus on service quality and appropriateness. Outcome indicators focus on the participation of people with a disability in the community.

Figure 13.3 Performance indicators for specialist disability services



### 13.3 Key performance indicator results

Different delivery contexts, locations and client characteristics may affect the equity, effectiveness and efficiency of specialist disability services. Appendix A

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contains data that may assist in interpreting the performance indicators presented in this chapter.

The performance indicator results reported in this chapter relate to CSTDA services. Expenditure data were provided by Australian, State and Territory governments. These expenditure data might differ from information reported elsewhere (such as in departmental annual reports) because the financial counting rules and definitions used to calculate expenditure may differ. Data in this Report may also differ from information reported elsewhere because the data here exclude users of specialist psychiatric disability services.

Service user data were sourced from the CSTDA NMDS collection, which is coordinated by the AIHW. The CSTDA NMDS collection was implemented in 2002-03, with national data from the first collection available for the period 1 January 2003 to 30 June 2003. Before its implementation, service user data for this chapter were sourced mainly from the CSDA MDS. The CSDA MDS was based on a snapshot day collection (see the 2005 Report for data from this collection). The main differences between the CSTDA and the CSDA data sets are discussed in box 13.6.

When considering the indicator results derived using service user data, comparisons between jurisdictions and between the 2002-03 and 2003-04 data should be undertaken with care because:

- the collection period for the 2003-04 data was 12 months, whereas, the collection period for the 2002-03 data was six months
- the implementation of the CSTDA NMDS has led to some data quality issues. In particular, the proportion of service users and service outlets that provided data (response rates) and the 'not stated' rates of particular data items vary across jurisdictions.

The 2002-03 expenditure data used to calculate some of the efficiency indicators were adjusted to account for these factors. The efficiency results using these adjustments provide only indicative estimates of jurisdictional efficiency. The 2005 Report contains further detail on these adjustments.

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### Box 13.6 Implementation of the CSTDA NMDS

From 1994, the CSDA MDS collections provided funding bodies, funded agencies (service providers), service users and other stakeholders with information about services delivered under the CSDA and the people receiving those services. This information was collected on one snapshot day in the year. In 1999, the NDA and the AIHW began to review and redevelop the CSDA MDS collection. The redeveloped collection was fully implemented nationally in October 2002 and is now referred to as the CSTDA NMDS. The first national collection period for the CSTDA NMDS commenced on 1 January 2003 and ended on 30 June 2003.

As with its predecessor, the CSTDA NMDS has an agreed set of data items of national significance, and an agreed framework for collection and national collation. Data items relate to the equity, efficiency and effectiveness of services.

The most significant change from the CSDA MDS to the CSTDA NMDS collection is that, for most service types, funded agencies are required to provide information about all service users throughout the year (rather than just those who received a service on a snapshot day). Less detail, however, is asked about service users for some service types than others. Accommodation and community support services, for example, provide all data items relating to service users, whereas recreation or holiday program providers provide minimal information (for example, sex and date of birth). As with the previous collection, services such as advocacy and print services are not required to provide service user details.

A small number of new data items have been introduced into the CSTDA NMDS, including items on informal carers. This is in recognition of the mutual support among people with a disability, informal carers and formal services, and the fact that program goals are recognising, in particular, the importance of ageing carers.

In specifying revised core data items for ongoing collection by all service providers funded under the CSTDA, the CSTDA NMDS:

- aims to meet critical data needs across the disability field, and to be consistent with other major data developments, such as the HACC MDS
- integrates data collation with the operations of agencies and funding departments
- uses statistical linkage keys to enable data from various sources to be related and collated without duplication of effort
- uses statistical linkage keys to account for double counting of service users.

*Source: AIHW (2003).*

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## **Outputs — equity and effectiveness — access to appropriate services on the basis of relative need**

Indicators relating to access to specialist disability services on the basis of relative need are reported for accommodation support services, employment services and community access services. One indicator of access to services on the basis of relative need is the proportion of the estimated potential population using the service. The potential populations for accommodation support, employment and community access services are defined in section 13.6. Data are also reported on ‘service use by severity of disability’ and ‘service use by special needs groups’ for these services.

Results for the access to accommodation support, employment and community access service indicators should be considered in conjunction with the ‘service use by severity of disability’ indicator. The numerator of an access indicator includes service users who have moderate to no core activity limitations and/or who are aged over 64 years. The denominator includes only people who have a severe or profound core activity limitation and who are aged under 65 years. This denominator is the estimated potential population and matches the population who the CSTDA states are eligible for funded services (box 13.1).

The ‘service use by severity of disability’ indicator provides information in relation to the numerator of each access indicator. This indicator reports the proportion of service users who have profound, severe or moderate to no core activity limitations. Under the CSTDA, people eligible for services are those with substantially reduced capacity in at least one of the core activities (self care, mobility or communication), and as a result of which they require significant ongoing and/or long term episodic support. This indicator, therefore, shows the extent to which services are accessed by people eligible under the CSTDA.

### *Access to accommodation support services*

‘Access to accommodation support services’ is an indicator of access to specialist disability services on the basis of relative need (box 13.7).

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**Box 13.7 Access to accommodation support services**

The proportion of the estimated potential population using accommodation support services is an output (access) indicator of governments' objective to provide access to government funded or provided specialist disability services on the basis of relative need and available resources.

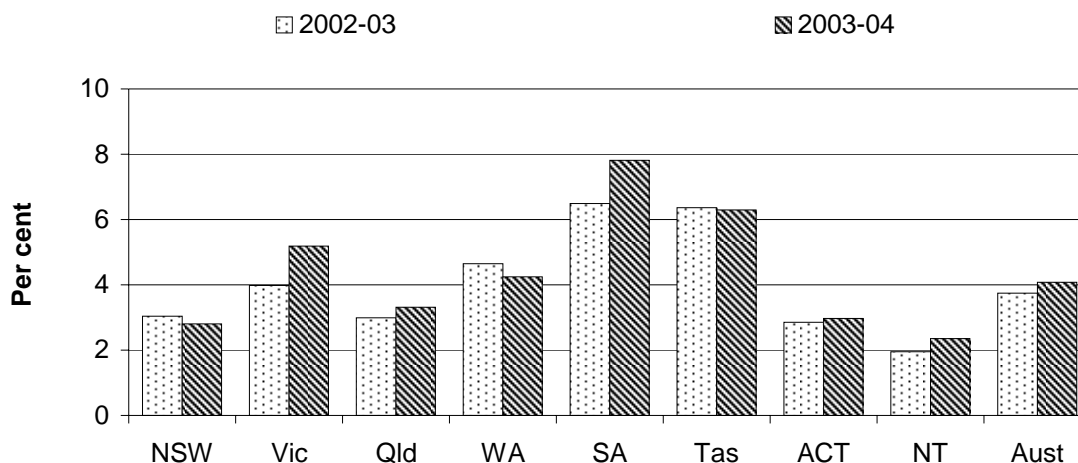
This indicator is defined as the number of people using CSTDA funded accommodation support services divided by the estimated potential population for accommodation support services. The potential population estimates for accommodation support services are the number of people aged under 65 years, with profound or severe core activity limitations, multiplied by the Indigenous factor for that jurisdiction. See section 13.6 for detailed information on the estimated potential population and the Indigenous factor.

A higher proportion of the estimated potential population using accommodation support services suggests greater access to these services.

This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The need for services is assumed to vary according to the level of core activity limitation, so core activity limitation is used as a proxy for relative need. Not all people in the estimated potential population, however, will need the service in the relevant period.

Nationally, 4.1 per cent of the estimated potential population were using CSTDA funded accommodation support services in 2003-04 (figure 13.4). Results for this indicator need to be considered in conjunction with the 'service use by severity of disability' indicator.

**Figure 13.4 Users of accommodation support services as a proportion of the estimated potential population<sup>a, b, c, d, e, f, g, h, i</sup>**



<sup>a</sup> Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. The NT has population estimates of less than 9000. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet during the relevant period. Individuals might have accessed services from more than one State or Territory during the relevant period. <sup>c</sup> The potential population estimates (national age- and sex-specific rates applied to each jurisdiction) for accommodation support services are the number of people aged under 65 years, with profound or severe core activity limitations, multiplied by the Indigenous factor for that jurisdiction. See section 13.6 for detailed information on the estimated potential population and the Indigenous factor. <sup>d</sup> Data for users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. <sup>e</sup> The 2002-03 service user data used to derive this indicator are for the period 1 January 2003 to 30 June 2003 only. <sup>f</sup> Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. <sup>g</sup> The number of NSW service users is underreported for 2002-03 and 2003-04 because of low response rates. <sup>h</sup> Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. <sup>i</sup> The WA 2003-04 service data reflect an improved and more accurate method of data collection for one agency and are not comparable with 2002-03 data. The counting variance exceeds the reported variance between the two years, indicating a likely real increase.

Source: ABS (2002a, 2003a, 2004b); AIHW (2004a, 2004b, 2005a, 2005b); AIHW analysis of the 2003 ABS Survey of Disability, Ageing and Carers data; table 13A.10.

### Access to employment services

During the reporting period, the Australian Government had responsibility for employment services under the CSTDA and provided most services through funding non-government organisations. 'Access to employment services' is an indicator of access to specialist disability services on the basis of relative need (box 13.8).



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**Box 13.8 Access to employment services**

The proportion of the estimated potential labour force using employment services is an output (access) indicator of governments' objective to provide access to government funded or provided specialist disability services on the basis of relative need and available resources.

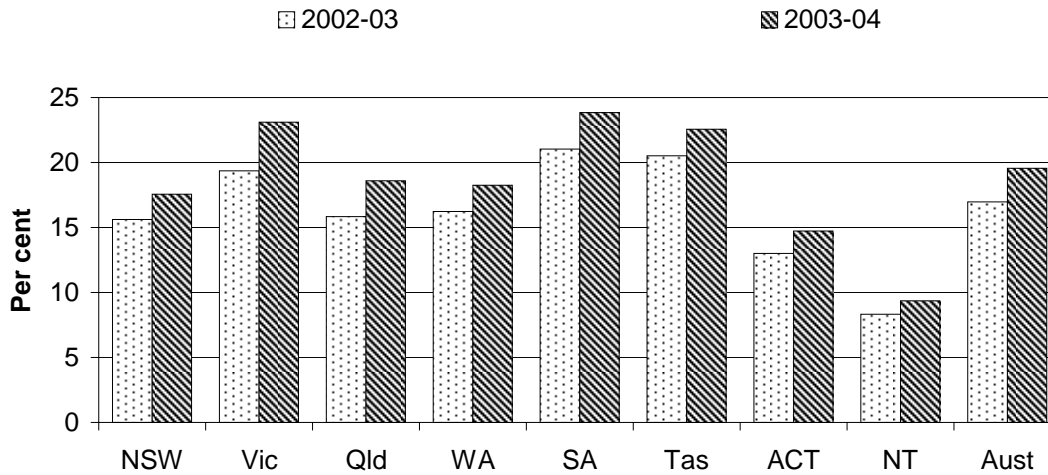
This indicator is defined as the number of people using CSTDA funded employment services divided by the estimated potential population for employment services. The potential population estimates for employment services are the number of people aged 15–64 years with severe or profound core activity limitations, multiplied by both the Indigenous factor and the labour force participation rate for that jurisdiction. See section 13.6 for detailed information on the estimated potential population and the Indigenous factor.

A higher proportion of the estimated potential population using employment services suggests greater access to these services.

This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The need for services is assumed to vary according to the level of core activity limitation, so core activity limitation is used as a proxy for relative need. Not all people in the estimated potential population, however, will need the service in the relevant period.

Nationally, 19.6 per cent of the estimated potential population were using employment services in 2003-04 (figure 13.5). Results for this indicator need to be considered in conjunction with the 'service use by severity of disability' indicator.

**Figure 13.5 Users of employment services as a proportion of the estimated potential population for employment services<sup>a, b, c, d</sup>**



<sup>a</sup> Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. Tasmania, the ACT and the NT have population estimates of less than 9000. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet during the relevant period. Individuals might have accessed services from more than one State or Territory during the relevant period. <sup>c</sup> The potential population estimates (national age- and sex-specific rates applied to each jurisdiction) for employment services are the number of people aged 15–64 years with severe or profound core activity limitations, multiplied by both the Indigenous factor and the labour force participation rate for that jurisdiction. See section 13.6 for detailed information on the estimated potential population and the Indigenous factor. <sup>d</sup> Data for 2002-03 are for the period 1 January 2003 to 30 June 2003 only.

Source: ABS (2002a, 2002b, 2003a, 2003b, 2004b); AIHW (2004a, 2004b, 2005a, 2005b); AIHW analysis of the 2003 ABS Survey of Disability, Ageing and Carers data; table 13A.11.

### *Access to community access services*

‘Access to community access services’ is an indicator of access to specialist disability services on the basis of relative need (box 13.9).

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**Box 13.9 Access to community access services**

The proportion of the estimated potential population using community access services is an output (access) indicator of governments' objective to provide access to government funded or provided specialist disability services on the basis of relative need and available resources.

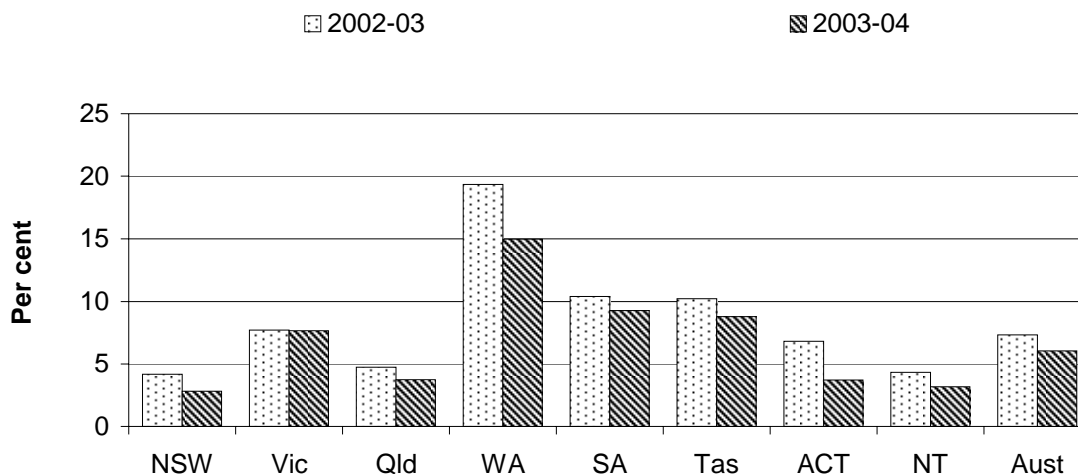
This indicator is defined as the number of people using CSTDA funded community access services (such as learning and life skills development) divided by the estimated potential population for community access services. For 2003-04 data, the potential population estimates for community access services are the number of people aged under 65 years, who have a profound or severe core activity limitation, multiplied by the Indigenous factor for each jurisdiction. For 2002-03 data, the potential population is derived using the same method but includes only people aged 15–64 years. See section 13.6 for detailed information on the estimated potential population and the Indigenous factor.

A higher proportion of the estimated potential people using community access services suggests greater access to these services.

This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The need for services is assumed to vary according to the level of core activity limitation, so core activity limitation is used as a proxy for relative need. Not all people in the estimated potential population, however, will need the service in the relevant period.

Nationally, 6.0 per cent of the estimated potential population were using a community access service in 2003-04 (figure 13.6). Results for this indicator need to be considered in conjunction with the 'service use by severity of disability' indicator.

**Figure 13.6 Users of community access services as a proportion of the estimated potential population<sup>a, b, c, d, e, f, g, h</sup>**



<sup>a</sup> The 2002-03 and 2003-04 indicator results are not comparable due to a difference in the age groups included in the estimated potential population. For 2003-04 data, the potential population estimates for community access services are the number of people aged under 65 years, who have a profound or severe core activity limitation, multiplied by the Indigenous factor for each jurisdiction. For 2002-03 data, the potential population is derived using the same method but includes only people aged 15–64 years. (As a result, the 2003-04 estimated potential population is larger than the 2002-03 estimated potential population.) See section 13.6 for detailed information on the estimated potential population and the Indigenous factor. <sup>b</sup> Data are estimates. Population estimates of 9000 or less have a relative standard error of 25 per cent or more. The ACT in 2002-03 and the NT have population estimates of less than 9000. <sup>c</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet during the relevant period. Individuals might have accessed services from more than one State or Territory during the relevant period. <sup>d</sup> Data for users of CSTDA funded community access services exclude specialist psychiatric disability services specifically identified by the jurisdiction. <sup>e</sup> The 2002-03 service user data used to derive this indicator are for the period 1 January 2003 to 30 June 2003 only. <sup>f</sup> Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. <sup>g</sup> The number of NSW service users is underreported for 2002-03 and 2003-04 because of low response rates. <sup>h</sup> Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users.

Source: ABS (2002a, 2003a, 2004b); AIHW (2004a, 2004b, 2005a, 2005b); AIHW analysis of the 2003 ABS Survey of Disability, Ageing and Carers data; table 13A.12.

### *Service use by severity of disability*

'Service use by severity of disability' is an indicator of access to specialist disability services on the basis of relative need (box 13.10). This indicator provides information for understanding the access to accommodation support, employment and community access indicators reported above.

