
14 Services for people with disability

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Attachment tables

Attachment tables are identified in references throughout this chapter by an 'A' suffix (for example, table 14A.3). A full list of attachment tables is provided at the end of this chapter, and the attachment tables are available on the CD-ROM enclosed with the Report or from the Review website at <www.pc.gov.au/gsp>.

The Australian, State and Territory governments aim to ensure that people with disability and their carers have an enhanced quality of life and participate as valued members of the community. The *National Disability Agreement* (NDA), effective from 1 January 2009, provides the national framework and key areas of reform for the provision of government support and services for people with disability. The NDA replaced the third *Commonwealth State Territory Disability Agreement* (CSTDA), which commenced on 1 July 2002 and was due to expire on 30 June 2007. To enable negotiations for the new NDA to be finalised, the third CSTDA was extended to 31 December 2008. Box 14.1 provides an overview of the CSTDA and the NDA.

Box 14.1 Commonwealth State Territory Disability Agreement and the National Disability Agreement

Up until 31 December 2008, the CSTDA formed the basis for the provision and funding of specialist services for people with disability, where the person's disability manifested before the age of 65 years and for which they required ongoing or long-term episodic support. The purposes of the CSTDA were 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 the 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.

On 1 January 2009, the NDA replaced the CSTDA. The NDA is a schedule to the broader Intergovernmental Agreement on Federal Financial Relations between the Australian, State and Territory governments. The NDA clarifies the roles and responsibilities of the Australian, State and Territory governments in the provision of government support to people with disability and provides the basis for reforms to the disability services system.

The focus of the NDA is on the provision and funding of specialist disability services. The NDA also acknowledges that specialist disability services are complemented by mainstream services and income support measures.

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Box 14.1 (Continued)

Reforms under the NDA are directed at creating a disability services system that is effective, efficient and equitable, and has a focus on: early intervention; timely, person-centred approaches; and lifelong planning. Ten priority areas have been identified to underpin the policy directions and achieve these reforms:

- better measurement of need
- population benchmarking for disability services
- making older carers a priority
- quality improvement systems based on disability standards
- service planning and strategies to simplify access
- early intervention and prevention, lifelong planning and increasing independence and social participation strategies
- increased workforce capacity
- increased access for Indigenous Australians
- access to aids and equipment
- improved access to disability care.

Other specific details relating to the NDA (such as roles and responsibilities of different governments) are provided throughout the chapter.

Source: COAG (2009); CSTDA (2003).

To reflect the transition from the CSTDA to the NDA, the approach taken in this chapter is described below:

- Information on the general policy context draws on aspects of both Agreements. The roles and responsibilities, for example, are those defined under the NDA. The service overview includes a detailed list of service groups that were specified under the CSTDA and which underpin the collection of data on specialist disability services. As latest performance results cover services provided under the CSTDA (2007-08) and the CSTDA/NDA (2008-09), objectives for both Agreements are included.
- Financial data for 2008-09 includes expenditure on services under the NDA that was not expended under the CSTDA, for example, aids and equipment funding and expenditure on the ‘Younger people in residential aged care (YPIRAC)’ program.
- Results based on the National Minimum Data Set (NMDS) service user data for 2007-08 (the latest year for which data are available) are reported using the specifications developed and agreed under the CSTDA.

This chapter provides information on the assistance provided by governments to people with disability and their carers.

- Specialist disability services provided under the CSTDA/NDA are the focus. Specialist psychiatric disability services are excluded to improve data comparability across jurisdictions. Disability support services are also provided by programs such as Home and Community Care (HACC) and Commonwealth Rehabilitation Services (CRS) Australia. Information on the HACC program is provided in ‘Aged care services’ (chapter 13). CRS Australia’s services are not covered in this Report.
- Some performance information on access by people with disability to mainstream services is provided. Further information on access by people with disability to mainstream services is also included elsewhere in this Report — for example, school education (chapter 4), vocational education and training (VET) (chapter 5), public hospital care (chapter 10), specialised mental health services (chapter 12) and public housing (chapter 16). Other mainstream services and supports provided to people with disability — such as transport and utility services at concessional rates — are outside the scope of this Report.
- Descriptive information on income support to people with disability and their carers is included. This Report generally does not include performance information on income support.

Significant improvements in the reporting of services for people with disability in this year’s Report include:

- further refinement of the potential populations used to derive the ‘Service use by special needs groups’ measures; these populations are used to account for differences in the need for services across the relevant groups
- the redevelopment of the quality assurance processes section to include information for jurisdictions on their legislative frameworks that govern service quality, features of their quality assurance systems and the relevant disability service standards that apply
- the inclusion of a ‘yet to be developed’ indicator on the program for YPIRAC and additional descriptive information on:
 - the YPIRAC program
 - admissions of younger people to permanent residential aged care.

14.1 Profile of disability services

Service overview

Government assistance for people with disability and their carers comprises provision of specialist disability services, access to mainstream services and provision of income support.

Definitions of disability are provided in box 14.2.

Box 14.2 Definitions of disability

The United Nation's *Convention on the Rights of Persons with Disabilities*, ratified by Australia on 17 July 2008, defines 'persons with disabilities' as those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The World Health Organisation (WHO) defines 'disabilities' as impairments, activity limitations, and participation restrictions: an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; and a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives (WHO 2009).

The Australian Bureau of Statistics (ABS) *Survey of Disability, Ageing and Carers* (SDAC) 2003 defines 'disability' as a limitation, restriction or impairment that has lasted, or is likely to last, for at least 6 months and restricts everyday activities. Examples range from hearing loss that requires the use of a hearing aid, to difficulty dressing due to arthritis, to advanced dementia requiring constant help and supervision. The SDAC reports on the spectrum of disability experiences using three main 'categories' of disability:

- with a disability, but without a specific limitation or restriction — includes people who need assistance with health care, cognition and emotion, paperwork, transport, housework, property maintenance or meal preparation
- with a schooling or employment restriction
- with a specific core activity limitation (mild, moderate, severe and profound).

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Box 14.2 (Continued)

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

- mild — where a person does not need assistance and has no difficulty with self care, mobility and/or communication, but uses aids or equipment. They may also not be able to easily walk 200m, walk up and down stairs without a handrail, bend to pick up objects from the floor or use public transport easily or without help or supervision
- 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 third CSTDA (2003, p. 9) defined 'people with disabilities' as those whose disability manifests itself before the age of 65 years and for which they require significant ongoing and/or long-term episodic support. For these people, the disability will be 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.

The NDA does not have a specific definition of 'people with disability'.

Source: ABS (2004a); WHO (2009); CSTDA (2003).

Specialist disability services

Specialist disability services are services specially designed to meet the needs of people with disability. These services tend to be targeted at those who have profound or severe core activity limitations. There are seven broad categories of specialist disability services outlined below. These categories underpin the collection of NMDS and expenditure data on specialist disability services:

- *accommodation support services* that provide support to people with disability in accommodation settings (hostels, institutions and group homes), and in their own

home (including attendant/personal care, in home support and alternative family placements)

- *community support services* that provide the support needed for a person with disability to live in a non-institutional setting — including therapy support, counselling and early childhood intervention
- *community access services* that provide opportunities for people with disability to gain and use their abilities to enjoy their full potential for social independence — including learning and life skills development and recreation/holiday programs
- *respite care services* that provide a short-term and time-limited break for families and other voluntary caregivers of people with disability, to assist in supporting and maintaining the primary care-giving relationship, while providing a positive experience for the person with disability
- *employment services* for people with disability that provide:
 - open employment services — assistance in obtaining and/or retaining paid employment in the open labour market
 - supported employment services — support and employment within the same organisation
 - targeted support — structured training and support to work towards social and community participation or opportunities to develop skills for, or retrain for, paid employment
- *advocacy, information and print disability services*
 - advocacy services enable people with disability to increase their control over their lives by representing their interests and views in the community
 - information services provide accessible information to people with disability, their carers, families and related professionals about disabilities, specific and mainstream services and equipment; and promote the development of community awareness
 - print disability services produce alternative communication formats for people who are by reason of their disability, unable to access information provided in a print medium
- *other support services* that include research and evaluation, and training and development projects.

Mainstream services

Mainstream services are services provided to the community as a whole. Governments acknowledge that specialist disability services are complemented by mainstream services. Under the NDA, all Australian governments have agreed to ‘strive’ to ensure that all people with disability have access to mainstream government services within their jurisdictions. It is recognised that improved outcomes for people with disability, their families and their carers, are contingent upon the effective coordination of efforts across government services. Some mainstream services give priority to people with disability (for example, public housing) or have programs to meet the special needs of people with disability (for example, school education).

Income support and allowances

Income support for people with disability and their carers contributes to the outcomes of the NDA. The Australian Government is responsible for the provision of income support targeted to the needs of people with disability, their families and carers (box 14.3). Income support is provided to those who meet the relevant eligibility criteria. Income support payments and allowances include the Disability Support Pension, Carer Payment, Carer Allowance, Sickness Allowance, Mobility Allowance and Child Disability Assistance Payment.

Details of the roles and responsibilities of the Australian, State and Territory governments in relation to assistance for people with disability are outlined in the following section.

Box 14.3 Australian Government supplementary and income support arrangements

Under the NDA, provision of income support for people with disability, their families and carers is a key responsibility of the Australian Government (see 'roles and responsibilities' section). Outlays on income support payments and allowances to people with disability and their carers in 2008-09 (on an accrual basis) amounted to \$10.9 billion for the Disability Support Pension, \$1.9 billion for the Carer Payment, \$1.8 billion for the Carer Allowance, \$92.6 million for the Sickness Allowance, \$118.5 million for the Mobility Allowance, \$142.8 million for the Child Disability Assistance Payment and \$408.0 million for the Carer Supplement (Australian Government unpublished).

At 30 June 2009, there were around 757 100 recipients of the Disability Support Pension, 146 900 recipients of the Carer Payment, 474 700 recipients of the Carer Allowance, 56 100 recipients of the Mobility Allowance, 7000 recipients of the Sickness Allowance, 142 100 recipients of the Child Disability Assistance Payment and 478 000 recipients of the Carer Supplement (table 14A.1).

Source: Australian Government (unpublished); table 14A.1.

Roles and responsibilities

Australian, State and Territory governments

The NDA defines the roles and responsibilities of the Australian, State and Territory governments in the provision of services and supports to people with disability and their carers.

The Australian Government is responsible for:

- provision of employment services for people with disability (which includes regulation, service quality and assurance, assessment, policy development service planning, and workforce and sector development) in a manner that most effectively meets the needs of people with disability consistent with local needs and priorities
- provision of income support targeted to the needs of people with disability, their families and carers
- provision of funds to states and territories to contribute to the achievement of the objective and outcomes
- where appropriate, investing in initiatives to support nationally agreed policy priorities, in consultation with State and Territory governments

-
- ensuring that Commonwealth legislation and regulations are aligned with the national policy, reform directions and the *United Nations Convention on the Rights of People with Disabilities*.

State and Territory governments are responsible for:

- the provision of specialist disability services, except disability employment services (which includes regulation, service quality and assurance, assessment, policy development, service planning, and workforce and sector development) in a manner which most effectively meets the needs of people with disability, their families and carers, consistent with local needs and priorities
- ensuring that State and Territory legislation and regulations are aligned with the national policy and reform directions
- where appropriate, investing in initiatives to support nationally agreed policy priorities, in consultation with the Australian Government.

Australian, State and Territory governments are jointly responsible for:

- development of national policy and reform directions to meet the agreed objectives and outcomes of the NDA
- funding and pursuing research that provides an evidence base for national policy and reform directions
- developing and implementing reforms to improve outcomes for Indigenous people with disability
- the provision of data, including a commitment to providing data for the NMDS and a commitment to the improvement of data.

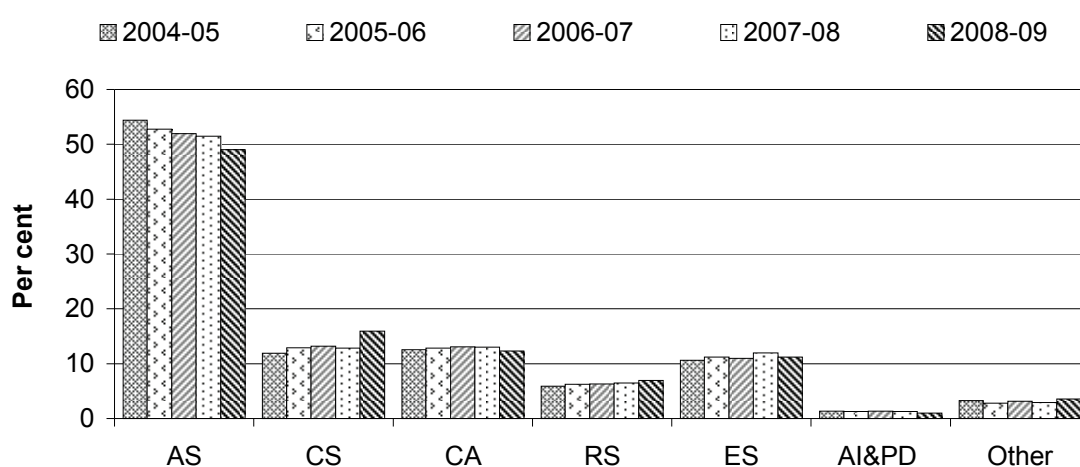
Funding

Australian and State and Territory governments funded both government and non-government providers of specialist disability services under the CSTDA/NDA. Total government expenditure on these services was \$5.2 billion in 2008-09 — a real increase of 5.6 per cent on the expenditure in 2007-08 (\$5.0 billion) (table 14A.4). State and Territory governments funded the majority of this expenditure in 2008-09 (71.1 per cent, or \$3.7 billion). The Australian Government funded the remainder (28.9 per cent, or \$1.5 billion), which included \$856.9 million in transfer payments to states and territories (tables 14A.5 and 14A.6). Table 14A.7 provides data on total government expenditure including and excluding payroll tax.