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**Box 13.10 Service use by severity of disability**

The proportion of people accessing CSTDA funded services by severity of core activity limitation is an output indicator of governments' objective to use available resources to target services to people with the greatest level of need.

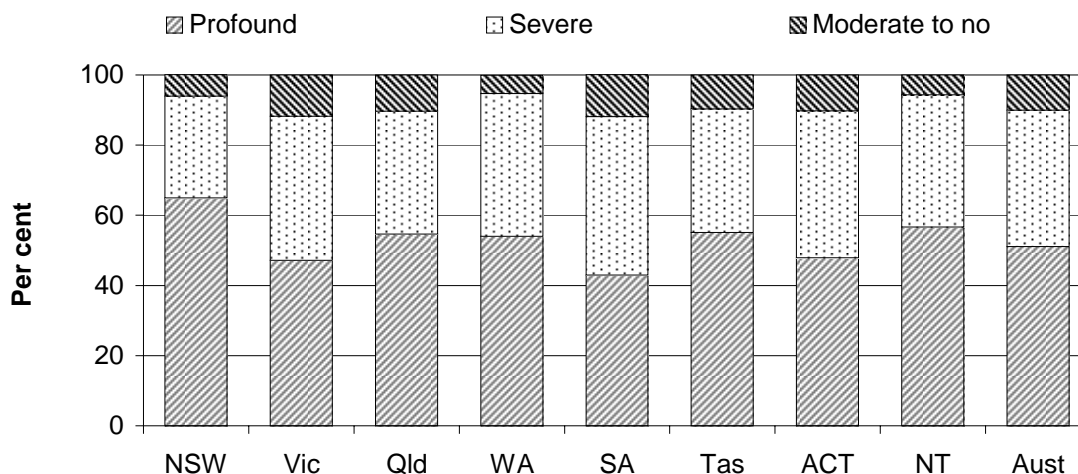
This indicator is defined as the proportion of people, by level of core activity limitation, accessing CSTDA funded services. Data are reported for people with a profound, severe and moderate to no core activity limitation, and are reported for accommodation support, employment and community access services.

A higher proportion of people with a profound or severe core activity limitation using accommodation support or employment services suggests greater access to these services for those with the greatest level of need.

This indicator does not provide information on whether services are appropriate for the needs of the people receiving them or appropriately targeted to those with the greatest level of need in terms of access to other formal and informal support. The need for services is assumed to vary according to the level of core activity limitation, so core activity limitation is used as one proxy for relative need. It is important to note that core activity limitation data are not based on formal clinical assessments of individual limitations. In addition, there are other factors that may also be important in determining relative need including service users with complex needs.

Nationally, 51.1 per cent of users of accommodation support services in 2003-04 had a profound core activity limitation, 38.9 per cent had a severe core activity limitation and 10.0 per cent had moderate to no core activity limitations (figure 13.7).

**Figure 13.7 Users of accommodation support services, by severity of core activity limitation, 2003-04<sup>a, b, c, d, e, f</sup>**

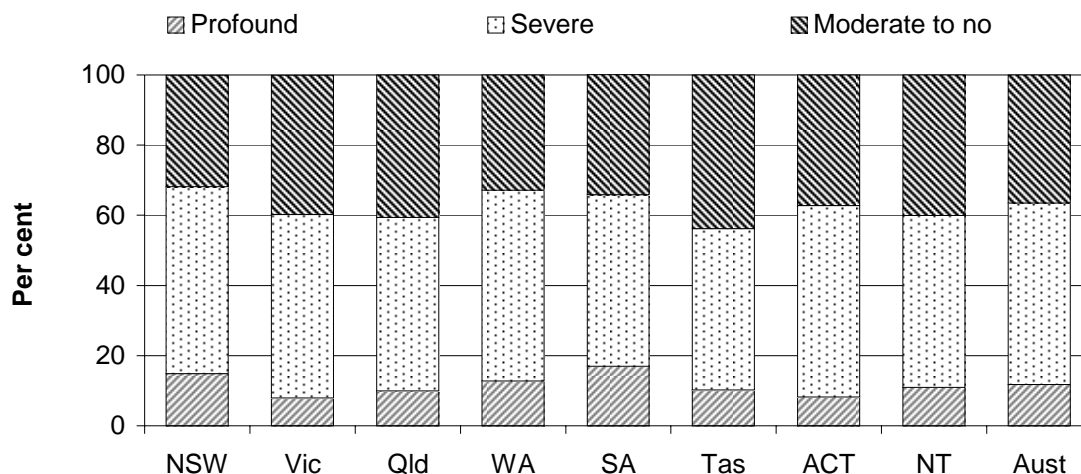


<sup>a</sup> Severity of core activity limitation is derived using data on level of support needed in one or more of the support areas: self-care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate to no core activity limitation reported needing no support in all of these areas. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. <sup>c</sup> Data exclude 4899 service users who did not report on a need for support with any of the areas: self-care, mobility, or communication. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. <sup>d</sup> Data for service users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. <sup>e</sup> Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. <sup>f</sup> Victorian data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users.

Source: AIHW (2005a, 2005b); table 13A.13.

Nationally, 11.8 per cent of users of employment services in 2003-04 had a profound core activity limitation, 51.7 per cent had a severe core activity limitation and 36.5 per cent had moderate to no core activity limitations (figure 13.8).

Figure 13.8 Users of employment services, by severity of core activity limitation, 2003-04<sup>a, b, c, d</sup>

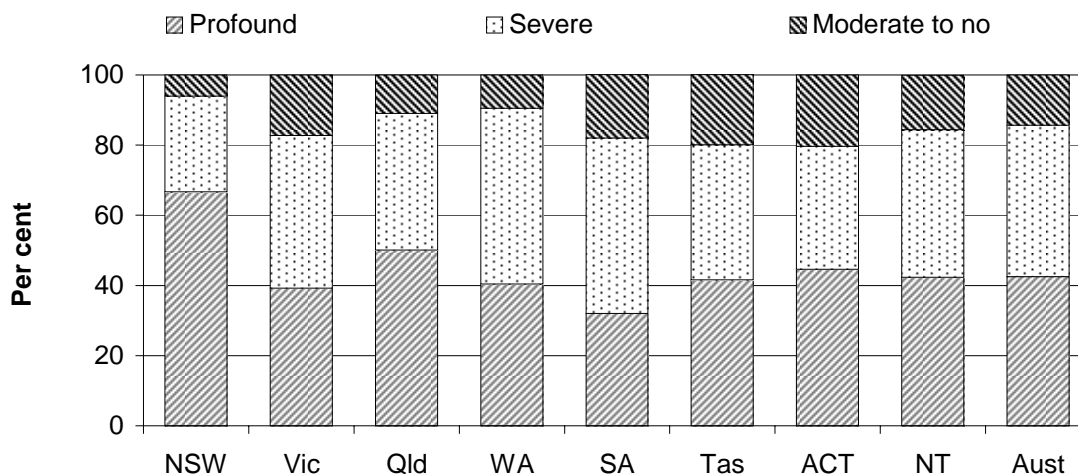


<sup>a</sup> Severity of core activity limitation was derived using data on the level of support needed in one or more of the support areas: self-care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate or no core activity limitation reported needing no support in all of these areas. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. <sup>c</sup> Data exclude 2044 service users who did not report on a need for support with any of the areas: self-care, mobility, or communication. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. <sup>d</sup> Severity of core activity limitation relates to the level of support needed in the areas of self care, mobility and communication. It does not necessarily relate to the level of support needed to find or maintain employment.

Source: AIHW (2005a, 2005b); table 13A.14.

Nationally, 42.6 per cent of users of community access services in 2003-04 had a profound core activity limitation, 43.1 per cent had a severe core activity limitation and 14.3 per cent had moderate to no core activity limitations (figure 13.9).

**Figure 13.9 Users of community access services, by severity of core activity limitation, 2003-04<sup>a, b, c, d, e, f, g</sup>**



<sup>a</sup> Severity of core activity limitation was derived using data on the level of support needed in one or more of the support areas: self-care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate or no core activity limitation reported needing no support in all of these areas. <sup>b</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. <sup>c</sup> Data exclude 13 417 service users who did not report on a need for support with any of the areas: self-care, mobility, or communication. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. <sup>d</sup> Data for service users of CSTDA funded community access services exclude specialist psychiatric disability services specifically identified by the jurisdiction. <sup>e</sup> Service users who accessed the service type 'recreation/holiday programs' (service type 3.02) were not required to complete the item on support needs; however, those who did provide a response are included in the data. <sup>f</sup> Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. <sup>g</sup> Victorian data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users.

Source: AIHW (2005a, 2005b); table 13A.15.

### *Service use by special needs groups*

An additional indicator of access is the comparison between the representation of all people with a disability who use CSTDA funded services and the representation of people with a disability from special needs groups (box 13.11).



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### Box 13.11 **Service use by special needs groups**

The proportion of people from special needs groups accessing CSTDA funded services is an output (access) indicator of governments' objective that access to appropriate services should be equitable for all members of the community. The three special needs groups reported here are:

- people from outer regional and remote/very remote locations
- people who have an Indigenous background
- people who were not born in Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland or the United States — that is, people born in a non-English speaking country.

This indicator compares the proportion of service users per 1000 people from a particular special needs group with the proportion of all service users per 1000 people in the Australian population or with the proportion of service users per 1000 people outside the special needs group. The disability service types reported are accommodation support, employment and community access services. For accommodation support and community access services, people aged under 65 years are included in the population counts for both the special needs groups and the Australian population/people outside the special needs groups. For employment, only people aged 15–64 years are included in these population counts.

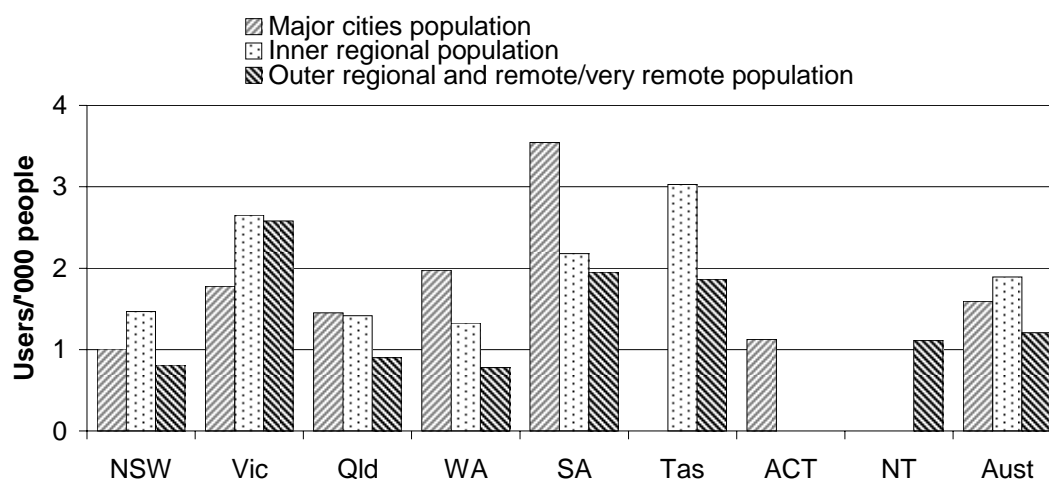
Holding other factors constant, the proportion of service users per 1000 people from a special needs group should not vary significantly from the proportion of all service users per 1000 people in the Australian population. While a markedly lower proportion may represent reduced access for a special needs group, it may also represent strong alternative support networks (and thus a lower level of need), or the individual choice of people with a disability not to access CSTDA funded services. Similarly, while a higher proportion may suggest poor service targeting or the lack of alternate support networks, it may also reflect the special needs group having a greater prevalence of disability.

The CSTDA funded services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The indicator also does not take account of informal assistance that may be significant for special needs groups. Results for outer regional and remote/very remote users of accommodation support services, for example, need to be considered with care because alternatives to government funded accommodation support services are available in these areas. Specifically, accommodation support services in outer regional and remote/very remote areas are largely provided informally, making use of local area coordinators and local community resources.

*Service use by special needs groups — people in outer regional and remote/very remote areas*

Nationally, the proportion of the outer regional and remote/very remote population who used accommodation support services in 2003-04 (1.2 service users per 1000 people aged under 65 years) was lower than that of the major cities and inner regional populations (1.6 and 1.9 service users per 1000 people aged under 65 years, respectively) (figure 13.10).

**Figure 13.10 Users of accommodation support services per 1000 people, by geographic location, 2003-04<sup>a, b, c, d, e, f, g, h, i, j, k</sup>**

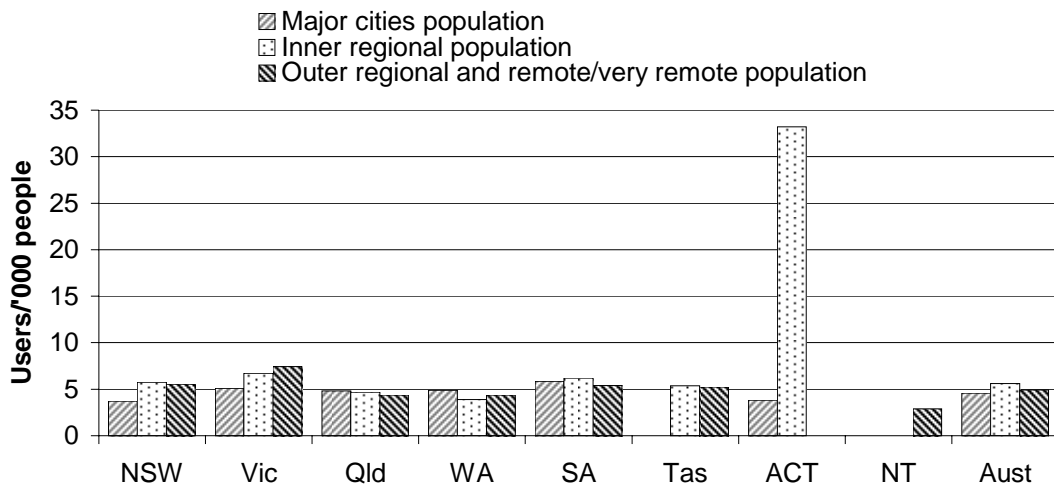


<sup>a</sup> Data on outer regional and remote/very remote users per 1000 people were derived by dividing the number of outer regional and remote/very remote service users by the number of outer regional and remote/very remote people aged under 65 years, multiplied by 1000. The 'outer regional and remote/very remote' classification was derived by adding outer regional, remote and very remote data. <sup>b</sup> The State and Territory data on the Australian population were derived by the AIHW from ABS statistical local area (SLA) population estimates for June 2003. <sup>c</sup> The number of service users in each geographic location was estimated based on service users' residential postcodes. Some postcode areas were split between two or more geographic locations; in this case, the data were weighted according to the proportion of the population of the postcode area in each geographic location. <sup>d</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. <sup>e</sup> Data exclude 283 service users whose postcode was not reported. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. <sup>f</sup> Data for service users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. <sup>g</sup> Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. <sup>h</sup> The number of NSW service users is underreported because of low response rates. <sup>i</sup> Tasmania does not have major cities. <sup>j</sup> The ACT does not have outer regional and remote/very remote areas. ACT data for service users per 1000 people in inner regional areas are not published as they are based on a small number of service users. <sup>k</sup> The NT does not have major cities or inner regional areas.

Source: AIHW analysis of ABS SLA population estimates for June 2003; AIHW (unpublished); table 13A.16.

Nationally, the proportion of the outer regional and remote/very remote population who used employment services in 2003-04 (4.9 service users per 1000 people aged 15–64 years) was higher than the proportion of the major cities population (4.6 service users per 1000 people aged 15–64 years) and less than the proportion of the inner regional population (5.6 service users per 1000 people aged 15–64 years) (figure 13.11).

**Figure 13.11 Users of employment services per 1000 people, by geographic location, 2003-04<sup>a, b, c, d, e, f</sup>**



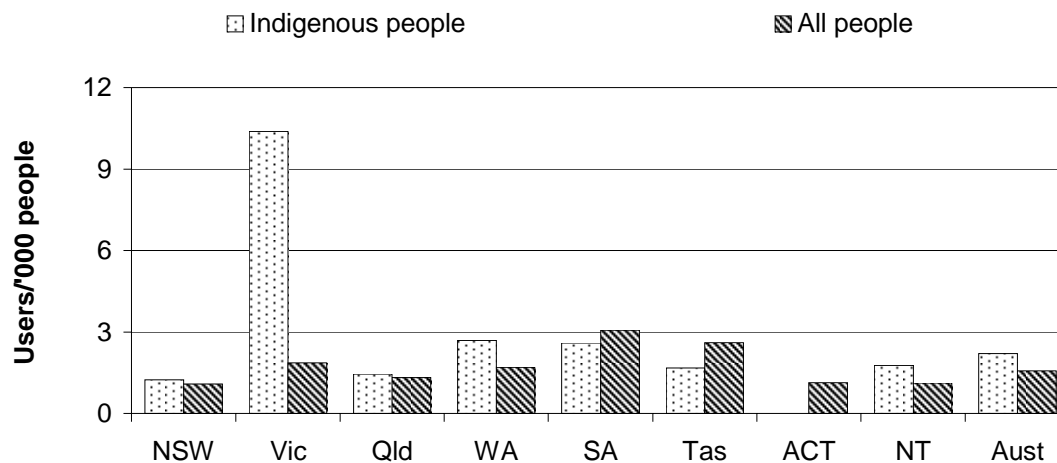
<sup>a</sup> Data on outer regional and remote/very remote users per 1000 people were derived by dividing the number of outer regional and remote/very remote service users by the number of outer regional and remote/very remote people aged 15–64 years, multiplied by 1000. The ‘outer regional and remote/very remote’ classification was derived by adding outer regional, remote and very remote data. <sup>b</sup> The State and Territory data on the Australian population were derived by the AIHW from ABS SLA population estimates for June 2003. <sup>c</sup> The number of service users in each geographic location was estimated based on service users’ residential postcodes. Some postcode areas were split between two or more geographic locations; in this case, the data were weighted according to the proportion of the population of the postcode area in each geographic location. <sup>d</sup> Data exclude six service users whose postcode was not reported. <sup>e</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. <sup>f</sup> Tasmania does not have major cities. The ACT does not have outer regional and remote/very remote areas. The NT does not have major cities or inner regional areas.