Direct government expenditure on specialist disability services (excluding expenditure on administration) under the CSTDA/NDA was \$4.8 billion in 2008-09

(table 14A.8). The distribution of direct government expenditure varied across jurisdictions. The main areas of State and Territory government expenditure were accommodation support services (49.0 per cent of total direct service expenditure), and community support (15.9 per cent of total direct service expenditure) (figure 14.1). Employment services were the main area of Australian Government expenditure in 2008-09 (11.2 per cent of total direct service expenditure and 88.2 per cent of Australian Government direct service expenditure) (table 14A.9).

Figure 14.1 Direct expenditure on CSTDA/NDA funded specialist disability services, by service type^a



AS = accommodation support; CS = community support; CA = community access; RS = respite services; ES = employment services; AI&PD = advocacy, information and print disability. ^a See table 14A.8 for detailed notes accompanying expenditure data.

Source: Australian, State and Territory governments (unpublished); table 14A.9.

Size and scope

Disability prevalence

The ABS estimates that 1 in 5 people in Australia (3 958 300 or 20.0 per cent) had one or more disabilities (that is, a core activity limitation, a schooling or employment restriction or an impairment) in 2003 (ABS 2004a). Of the population aged 5–64 years in 2003, an estimated 13.0 per cent had a core activity limitation or specific restriction. This proportion comprised 4.0 per cent who had a profound or severe core activity limitation, 6.6 per cent who had a mild to moderate core activity limitation and 2.4 per cent who had a schooling or employment restriction only (ABS 2004a). Table 14A.10 contains additional information on disability prevalence, and table 14A.11 contains information on the estimated number of

people with a profound or severe core activity limitation who received help as a proportion of those who needed help.

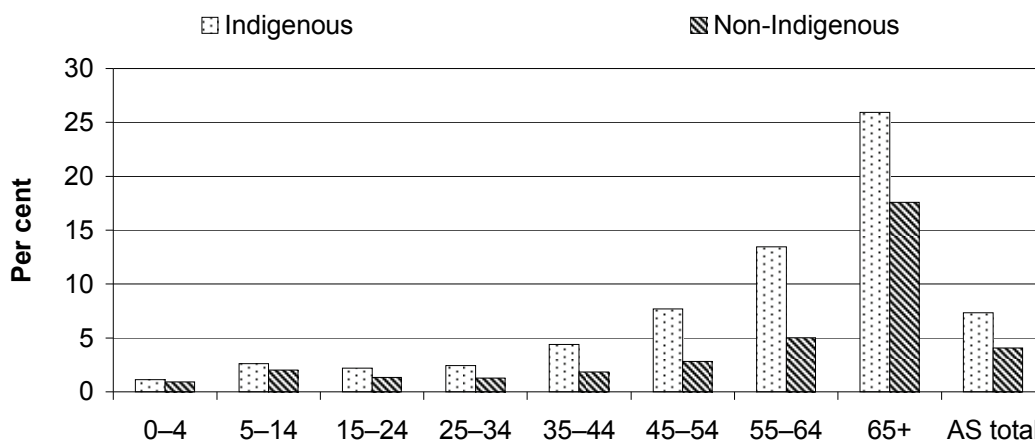
Aboriginal and Torres Strait Islander people

Indigenous people have significantly higher rates of profound or severe core activity limitation than non-Indigenous people. Disability data on ‘core activity need for assistance’ are available from the ABS 2006 Census. The concept of ‘core activity need for assistance’ (ASSNP¹) is similar to the concept of profound or severe core activity limitations, but the relevant data are not suitable for direct comparison due to differences in the questions asked and the methods of data collection.

Nationally, across all age groups in 2006, Indigenous people were 1.8 times as likely (on an age standardised basis) as non-Indigenous people to need assistance with core activities. The disparity between Indigenous and non-Indigenous people increased with age. The gaps were highest in the age groups 45–54 years and 55–64 years. In these age groups, Indigenous people were 2.7 times as likely as non-Indigenous people to need assistance with core activities (figure 14.2). See AIHW (2006) for similar rate ratio estimates based on data from the ABS’s *General Social Survey* (GSS) and *National Aboriginal and Torres Strait Islander Social Survey* (NATSISS) (ABS 2003, ABS 2004b).

¹ The acronym ASSNP is the variable name used by the ABS to define ‘core activity need for assistance’. It appears to incorporate a shortened version of ‘assistance need’ and the letter ‘P’ indicates that the classification describes a characteristic of a person. This acronym is used throughout the chapter to denote ‘core activity need for assistance’.

Figure 14.2 **People with a need for assistance with core activities, by age group, 2006^a**



AS = age standardised. ^a Excludes overseas visitors.

Source: SCRGSP (2009) *Overcoming Indigenous Disadvantage: Key Indicators 2009*, Productivity Commission.

Informal carers

Family and friends provide most help and/or care assistance to people with disability. Information about informal carers enables governments to plan ahead for the future demand for services that support carers and the people they assist. Support services that assist people with disability to live in the community, such as in-home accommodation support and community support, often complement and are contingent upon the availability of informal care. In turn, the provision of informal care may rely on access to formal support services including respite services and a range of other services for the person with disability.

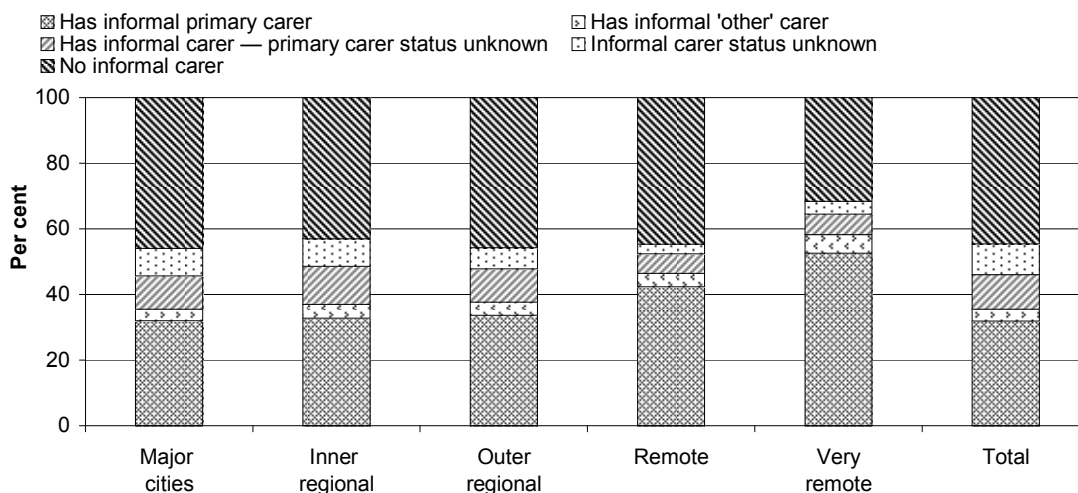
Information on informal carers is available from the ABS SDAC and for CSTDA service users from the NMDS. The definition of informal carers differs slightly across these data collections:

- The ABS SDAC defines an informal primary carer as a person who provides the most informal help or supervision assistance to a person with disability. The assistance must be ongoing, or likely to be ongoing, for at least 6 months and be provided for at least one of the core activities (communication, mobility and self care).
- The NMDS defines an informal carer as someone such as a family member, friend or neighbour, who is identified as providing regular and sustained care and assistance to a person with disability (see section 14.7 for further details).

Informal carers who provide assistance with core activities (self care, mobility and communication) are defined as primary carers.

An estimated 474 600 informal primary carers provided the majority of assistance with self care, mobility and communication for people with disability, including older people in 2003 — an increase of 5.3 per cent since 1998 (ABS 1999, 2004a). Of people with disability who accessed CSTDA funded specialist disability services in 2007-08, 46.1 per cent reported having an informal carer and 31.9 per cent reported having an informal carer who was a primary carer (figure 14.3). Service users in remote or very remote locations were more likely to report having an informal carer than those in other areas. Figure 14.4 shows the proportions of informal primary carers who are in different age groups, by location.

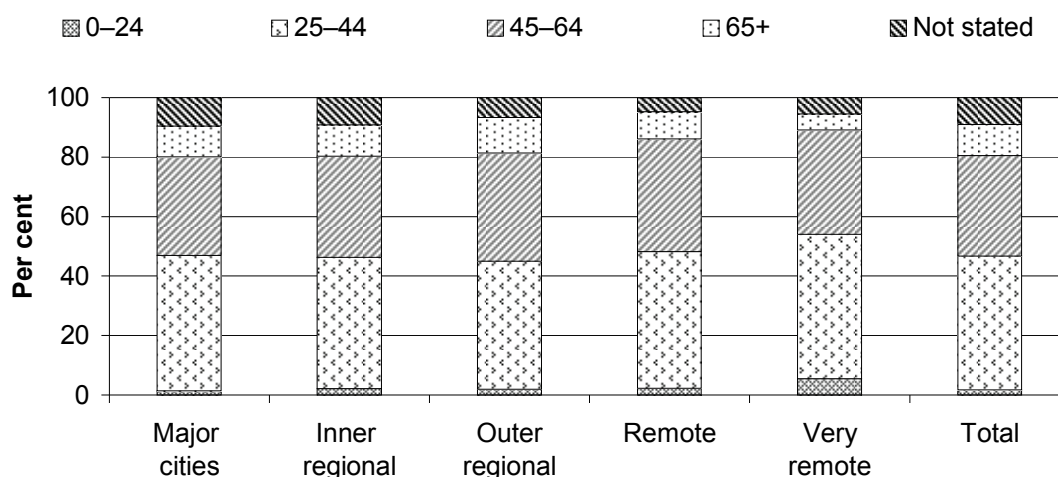
Figure 14.3 Users of CSTDA funded specialist disability services, by whether they had an informal carer and geographic location, 2007-08^{a, b, c}



^a Total includes data for service users whose location was not collected/identified. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^c Data relating to primary carers are not reported for all service users. Some service types are not required to collect all service user data items. For example, employment services are not required to collect selected informal carer information, including primary status.

Source: Australian Institute of Health and Welfare (AIHW) (unpublished) CSTDA NMDS; table 14A.2.

Figure 14.4 **Age distribution of primary carers of people accessing CSTDA funded specialist disability services, by location, 2007-08^{a, b}**



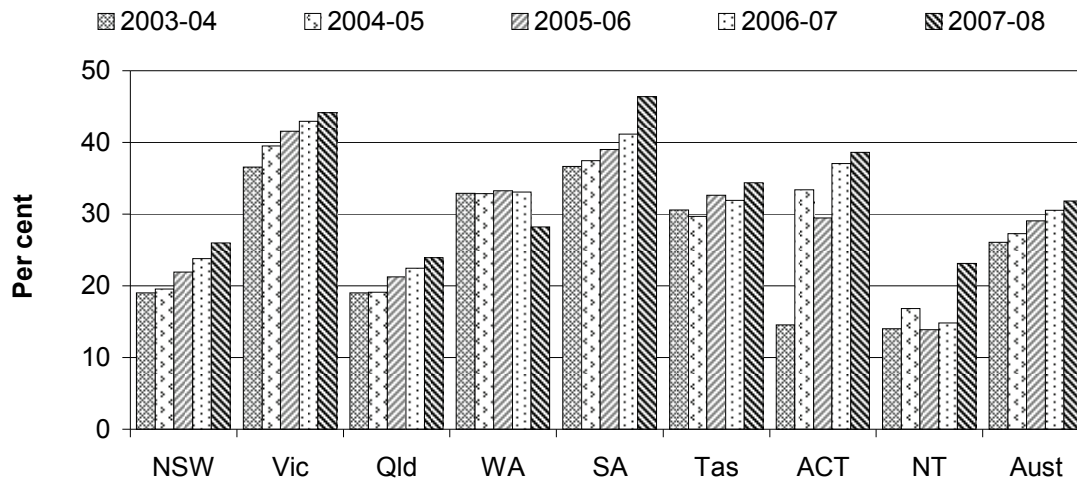
^a Total includes data for service users whose location was not collected/identified. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) *CSTDA NMDS*; table 14A.3.

Use of CSTDA funded services

In 2007-08, 232 985 people were reported as using specialist disability services provided under the CSTDA (excluding service users who received specialist psychiatric disability services only) (table 14A.12). Nationally, this is 31.8 per cent of the estimated potential population (see section 14.7 for information on how the potential population is defined) (figure 14.5).

Figure 14.5 Users of CSTDA funded specialist disability services as a proportion of the estimated potential population^{a, b}

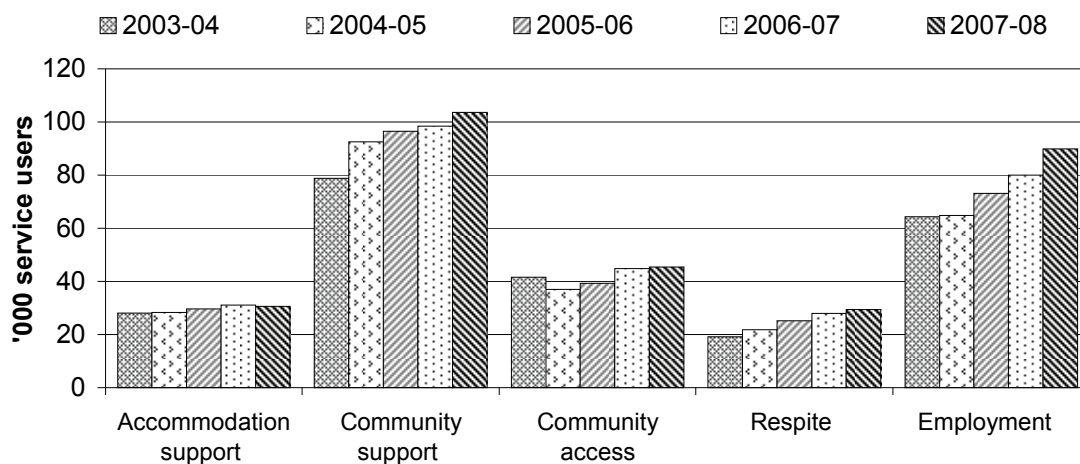


^a Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^b For the ACT, improved data capture for therapy services resulted in an increased service user count between 2003-04 and 2004-05. The decreased service user rate for 2005-06 was due to incomplete data collection for therapy services.

Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (2009 and previous years) *Disability Support Services 2007-08, 2006-07, 2005-06, 2004-05, 2003-04: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.12.

Service user numbers varied across service types (figure 14.6). Accommodation support, community access, community support and respite services reported 156 343 users and employment services reported 89 935 users, in 2007-08.

Figure 14.6 Users of CSTDA funded specialist disability services, by service type^{a, b}

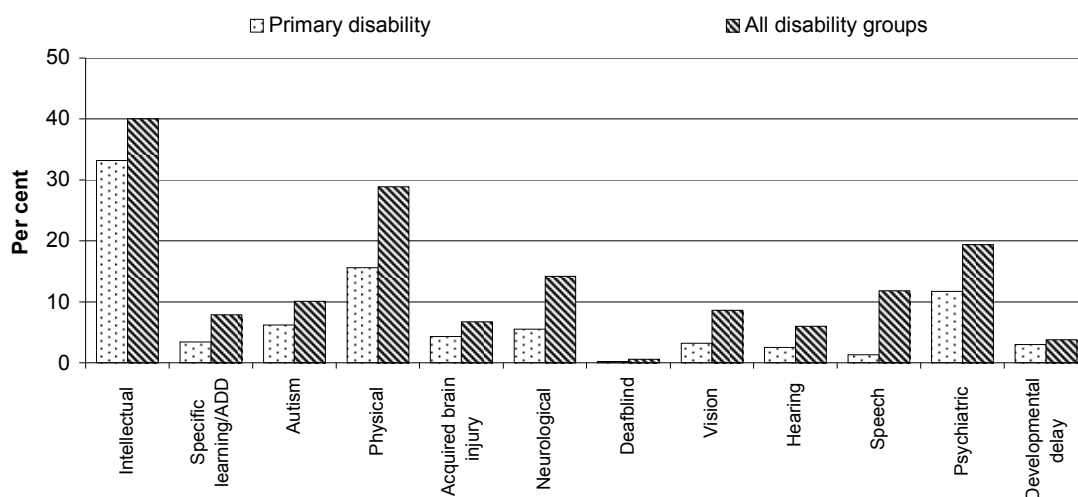


^a Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^b See table 14A.12 for detailed notes relating to these data.

Source: AIHW (unpublished) CSTDA NMDS; table 14A.12.

In 2007-08, the most commonly reported disability of CSTDA service users was an intellectual disability (40.0 per cent of service users, including 33.2 per cent who reported it as their primary disability) (figure 14.7).

Figure 14.7 CSTDA funded specialist disability service users, by disability group, 2007-08^{a, b}



^a Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^b See tables 14A.13 and 14A.14 for detailed notes relating to these data.

Source: AIHW (unpublished) CSTDA NMDS; tables 14A.13 and 14A.14.

Program for younger people in residential aged care

At its February 2006 meeting, COAG made a commitment to reduce the number of younger people with disability living in residential aged care, and agreed to establish a 5 year program, beginning in July 2006. The initial priority for the program is younger people aged under 50 years. Participation in the YPIRAC program is voluntary and there are three elements that correspond to three of the four groups of YPIRAC service users:

- *Group 1* — agreed to or has moved from residential aged care to alternative YPIRAC-funded accommodation and support (element 1 — move younger people out of residential aged care)
- *Group 2* — deemed ‘at risk’ of entry into residential aged care (element 2 — divert younger people from entering residential aged care)
- *Group 3* — choose to remain in or enter residential aged care with additional disability support services (element 3 — provide YPIRAC with enhanced services)
- *Group 4* — choose to remain in or enter residential aged care without additional disability support services.

Four broad categories of services have been provided under the YPIRAC program: assessment/individual care planning, client monitoring, alternative accommodation and support services packages. Nationally, in 2007-08, there were a total of 580 YPIRAC service users. Table 14.1 shows YPIRAC service users, by service user group and specific services received.

Table 14.1 YPIRAC service users, by specific services received, 2007–08^a

YPIRAC target group	YPIRAC-specific services received							
	Assessment/care planning/client monitoring		Alternative accommodation		Support services package		All YPIRAC service users	
	no.	%	no.	%	no.	%	no.	%
Group 1	295	99.7	33	11.1	123	41.6	296	100.0
Group 2	124	99.2	46	36.8	90	72.0	125	100.0
Group 3	134	100.0	..	..	51	38.1	134	100.0
Group 4	13	100.0	..	..	..	..	13	100.0
Not stated	11	91.7	..	..	1	8.3	12	100.0
Total	577	99.5	79	13.6	265	45.7	580	100.0

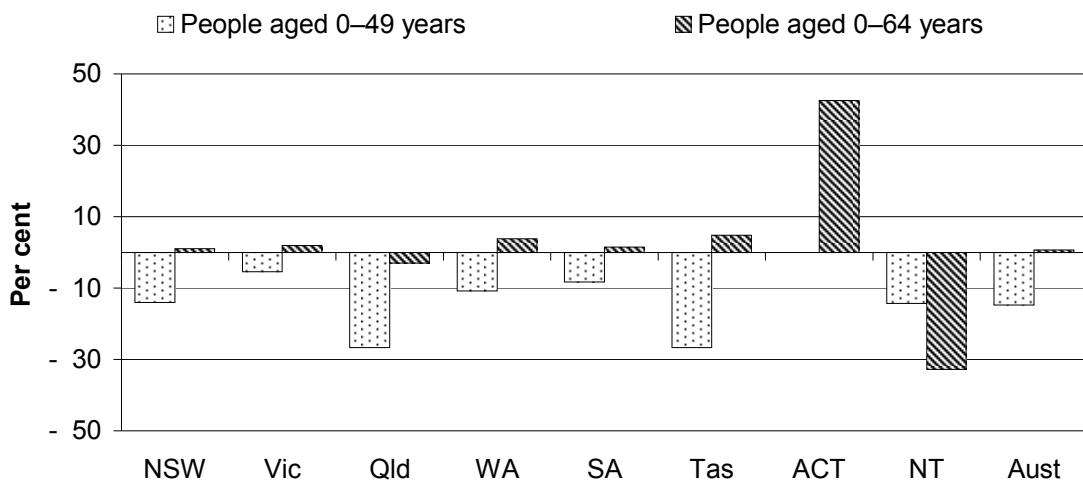
^a Totals may not be the sum of the components as service users may have accessed more than one service type during the period. .. Not applicable.

Source: AIHW (2009) *Younger People with Disability in Residential Aged Care program: Final report on the 2007–08 Minimum Data Set*, Disability series, Cat. no. DIS 53.

On 30 June 2008, there were 858 people aged under 50 years living in permanent residential aged care nationally (table 14A.41). This is a 14.8 per cent decrease on the number of people aged under 50 years living in permanent residential aged care on 30 June 2006 (figure 14.8). These data need to be interpreted with care. Some younger people choose to remain in residential aged care because their physical and nursing needs can be met and they are:

- satisfied with their current living situation (that is, it is the preferred facility)
- the facility is located close to family and friends
- it is a familiar home environment.

Figure 14.8 Younger people in residential aged care, percentage change in numbers between 2006–2008, by age group^{a, b, c}



^a Data are for permanent residents in aged care. ^b These data should be interpreted with care (particularly for the NT). There may be issues related to the age of Indigenous residents being incorrectly recorded. An assessment of the data set in the NT has previously shown that approximately half of Indigenous peoples ages were incorrectly recorded. ^c The percentage change for the number of people aged 0–49 years in the ACT is zero.

Source: Derived from AIHW (2009) *Younger People with Disability in Residential Aged Care program: Final report on the 2007–08 Minimum Data Set*, Disability series, Cat. no. DIS 53; table 14A.41.

Nationally, in 2007–08, the number of younger people who were admitted to permanent residential aged care was 1942. This included 217 people aged under 50 years and 1725 people aged 50–64 years (table 14.2).

Table 14.2 New admissions to permanent residential aged care for people aged under 65 years, by age group, 2007-08^{a, b, c, d, e}

<i>Age group</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
< 50 years	84	57	29	19	18	5	np	np	217
50–64 years	608	380	344	150	166	50	np	np	1 725
Total < 65 years	692	437	373	169	184	55	20	12	1 942

^a Admissions to permanent residential aged care do not include admissions to residential respite care.

^b Transfers and readmissions during 2007-08 are excluded. ^c Where a person had multiple admissions to permanent care in 2007-08 only the first is counted. ^d Age reported at admission. ^e Regular updating of the Department of Health and Ageing (DoHA) Aged and Community Care Management Information System (ACCMIS) database can result in revisions to data for previous financial years. **np** not published.

Source: AIHW (unpublished) ACCMIS.

14.2 Framework of performance indicators

The performance framework and related indicators reflect governments' objectives and priorities under the third CSTDA and the NDA (box 14.4).

COAG has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see chapter 1 for more detail on reforms to federal financial relations). The NDA covers the area of disability services. The agreement includes sets of performance indicators, for which the Steering Committee collates annual performance information for analysis by the COAG Reform Council (CRC).

The measurement details of the NDA were under development at the time of preparing this Report. It is anticipated that the performance indicators reported in this chapter will be revised to align with the performance indicators in the NDA for the 2011 Report.

Box 14.4 Objective of government funded services for people with disability

Most of the performance data for this year's Report cover services provided under the third CSTDA. Through the CSTDA, governments strove to enhance the quality of life experienced by people with disability by assisting them to live as valued and participating members of the community.

In working towards this objective, governments had five policy priorities, to:

- strengthen access to generic (mainstream) services for people with disability
- strengthen cross government linkages — bilateral agreements between the Australian Government and each State and Territory government were 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.

The following long-term objective under the NDA is similar to the previous broad objective under the third CSTDA:

People with disability and their carers have an enhanced quality of life and participate as valued members of the community.

All aspects of the NDA contribute to or measure progress towards this objective. The objective is enhanced by three specific outcomes as well as a set of revised priority reform areas (outlined in box 14.1). The outcomes are that:

- people with disability achieve economic participation and social inclusion
- people with disability enjoy choice, wellbeing and the opportunity to live as independently as possible
- families and carers are well supported.

In support of the agreed NDA outcomes, governments will contribute to the following outputs:

- services that provide skills and support to people with disability to enable them to live as independently as possible
- services that assist people with disability to live in stable and sustainable living arrangements
- income support for people with disability and their carers
- services that assist families and carers in their caring role.

Source: CSTDA (2003); COAG (2009).

The performance indicator framework shows which data on services for people with disability are comparable in the 2010 Report (figure 14.9). 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 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.

Effectiveness and equity indicators focus on access to appropriate services and service quality. Proxy efficiency indicators focus on unit costs and administrative costs. Outcome indicators focus on the participation of people with disability in the community.

The Report's statistical appendix 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) (appendix A).

Australian, State and Territory governments at the service and jurisdictional level and by the AIHW at the national level. Under the NDA, governments have committed to the ongoing improvement of and the ongoing provision of data for the NMDS (renamed the Disability Services NMDS).

When considering the performance indicator results derived from service user data, comparisons between jurisdictions and across years should be undertaken with care. While the implementation of the NMDS continues to improve, data quality is still affected by a number of factors, including that:

- 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 and years (see section 14.6 for further details)
- the interpretation of NMDS service definitions can differ across jurisdictions (for example, the target group for services classified as ‘early intervention’ can differ).

Outputs

Outputs are the actual services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1, section 1.5).

Equity and effectiveness — access to appropriate services on the basis of relative need

The following equity and effectiveness access indicators are reported:

- ‘Access to CSTDA funded services’
- ‘Service use by severity of disability’
- ‘Service use by special needs groups’
- ‘Proportion of accommodation support service users receiving community accommodation and care services’.

Access to CSTDA funded services

‘Access to CSTDA funded services’ is an indicator of governments’ objective to provide access to government funded or provided specialist disability services on the basis of relative need and available resources. Measures are reported for accommodation support, community support, community access, respite services and employment (box 14.5).

Box 14.5 Access to Commonwealth State Territory Disability Agreement funded services

'Access to CSTDA funded services' is defined as the number of people using a particular CSTDA funded service divided by the 'potential population' for that service. The potential population is an estimate that broadly indicates the number of people with the potential to require specialist disability services at some time.

The potential population estimate for accommodation support, community access and community support services is the number of people aged under 65 years with profound or severe core activity limitations, multiplied by the Indigenous factor for a jurisdiction. The potential population estimate for employment services is 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 a jurisdiction. The potential population estimate for respite services is the number of people aged under 65 years with profound or severe core activity limitations who also reported a primary carer, multiplied by the Indigenous factor for a jurisdiction. The potential populations are further defined in section 14.7.

A higher or increasing proportion of the relevant estimated potential population using a particular CSTDA service suggests greater access to that service.

Not all people in the estimated 'potential population' will need the service or seek to access the service in the relevant period. In addition, this indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or accessed by those most in need.

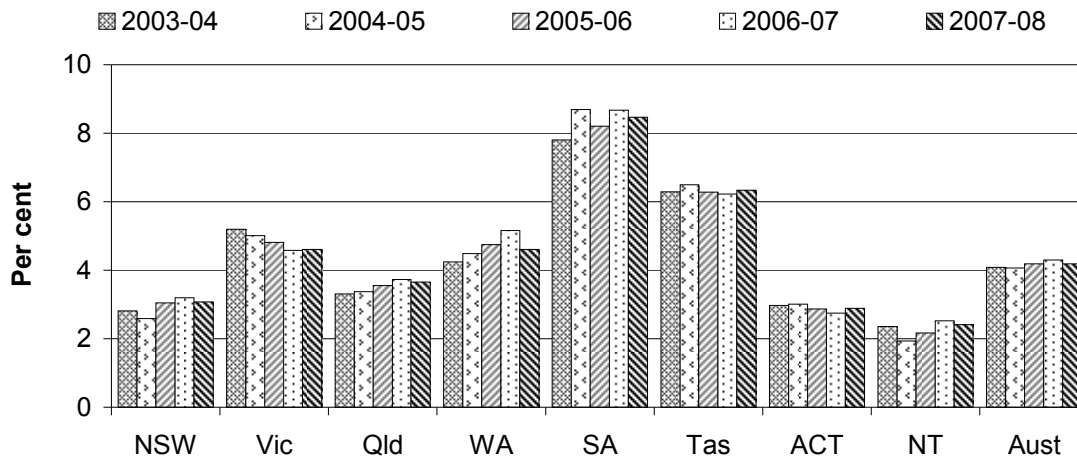
Data reported for this indicator are comparable.