Source: AIHW analysis of ABS SLA population estimates for June 2003; AIHW (unpublished); table 13A.17.

### *Service use by special needs groups — Indigenous people*

Nationally, the proportion of the Indigenous population who used accommodation support services in 2003-04 (2.2 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the total population who used these services (1.6 service users per 1000 people aged under 65 years in the total population) (figure 13.12).

Figure 13.12 Users of accommodation support services per 1000 people, by Indigenous status, 2003-04<sup>a, b, c, d, e, f, g, h</sup>

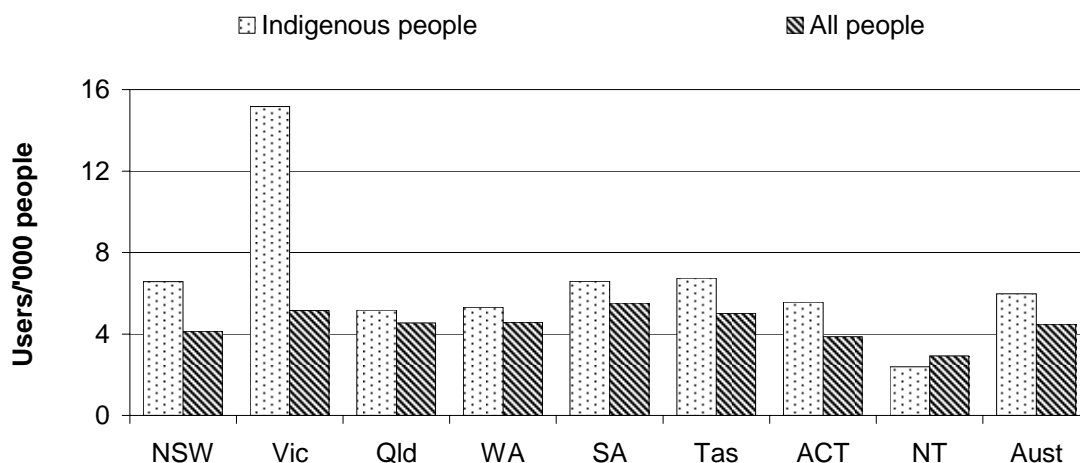


<sup>a</sup> Data for Indigenous users per 1000 people were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged under 65 years, multiplied by 1000. <sup>b</sup> Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. <sup>c</sup> Data for all service users exclude 954 service users whose Indigenous status was not reported, so accommodation support service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. <sup>d</sup> Data for users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. <sup>e</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. <sup>f</sup> Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. <sup>g</sup> The number of NSW service users is underreported because of low response rates. <sup>h</sup> ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2003a, 2004b); AIHW (unpublished); table 13A.18.

Nationally, the proportion of the Indigenous population who used employment services in 2003-04 (6.0 Indigenous service users per 1000 Indigenous people aged 15–64 years) was higher than the proportion of the total population who used these services (4.5 service users per 1000 people aged 15–64 years) (figure 13.13).

Figure 13.13 Users of employment services per 1000 people, by Indigenous status, 2003-04<sup>a, b, c, d</sup>

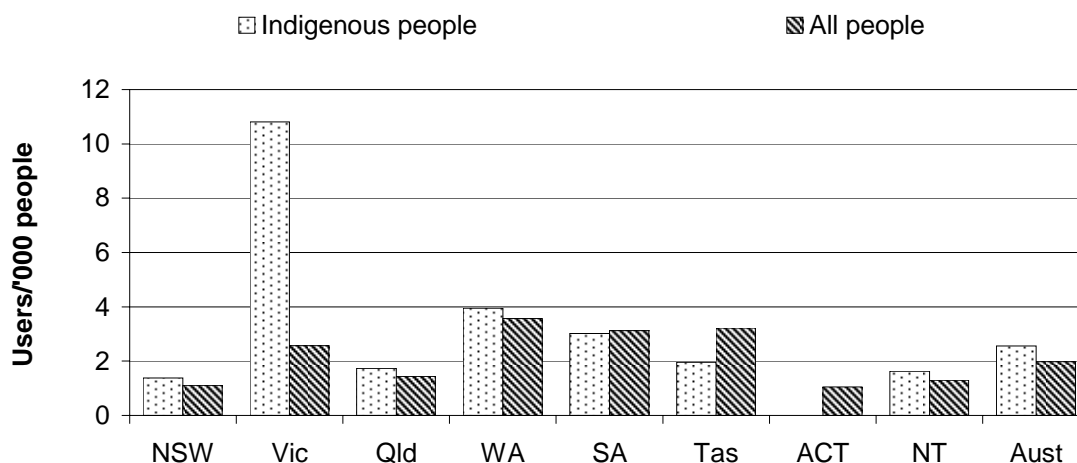


<sup>a</sup> Data for Indigenous users per 1000 people were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged 15–64 years, multiplied by 1000. <sup>b</sup> Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. <sup>c</sup> Data for all service users exclude 4498 service users whose Indigenous status was not reported, so employment service users per 1000 total population aged 15–64 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. <sup>d</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period.

Source: ABS (2003a, 2004b); AIHW (unpublished); table 13A.19.

Nationally, the proportion of the Indigenous population who used community access services in 2003-04 (2.6 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the total population who used these services (2.0 service users per 1000 people aged under 65 years) (figure 13.14).

**Figure 13.14 Users of community access services per 1000 people, by Indigenous status, 2003-04<sup>a, b, c, d, e, f, g, h, i</sup>**



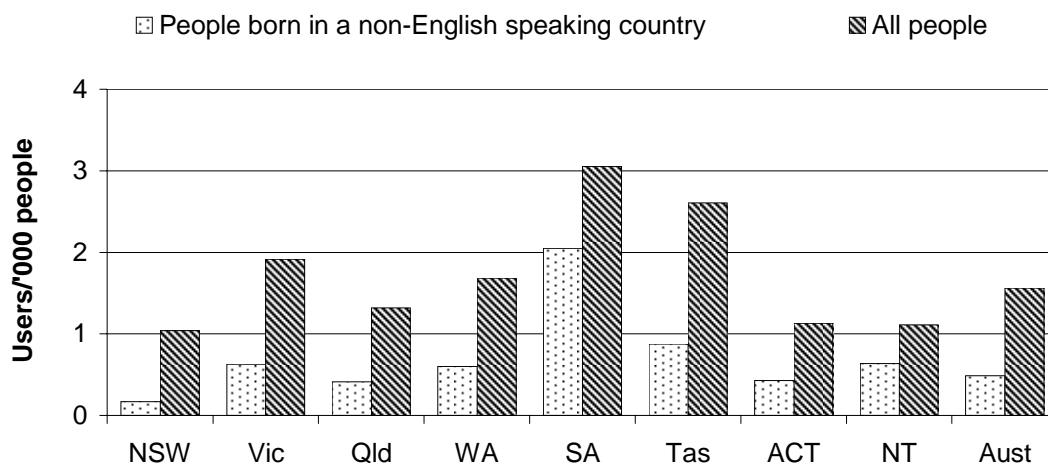
<sup>a</sup> Data for Indigenous users per 1000 people were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged under 65 years, multiplied by 1000. <sup>b</sup> Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. <sup>c</sup> Data for all service users exclude 7283 service users whose Indigenous status was not reported, so community access service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. <sup>d</sup> Service users who accessed the service type 'recreation/holiday programs' (service type 3.02) were not required to complete the item on Indigenous status; however, those who did provide a response are included in the data. <sup>e</sup> Data for users of CSTDA funded community access services exclude specialist psychiatric disability services specifically identified by the jurisdiction. <sup>f</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. <sup>g</sup> Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. <sup>h</sup> The number of NSW service users is underreported because of low response rates. <sup>i</sup> ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2003a, 2004b); AIHW (unpublished); table 13A.20.

### *Service use by special needs groups — people born in a non-English speaking country*

Nationally, the proportion of people born in a non-English speaking country who used accommodation support services in 2003-04 (0.5 service users per 1000 people aged under 65 years) was lower than the proportion of the total population who used these services (1.6 service users per 1000 people aged under 65 years) (figure 13.15).

Figure 13.15 Users of accommodation support services per 1000 people, by country of birth, 2003-04<sup>a, b, c, d, e, f, g, h</sup>

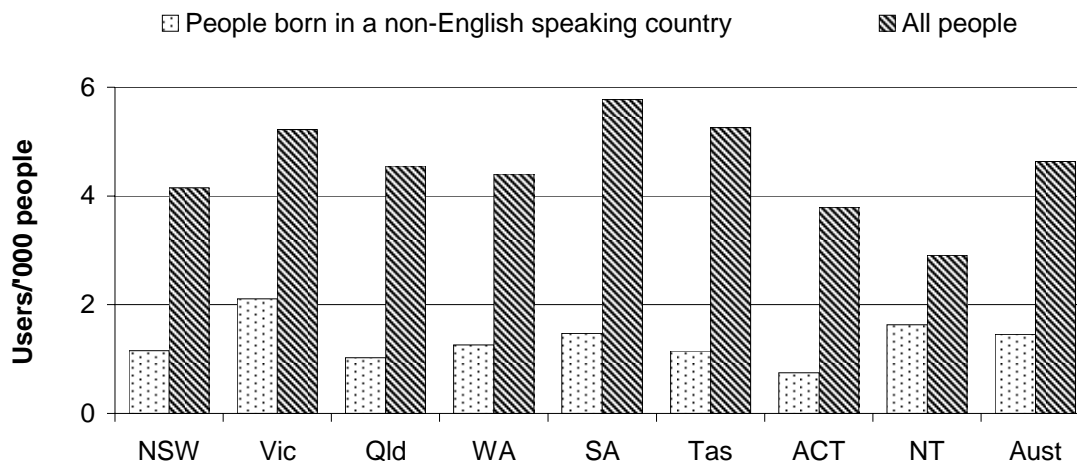


<sup>a</sup> Data for service users born in a non-English speaking country per 1000 people were derived by dividing the number of service users born in a non-English speaking country by the number of Australians aged under 65 years who were born in a non-English speaking country, multiplied by 1000. <sup>b</sup> Data for service users born in a non-English speaking country were based on responses for country of birth in English Proficiency Groups 2–4 (which includes all countries except Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States). <sup>c</sup> The State and Territory data on people born in a non-English speaking country were derived from country of birth data for the corresponding 2001 Australian Census proportional distribution of the population of states and territories. Estimates exclude people whose country of birth was not stated or who were visitors to Australia from overseas. <sup>d</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. Where country of birth was inconsistently recorded for the same service user, the service user was counted as having been born in a non-English speaking country. <sup>e</sup> Data for all service users exclude 1023 service users whose country of birth was not reported, so accommodation support service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. <sup>f</sup> Data for service users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. <sup>g</sup> Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. <sup>h</sup> The number of NSW service users is underreported because of low response rates.

Source: ABS (2003a); ABS Australian Census of Population and Housing (unpublished); AIHW (unpublished); table 13A.21.

Nationally, the proportion of people born in a non-English speaking country who used employment services in 2003-04 (1.5 service users per 1000 people aged 15–64 years) was lower than the proportion of the total population who used these services (4.6 service users per 1000 people aged 15–64 years) (figure 13.16).

**Figure 13.16 Users of employment services per 1000 people, by country of birth, 2003-04<sup>a, b, c, d, e</sup>**



<sup>a</sup> Data for service users born in a non-English speaking country per 1000 people were derived by dividing the number of service users born in a non-English speaking country by the number of Australians aged 15–64 years who were born in a non-English speaking country, multiplied by 1000. <sup>b</sup> Data for service users born in a non-English speaking country were based on responses for a country of birth in English Proficiency Groups 2–4 (which includes all countries except Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States). <sup>c</sup> The State and Territory data on people born in a non-English speaking country were derived from country of birth data for the corresponding 2001 Australian Census proportional distribution of the population of states and territories. Estimates exclude people whose country of birth was not stated or who were visitors to Australia from overseas. <sup>d</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. Where country of birth was inconsistently recorded for the same service user, the service user was counted as having been born in a non-English speaking country. <sup>e</sup> Data for all service users exclude 2481 service users whose country of birth was not reported, thus employment service users per 1000 total population aged 15–64 years might differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator.

Source: ABS (2003a); ABS Australian Census of Population and Housing (unpublished); AIHW (unpublished); table 13A.22.

### *Proportion of accommodation support service users receiving community accommodation and care services*

The ‘proportion of accommodation support service users receiving community accommodation and care services’ is an indicator of access to appropriate services (box 13.12).



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**Box 13.12 Proportion of accommodation support service users receiving community accommodation and care services**

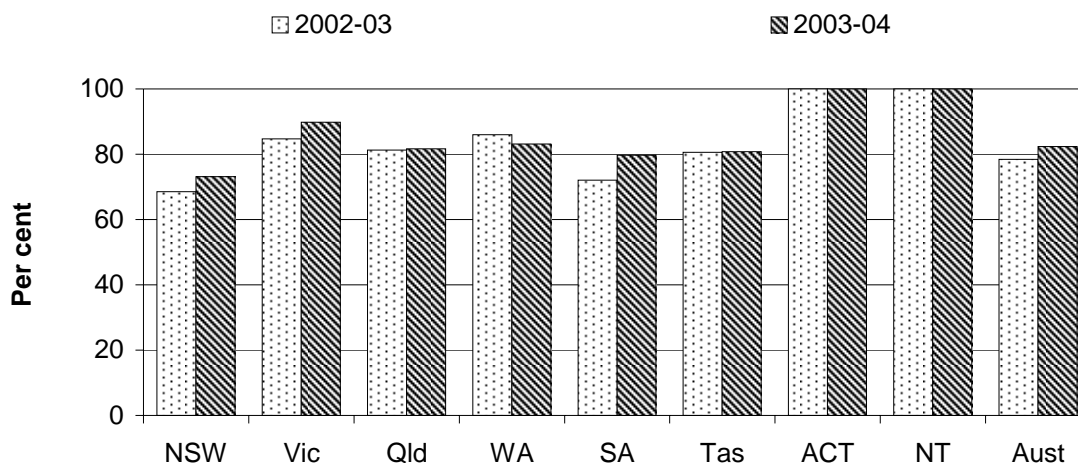
It is an objective of governments to assist people with a disability to live as valued and participating members of the community. State and Territory governments generally seek, if possible, to provide accommodation support services to people with a disability that are outside of institutional/residential settings. Community accommodation and care services are considered to provide better opportunities for people with a disability to be involved in their community.

This indicator is defined as the number of people using a CSTDA funded community accommodation and care service divided by the total number of people using CSTDA funded accommodation support services (excluding people who use specialist psychiatric disability services only). An increase in the proportion of people accessing community accommodation and care services is likely to increase the ability of these people to integrate and be involved in the community.

The CSTDA funded services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need.

Nationally, 82.4 per cent of accommodation support service users received community accommodation and care services in 2003-04 (figure 13.17).

Figure 13.17 **Users of community accommodation and care services as a proportion of all accommodation support service users<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet during each period. Individuals might have accessed services from more than one State or Territory. Individuals might have accessed services from both accommodation service type categories (institutional/large residential or community accommodation and care services). <sup>b</sup> Data for service users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. <sup>c</sup> Community accommodation and care services include group homes, attendant care/personal care, in-home accommodation support, alternative family placement and other accommodation support. <sup>d</sup> Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. <sup>e</sup> Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. <sup>f</sup> The WA 2003-04 service data reflect an improved and more accurate method of data collection for one agency and are not comparable with 2002-03 data. The counting variance exceeds the reported variance between the two years, indicating a likely real increase.

Source: AIHW (2004a, 2004b, 2005a, 2005b); table 13A.23.

### *Client satisfaction with appropriateness*

The Steering Committee has identified 'client satisfaction with appropriateness' as an indicator of access to services that are appropriate to client needs (box 13.13). This indicator is for development in future reports. Data for this indicator are currently not available.

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**Box 13.13 Client satisfaction with appropriateness**

‘Client satisfaction with appropriateness’ will provide an output indicator of government’s objective to provide services to people with a disability that are appropriate to their needs and goals. This indicator will measure the appropriateness of these services relative to the service user’s need, from the service user’s perspective.