The numerators and denominators of this access measure apply to different age groups. The numerator of an access measure is service users of all ages. The denominator is the estimated potential population:

- for people aged under 65 years for accommodation support, community support, community access and respite services
- for people aged 15–64 years for employment services.

Nationally, 4.2 per cent of the estimated potential population were using CSTDA funded accommodation support services in 2007-08 (figure 14.10).

Figure 14.10 Users of CSTDA funded accommodation support services as a proportion of the estimated potential population^{a, b}

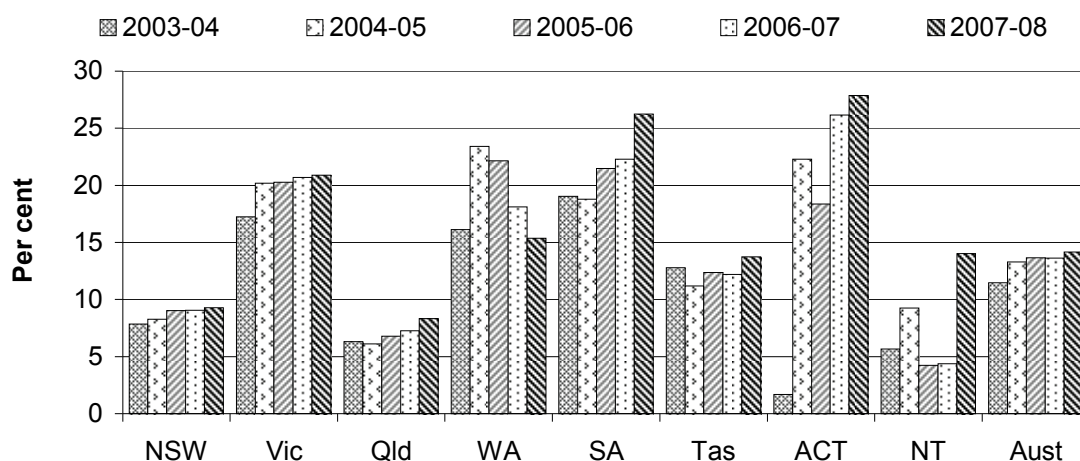


^a See table 14A.15 for detailed notes relating to service user data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (2009 and previous years) *Disability Support Services 2007-08, 2006-07, 2005-06, 2004-05, 2003-04: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.15.

Nationally, 14.2 per cent of the estimated potential population were using CSTDA funded community support in 2007-08 (figure 14.11).

Figure 14.11 Users of CSTDA funded community support services as a proportion of the estimated potential population^{a, b, c, d}

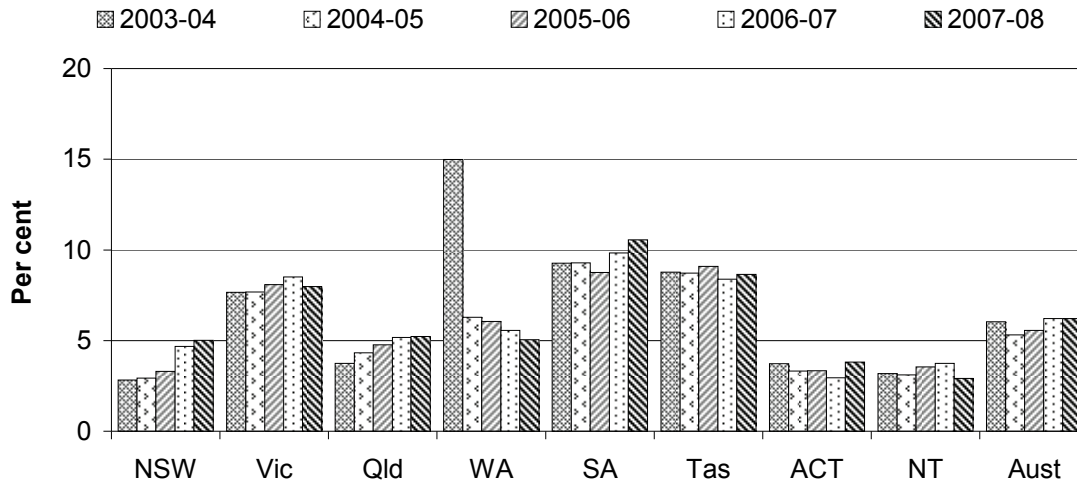


^a See table 14A.16 for detailed notes relating to service user data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^c For WA, the increase in the number of service users between 2003-04 and 2004-05 is due to the inclusion of data from a new electronic database for the first time. The decrease in the number between 2006-07 and 2007-08 is due to a refining of the counting rules that has led to the exclusion of some data. ^d For the ACT, improved data capture for therapy services resulted in an increased service user count between 2003-04 and 2004-05. The decrease in the community support services rate for 2005-06 was due to the incomplete data collection for therapy services.

Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (2009 and previous years) *Disability Support Services 2007-08, 2006-07, 2005-06, 2004-05, 2003-04: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.16.

Nationally, 6.2 per cent of the estimated potential population were using CSTDA funded community access services in 2007-08 (figure 14.12).

Figure 14.12 Users of CSTDA funded community access services as a proportion of the estimated potential population^{a, b, c}

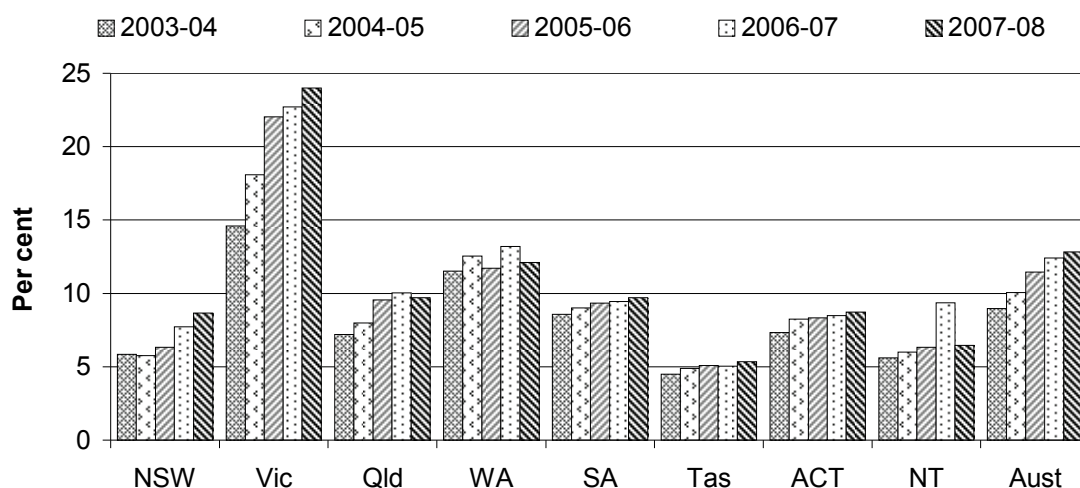


^a See table 14A.17 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^c The decrease in the number of WA service users between 2003-04 and 2004-05 is due to a change in reporting by one recreation agency.

Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (2009 and previous years) *Disability Support Services 2007-08, 2006-07, 2005-06, 2004-05, 2003-04: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.17.

Nationally, 12.8 per cent of the estimated potential population who reported having a primary carer were using CSTDA funded respite services in 2007-08 (figure 14.13).

Figure 14.13 **Users of CSTDA funded respite services as a proportion of the estimated potential population for respite services**
a, b

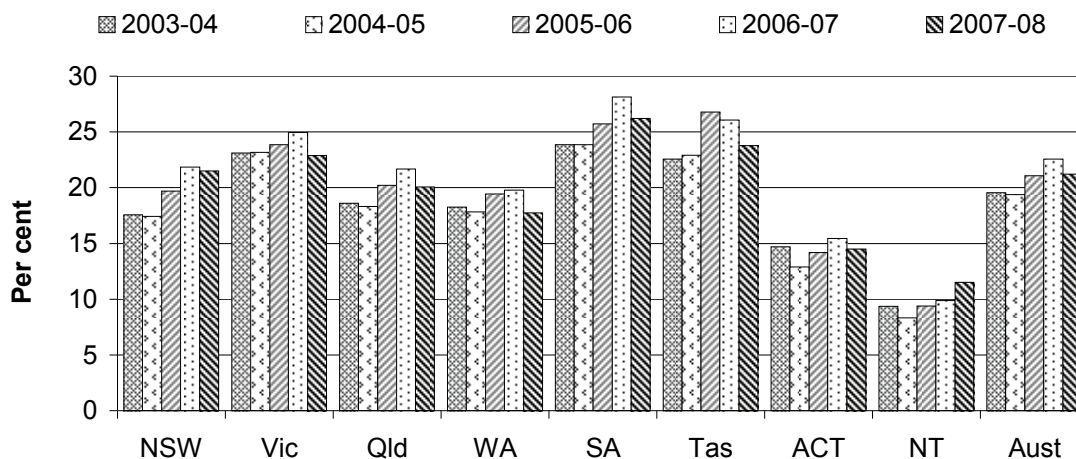


a See table 14A.18 for detailed notes relating to these data. **b** Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (2009 and previous years) *Disability Support Services 2007-08, 2006-07, 2005-06, 2004-05, 2003-04: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.18.

Nationally, 21.2 per cent of the estimated potential population for CSTDA funded employment services were using these services in 2007-08 (figure 14.14).

Figure 14.14 Users of CSTDA funded employment services as a proportion of the estimated potential population for employment services^{a, b}



^a See table 14A.19 for detailed notes relating to these data. ^b Data for 2007-08 are not comparable with previous years as the potential populations for that year were derived using labour force participation rates for people aged 15–64 years, not the participation rate for people aged 15 years and over that was used in previous years. Applying the participation rate for people aged 15–64 years to derive the 2007-08 data increased the number of people in the estimated potential population relative to previous years (by around 15 per cent).

Source: AIHW (2009 and previous years) *Disability Support Services 2007-08, 2006-07, 2005-06, 2004-05, 2003-04: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.19.

Service use by severity of disability

‘Service use by severity of disability’ is an indicator of governments’ objective to use available resources to provide services to people on the basis of relative need, where need for services is assumed to vary according to the need for help with the activities of daily living (ADL) (box 14.6). This indicator provides additional information for interpreting the access to CSTDA funded accommodation support, community support, community access, employment and respite services measures reported above.

Data on the need for help with ADL are derived using information on the level of support needed in one or more of the core support areas: self care, mobility, and communication. Service users who need help with ADL reported always/sometimes needing help in one or more of these areas (people who need help with ADL are ‘conceptually comparable’ with people who have a profound or severe core activity limitation). Service users who did not need help with ADL, reported needing no support in all the core activity support areas. For these service users, help may be

needed in other areas, for example, with interpersonal interactions, learning, and community and economic life.

Box 14.6 Service use by severity of disability

'Service use by severity of disability' is defined as the proportion of people who access CSTDA funded services, by need for help with ADL. Three categories are reported: need help with ADL, does not need help with ADL and information on ADL not stated/collected. Measures are reported for accommodation support, community support, community access, employment and respite services.

A higher or increasing proportion of people using a particular service type who need help with ADL, suggests greater access to this service type for those with the greatest level of need.

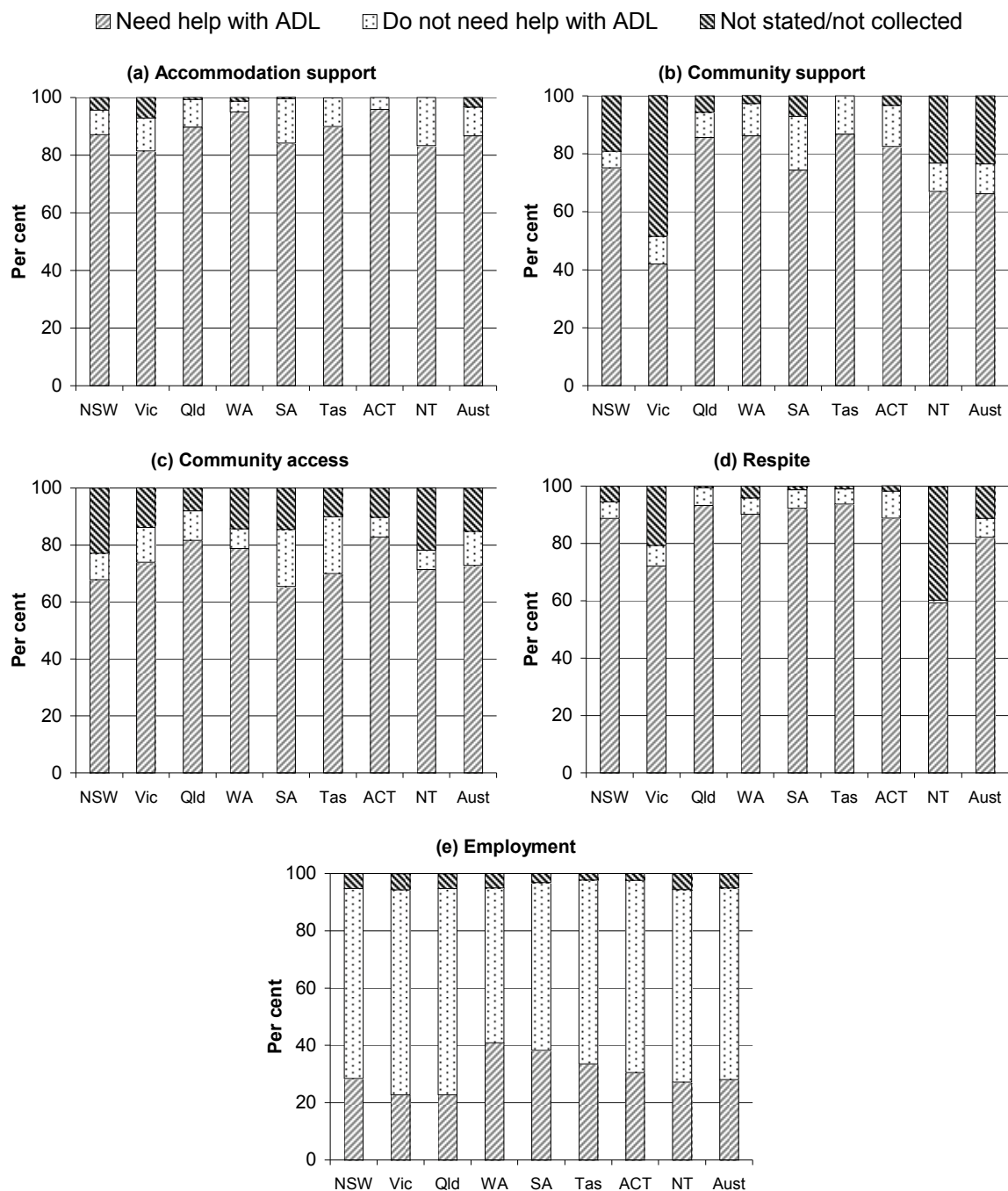
This indicator does not provide information on whether services are appropriate for the needs of the people receiving them or appropriately targeted based on relative need taking into account access to other formal support and access to informal support networks. The need for services is assumed to vary according to the need for help with ADL. Data on ADL are self/carer identified, not based on formal clinical assessments of individual limitations. There are other factors that may also be important in determining relative need, such as the complexity of a service user's needs in other activity areas.

Data reported for this indicator are comparable.

Nationally, in 2007-08:

- 86.7 per cent of users of CSTDA funded accommodation support services needed help with ADL, 10.0 per cent did not need help with ADL and for 3.3 per cent information on ADL was not collected/not stated (figure 14.15a)
- 66.2 per cent of users of CSTDA funded community support services needed help with ADL, 10.3 per cent did not need help with ADL and for 23.5 per cent information on ADL was not collected/not stated (figure 14.15b)
- 72.9 per cent of users of CSTDA funded community access services needed help with ADL, 11.9 per cent did not need help with ADL and for 15.2 per cent information on ADL was not collected/not stated (figure 14.15c)
- 82.2 per cent of users of CSTDA funded respite services needed help with ADL, 6.5 per cent did not need help with ADL and for 11.3 per cent information on ADL was not collected/not stated (figure 14.15d)
- 28.1 per cent of users of CSTDA funded employment services needed help with ADL, 66.9 per cent did not need help with ADL and for 5.0 per cent information on ADL was not collected/not stated (figure 14.15e).

Figure 14.15 Users of CSTDA funded services, by need for help with ADL, 2007-08^{a, b, c}



a Need for help with ADL 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 or with other activities. **b** See tables 14A.20, 14A.21, 14A.22, 14A.23 and 14A.24 for detailed notes relating to these data. **c** Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) CSTDA NMDS; tables 14A.20, 14A.21, 14A.22, 14A.23 and 14A.24.

Service use by special needs groups

‘Service use by special needs groups’ is an indicator of governments’ objective that access to services should be equitable for all members of the community and provided on the basis of relative need (box 14.7). The Report compares access for people from special needs groups with access for people from outside the special needs group of the total population and the ‘potential population’. The potential population is an estimate, derived using a range of data sources, of the number of people with the potential to require disability support services, including individuals who meet the service eligibility criteria but who do not demand the services. Results are reported on the basis of the potential population to account for differences in the prevalence of disability between people in the special needs group and people outside the special needs group. For information on how the potential populations for the special needs groups were derived see section 14.6.

Box 14.7 Service use by special needs groups

‘Service use by special needs groups’ is defined by two measures:

- the proportion of service users per 1000 total population in a particular special needs group, compared to the proportion of service users per 1000 total population outside the special needs group
- the proportion of service users per 1000 potential population in a particular special needs group, compared to the proportion of service users per 1000 potential population outside the special needs group.

Both measures are reported for accommodation support, community support, community access and employment services. For respite services, data are reported per 1000 total population only due to data limitations.

Data are reported for three special needs groups:

- people from outer regional and remote/very remote locations
- people identified as Indigenous Australians
- people who were born in a non-English speaking country (that is, not born in Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland, the United States or Zimbabwe).

Holding other factors constant, the proportion of service users per 1000 people (or per 1000 potential population) in a special needs group should not differ significantly from the proportion of service users per 1000 people (or per 1000 potential population) outside the special needs group.

(Continued on next page)

Box 14.7 (Continued)

For both measures, while a markedly lower proportion can indicate reduced access for a special needs group, it can also represent strong alternative informal support networks (and a consequent lower level of otherwise unmet need), or a lower tendency of people with disability in a special needs group to choose to access CSTDA funded services. Similarly, a higher proportion can suggest poor service targeting, the lack of alternative informal support networks or a greater tendency of people with disability in a special needs group to choose to access CSTDA funded services. For the measure that compares access per 1000 population, significant differences in access can also reflect the special needs group having a higher/lower prevalence of disability.

This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted on the basis of relative need. The indicator does not take into account differences in the level of informal assistance that is available for people in special needs groups and outside the 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 likely to be more readily 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.

Data reported for this indicator are comparable.

The numerators and denominators of this access measure apply to different age groups. The numerator of an access measure is service users of all ages. The denominator is the estimated population/potential population:

- for people aged under 65 years for accommodation support, community support, community access and respite services
- for people aged 15–64 years for employment services.

Data for access per 1000 potential population need to be interpreted with care due to a number of factors affecting data quality. Potential sources of error include:

- that there are service users for whom ‘special needs group’ status (for example, Indigenous status) is not stated or not collected — poor and/or inconsistent levels of Indigenous identification between states and territories would affect comparisons
- the assumptions underlying the method used to derive the potential populations
- for the Indigenous estimates, differential Census undercount between states and territories might also introduce bias in the results that could affect the comparability of estimates across jurisdictions.

Section 14.6 contains more detailed information on these quality issues.

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

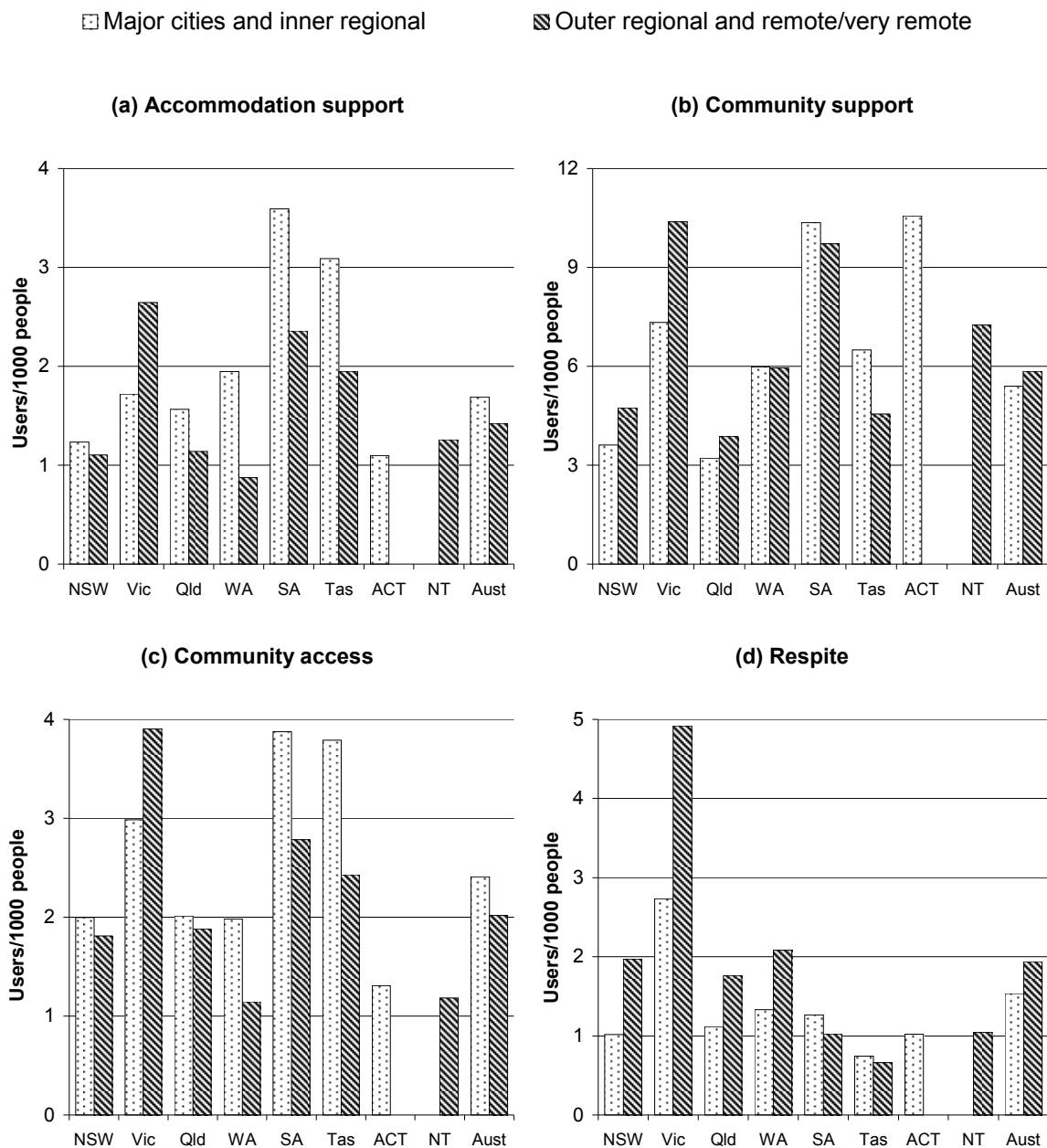
Nationally, in 2007-08, the proportion of the outer regional and remote/very remote population who used CSTDA funded accommodation support services was 1.4 service users per 1000 population, lower than the proportion of the major cities and inner regional population who used these services (1.7 service users per 1000 population) (figure 14.16a). The proportion of the outer regional and remote/very remote potential population who used CSTDA funded accommodation support services (33.7 service users per 1000 potential population) was lower than that of the major cities and inner regional potential population who used these services (42.5 service users per 1000 potential population) (figure 14.17a).

Nationally, in 2007-08, the proportion of the outer regional and remote/very remote population who used CSTDA funded community support services was 5.8 service users per 1000 population, higher than the proportion of the major cities and inner regional population who used these services (5.4 service users per 1000 population) (figure 14.16b). The proportion of the outer regional and remote/very remote potential population who used CSTDA funded community support services (138.6 service users per 1000 potential population) was higher than the proportion of the major cities and inner regional potential population who used these services (135.9 service users per 1000 potential population) (figure 14.17b).

Nationally, in 2007-08, the proportion of the outer regional and remote/very remote population who used CSTDA funded community access services was 2.0 service users per 1000 population, lower than the proportion of the major cities and inner regional population who used these services (2.4 service users per 1000 population) (figure 14.16c). The proportion of the outer regional and remote/very remote potential population who used CSTDA funded community access services (47.8 service users per 1000 potential population) was lower than the proportion of the major cities and inner regional potential population who used these services (60.6 service users per 1000 potential population) (figure 14.17c).

Nationally, in 2007-08, the proportion of the outer regional and remote/very remote population who used CSTDA funded respite services was 1.9 service users per 1000 population, higher than the proportion of the major cities and inner regional population who used these services (1.5 service users per 1000 population) (figure 14.16d). Access to respite as a proportion of the potential population is not reported. To derive an estimate of the respite potential populations across the relevant groups Census data on people with a ASSNP who had a primary carer are needed. These data were not collected.

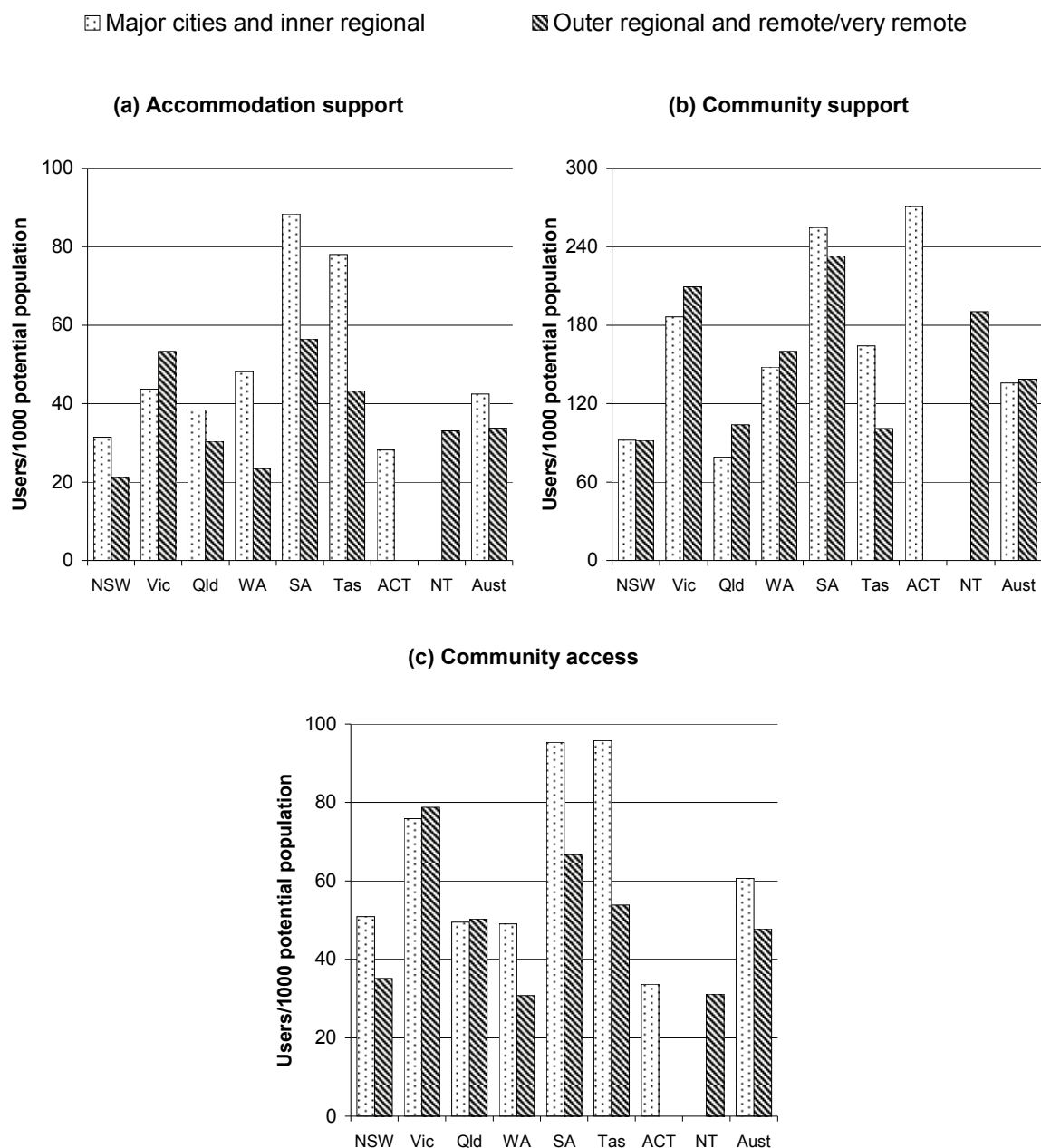
Figure 14.16 Users of State and Territory administered CSTDA funded services per 1000 people, by geographic location, 2007-08^{a, b, c, d, e}



^a See tables 14A.25, 14A.26, 14A.27 and 14A.28 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^c Tasmania does not have major cities. ^d The ACT does not have outer regional and remote/very remote areas. ^e The NT does not have major cities and inner regional areas.