**Outputs — equity and effectiveness — quality of services***Quality assurance processes*

‘Quality assurance processes’ are an indicator of the quality of specialist disability services (box 13.14). All services funded under the CSTDA are required to comply with national standards, so most jurisdictions have been examining ways of implementing quality assurance monitoring systems for specialist disability services programs.

**Box 13.14 Quality assurance processes**

‘Quality assurance processes’ are an indicator of quality related to governments’ objective to deliver and fund services for people with a disability that meet a certain standard of quality.

This indicator is defined as the proportion of government and non-government disability service outlets that have been assessed (either by an assessing agency or through a self-assessment process) against service standards or performance indicators.

A higher proportion of disability service outlets that have been accredited against service standards or performance indicators suggests an improvement in the quality of specialist disability services delivered or funded by government.

This indicator does not provide information on whether the standards and performance indicators of the quality assurance processes are appropriate. In addition, service outlets that are not quality assessed do not necessarily deliver services of lower quality.

Data on quality assurance processes in 2004-05 are reported for the Australian Government, Victoria, WA and Tasmania (box 13.15). These quality assurance processes data relate to service providers from all disability service types provided under the CSTDA. Data come from service quality reviews and self-assessment processes. The four jurisdictions implementing monitoring of quality assurance

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processes expect to review all service providers in a rolling process over several years.

**Box 13.15 Quality assurance processes for specialist disability services**

The quality assurance processes data reported below relate to CSTDA funded services.

**Australian Government**

Australian Government funded disability employment assistance organisations are required to meet quality standards as a prerequisite for continued funding. In July 2002, revised disability services standards were introduced, comprising 12 standards and 26 key performance indicators. All organisations (390) were assessed by independent accredited certification bodies and achieved certification against the revised standards by 31 December 2004. Organisations' compliance with the quality standards will continue to be monitored by certification bodies through a programme of surveillance audits.

**Victoria, WA and Tasmania**

In 2004-05, different quality assurance processes were in place in Victoria, WA and Tasmania, but these jurisdictions collect data on similar indicators. Specialist disability services providers (outlets and organisations) refer to providers of accommodation support; community support; community access; respite; advocacy, information and print disability; and other support services. The evaluation processes relate to both government and non-government service outlets.

In Victoria, by December 2004, 56 (of a possible 389) government and non-government disability service organisations (which operate at least one service outlet) had participated in an independent strategic review. In addition, 97 per cent of eligible service outlets (those receiving more than \$20 000 in disability funding) had undertaken a self-assessment against the Victorian Standards for Disability Services and implemented a quality plan.

In WA, 32.2 per cent (215 of 668) of total service outlets had been independently monitored (comprehensive and abridged monitoring) against the service standards, and 80.9 per cent (155 of 215) of the assessed disability service outlets had been quality assured against all assessed service standards. Outlets that are not independently assessed are required to provide a self-assessment. The number of outlets that completed self assessments was 546.

In Tasmania, 11.1 per cent of total service outlets (23 out of 207) were comprehensively evaluated against the service standards. Of the total number of service outlets that have undergone an evaluation (to June 30 2005) 100 per cent (43 out of 43) are being monitored through a Service Development Plan. Service development plans were also provided by 36.6 per cent of all non-evaluated service outlets (52 out of 142).

*Source:* Australian, Victorian, WA and Tasmanian governments (unpublished).

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### *Client and carer satisfaction*

'Client and carer satisfaction' is an indicator of the quality of specialist disability services (box 13.16). Data are available for reporting for WA only. It is anticipated that data for other jurisdictions will be included in future reports.

#### **Box 13.16 Client and carer satisfaction**

'Client and carer satisfaction' is an output (quality) indicator designed to provide information on satisfaction with the quality of services received. It is an indicator of governments' objective to deliver and fund quality services for people with a disability that meet the needs and goals of the client (or carer of the client) receiving them.

Overall client and carer satisfaction ratings and satisfaction with individual services are reported. Results are taken from a client and carer satisfaction survey and are expressed in percentage terms. A higher proportion of clients and carers satisfied is desirable because it suggests the service received was of a high quality and better met the needs and goals of the client (or carer).

This indicator will be further developed over time as data become available from more jurisdictions.

WA conducted a carer and client satisfaction study in 2004. In this study, 688 disability services clients or their carers were asked whether they were satisfied with services. Questions about specific services were combined with two global satisfaction questions. Overall, 76 per cent of people responded that the services had enhanced their quality of life. The following results show the proportions of clients/carers that were satisfied with individual services:

- residential services — 87 per cent
- supported community living — 84 per cent
- community support — 95 per cent
- respite — 77 per cent
- recreation/day option — 81 per cent
- local area coordination — 81 per cent (Disability Services Commission, WA Government [unpublished]).

### **Outputs — efficiency — cost per output unit**

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 estimated on a consistent basis. The

jurisdictional expenditure data included in this Report do not yet include the user cost of capital, so do not reflect the full costs of government funded services.

Considerable effort has been made to document any differences in calculating the reported efficiency indicators. Some concerns remain over the comparability of the results, because jurisdictions use somewhat different methods of data collection (table 13.1). Expenditure data reported in this section are from individual jurisdictions' collections and may differ from cost per service user data reported elsewhere.

**Table 13.1 Comparability of expenditure estimates for government provided specialist disability services, by items included, 2003-04**

<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<sup>a</sup></i>	<i>Aus Gov</i>
Superannuation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	Cash	Accrual	Accrual	Accrual	Accrual
Workers compensation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Payroll tax <sup>b</sup>									
Actual	✓	✓	✓			✓		✓	
Imputed		✓		✓	✓		✓		..
Apportioned umbrella department costs	✓	✓	✓	..	✓	✓	✓	✓	✓
Basis of apportioning									
Departmental formula	✓	✓	✓	..	✓	✓	x	✓	✓
% of FTE employees	x	x	x	..	x	✓	✓	x	x
Long service leave									
Entitlements	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	Cash	Accrual	Accrual	Accrual	Accrual
Depreciation	✓	✓	✓	✓	x	x	x	x	✓

FTE = full time equivalent. <sup>a</sup> In 2003-04, the NT changed the apportioning of umbrella departmental costs from the percentage of FTE employees to a departmental formula. <sup>b</sup> Actual payroll tax amounts are included in cost (expenditure) per user data for NSW, Victoria, Queensland, Tasmania and the NT because the actual payroll tax amounts are not separately identified at the service delivery area level. For the other jurisdictions, no payroll tax amounts (actual or imputed) are included. .. Not applicable.

Source: State and Territory governments (unpublished).

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### *Government and non-government provided services*

Efficiency indicators are reported for both government and non-government provided services. Government provision means that a service is both funded and directly provided by a government department or agency. Non-government provision is a service purchased or part-funded by a government department or agency, but provided by a non-government organisation. Non-government service providers may receive funds from the private sector and the general public in addition to funding, grants and input tax concessions (such as payroll tax exemptions) from governments. Data on funds received by non-government service providers from the private sector and the general public are not included in this Report.

When considering the results of the efficiency indicators it is important to note the following, that for the:

- service user data, services provided by local governments are counted as government
- expenditure data, services provided by local governments are counted by most states as non-government.

This discrepancy between service user data and expenditure data for local government services only applies to accommodation support services provided in group homes and other community settings. In addition, it is not relevant for Tasmania, the ACT and the NT.

For the 2007 Report, the classifying of services provided by local governments will be reviewed. Consideration will be given to whether services provided by local governments are more appropriately grouped with non-government organisations or the government sector. Local government provided services will be classified consistently for service user and expenditure data in future reports.

### *Accommodation support services*

Governments provide, purchase or part-fund accommodation support services to people with a disability in institutional/residential settings, group homes and other community settings. Institutional or residential accommodation support services are provided in both institutions and hostels. Community accommodation and care services are provided in group homes and other community settings. The accommodation support services provided in other community settings are attendant care/personal care, in-home accommodation support, alternative family placement and other accommodation support. In recent years, there has been an ongoing process of relocating people with a disability from institutional/residential

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accommodation to community accommodation. As a result, total government expenditure on accommodation support services in institutional/residential settings has decreased, with a corresponding increase in expenditure on community accommodation and care services.

*Cost per user of government provided accommodation support services*

‘Cost per user of government provided accommodation support services’ is an indicator of the efficiency of specialist disability services (box 13.17).

**Box 13.17 Cost per user of government provided accommodation support services**

‘Cost per user of government provided accommodation support services’ is included as an output (efficiency) indicator of governments’ objective to provide specialist disability services in an efficient manner. A set of indicators are reported under this heading for a range of service types.

This indicator is defined as the net government expenditure per user of government provided accommodation support services in institutional/residential settings, group homes and other community settings.

Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service.

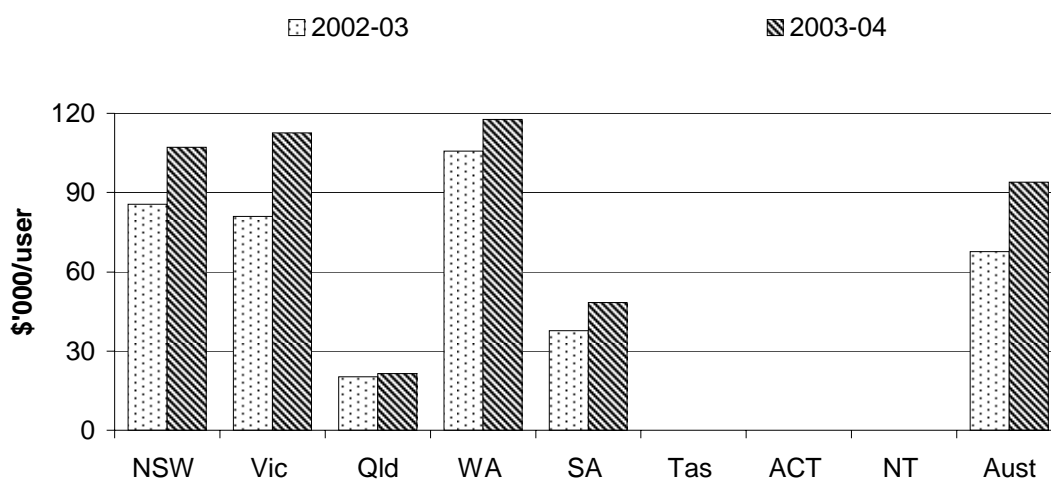
Efficiency data are difficult to interpret. While high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided. Increasing expenditure may also reflect the changing needs of service users — for example, as the population of accommodation support service users ages, their support needs are also likely to increase. Similarly, low or declining expenditure per unit of output may reflect improving efficiency, or lower quality less effective services. Efficiency data thus always need to be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

*Cost per user of government provided accommodation support services — institutional/residential settings*

Nationally, estimated annual government expenditure on accommodation support services in institutional/residential settings was \$93 908 per service user in 2003-04. There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT or the NT (figure 13.18).



Figure 13.18 **Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2003-04 dollars)<sup>a, b, c, d, e</sup>**



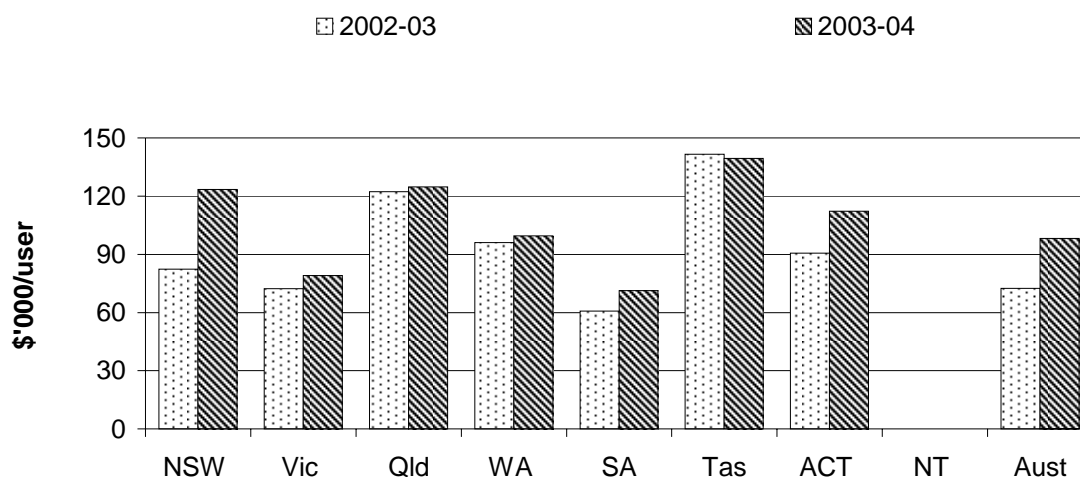
<sup>a</sup> For 2002-03 data, estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. <sup>c</sup> Nominal expenditure in 2002-03 is shown in table 13A.24. <sup>d</sup> The number of NSW service users is underreported for 2002-03 and 2003-04 because of low response rates. <sup>e</sup> Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users.

Source: State and Territory governments (unpublished); AIHW (unpublished); table 13A.25.

### *Cost per user of government provided accommodation support services — group homes*

Nationally, estimated annual government expenditure on government provided accommodation support services in group homes was \$98 289 per service user in 2003-04. There were no government providers of accommodation support services in group homes in the NT (figure 13.19).

**Figure 13.19 Estimated annual government expenditure per user of government provided accommodation support services in group homes (2003-04 dollars)<sup>a, b, c, d, e, f, g</sup>**



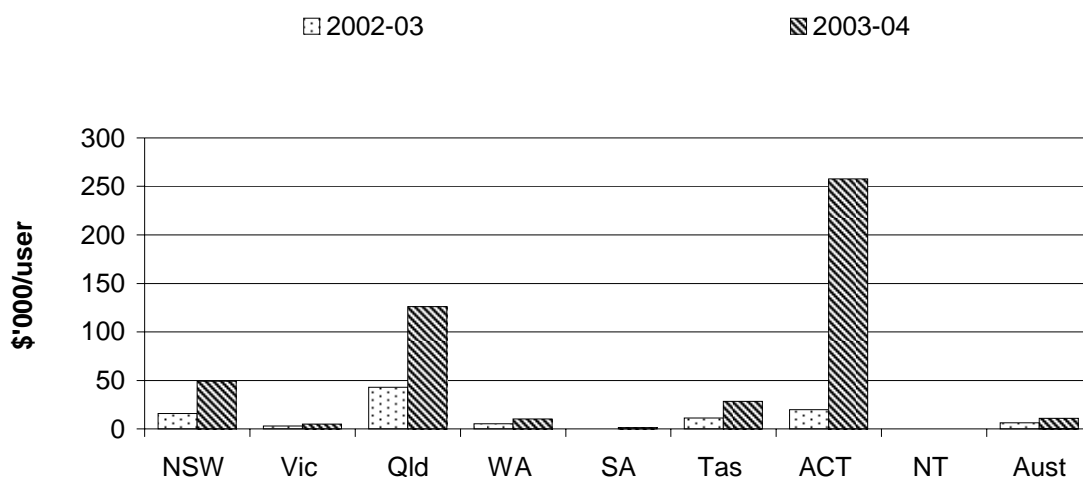
<sup>a</sup> For 2002-03 data, estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. <sup>c</sup> Service user data used to derive this indicator include users of services provided by local government, while states' expenditure data exclude services provided by local governments (except Tasmania). The ACT does not have services provided by local governments. Thus this indicator needs to be interpreted with care. <sup>d</sup> Nominal expenditure in 2002-03 is shown in table 13A.24. <sup>e</sup> The number of NSW service users is underreported for 2002-03 and 2003-04 because of low response rates. <sup>f</sup> Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. <sup>g</sup> Data for 2002-03, exclude three service users in WA whose agency sector (government/non-government) was not stated.

Source: State and Territory governments (unpublished); AIHW (unpublished); table 13A.25.

### *Cost per user of government provided accommodation support services — other community settings*

Nationally, estimated annual government expenditure on government provided accommodation support services in other community settings was \$10 836 per service user in 2003-04. There were no government providers of accommodation support services in other community settings in the NT (figure 13.20).

Figure 13.20 **Estimated annual government expenditure per user of government provided accommodation support services in other community settings (2003-04 dollars)<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> For 2002-03 data, estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. <sup>c</sup> Service user data used to derive this indicator include users of services provided by local government, while states' expenditure data exclude services provided by local governments (except Tasmania). The ACT does not have services provided by local governments. Thus this indicator needs to be interpreted with care. <sup>d</sup> Nominal expenditure in 2002-03 is shown in table 13A.24. <sup>e</sup> The number of NSW service users is underreported for 2002-03 and 2003-04 because of low response rates. <sup>f</sup> Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. Data for 2002-03 exclude 44 service users in Victoria whose agency sector (government/non-government) was not stated.

Source: State and Territory governments (unpublished); AIHW (unpublished); table 13A.25.

### *Government contribution per user of non-government provided services*

'Government contribution per user of non-government provided services' is reported as an indicator of the efficiency of specialist disability services (box 13.18).

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**Box 13.18 Government contribution per user of non-government provided services**

Governments directly provide services to service users and also fund non-government service providers to deliver these services. The government contribution per user of non-government provided services is included as an output (efficiency) indicator of governments' objective to provide specialist disability services in an efficient manner. The focus on the contribution of governments reflects the Steering Committee's terms of reference, which require it to report on services funded and/or delivered by government.

A set of indicators are reported under this heading for a range of government funded service types. This indicator is defined as the net government expenditure per user of the following non-government provided services:

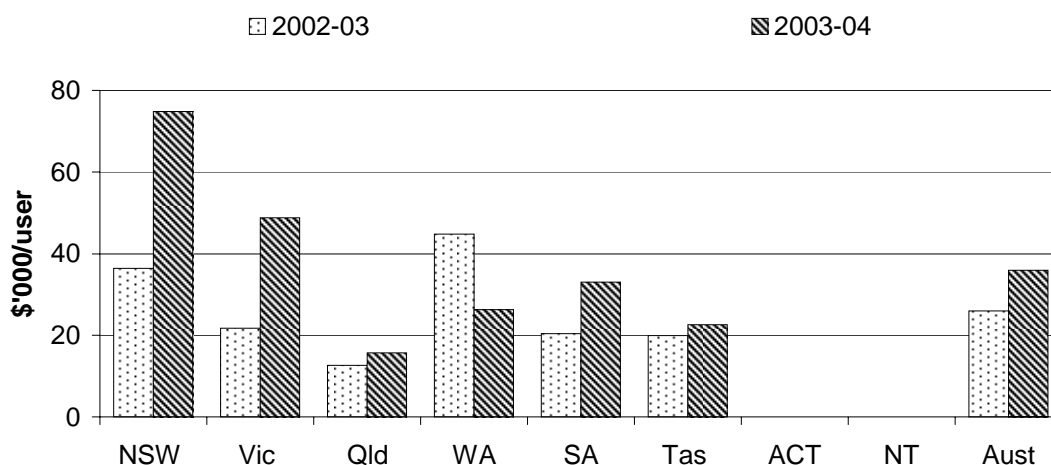
- accommodation support services in:
  - institutional/residential settings
  - group homes
  - other community settings
- employment services (reported per employment service user assisted).

Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service. Efficiency data, however, are difficult to interpret. While high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of service users. Similarly, low or declining expenditure per unit of output may reflect improving efficiency, or lower quality less effective services. Efficiency data thus always need to be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

*Government contribution per user of non-government provided services — accommodation support services in institutional/residential settings*

Nationally, estimated annual government funding of non-government provided accommodation support services in institutional/residential settings was \$35 971 per service user in 2003-04 (figure 13.21). There were no non-government provided accommodation support services in institutional/residential settings in the ACT and the NT.

Figure 13.21 **Estimated annual government funding per user of non-government provided accommodation support services in institutional/residential settings (2003-04 dollars)<sup>a, b, c, d, e</sup>**



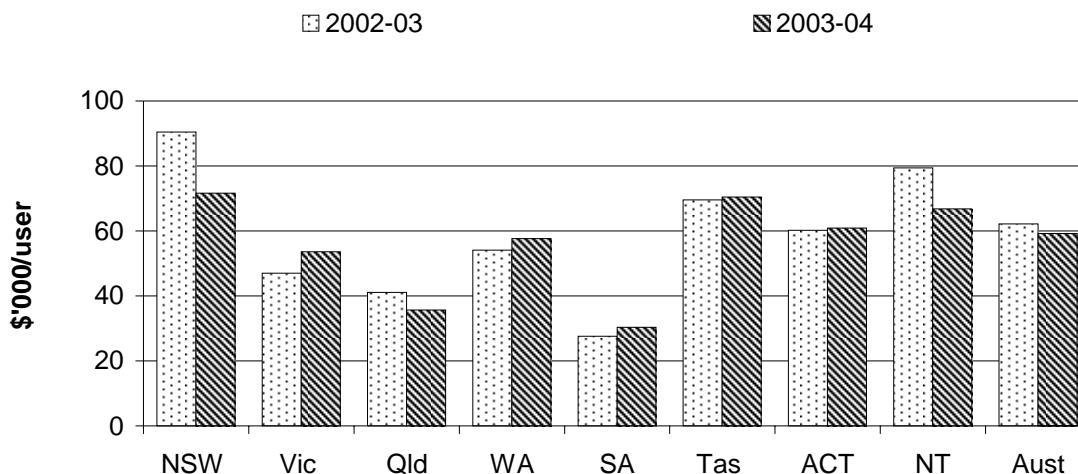
<sup>a</sup> For 2002-03 data, estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. <sup>c</sup> Nominal expenditure in 2002-03 is shown in table 13A.24. <sup>d</sup> The number of NSW service users is underreported for 2002-03 and 2003-04 because of low response rates. <sup>e</sup> Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users.

Source: State and Territory governments (unpublished); table 13A.25.

*Government contribution per user of non-government provided services — accommodation support services in group homes*

Nationally, estimated annual government funding of non-government provided accommodation support services in group homes was \$59 213 per service user in 2003-04 (figure 13.22).

**Figure 13.22 Estimated annual government funding per user of non-government provided accommodation support services in group homes (2003-04 dollars)<sup>a, b, c, d, e, f, g</sup>**



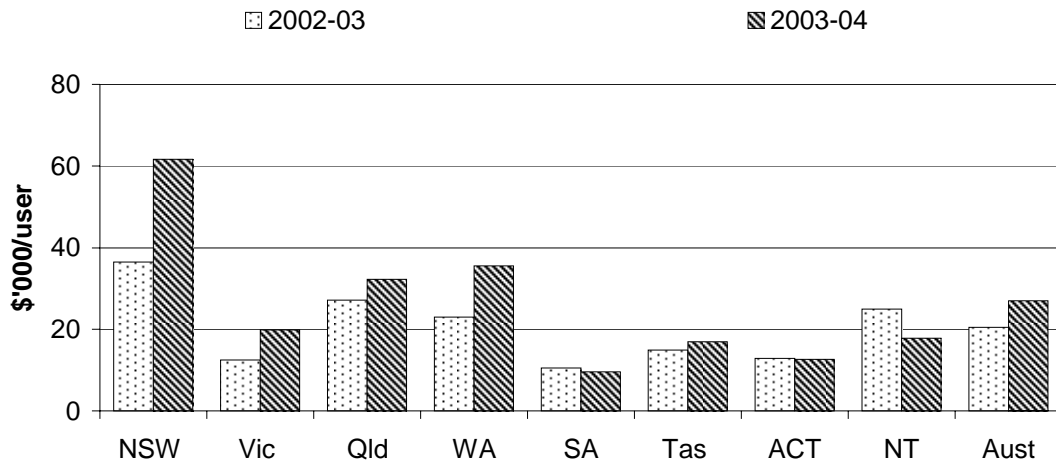
<sup>a</sup> For 2002-03 data, estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. <sup>c</sup> Service user data used to derive this indicator exclude users of services provided by local government, while states' expenditure data include services provided by local governments (except Tasmania). The ACT and the NT do not have services provided by local governments. Thus this indicator needs to be interpreted with care. <sup>d</sup> Nominal expenditure in 2002-03 is shown in table 13A.24. <sup>e</sup> The number of NSW service users is underreported for 2002-03 and 2003-04 because of low response rates. <sup>f</sup> Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. <sup>g</sup> Data for 2002-03 exclude three service users in WA whose agency sector (government/non-government) was not stated.

Source: State and Territory governments (unpublished); AIHW (unpublished); table 13A.25.

### *Government contribution per user of non-government provided services — accommodation support services in other community settings*

Nationally, estimated annual government funding of non-government provided accommodation support services in other community settings was \$26 977 per service user in 2003-04 (figure 13.23).

Figure 13.23 **Estimated annual government funding per user of non-government provided accommodation support services in other community settings (2003-04 dollars)<sup>a, b, c, d, e, f</sup>**



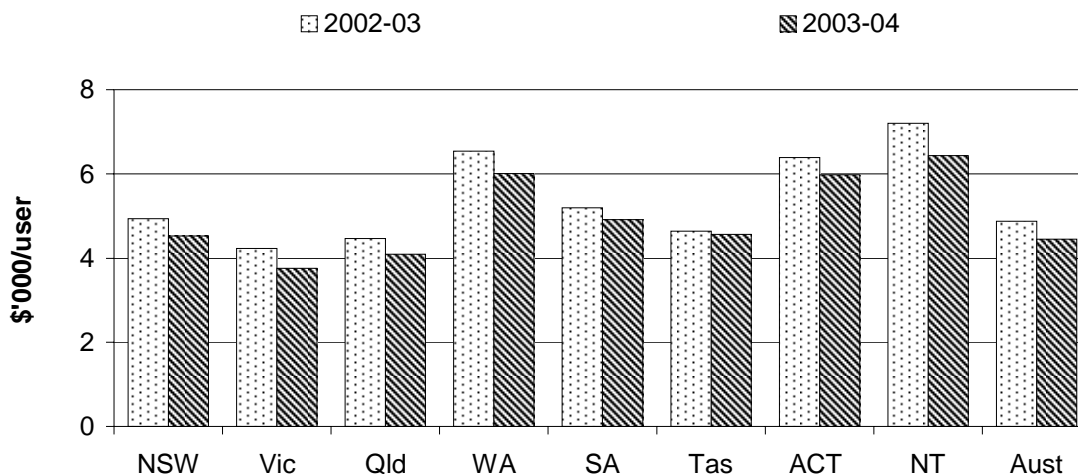
<sup>a</sup> For 2002-03 data, estimated annual figures were derived from 2002-03 financial year data and service user data collected from 1 January 2003 to 30 June 2003. <sup>b</sup> The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. <sup>c</sup> Service user data used to derive this indicator exclude users of services provided by local government, while states' expenditure data include services provided by local governments (except Tasmania). The ACT and the NT do not have services provided by local governments. Thus this indicator needs to be interpreted with care. <sup>d</sup> Nominal expenditure in 2002-03 is shown in table 13A.24. <sup>e</sup> The number of NSW service users is underreported for 2002-03 and 2003-04 because of low response rates. <sup>f</sup> Victorian 2003-04 data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting of service users. Data for 2002-03 exclude 44 service users in Victoria whose agency sector (government/non-government) was not stated.

Source: State and Territory governments (unpublished); AIHW (unpublished); table 13A.25.

### *Government contribution per user of non-government provided services — per employment service user assisted*

Assistance with employment for people with a disability was the responsibility of the Australian Government under the CSTDA in 2003-04. Nationally, for all employment services, government expenditure per service user assisted was \$4450 in 2003-04 (figure 13.24).

Figure 13.24 **Government funding per user of non-government provided employment services (2003-04 dollars)<sup>a, b</sup>**



<sup>a</sup> This indicator is derived using service user data provided by the AIHW. Cost per employment service user data may differ from those reported in the Australian Government's annual report, as the Australian Government and the AIHW use different rules to count the number of employment service users. The Australian Government focuses on the total number of service outlets used, whereas the AIHW focuses on the number of service users, irrespective of the number of service outlets the individual accesses. In addition, the Australian Government includes independent workers (1004 persons in the 2003-04 financial year) in calculating service user numbers, whereas the AIHW does not. <sup>b</sup> The 2002-03 service user data used to derive this indicator are for the period 1 January 2003 to 30 June 2003 only. Therefore, for 2002-03 the cost per employment service user for Australia differs from the cost per employment service user that would be derived using data in table 13A.28, which uses 12 month data.

Source: DFACS (unpublished); AIHW (unpublished); table 13A.27.

Nationally, estimated annual government expenditure per service user in 2003-04, by employment service type, was \$3401 on open programs (employment in the open labour market), \$6613 on supported programs (employment within the service provider) and \$3997 on open and supported mixed programs (table 13A.28). Table 13A.29 compares real expenditure by employment service type for 2002-03 and 2003-04.

#### *Cost per user of State and Territory administered services*

'Cost per user of State and Territory administered services' is an indicator of the efficiency of specialist disability services (box 13.19).



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**Box 13.19 Cost per user of State and Territory administered services**

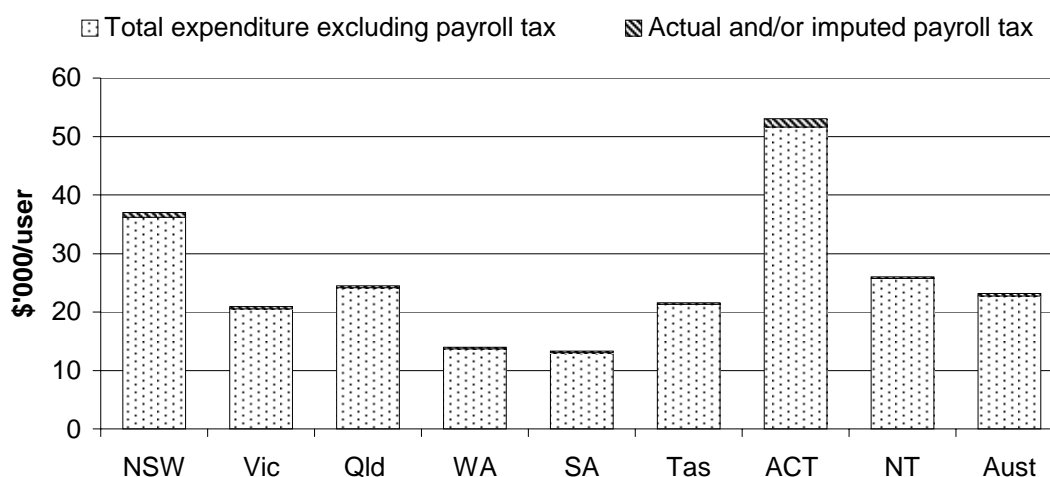
'Cost per user of State and Territory administered services' is an output (efficiency) indicator of governments' objective to provide specialist disability services in an efficient manner.

This indicator is defined as government expenditure on CSTDA State and Territory administered services per service user. Data are reported separately for government expenditure net of payroll tax and for government expenditure including actual and/or imputed payroll tax.

Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service. Efficiency data, however, are difficult to interpret. While high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of service users. Similarly, low or declining expenditure per unit of output may reflect improving efficiency, or lower quality less effective services. Efficiency data need to be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Total estimated government expenditure per user of CSTDA State and Territory administered specialist disability services in 2003-04 is reported both net of payroll tax and including actual and/or imputed payroll tax. Nationally, estimated expenditure per service user was \$22 719 excluding payroll tax and \$23 173 including actual and/or imputed payroll tax (figure 13.25).

**Figure 13.25 Estimated annual government expenditure per service user of CSTDA State and Territory administered services, 2003-04<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> In some jurisdictions (NSW, Victoria in part, Queensland, Tasmania and the NT), payroll tax is paid directly by the service; in other jurisdictions (Victoria in part, WA, SA and the ACT), payroll tax is not paid directly by the service. <sup>b</sup> Government expenditure per service user for Australia excludes Australian Government expenditure on State and Territory administered services that was not provided as transfer payments. <sup>c</sup> The number of NSW service users is underreported because of low response rates. <sup>d</sup> Victorian service user data are reported to be significantly understated because errors in the 'date of last service received' and lower than expected response rates have led to undercounting. <sup>e</sup> Payroll tax data for Queensland includes paid payroll tax and accrued payroll tax. <sup>f</sup> In the NT, payroll tax relates to government provision and excludes expenditure for program management and administration.

Source: AIHW (2005a, 2005b); State and Territory governments (unpublished); table 13A.30.

## Output — efficiency — administrative cost

### *Administrative expenditure as a proportion of total expenditure*

'Administrative expenditure as a proportion of total expenditure' is an indicator of the efficiency of the administration of specialist disability services (box 13.20). The proportion of total expenditure on administration is not yet comparable across jurisdictions because they apportion it using different methods. Administrative expenditure data are useful, however, for indicating trends within jurisdictions over time.

Nationally, administrative expenditure as a proportion of total government expenditure on specialist disability services (excluding payroll tax) decreased from 8.7 per cent in 2003-04 to 8.6 per cent in 2004-05 (figure 13.26).

### Box 13.20 Administrative expenditure as a proportion of total expenditure

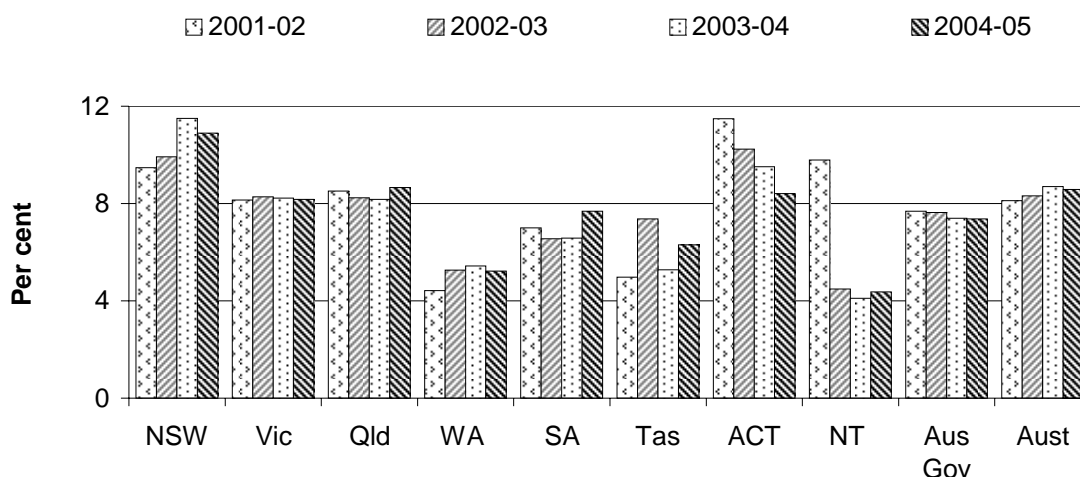
Administrative expenditure as a proportion of total expenditure is an output (efficiency) indicator of governments' objective to provide specialist disability services in an efficient manner. Administrative expenditure in this context represents the costs incurred by government agencies in administering CSTDA funded services.