Source: AIHW (unpublished) CSTDA NMDS; AIHW (unpublished) derived from ABS (2008) *Population by Age and Sex, Regions of Australia, 2007*; Cat. no. 3235.0; tables 14A.25, 14A.26, 14A.27 and 14A.28.

Figure 14.17 Users of State and Territory administered CSTDA funded services per 1000 potential population, by geographic location, 2007-08^{a, b, c, d, e}

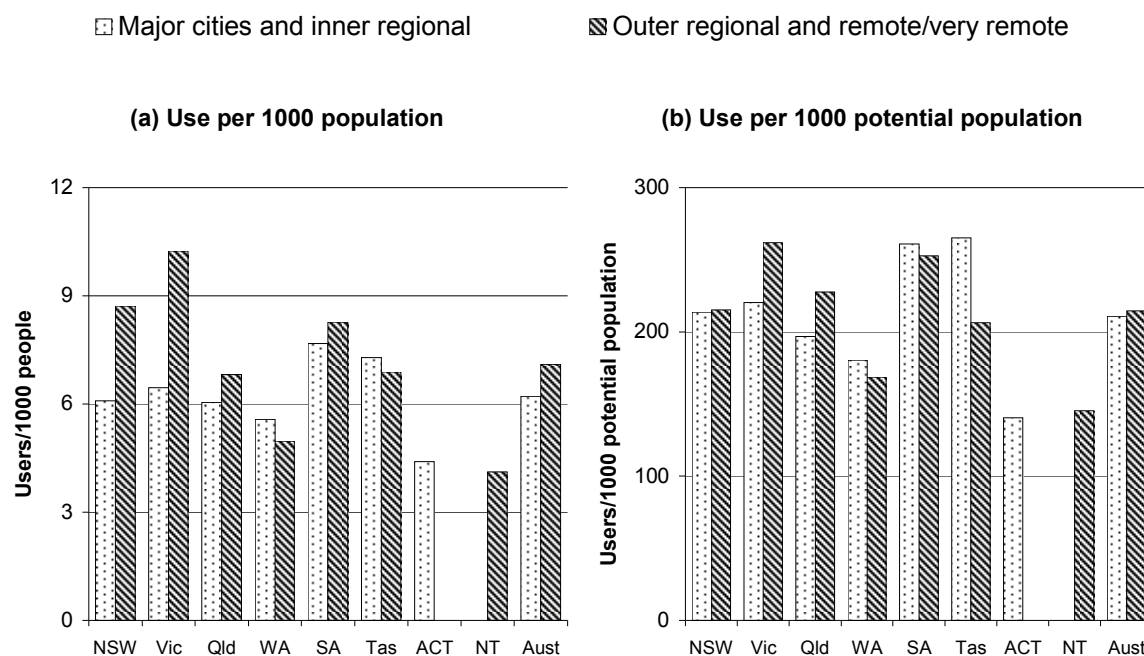


^a See tables 14A.25, 14A.26 and 14A.27 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^c Tasmania does not have major cities. ^d The ACT does not have outer regional and remote/very remote areas. ^e The NT does not have major cities and inner regional areas.

Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (unpublished) derived from ABS (2004) *2003 SDAC*, Cat. no. 4430.0, ABS *2006 Census of Population and Housing (CDATA Online)* and ABS (2008) *Population by Age and Sex, Regions of Australia, 2007*; Cat. no. 3235.0; tables 14A.25, 14A.26 and 14A.27.

Nationally, in 2007-08, the proportion of the outer regional and remote/very remote population who used CSTDA funded employment services (7.1 service users per 1000 population) was higher than that of the major cities and inner regional population (6.2 service users per 1000 population) (figure 14.18a). The proportion of the outer regional and remote/very remote potential population who used CSTDA funded employment services (214.6 service users per 1000 potential population) was higher than that of the major cities and inner regional potential population (210.9 service users per 1000 potential population) (figure 14.18b).

Figure 14.18 Users of CSTDA funded employment services, by geographic location, 2007-08^{a, b, c, d, e}



^a See table 14A.29 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^c Tasmania does not have major cities. ^d The ACT does not have outer regional and remote/very remote areas. ^e The NT does not have major cities and inner regional areas.

Source: AIHW (unpublished) CSTDA NMDS; AIHW (unpublished) derived from ABS (2004) 2003 SDAC, Cat. no. 4430.0, ABS 2006 Census of Population and Housing (CDATA Online), ABS (2007) Labour Force Australia, Detailed Electronic Delivery, June 2007, Cat. no. 6291.0.55.001 and ABS (2008) Population by Age and Sex, Regions of Australia, 2007, Cat. no. 3235.0; table 14A.29.

Service use by special needs groups — Indigenous people

Nationally, in 2007-08, the proportion of the Indigenous population who used CSTDA funded accommodation support services was 2.8 service users per 1000 population, higher than the proportion of the non-Indigenous population who used these services (1.6 service users per 1000 population) (figure 14.19a). The

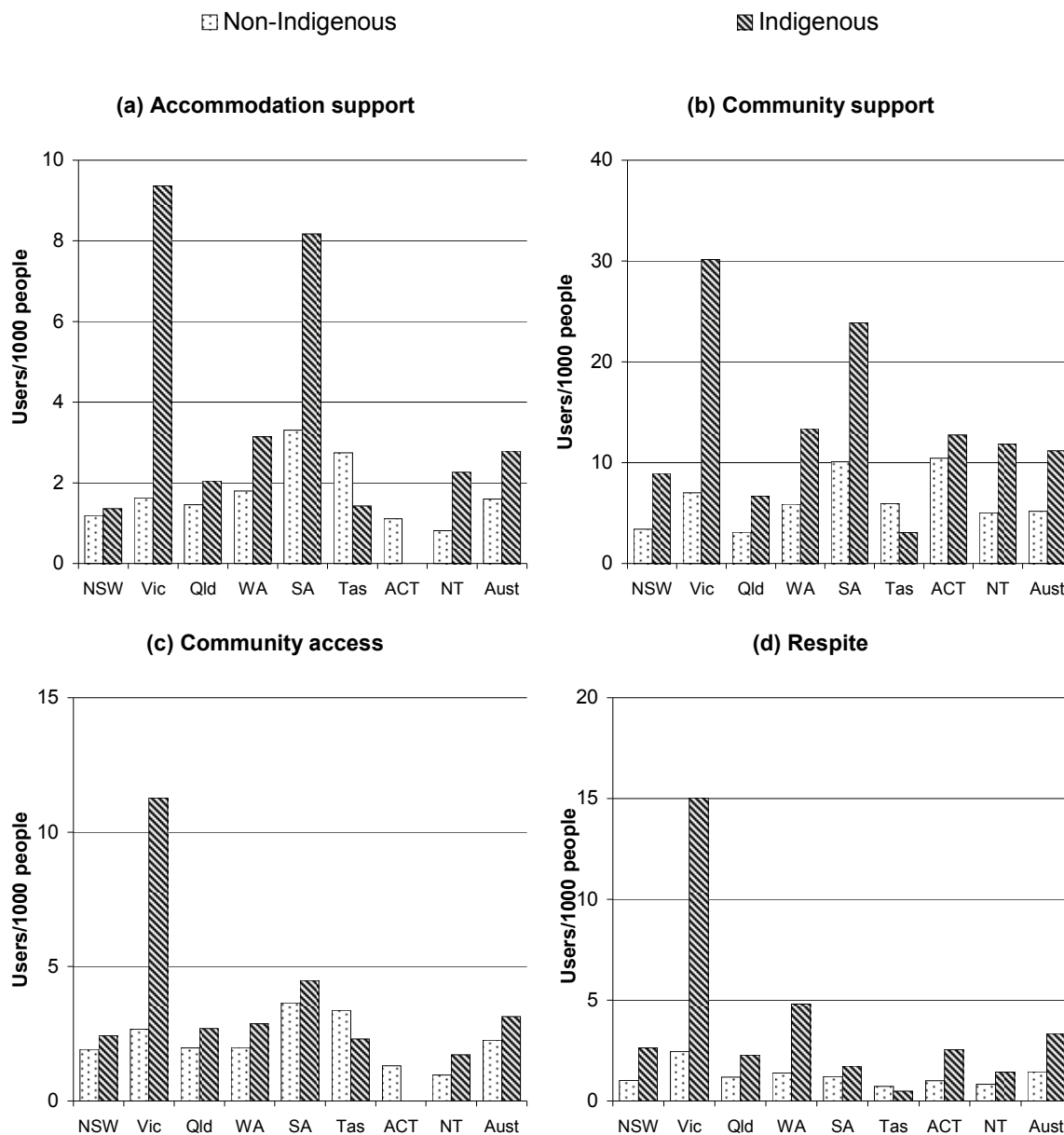
proportion of the Indigenous potential population who used CSTDA funded accommodation support services (39.9 service users per 1000 potential population) was lower than the non-Indigenous potential population who used these services (40.5 service users per 1000 potential population) (figure 14.20a).

Nationally, in 2007-08, the proportion of the Indigenous population who used CSTDA funded community support services was 11.2 service users per 1000 population, higher than the proportion of the non-Indigenous population who used these services (5.2 service users per 1000 population) (figure 14.19b). The proportion of the Indigenous potential population who used CSTDA funded community support services (159.9 service users per 1000 potential population) was higher than the proportion of the non-Indigenous potential population who used these services (131.0 service users per 1000 potential population) (figure 14.20b).

Nationally, in 2007-08, the proportion of the Indigenous population who used CSTDA funded community access services was 3.1 service users per 1000 population, higher than the proportion of the non-Indigenous population who used these services (2.3 service users per 1000 population) (figure 14.19c). The proportion of the Indigenous potential population who used CSTDA funded community access services (44.9 service users per 1000 potential population) was lower than the proportion of the non-Indigenous potential population who used these services (57.4 service users per 1000 potential population) (figure 14.20c).

Nationally, in 2007-08, the proportion of the Indigenous population who used CSTDA funded respite service was 3.3 users per 1000 population, higher than the proportion of the non-Indigenous population who used these services (1.5 service users per 1000 population) (figure 14.19d). Access to respite as a proportion of the potential population is not reported. To derive an estimate of the respite potential populations across the relevant groups Census data on people with a ASSNP who had a primary carer are needed. These data were not collected.