This indicator is defined as government expenditure on administration as a proportion of total CSTDA expenditure.

Holding other factors constant (such as service quality and accessibility), a decrease in administrative expenditure as a proportion of total CSTDA expenditure may reflect an increase in administrative efficiency.

Efficiency data are difficult to interpret. While high or increasing administrative expenditure as a proportion of total expenditure may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the administrative services provided. Similarly, low or declining administrative expenditure as a proportion of total expenditure may reflect improving efficiency, or lower quality less effective services. Efficiency data thus always need to be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Figure 13.26 Administrative expenditure as a proportion of total expenditure<sup>a, b, c, d</sup>



<sup>a</sup> See table 13.1 for an explanation of different methods of apportioning departmental costs. <sup>b</sup> Data exclude payroll tax. <sup>c</sup> Australian Government administrative expenditure is an estimate, based on average staffing levels. <sup>d</sup> NT expenditure is underreported in 2001-02. For 2002-03, the method of apportioning administrative expenditure changed, resulting from a re-alignment of some costs previously reported under this category to direct service delivery. The NT changed from cash to accrual accounting in 2002-03, limiting the comparability of expenditure with previous years.

Source: Australian, State and Territory governments (unpublished); table 13A.31.

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When actual or imputed payroll tax is included, the average national administrative expenditure as a proportion of total CSTDA expenditure was 8.4 per cent in 2004-05 (table 13A.31). Payroll tax data need to be interpreted with caution, however, because some jurisdictions (NSW, Victoria [in part], Queensland, Tasmania and the NT) have provided payroll or payroll tax data on the basis of direct service delivery expenditure for government provided services, and others (WA, SA and the ACT) have provided the data on the basis of total expenditure for government provided services. Nominal and real total CSTDA expenditure is reported in tables 13A.3 and 13A.4, both excluding and including actual or imputed payroll tax amounts.

## Outcomes

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

'Labour force participation and employment of people with a disability' is an indicator of outcomes for specialist disability services (box 13.21). Detailed definitions and calculations of labour force participation and employment rates are provided in section 13.6.

#### **Box 13.21 Labour force participation and employment of people with a disability**

'Labour force participation and employment of people with a disability' is an outcome indicator of governments' objective of assisting people with a disability to participate fully in the community. Participation in the labour force and employment is important to the overall well being of people with a disability, particularly in terms of the opportunity for self-development and interaction with people outside the home.

This indicator is defined as the labour force participation rates and employment rates of people aged 15–64 years with a profound or severe core activity limitation compared with the rates of people aged 15–64 years in the general population.

A higher labour force participation or employment rate for people with a disability is likely to increase the quality of life for these people by providing greater opportunities for self-development and interaction with people outside the home.

This indicator does not provide information on why people cannot find the work they are looking for. It also does not provide information on why people choose not to participate in the labour force. Finally, it does not provide information on whether the jobs that people find are appropriate or fulfilling.

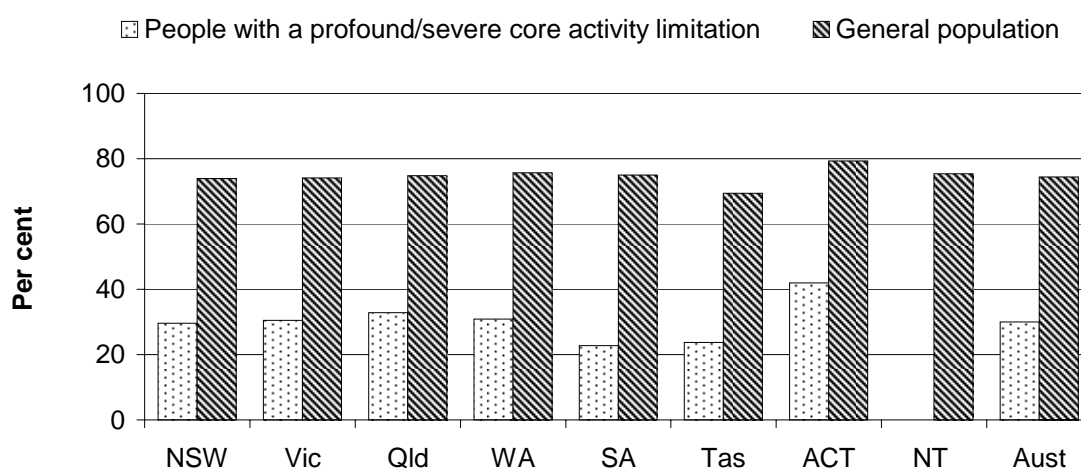
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### Labour force participation

Nationally, the estimated labour force participation rate of people aged 15–64 years with a profound or severe core activity limitation in 2003 (30.0 per cent) was below that of the general population aged 15–64 years (74.4 per cent) (figure 13.27).

**Figure 13.27 Estimated labour force participation rates of people aged 15–64 years, 2003<sup>a</sup>**

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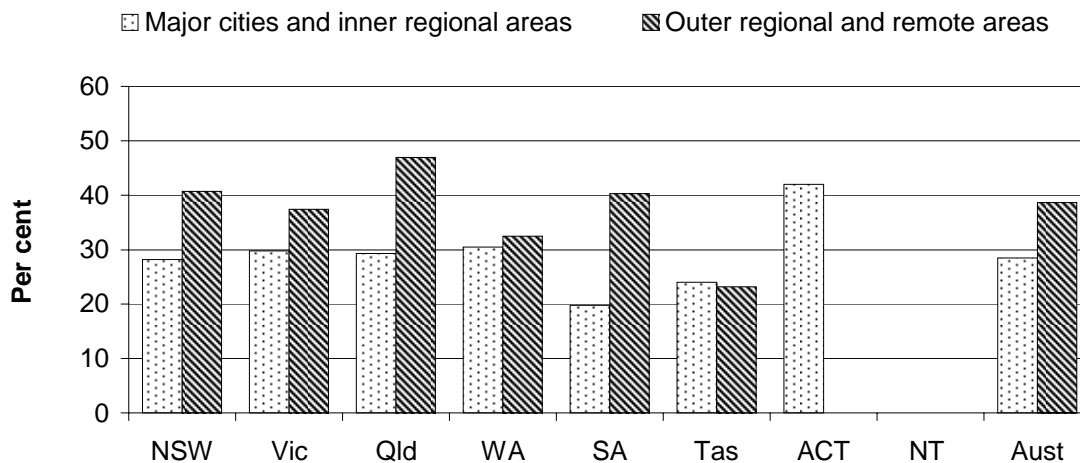


<sup>a</sup> Data for people with a disability in the NT are not reported separately due to small numbers, but contribute to the national estimates.

Source: ABS (Labour Force Survey Cat. no. 6291.0.55.001 [Supertable LM8], Disability, Ageing and Carers Survey [unpublished]); table 13A.32.

The labour force participation rate of people aged 15–64 years with a profound or severe core activity limitation varied across geographic locations and by country of birth, in 2003. Nationally, the estimated participation rate of people with a profound or severe core activity limitation living in outer regional and remote areas (38.6 per cent) was above that of those living in major cities and inner regional areas (28.5 per cent) (figure 13.28).

**Figure 13.28 Estimated labour force participation rates of people aged 15–64 years with a profound/severe core activity limitation, by geographic location, 2003<sup>a, b</sup>**

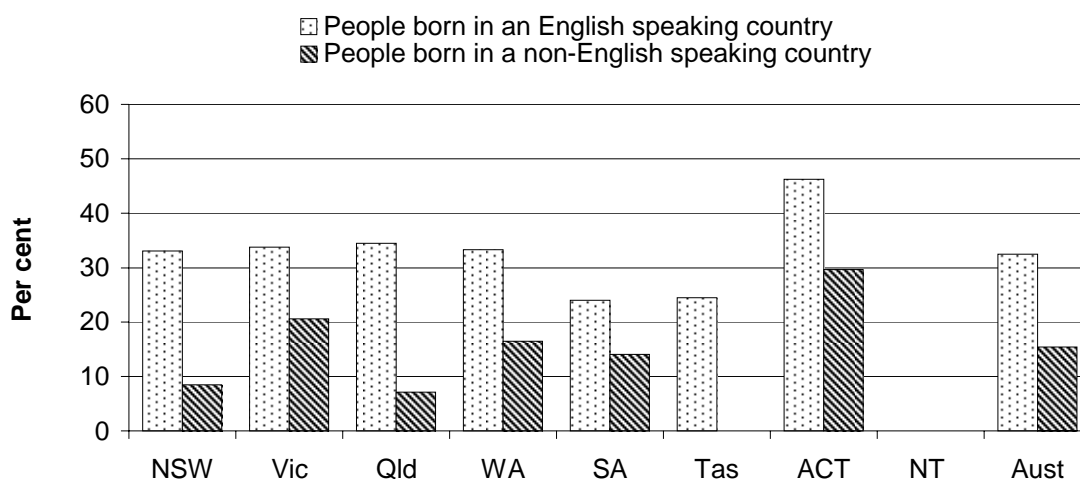


<sup>a</sup> The ACT does not have outer regional and remote areas. <sup>b</sup> Data for people with a disability in the NT are not reported separately due to small numbers, but contribute to the national estimates.

Source: ABS Disability, Ageing and Carers Survey (unpublished); table 13A.33.

Nationally, the estimated labour force participation rate of people aged 15–64 years with a profound or severe core activity limitation who were born in a non-English speaking country (15.4 per cent) was below that of those born in an English speaking country (32.5 per cent) (figure 13.29).

Figure 13.29 **Estimated labour force participation rates of people aged 15–64 years with a profound/severe core activity limitation, by country of birth, 2003<sup>a, b</sup>**



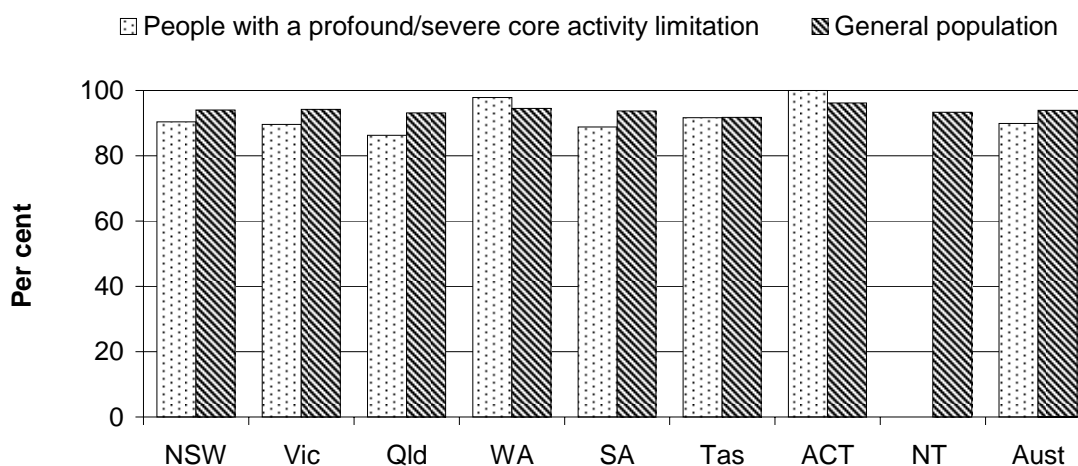
<sup>a</sup> The data for Tasmanian people born in a non-English speaking country are not reported as the relative standard error was greater than 50 per cent. <sup>b</sup> Data for people with a disability in the NT are not reported separately due to small numbers, but contribute to the national estimates.

Source: ABS Disability, Ageing and Carers Survey (unpublished); table 13A.33.

### *Employment*

Nationally, the estimated employment rate of people aged 15–64 years with a profound or severe core activity limitation in 2003 (89.9 per cent) was below that of the general population aged 15–64 years (93.9 per cent) (figure 13.30).

**Figure 13.30 Estimated employment rates of people aged 15–64 years, 2003<sup>a</sup>**



<sup>a</sup> Data for people with a disability in the NT are not reported separately due to small numbers, but contribute to the national estimates.

Source: ABS (Labour Force Survey Cat. no. 6291.0.55.001 [Supertable LM8], Disability, Ageing and Carers Survey [unpublished]); table 13A.32.

The employment rates in 2003 of people aged 15–64 years with a profound or severe core activity limitation across geographic locations and by country of birth are shown in table 13A.33. Nationally, the estimated employment rate of people with a profound or severe core activity limitation living in outer regional and remote areas (90.0 per cent) was similar to that of people living in major cities and inner regional areas (89.9 per cent) (table 13A.33). Nationally, the estimated employment rate of people with a profound or severe core activity limitation who were born in a non-English speaking country (89.2 per cent) was similar to that of people who were born in an English speaking country (90.0 per cent) (table 13A.33).

### *Social participation of people with a disability*

‘Social participation of people with a disability’ is an indicator of outcomes for specialist disability services (box 13.22).



### Box 13.22 Social participation of people with a disability

'Social participation of people with a disability' is an outcome indicator of governments' objective to assist people with a disability to live as valued and participating members of the community.

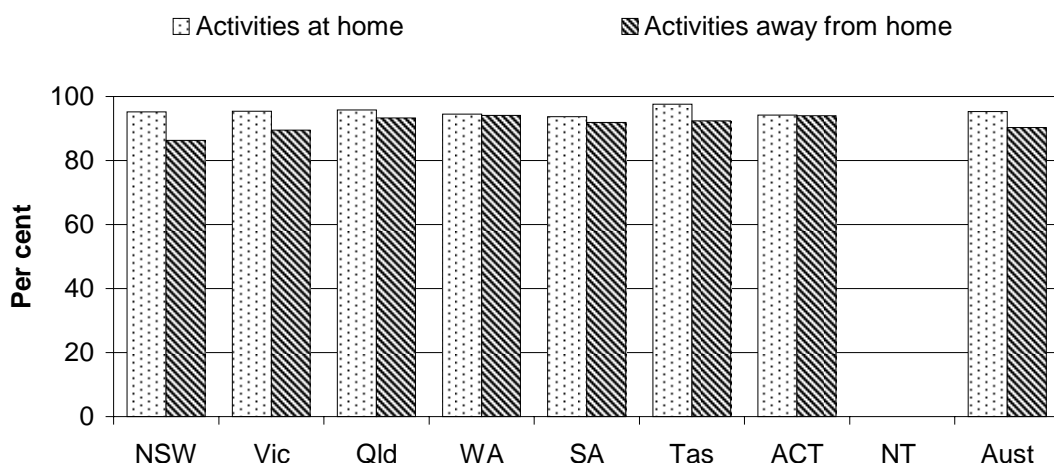
This indicator is defined as the proportion of people aged 5–64 years with a profound or severe core activity limitation who participate in social or community activities both in and away from home.

A higher proportion of people aged 5–64 years with a profound or severe core activity limitation who participate in social activities reflects their greater integration in the community.

This indicator does not provide information on the degree to which the identified types of social participation contribute to people's quality of life. It also does not provide information on why some people did not participate.

Nationally, the estimated proportion of people aged 5–64 years with a profound or severe core activity limitation who participated in social activities at home was 95.3 per cent in 2003, and the estimated proportion who participated in social activities away from home was 90.3 per cent (figure 13.31). Table 13A.34 includes detail of the types of activity in which people with a profound or severe core activity limitation participated.

Figure 13.31 **Estimated proportion of people aged 5–64 years with a severe or profound core activity limitation who participated in social activities, 2003<sup>a, b</sup>**



<sup>a</sup> Data for the ACT contain relative standard errors over 25 per cent. <sup>b</sup> Data for the NT are not reported separately due to small numbers, but contribute to the national estimates.

Source: ABS Disability, Ageing and Carers Survey (unpublished); table 13A.34.

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In 2004, WA conducted a survey of users of disability services (or their carers) on their participation in various social activities. Results of this survey are provided in box 13.23.

**Box 13.23 Social participation of people with a disability in WA**

In 2004, 688 randomly selected users of disability services (or their carers) were surveyed on their participation in a range of social activities. The questions used in the survey were based largely on previous surveys but were modified to align with the International Classification of Functioning categorisation of functions.

The surveyed service users (or carers) were asked if they participated in the activities 'often', 'sometimes', 'rarely' or 'never'. The 'often' and 'sometimes' categories were combined to indicate participation in these activities. Surveyed service users were also asked whether they wanted to participate in the activities 'more often', 'less often' or 'not change'.

The following are the reported results of service users' participation, where:

- 67 per cent reported going out to entertainment (for example, movies, restaurants and concerts), 15 per cent reported never going out to entertainment and 45 per cent reported wanting to participate in these activities more often
- 56 per cent reported being involved in group leisure or sport, 35 per cent reported never being involved in group leisure or sport and 34 per cent reported wanting to participate in these activities more often
- 77 per cent reported being involved in individual activities such as going to the park, walking or swimming, 9 per cent reported never being involved in individual activities and 41 per cent reported wanting to participate in these activities more often
- 33 per cent reported attending cultural, religious or community events, 57 per cent reported never being involved in these events and 11 per cent reported wanting to participate in these activities more often
- 62 per cent reported communicating with people other than carers, friends or family members, 24 per cent reported never communicating with these people and 24 per cent reported wanting to communicate with these people more often.

*Source:* WA Government (unpublished).

### *Use of other services*

'Use of other services' is an indicator of outcomes for specialist disability services (box 13.24).

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**Box 13.24 Use of other services**

'Use of other services' is an outcome indicator of governments' objective of enhancing the quality of life experienced by people with a disability by assisting them to gain access to mainstream government and community services and facilities.

Data on the participation by people with a disability in various services are incorporated in the performance indicator frameworks for other chapters of this Report. Participation is reported for VET (see chapter 4), children's services (see chapter 14) and public, community and State owned and managed Indigenous housing (see chapter 16).

## 13.4 Future directions in performance reporting

There is scope for further improvements in reporting against the current framework, including improving the data on service quality. The Steering Committee intends to address limitations over time by:

- considering whether the most recent year's service user data are available for reporting
- examining reporting on younger people with a disability in residential aged care facilities
- reporting additional indicators on CSTDA services for which performance data are currently not included (in particular, respite and community support services)
- reporting additional indicators on services for Indigenous people with a disability where possible
- reviewing the classification of services provided by local governments to ensure consistency across data sources
- reporting national client and carer satisfaction with service quality
- reporting more complete, current, ongoing quality assurance processes data.

Under the umbrella of the multilateral CSTDA, the Australian Government has signed individual agreements with each State and Territory government. In these agreements, the governments (with the exception of the NT) have agreed to work in partnership to improve the access of younger people with a disability in residential aged care facilities to appropriate specialist disability services and supports, and to explore alternative support models that meet the individual needs of young people in residential aged care facilities.

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The importance of the issue of younger people with a disability in residential aged care facilities is highlighted by the Council of Australian Government's Working Group in Health placing the issue on its agenda in 2005.

The Steering Committee will consider the need for an indicator on younger people with a disability in residential aged care facilities for the 2007 Report. Recent work on this issue (listed below) will inform the Steering Committee's decision:

- a Senate inquiry into aged care, which included in its terms of reference an examination of the appropriateness of younger people with a disability being accommodated in residential aged care facilities. The inquiry report was released in June 2005.
- NDA projects on disability and ageing; and people with high clinical/medical support needs. Reports on these projects are scheduled for release by mid-2006.

The Steering Committee intends to include performance data for respite and community support services in the 2007 Report. Reporting on quality assurance processes is expected to become more complete and comparable over time, with refinements to performance indicators and data collections.

## **13.5 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).

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### **Australian Government comments**

“ This is the first Report where all jurisdictions have supplied full financial year data, thereby providing a more comprehensive picture of the disability services sector, and likely better service provision to people with a disability.

The Australian Government has collected full financial year data through its annual Disability Services Census since 2000. Data are collected for all Australian Government funded disability services under the Commonwealth State/Territory Disability Agreement (CSTDA), including staff hours and hours of service provider operation. More detailed information is collected on disability employment services, namely demographic and outcome measures on consumers of these services.

The data derived from the Disability Services Census are used by government and non-government agencies and researchers, and allow a better understanding of consumers and providers of Australian Government funded disability services.

Additional information on the Disability Services Census is available on the FaCS website at <http://www.facs.gov.au/dscensus>.

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## **New South Wales Government comments**



The NSW Government continued its commitment to providing services to people with a disability and their carers to assist them to live independently and participate in community life.

The Department of Ageing Disability and Home Care during 2004-05 focused its attention on challenges such as the ageing of people with a disability and their carers, growing demand for services and the changing needs of clients.

Expenditure on disability services in NSW increased by 6 per cent in 2004-05 to \$1.052 billion. Additional resources have been used to meet growing demand for disability services and ensure that existing levels of access to services are maintained. Significant resources were also invested in more assistance for children and families, improved support for school leavers, and assisting non-government organisations facing sustainability pressures.

Initiatives focusing on children and young people with a disability included increasing services through a broader range of support options and funding additional children's case managers.

NSW initiated wide-ranging discussion with the supported accommodation sector on accommodation models for people with a disability, looking to expand the current models available to better meet the needs of people with a disability.

Expenditure on post school services increased to \$61 million, with additional funding in 2004-05 provided to implement reforms to increase long-term security for school leavers with a disability. Two new programs, Community Participation and Transition to Work, were introduced to provide alternatives to work, and to improve the work readiness of school leavers.

NSW developed an Integrated Monitoring Framework (IMF) to monitor service providers' performance in accordance with Funding Agreements, including agreed outputs and quality standards. In 2004-05 a successful trial of the service review component of the IMF was undertaken. The IMF draws together a consistent and improved approach that will provide Government with information necessary to ensure program funds are spent appropriately and that service providers are performing well. It will also enable the Government and providers to engage in improvement activities focused on achieving better outcomes and quality of services for clients.



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## Victorian Government comments

“ The Victorian Government, through its social policy statement, *A Fairer Victoria*, is committed to reforming the way people with a disability are supported to ensure that services give people maximum choice and opportunity in the way they live their lives. There is an emphasis on individual choice, carer support and early intervention to enable people to live independently in the community.

In 2004-05, some key achievements included:

- the ongoing redevelopment of Kew Residential Services, with a total of 192 residents having now moved to 38 community houses
- the continued focus on the Individual Planning and Support approach and the provision of an additional 360 *Support and Choice* packages
- the development of alternative accommodation options through the Accommodation Innovation Grants program and individualised support packages. Over the past two years, 100 people have moved (or are now preparing to move) to a more independent option that suits their individual needs and lifestyle
- the further rollout of *MetroAccess*, which, together with *RuralAccess*, is effectively building community capacity (social capital) to support people with a disability, thereby reducing the requirement for formal services, and increasing access to local community infrastructure and services
- the completion of phase two of the review of disability services legislation, including developing recommendations, releasing a report and conducting public consultation.

Victoria continues to invest heavily in the implementation of the National Minimum Dataset (NMDS) by providing ongoing training and support to assist disability agencies to collect data through the Quarterly Data Collection (QDC). For quarter four in 2004-05 the response rate was almost 98 per cent.

Despite the significant increase in response rates there are still a number of data quality issues, which impact on our ability to accurately reflect the level of support provided to people with a disability. Some key data items collected, such as consent, date of birth (DOB), sex, postcode, start date and individual program plans (IPPs), are often either missing or inaccurate. Victoria is committed to a number of activities to maintain response rates and improve data quality.

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## Queensland Government comments

“ During 2004-05 Queensland continued, in partnership with other stakeholders, to implement the *Future Directions for Disability Services* to advance the achievement of the five strategic policy priorities that underpin the CSTDA and to support an efficient and responsive disability services system that delivers quality outcomes for people with a disability.

Providing support for more adults and young people with a disability, increasing support for families who care for a child, children or adult family member with a disability and creating opportunities to improve and strengthen disability services were a high priority for Queensland.

Support was provided to an additional 177 adults with a disability, through the Adult Lifestyle Support Program, to enable them to maintain living arrangements, build and strengthen social relationships and increase participation in the community, bringing the total number of people supported through this program to 1319.

The Post School Services Program provided support to plan for the transition from school to an independent adult life to an extra 162 school leavers with a disability and their families.

Through the Local Area Coordination Program 1716 people with a disability and their families were provided assistance to access services and information in their local area, an increase of 366 from 2003-04. The Family Support Program provided support to more than 950 families who care for a child, children or adult with a disability whose high and complex support needs are not being met through the existing disability services system. This represents an increase of more than 250 families supported from 2003-04.

Queensland continued implementation of the Disability Sector Quality System through the provision of financial and other assistance to service providers to establish their internal quality management systems and undertake initial external assessment.

Queensland continues to progress legislative reform including the review of the *Disability Services Act 1992*. Through consultation, the disability sector has made an important contribution to defining the ways this legislation can be strengthened. The new disability legislation is scheduled for introduction in late 2005, with implementation starting from mid-2006.

Extensive consultation has been undertaken on the proposed reforms to the current approaches to assessment, prioritisation, service delivery and funding for people who seek services from the specialist disability support system. There were over 1800 responses to the consultation paper 'Have Your Say: On improving disability services in Queensland'. Implementation options will be considered by the Queensland Government in 2005-06.

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## Western Australian Government comments



The WA Government has continued to build upon the work of previous years in developing and sustaining services for people with disabilities and their carers and has continued to collect whole-of-year data for the NMDS.

This year, emphasis has been placed on strengthening and forging partnerships with the disability sector. An outcome of this collaboration is the development of the inaugural Disability Industry Plan, a five-year plan aimed at assisting the sector to achieve the highest outcomes for people with disabilities and their families within current resources.

Work has also focussed on increasing community awareness and enhancing community responsiveness to people with disabilities and their families. A range of community awareness strategies were implemented including a community awareness campaign, 'Open Your Mind and Count Us In', to promote the inclusion of people with disabilities in all aspects of community life.

In addition, work has continued on developing accessible and appropriate services for people with disabilities in regional areas of Western Australia and the Indian Ocean Territories.

Targeted strategies were implemented to support Indigenous Australians and people from culturally and linguistically diverse backgrounds including the development of an Indigenous Policy Framework, a more relevant and responsive Local Area Coordination Program, increased accessibility of advocacy services and the translation of brochures into seven languages.

Support to individuals, families and carers has continued with increased provision of community-based accommodation support, family support, therapy and a steady increase in the number of people who were supported through Local Area Coordination. Day options have increased, particularly for school leavers and those aged over 54 years of age. A two-year pilot program, Learning for Work, was introduced to assist school leavers who require further skill development to successfully maintain employment.

Improving service quality has been a focus this year with the development of the Ninth Disability Services Standard, 'Protection of Human Rights and Freedom from Abuse and Neglect'. A number of sector training sessions have been held in regional and metropolitan areas.



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## South Australian Government comments



The Disability Services Office of the Department for Families and Communities (DFC) in SA continued its focus on improved service delivery, deinstitutionalisation, and a greater commitment to the needs of special groups such as children, Aboriginal people and ageing carers. A business plan, aligned with the DFC Strategic Plan and the Disability Services Framework 2004–2007 was completed. Following are some of the achievements of 2004-05:

- consolidation of plans to relocate 400 people with a disability from institutional accommodation into community accommodation
- the development of a Health Support Training and Competency Based Assessment of Care Workers policy
- the introduction and roll out of joint Commonwealth and State Ageing Carer Funding for respite for ageing carers of people with a disability
- cabinet endorsement of the Companion Card which will enable carers of people with a disability to accompany them on public transport and access entertainment and other venues for free
- initiation of a project to review the needs of children with a disability under the Guardianship of the Minister in conjunction with Child, Youth and Family Services
- the development of a programme to move 15 younger people with disabilities out of Aged Care Facilities utilising Australian Government Innovative Pool Funding
- work to establish a protocol between agencies in the disability sector and Commonwealth Aged Care Assessment Teams to prevent younger people from being admitted to Aged Care Facilities
- the signing of a Tri-State Agreement between South Australia, Western Australia and the Northern Territory to improve services to Aboriginal people with a disability in the Anangu Pitjantjatjara Yankunytjatjara Lands
- the opening of an Options Coordination Office based at the Ceduna Koonibba Aboriginal Health Service to increase access to case management services for Aboriginal people
- governance training for Aboriginal community leaders and the establishment of physiotherapy services and day services in the Amata and Pukatja Communities
- a proposal to establish the Centre for Intellectual Disability Health in collaboration with the health, disability and education sectors
- the introduction of new arrangements in Day Options to provide a five day a week service for people with intellectual disability within current funding benchmarks, including improved assessment to ensure a smooth transition for children with a disability from school to day options.



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## Tasmanian Government comments



The 2004-05 State Budget provided additional funding of \$3.8 million for disability services. Supplementary funding of \$2.6 million was also delivered in November 2004. The additional funding allowed service expansion in the areas of individual funding, day support, accommodation and intensive support services.

Disability Services' Individual Funding Unit was formally established during 2004-05. Over 90 new recurrent support and respite packages and 34 one-off individual support packages were created. This allowed more people to receive flexible support in their own homes and local communities.

Growth funding enabled the provision of additional support for 22 people with high and complex support needs, 85 new day support packages and 35 support packages for school leavers through the Supporting Individual Pathways program. Significant work was also undertaken to plan and develop new accommodation services and facilities due to come on line in the next two years.

The development of quality improvement strategies and processes was another focus area during 2004-05. Initiatives include:

- an independent review of Disability Services' evaluation process. Recommendations from the review will form the basis of a revised and improved service evaluation system
- development of a workforce learning and development strategy. The Strategy aims to increase understanding about ways to support people with a disability, their families and carers, increase the skills of workers to provide this support, and create a culture which supports and encourages ongoing learning and development.

Other achievements include the development of pilot projects to provide flexible day support services for working parents and people living in remote areas, to provide support for new parents with a disability, and to establish an innovative and flexible respite model in a rural area.

The Tasmanian Government continued to work with members of the community to develop the Disability Framework for Action. The Framework aims to promote leadership across all State Government Agencies to institute a whole of Government approach to policy, planning and service delivery for Tasmanians with a disability. The Framework also sets out what the Tasmanian Government is doing to promote a society in which people with disability are able to enjoy the same rights and opportunities as all other citizens and participate fully in the life of the community.



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## Australian Capital Territory Government comments

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The Department of Disability, Housing and Community Services continues to work towards developing a range of support models to meet the different requirements of individuals with disabilities, their families and carers and to achieving equitable access, eligibility and funding arrangements across the sector. The availability of more accurate data in improved small area estimates will better inform the Department's planning processes.

The Future Directions: a framework for the ACT 2004–2008 sets out four strategic directions to support people with disabilities in the ACT:

- promote an inclusive society
- strengthen the capacity of individuals and families to maximise control over their lives
- improve planning and use of available funding
- in partnership with the Community Sector, strengthen the sustainability and responsiveness of the Service Delivery Sector.

Initiatives targeted to meeting these challenges include:

- the development of an Intensive Treatment and Support Program for people who have a dual disability, high and complex needs and who are at risk of entering or re-entering the criminal justice system. The aim of the program is to provide a transitional system of treatment and support that will enable clients to integrate back into the community. It is anticipated that this program will result in significantly more cost-efficient and effective services to this client group
- working with the service delivery sector to develop and implement a comprehensive workforce strategy. Work to date includes a sector-wide survey of the ACT disability workforce identifying characteristics and working patterns, implementation of a program of events for disability support workers and the establishment of a Certificate IV in Disability Work
- Disability ACT and the Australian Government jointly sponsored a project to evaluate the participation of people with disabilities in post-school opportunities and identify barriers to achieving meaningful employment and vocational opportunities. Disability ACT will continue to work with the Australian Government to develop future directions that will maximise the effectiveness of service delivery and co-ordination in this area
- in the 2004-05 budget the ACT Government provided funding for the introduction of a Local Area Coordination program (LAC). The LAC will allow a single point of entry in the community for people with disabilities, their families and carers. The program will provide information, referral and assistance to access formal and informal supports and services. The LAC has been developed with significant input from the disability community and service sector to maximise its effectiveness.

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## Northern Territory Government comments

“ Compared to other jurisdictions, the NT has unique socio-economic and environmental factors that necessitate flexible and creative ways of delivering specialist disability services. These factors include a relatively young population, a high proportion of Aboriginal and Torres Strait Islander (30 per cent) population who live in remote or very remote communities, and an environment as diverse as desert and wet tropics.

Free-standing, mainstream and traditional disability services are often not suitable, viable or sustainable in remote Indigenous communities. It is for these reasons that the Northern Territory has continued to provide disability services through pooled resources across a range of health and community services sources.

The ‘trans-disciplinary’ approach to Allied Health and Positive Behaviour Support Initiatives first implemented in 2003-04 have further expanded to assist more remote residents. These initiatives arise from the NT Government’s policy of supporting people in their home communities and a strong commitment to increasing the level of services to remote communities.

Other initiatives focused on services to families, including the development of a joint protocol with the NT Family and Children’s Services program to deliver coordinated support to children with disabilities and their families. A new family based alternative care service has been developed, commencing in Central Australia in 2005, with plans to be rolled out in the Top End in 2006.

At the National level, the NT jointly developed a four year Tri-State Disability Strategic Framework with SA and WA for people with disabilities living in the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Lands of central Australia. A joint MOU, with a commitment to work collaboratively through joint planning and providing services through a single contract, was signed by the Ministers of the three jurisdictions in July 2005.

The Department of Health and Community Services, as part of its services reform agenda, is for the first time undertaking a comprehensive review of disability services. The Review will commence in early 2006, with the aim of enhancing opportunities and outcomes for people with disabilities, their carers and families.