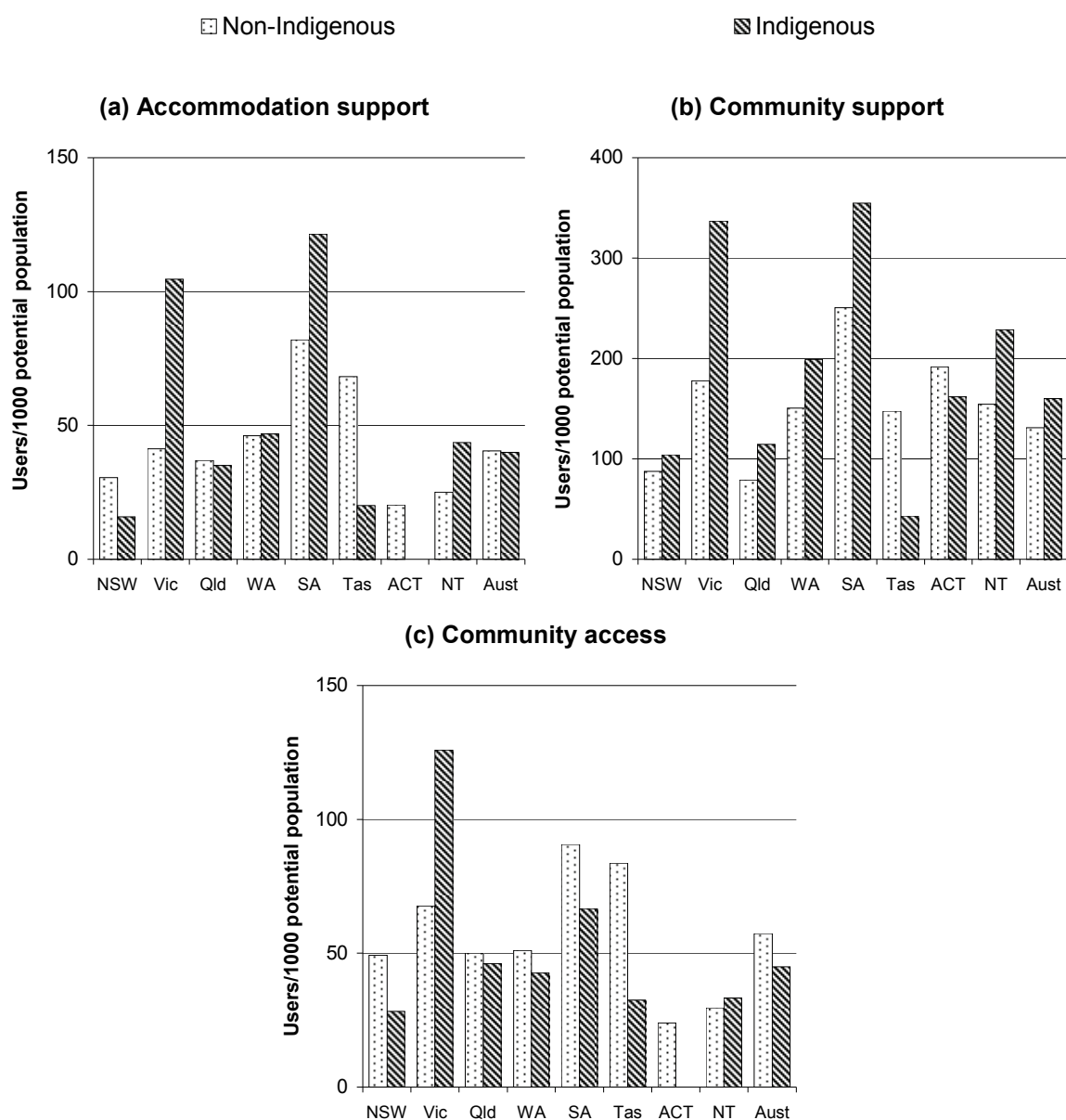
Figure 14.19 Users of State and Territory administered CSTDA funded services per 1000 people, by Indigenous status, 2007-08^{a, b, c}



^a See tables 14A.30, 14A.31, 14A.32 and 14A.33 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^c ACT data for service users per 1000 Indigenous people for accommodation support and community access are not published as they are based on a small number of service users.

Source: AIHW (unpublished) CSTDA NMDS; AIHW (unpublished) derived from ABS (2007) *Population by Age and Sex, Australian States and Territories, Jun 2007*, Cat. no. 3201.0 and ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, Cat. no. 3238.0; tables 14A.30, 14A.31, 14A.32 and 14A.33.

Figure 14.20 Users of State and Territory administered CSTDA funded services per 1000 potential population, by Indigenous status, 2007-08^{a, b, c}



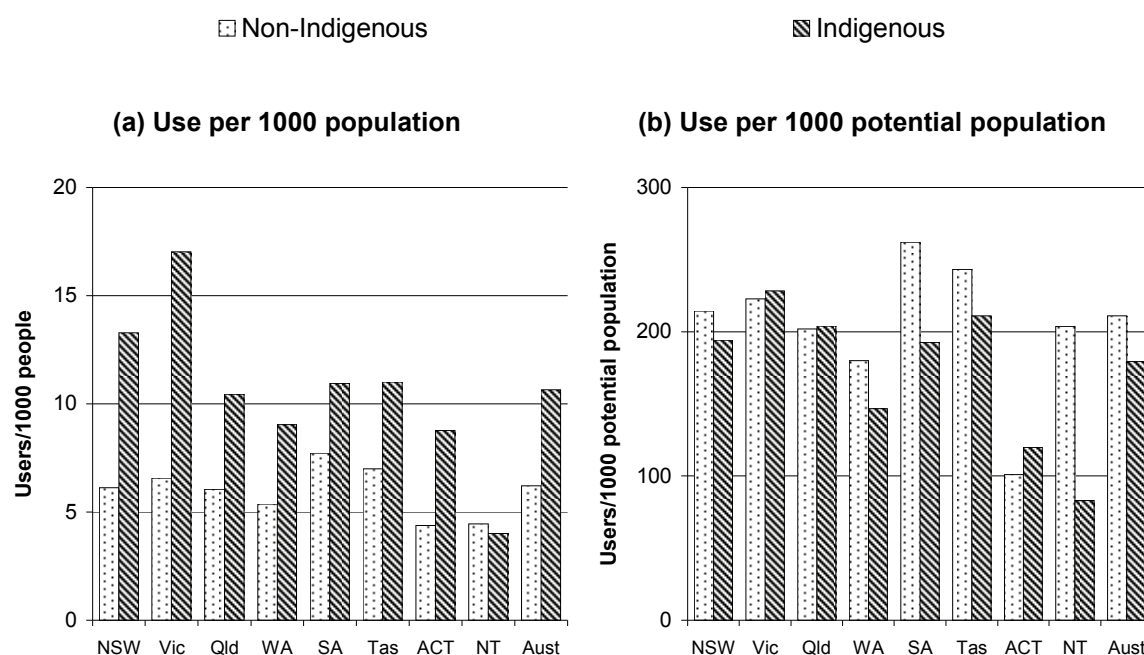
^a See tables 14A.30, 14A.31 and 14A.32 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. ^c ACT data for service users per 1000 Indigenous potential population are not published for accommodation support and community access as they are based on a small number of service users.

Source: AIHW (unpublished) CSTDA NMDS; AIHW (2009) *Disability Support Services 2007-08 National Data on Services Provided under the CSTDA*, Cat. no. DIS 56; tables 14A.30, 14A.31 and 14A.32.

Nationally, in 2007-08, the proportion of the Indigenous population who used CSTDA funded employment services (10.6 service users per 1000 population) was

higher than that of the non-Indigenous population (6.2 service users per 1000 population) (figure 14.21a). The proportion of the Indigenous potential population who used CSTDA funded employment services (179.3 service users per 1000 potential population) was lower than that of the non-Indigenous potential population (210.9 service users per 1000 potential population) (figure 14.21b).

Figure 14.21 Users of CSTDA funded employment services, by Indigenous status, 2007-08^{a, b}



^a See table 14A.34 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) CSTDA NMDS; AIHW (unpublished) derived from ABS (2004) 2003 SDAC, Cat. no. 4430.0, ABS 2006 Census of Population and Housing (CDATA Online), ABS (2007) Labour Force Australia, Detailed Electronic Delivery, June 2007, Cat. no. 6291.0.55.001, ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, Cat. no. 3238.0 and ABS (2007) Population by Age and Sex, Australian States and Territories, Jun 2007, Cat. no. 3201.0; table 14A.34.

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

Nationally, in 2007-08, the proportion of people born in a non-English speaking country who used CSTDA funded accommodation support services was 0.5 users per 1000 population, lower than the proportion of people born in an English speaking country (1.8 service users per 1000 population) (figure 14.22a). The proportion of the potential population born in a non-English speaking country who used CSTDA funded accommodation support services (12.8 users per 1000

potential population) was lower than the proportion of people born in an English speaking country who used these services (45.3 service users per 1000 potential population) (figure 14.23a).

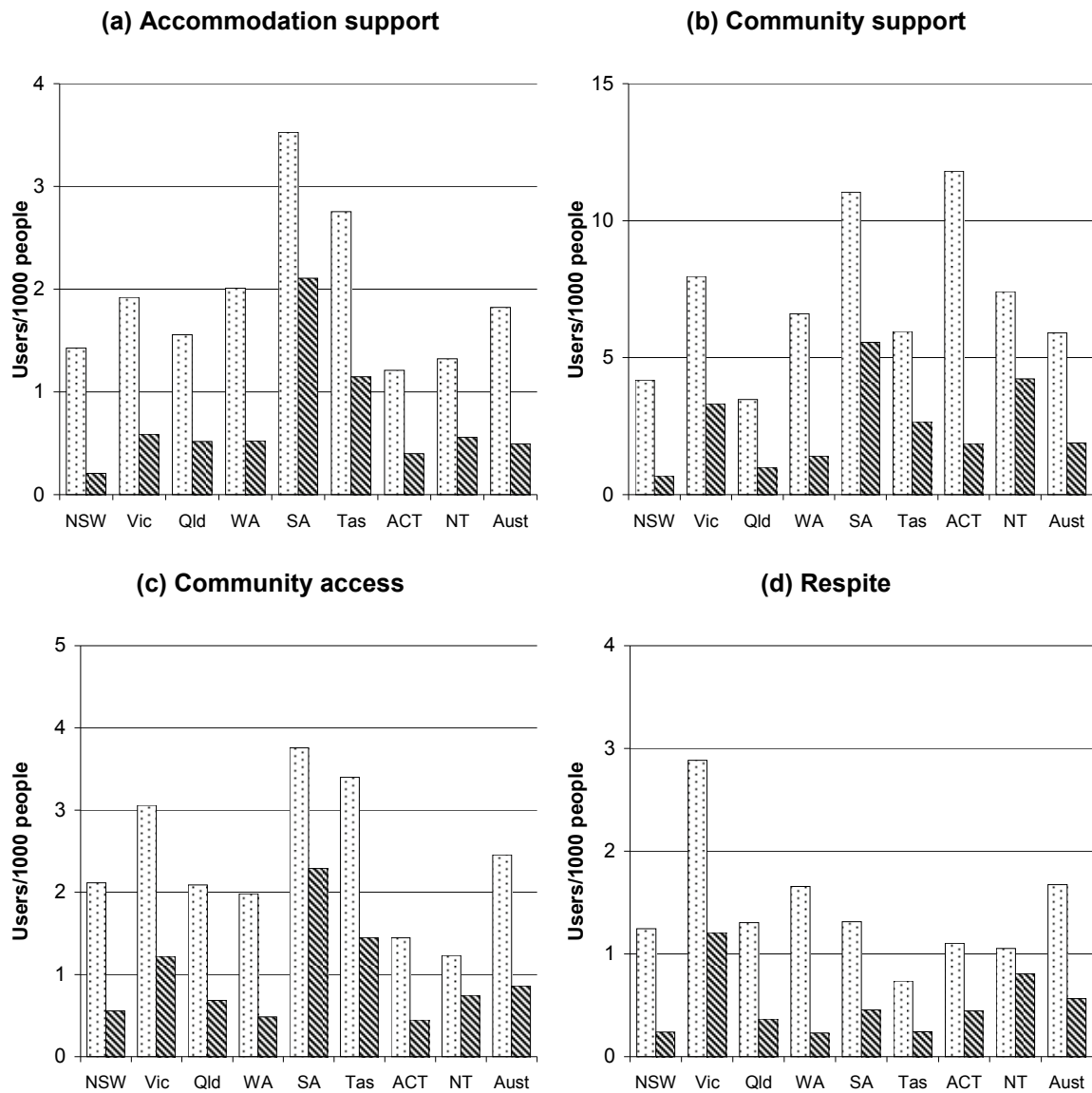
Nationally, in 2007-08, the proportion of people born in a non-English speaking country who used CSTDA funded community support services was 1.9 service users per 1000 population, lower than the proportion of people born in an English speaking country who used these services (5.9 service users per 1000 population) (figure 14.22b). The proportion of the potential population born in a non-English speaking country who used community support services (48.8 service users per 1000 potential population) was lower than the proportion of people born in an English speaking country who used these services (146.6 service users per 1000 potential population) (figure 14.23b).

Nationally, in 2007-08, the proportion of people born in a non-English speaking country who used CSTDA funded community access services was 0.9 users per 1000 population, lower than the proportion of people born in an English speaking country who used these services (2.5 service users per 1000 population) (figure 14.22c). The proportion of the potential population born in a non-English speaking country who used community access services (22.3 service users per 1000 potential population) was lower than the proportion of people born in an English speaking country who used these services (61.0 service users per 1000 population) (figure 14.23c).

Nationally, in 2007-08, the proportion of people born in a non-English speaking country who used CSTDA funded respite services was 0.6 service users per 1000 population, lower than the proportion of people born in an English speaking country who used these services (1.7 service users per 1000 population) (figure 14.22d). Access to respite as a proportion of the potential population is not reported. To derive an estimate of the respite potential populations across the relevant groups Census data on people with a ASSNP who had a primary carer are needed. These data were not collected.