As was noted in earlier reports, NT potential population estimates need to be interpreted with caution. The small NT population yields small sample size, and subsequently, a high standard error.

The NT is committed to support national strategies to improve data collection and reporting, particularly in relation Indigenous and rural and remote residents.

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## 13.6 Definitions of key terms and indicators

<b>Accommodation support service users receiving community accommodation and care services</b>	People using CSTDA NMDS accommodation support service types 1.04–1.08, as a proportion of all people using CSTDA accommodation support services (excludes specialist psychiatric disability services). See AIHW (2005a) for more information on service types 1.04–1.08.
<b>Administration expenditure as a proportion of total expenditure</b>	The numerator — expenditure (accrual) by jurisdictions on administering the disability service system as a whole (including the regional program management and administration, the central policy and program management and administration, and the disability program share of corporate administration costs under the umbrella department, but excluding administration expenditure on a service that has been already counted in the direct expenditure on the service) — divided by the denominator — total government expenditure on services for people with a disability (including expenditure on both programs and administration, direct expenditure and grants to government service providers, and government grants to non-government service providers).
<b>Core activities as per the 2003 ABS Survey of Disability, Ageing and Carers</b>	Self-care — showering or bathing, dressing, eating, toileting and bladder or bowel control; mobility — getting into or out of a bed or chair, moving about the usual place of residence, going to or getting around a place away from the usual residence, walking 200 metres, walking up and down stairs without a handrail, bending and picking up an object from the floor, using public transport (the first three tasks contribute to the definitions of profound and severe core-activity limitation); and communication — understanding and being understood by strangers, family and friends.
<b>Cost per user of government provided accommodation support services — group homes</b>	The numerator — government expenditure (accrual) on government provided accommodation support services in group homes (as defined by CSTDA NMDS service type 1.04) — divided by the denominator — the number of users of government provided accommodation support services in group homes.
<b>Cost per user of government provided accommodation support services — institutional/residential settings</b>	The numerator — government expenditure (accrual) on government provided accommodation support services in institutional/residential settings (as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03) — divided by the denominator — the number of users of accommodation support services in institutional/residential settings. See AIHW (2005a) for more information on service types 1.01–1.03.
<b>Cost per user of government provided accommodation support services — other community settings</b>	The numerator — government expenditure (accrual) on government provided accommodation support services in other community settings (as defined by CSTDA NMDS service types 1.05–1.08) divided by the denominator — the number of users of government provided accommodation support services in other community settings.
<b>Disability</b>	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: body structure and function (and impairment thereof), activity (and activity limitations) and participation (and participation restriction) (WHO 2001). The classification also recognises the role of physical

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	<p>and social environmental factors in affecting disability outcomes.</p> <p>The ABS 2003 Survey of Disability, Ageing and Carers defined 'disability' as the presence of one or more of 17 limitations, restrictions or impairments, which have lasted, or are likely to last, for a period of six months or more: loss of sight (not corrected by glasses or contact lenses); loss of hearing where communication is restricted; or an aid to assist with, or substitute for, hearing is used; speech difficulties; shortness of breath or breathing difficulties causing restriction; chronic or recurrent pain or discomfort causing restriction; blackouts, fits or loss of consciousness; difficulty learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; nervous or emotional condition causing restriction; restriction in physical activities or in doing physical work; disfigurement or deformity; mental illness or condition requiring help or supervision; long term effects of head injury; stroke or other brain damage causing restriction; receiving treatment or medication for any other long term conditions or ailments and still restricted; any other long term conditions resulting in a restriction.</p>
<b>Employment rate for people with a profound or severe core activity limitation</b>	Total estimated number of people aged 15–64 years with a profound or severe core activity limitation who are employed, divided by the total estimated number of people aged 15–64 years with a profound or severe core activity limitation in the labour force, multiplied by 100.
<b>Employment rate for total population</b>	Total estimated number of people aged 15–64 years who are employed, divided by the total number of people aged 15–64 years in the labour force, multiplied by 100.
<b>Funded agency</b>	An organisation that delivers one or more CSTDA service types (service type outlets). Funded agencies are usually legal entities. They are generally responsible for providing CSTDA NMDS data to jurisdictions. Where a funded agency operates only one service type outlet, the service type outlet and the funded agency are the same entity.
<b>Geographic location</b>	<p>Geographic location is based on the ABS's Australian Standard Geographical Classification of Remoteness Areas which categorises areas as 'major cities', 'inner regional', 'outer regional', 'remote', 'very remote' and 'migratory'. The criteria for Remoteness Areas are based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre in each of five size classes (ABS 2001).</p> <p>The 'outer regional and remote/very remote' classification used in this Report was derived by adding outer regional, remote and very remote data.</p>
<b>Government contribution per user of non-government provided employment services</b>	The numerator — Australian Government 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 service users who received assistance. See AIHW (2005a) for more information on service types 5.01–5.03.

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**Government contribution per user of non-government provided services — accommodation support in group homes**

The numerator — government expenditure (accrual) on non-government provided accommodation support services in group homes (as defined by CSTDA NMDS service type 1.04) — divided by the denominator — the number of users of non-government provided accommodation support services in group homes.

**Government contribution per user of non-government provided services — accommodation support in institutional/residential settings**

The numerator — government expenditure (accrual) on non-government provided accommodation support services in institutional/residential settings (as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03) — divided by the denominator — the number of users of non-government provided accommodation support services in institutional/residential settings.

**Government contribution per user of non-government provided services — accommodation support in other community settings**

The numerator — government expenditure (accrual) on non-government provided accommodation support services in other community settings (as defined by CSTDA NMDS service types 1.05–1.08) — divided by the denominator — the number of users of non-government provided accommodation support services in other community settings.

**Indigenous factor**

The potential population was estimated by applying the 2003 national age- and sex- specific rates of profound or severe core activity limitation to the age and sex structure of each jurisdiction in the current year. As Indigenous people have significantly higher disability prevalence rates and greater representation in CSTDA services than non-Indigenous people, and there are differences in the share of different jurisdictions' populations who are Indigenous, a further Indigenous factor adjustment was undertaken. The Indigenous factor was multiplied by the 'expected current population estimate' of people with a profound or severe core activity limitation in each jurisdiction to derive the 'potential population'.

The following steps were undertaken to estimate the Indigenous factors.

- Data for all people (weighted) were calculated by multiplying the data for Indigenous Australians by two and adding the data for non-Indigenous Australians. Hence Indigenous Australians are weighted at two and non-Indigenous Australians at one.
- Data for all people (weighted per person) were calculated by dividing the all people (weighted) data by the sum of the Indigenous Australians data and the non-Indigenous Australians data.
- The Indigenous factors were then calculated by multiplying the all people (weighted per person) data by 100 and dividing by the all people (weighted per person) total for Australia (AIHW 2005a).

**Labour force participation rate for people with a profound or severe core activity limitation**

The total number of people with a profound or severe core activity limitation in the labour force (where the labour force includes employed and unemployed people), divided by the total number of people with a profound or severe core activity limitation who are aged 15–64 years, multiplied by 100.

An employed person is a person who, in his or her main job during the remuneration period (reference week):



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	<ul style="list-style-type: none"> <li>• worked one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (including employees, employers and self-employed persons)</li> <li>• worked one hour or more without pay in a family business, or on a farm (excluding persons undertaking other unpaid voluntary work), or</li> <li>• was an employer, employee or self-employed person or unpaid family helper who had a job, business or farm, but was not at work.</li> </ul> <p>An unemployed person is a person aged 15–64 years who was not employed during the remuneration period, but was looking for work.</p>
<b>Labour force participation rate for the total population</b>	Total number of people aged 15–64 years in the labour force (where the labour force includes both employed and unemployed people) divided by the total number of people aged 15–64 years, multiplied by 100.
<b>Mild core activity limitation</b>	Not needing assistance with, and has no difficulty performing, core activity tasks, but uses aids and equipment (as per the ABS 2003 Survey of Disability, Ageing and Carers).
<b>Moderate core activity limitation</b>	Not needing assistance but having difficulty performing a core activity task (as per the ABS 2003 Survey of Disability, Ageing and Carers).
<b>Non-English speaking country of birth</b>	People with a country of birth other than Australia and classified in English proficiency groups 2, 3 or 4 (DIMA 1999). These countries include countries other than New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States.
<b>Potential population</b>	<p>Potential population estimates are used as the denominators for performance indicators on access to accommodation support services, access to employment services, and access to community access services.</p> <p>The term ‘potential population’ is not the same as the population needing the services. Rather, it indicates those with the potential to require disability support services, which include individuals who meet the service eligibility criteria but who do not demand the services.</p> <p>The potential population for CSTDA funded accommodation support services is the number of people aged under 65 years who have a profound or severe core activity limitation, adjusted for the Indigenous factor. The potential population for CSTDA funded employment services is the number of people aged 15–64 years with a profound or severe core activity limitation, adjusted for the Indigenous factor and the labour force participation rate. The potential population for CSTDA funded community access services for 2003-04 data is the number of people under 65 years with a profound or severe core activity limitation, adjusted for the Indigenous factor. For 2002-03 data, the potential population is derived using the same method but includes only people aged 15–64 years.</p> <p>The ABS concept of a ‘profound or severe’ core activity limitation that relates to the need for assistance with everyday activities of self-care, mobility and communication was argued to be the most relevant population for specialist 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 the preparation of special estimates of the ‘potential population’ for specialist disability services.</p> <p>Briefly, the potential population was estimated by applying the 2003</p>

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	<p>national age- and sex- specific rates of profound or severe core activity limitation to the age and sex structure of each jurisdiction in the current year, to give an 'expected current estimate' of people with a profound or severe core activity limitation in that jurisdiction. These estimates were adjusted by the Indigenous factor to account for differences in the proportion of jurisdictions' populations who are Indigenous. Indigenous people have been 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 2000).</p>
<b>Primary carer</b>	<p>A primary carer is a person 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 provided for one or more of the core activities (communication, mobility and self-care) (ABS 2004a).</p>
<b>Primary disability group</b>	<p>Disability group that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person (overall difficulty in daily life, not just within the context of the support offered by a particular service).</p>
<b>Profound core activity limitation</b>	<p>Unable to, or always needing assistance to, perform a core activity task (as per the ABS 2003 Survey of Disability, Ageing and Carers).</p>
<b>Real expenditure</b>	<p>Actual expenditure (accrual) adjusted for changes in prices, using the GDP(E) price deflator, and expressed in terms of current year dollars.</p>
<b>Schooling or employment restriction</b>	<p><i>Schooling restriction:</i> as a result of disability, being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school.</p> <p><i>Employment restriction:</i> as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a preferred job.</p>
<b>Service</b>	<p>A service is a support activity provided to a service user, in accord with the CSTDA. Services within the scope of the collection are those for which funding has been provided during the specified period by a government organisation operating under the CSTDA.</p>
<b>Service type</b>	<p>The support activity that the service type outlet has been funded to provide under the CSTDA. The NMDS classifies services according to 'service type'. The service type classification groups services into seven categories: accommodation support; community support; community access; respite; employment; advocacy, information and print disability; and other support services. Each of these categories has subcategories.</p>
<b>Service type outlet</b>	<p>A service type outlet is the unit of the funded agency that delivers a particular CSTDA service type at or from a discrete location. If a funded agency provides, for example, both accommodation support and respite services, it is counted as two service type outlets. Similarly, if an agency is funded to provide more than one accommodation support service type (for example, group homes and</p>

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	attendant care), then it is providing (and is usually separately funded for) two different service types — that is, there are two service type outlets for the funded agency.
<b>Service user</b>	A service user is a person with a disability who receives a CSTDA funded service. A service user may receive more than one service over a period of time or on a single day.
<b>Service users with different levels of severity of core activity limitation</b>	Data on service users with different levels of severity of core activity limitation are derived by the AIHW based on the level of support needed in one or more of the three areas of daily living: self-care, mobility and communication. Service users with: <ul style="list-style-type: none"> <li>• a profound core activity limitation reported ‘always needing support’ in one or more of these areas</li> <li>• a severe core activity limitation reported ‘sometimes needing support’ in one or more of these areas</li> <li>• moderate to no core activity limitations reported needing ‘no support’ in all of these areas.</li> </ul>
<b>Severe core activity limitation</b>	Sometimes needing assistance to perform a core activity task (as per the ABS 2003 Survey of Disability, Ageing and Carers).
<b>Users of CSTDA accommodation support services</b>	People using one or more accommodation support services that correspond to the following CSTDA NMDS service types: 1.01 large residential/institutions (more than 20 places); 1.02 small residential/institutions (7–20 places); 1.03 hostels; 1.04 group homes (less than seven places); 1.05 attendant care/personal care; 1.06 in-home accommodation support; 1.07 alternative family placement; and 1.08 other accommodation support.
<b>Users of CSTDA community access services</b>	People using one or more services that correspond 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. See AIHW (2005a) for more information on service types 3.01–3.03.
<b>Users of CSTDA community support services</b>	People using one or more services that correspond 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. See AIHW (2005a) for more information on service types 2.01–2.07.
<b>Users of CSTDA employment services</b>	People using one or more services that correspond to the following CSTDA NMDS service types: 5.01 open employment; 5.02 supported employment; and 5.03 combined open and supported employment.
<b>Users of CSTDA respite services</b>	People using one or more services that correspond 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/combination respite; and 4.05 other respite. See AIHW (2005a) for more information on service types 4.01–4.05.

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## 13.7 Supporting tables

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the attachment). Supporting tables are provided on the CD-ROM enclosed with the Report. The files containing the supporting tables are provided in Microsoft Excel format as \Publications\Reports\2006\Attach13A.xls and in Adobe PDF format as \Publications\Reports\2006\Attach13A.pdf. The files containing the supporting tables can also be found on the Review web page ([www.pc.gov.au/gsp](http://www.pc.gov.au/gsp)). Users without access to the CD-ROM or Internet can contact the Secretariat to obtain the supporting tables (see contact details on the inside front cover of the Report).

<b>Table 13A.1</b>	Users of Commonwealth State/Territory Disability Agreement (CSTDA) government and non-government provided services, by service type
<b>Table 13A.2</b>	Recipients of Disability Support Pension, Mobility Allowance, Carer Payment, Carer Allowance and Sickness Allowance ('000)
<b>Table 13A.3</b>	Nominal government expenditure, by service type (\$'000)
<b>Table 13A.4</b>	Real government expenditure, by service type (2004-05 dollars) (\$'000)
<b>Table 13A.5</b>	Government expenditure, by service type (per cent)
<b>Table 13A.6</b>	People aged 5–64 years with a disability, 2003
<b>Table 13A.7</b>	People aged 0–64 years with a profound or severe core activity limitation who received help as a proportion of those who needed help, 2003 (per cent)
<b>Table 13A.8</b>	Users of CSTDA services, by primary disability group
<b>Table 13A.9</b>	Users of CSTDA services, by disability group (all disability groups reported) as a proportion of total users
<b>Table 13A.10</b>	Users of CSTDA accommodation support services, as a proportion of the total estimated potential population for accommodation support services
<b>Table 13A.11</b>	Users of CSTDA employment services, as a proportion of the total potential population for employment services
<b>Table 13A.12</b>	Users of CSTDA community access services, as a proportion of the total potential population for community access services
<b>Table 13A.13</b>	Users of CSTDA accommodation support services, by severity of core activity limitation
<b>Table 13A.14</b>	Users of CSTDA employment services, by severity of core activity limitation
<b>Table 13A.15</b>	Users of CSTDA community access services, by severity of core activity limitation
<b>Table 13A.16</b>	Users of CSTDA accommodation support services, by geographic location, per 1000 people
<b>Table 13A.17</b>	Users of CSTDA employment services, by geographic location, per 1000 people
<b>Table 13A.18</b>	Users of CSTDA accommodation support services, per 1000 people, by Indigenous status

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- Table 13A.19** Users of CSTDA employment services, per 1000 people, by Indigenous status
- Table 13A.20** Users of CSTDA community access services, per 1000 people, by Indigenous status
- Table 13A.21** Users of CSTDA accommodation support services, per 1000 people, by country of birth
- Table 13A.22** Users of CSTDA employment services, per 1000 people, by country of birth
- Table 13A.23** Users of CSTDA community accommodation and care services as a proportion of all accommodation support service users (per cent)
- Table 13A.24** Nominal government expenditure per user of CSTDA accommodation support services (dollars)
- Table 13A.25** Real government expenditure per user of CSTDA accommodation support services (2003-04 dollars)
- Table 13A.26** Accommodation support services expenditure adjustment factors (2002-03)
- Table 13A.27** Australian Government funding per user of non-government provided employment services
- Table 13A.28** Nominal Australian Government funding per user of non-government provided employment services
- Table 13A.29** Real Australian Government funding per user of non-government provided employment services
- Table 13A.30** Total estimated expenditure per service user, State and Territory government administered programs, 2003-04
- Table 13A.31** Government administration expenditure as a proportion of total expenditure on services (per cent)
- Table 13A.32** Labour force and employment participation, 2003 (per cent)
- Table 13A.33** Labour force and employment participation of people with a profound or severe core activity limitation, by special needs groups, 2003 (per cent)
- Table 13A.34** Social activities participated in by people with a profound or severe core activity limitation, 2003 (per cent)

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## 13.8 References

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