Figure 14.22 Users of State and Territory administered CSTDA funded services per 1000 people, by country of birth, 2007-08^{a, b}

☐ People born in an English speaking country ▨ People born in a non-English speaking country

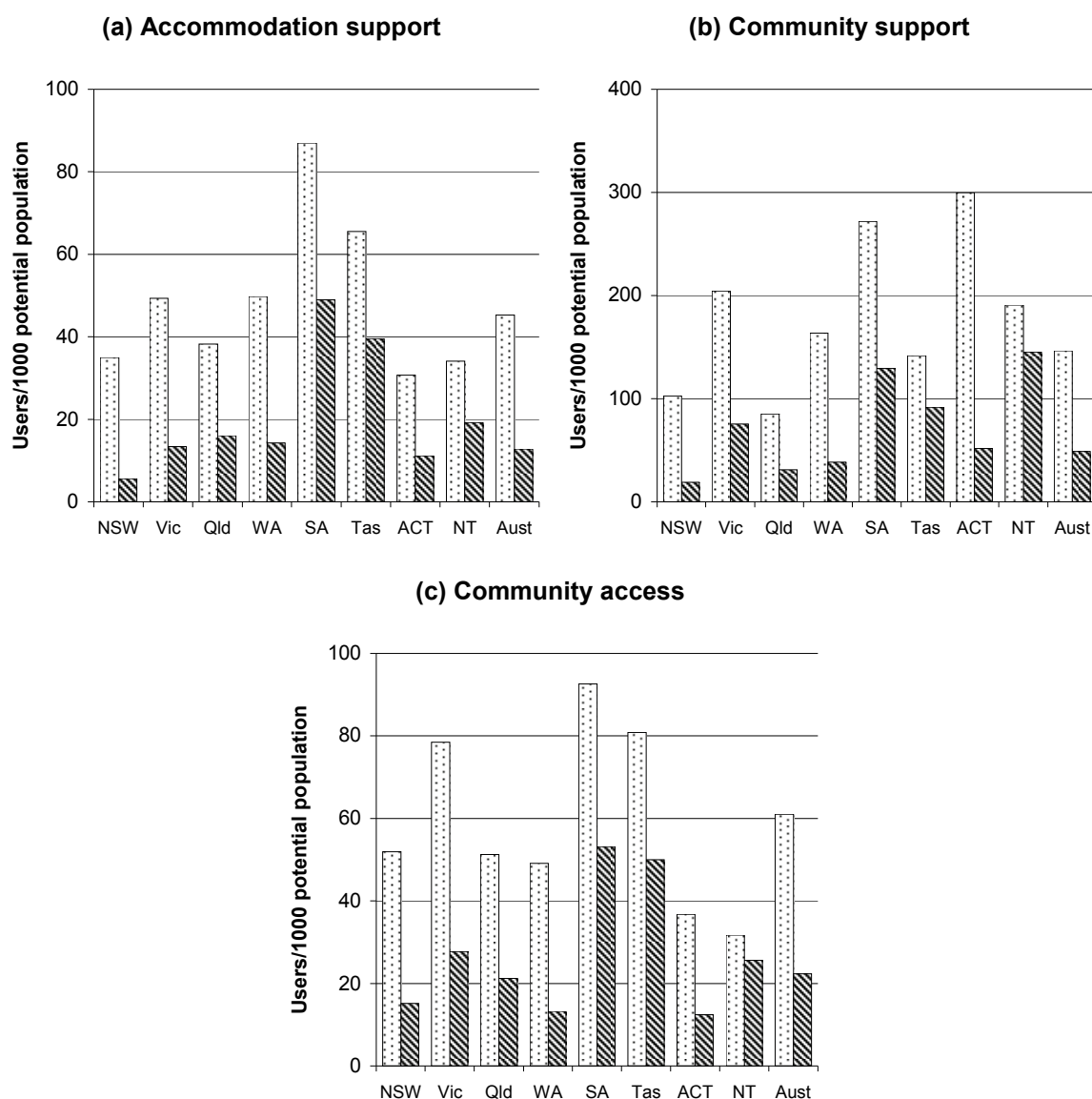


^a See tables 14A.35, 14A.36, 14A.37 and 14A.38 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) CSTDA NMDS; AIHW (unpublished) derived from ABS 2006 Census of Population and Housing (CDATA Online) and ABS (2007) Population by Age and Sex, Australian States and Territories, Jun 2007, Cat. no. 3201.0; tables 14A.35, 14A.36, 14A.37 and 14A.38.

Figure 14.23 Users of State and Territory administered CSTDA funded services per 1000 potential population, by country of birth, 2007-08^{a, b}

☐ People born in an English speaking country ▨ People born in a non-English speaking country



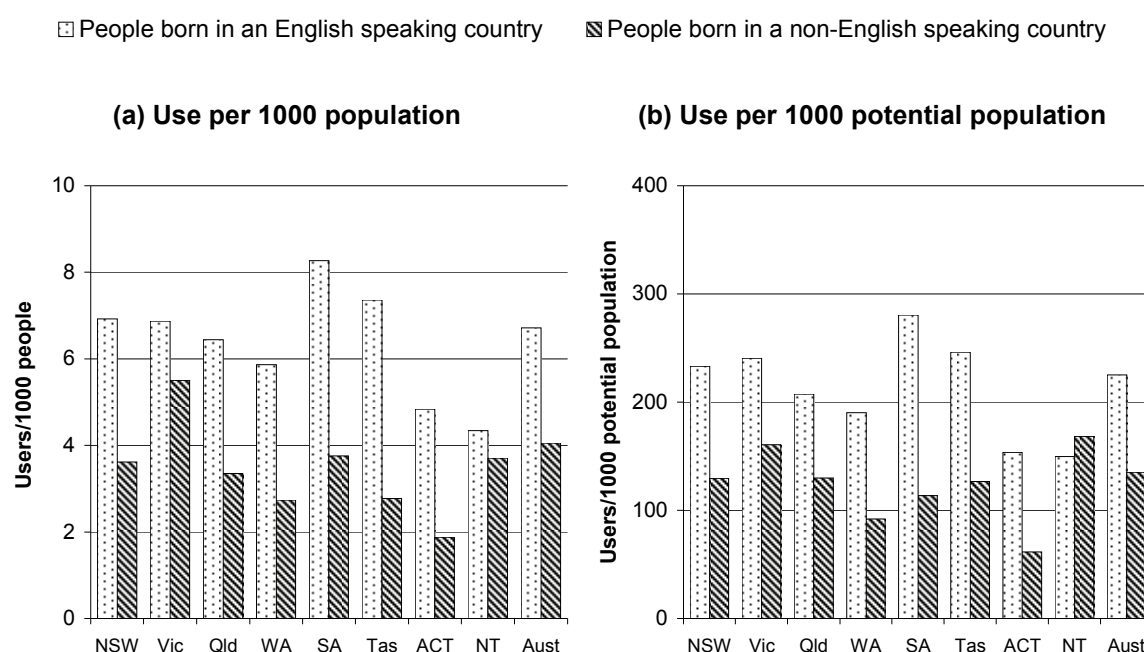
a See tables 14A.35, 14A.36 and 14A.37 for detailed notes relating to these data. **b** Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (unpublished) derived from ABS (2004) *2003 SDAC*, Cat. no. 4430.0; ABS *2006 Census of Population and Housing (CDATA Online)* and ABS (2007) *Population by Age and Sex, Australian States and Territories, Jun 2007*, Cat. no. 3201.0; tables 14A.35, 14A.36 and 14A.37.

Nationally, in 2007-08, the proportion of people born in a non-English speaking country who used CSTDA funded employment services (4.1 service users

per 1000 population) was lower than that of people born in an English speaking country (6.7 service users per 1000 population) (figure 14.24a). The proportion of the potential population of people born in a non-English speaking country who used CSTDA funded employment services (135.2 service users per 1000 potential population) was lower than that of the potential population of people born in an English speaking country (225.1 service users per 1000 potential population) (figure 14.24b).

Figure 14.24 Users of CSTDA funded employment services, by country of birth, 2007-08^{a, b}



^a See table 14A.39 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) CSTDA NMDS; AIHW (unpublished) derived from ABS (2004) 2003 SDAC, Cat. no. 4430.0, ABS 2006 Census of Population and Housing, ABS (2007) Labour Force Australia, Detailed Electronic Delivery, June 2007, Cat. no. 6291.0.55.001 and ABS (2007) Population by Age and Sex, Australian States and Territories, Jun 2007, Cat. no. 3201.0; table 14A.39.

Proportion receiving community accommodation and care services

‘Proportion receiving community accommodation and care services’ is an indicator of governments’ objective to assist people with disability to live as valued and participating members of the community (box 14.8). Governments provide or fund accommodation support services to people with disability in institutional/residential settings and through community accommodation and care services. 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 services provided in other community settings are attendant care/personal care, in home accommodation support, alternative family placement and other accommodation support.

State and Territory governments generally seek, if possible, to provide accommodation support services to people with disability outside of institutional/residential settings. Community accommodation and care services are considered to provide better opportunities for people with disability to be involved in their community.

Box 14.8 Proportion receiving community accommodation and care services

'Proportion receiving community accommodation and care services' 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).

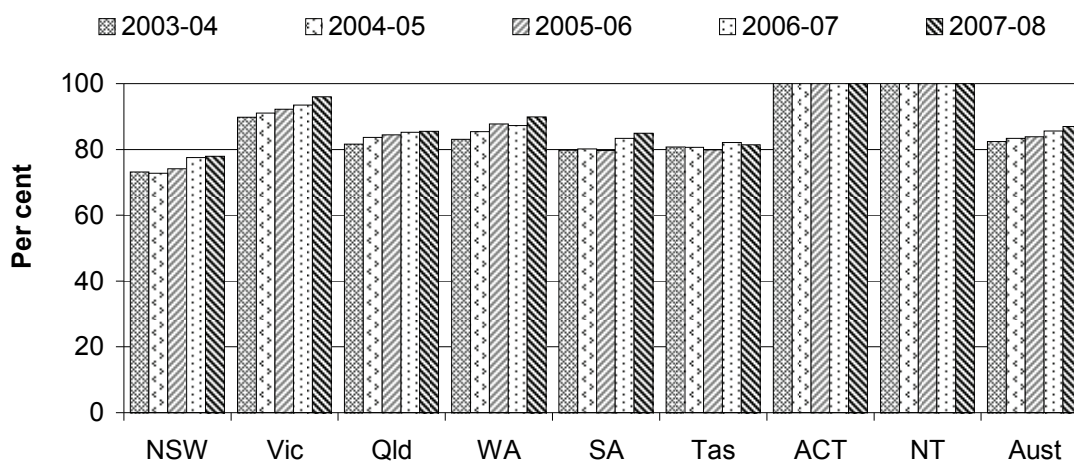
A higher proportion of people accessing CSTDA funded community accommodation and care services is likely to provide better opportunities for people with disability (who need accommodation support) to be involved in their community.

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 on the basis of relative need.

Data reported for this indicator are comparable.

Nationally, 87.0 per cent of users of CSTDA funded accommodation support services received community accommodation and care services in 2007-08 (figure 14.25).

Figure 14.25 Users of community accommodation and care services as a proportion of all CSTDA funded accommodation support service users^{a, b}



^a See table 14A.40 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) CSTDA NMDS; table 14A.40.

Program for younger people in residential aged care

‘Program for younger people in residential aged care’ has been identified for development as an indicator of governments’ objective to provide services to people with disability that are appropriate to their needs (box 14.9).

Box 14.9 Program for younger people in residential aged care

‘Program for younger people in residential aged care’ is yet to be defined.

Data for this indicator were not available for the 2010 Report.

Client satisfaction with appropriateness

‘Client satisfaction with appropriateness’ has been identified for development as an indicator of governments’ objective to provide services to people with disability that are appropriate to their needs (box 14.10). This indicator will seek to measure the appropriateness of these services relative to the service user’s need, from the service user’s perspective.

Box 14.10 Client satisfaction with appropriateness

'Client satisfaction with appropriateness' is yet to be defined.

Data for this indicator were not available for the 2010 Report.

Equity and effectiveness — quality of services

The following equity and effectiveness quality indicators are reported:

- 'Quality assurance processes'
- 'Client and carer satisfaction'.

Quality assurance processes

'Quality assurance processes' are an indicator related to governments' objective to deliver and fund services for people with disability that meet a particular standard of quality (box 14.11).

Box 14.11 Quality assurance processes

'Quality assurance processes' is defined as the proportion of CSTDA/NDA disability service outlets that have been assessed (either by an external agency or through a self-assessment process) against service standards.

A higher proportion of disability service outlets that have been assessed against the standards (and are found to be compliant) suggests an improvement in the quality of government delivered or funded specialist disability services.

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

Data reported for this indicator are neither complete nor directly comparable.

A set of eight minimum National Disability Service Standards were developed in 1992 in the context of the first Commonwealth State Disability Agreement (box 14.12). Under that Agreement, the Australian Government and all State and Territory governments agreed to implement these minimum standards.

- The Australian Government has implemented a quality assurance system for funded disability employment and rehabilitation services that requires service providers to be certified as compliant against 12 standards (which include the

eight minimum standards). Each standard has a least one key performance indicator (table 14A.50).

- Most State and Territory governments have undertaken work to interpret the standards (such as developing supporting standards) and to develop related performance indicators and/or guidance on how to meet the standards. Most State and Territory governments have adopted additional standards to the eight minimum National Standards. Five jurisdictions have adopted a specific standard relating to ‘Protection of human rights and freedom from abuse’, for example. Some have also introduced specific outcome standards for service users or generic standards that apply to all community sector organisations including disability services (tables 14A.42–49).
- All State and Territory governments have also developed, or are in the process of developing/re-developing, mechanisms for assessing compliance with standards (tables 14A.42–49).

Box 14.12 National Disability Service Standards

Standard 1 Service access

Each consumer seeking a service has access to a service on the basis of relative need and available resources.

Standard 2 Individual needs

Each person with a disability receives a service which is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

Standard 3 Decision making and choice

Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his or her daily life in relation to the services he or she receives.

Standard 4 Privacy, dignity and confidentiality

Each consumer’s right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.

Standard 5 Participation and integration

Each person with a disability is supported and encouraged to participate and be involved in the life of the community.

(Continued on next page)

Box 14.12 (Continued)

Standard 6 Valued status

Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community.

Standard 7 Complaints and disputes

Each consumer is free to raise and have resolved, any complaints or disputes he or she may have regarding the agency or the service.

Standard 8 Service management

Each agency adopts sound management practices which maximise outcomes for consumers.

The quality assurance processes differ across jurisdictions. Most processes include some form of self-assessment. Many expect, or are working toward implementing, an external third party audit/certification process.

Data on quality assurance processes in 2008-09 are reported in box 14.13. These results should be interpreted with reference to tables 14A.42–50 that contain information on the legislation under which jurisdictions' implement standards, the relevant disability service standards and how quality is monitored.

Under the NDA, there is a performance benchmark that all services should be subject to quality improvement systems consistent with National Standards by 2010. Quality improvement systems are an identified priority area on which parties have agreed to concentrate initial national efforts (box 14.1). On 11 September 2009, the Community and Disability Services Ministers' Conference endorsed the interim National Quality Framework for Disability Services, including revising the National Standards for Disability Services. Under this Framework, a national approach to quality assurance and the continuous improvement of disability services will be introduced.

Box 14.13 Quality assurance processes for specialist disability services^a

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

Australian Government

Australian Government funded disability employment assistance organisations are required to meet 12 quality standards and 26 key performance indicators, as a prerequisite for continued funding. In order to verify that the standards have been met, independent accredited certification bodies perform initial certification as well as annual surveillance audits for each organisation. In 2008-09, all 420 organisations funded to provide disability employment assistance (100 per cent) were audited by independent certification bodies.

NSW, Victoria, Queensland, WA, SA and the ACT

In 2008-09, different quality assurance processes were in place in NSW, Victoria, Queensland, WA, SA and the ACT. The evaluation processes relate to both government and non-government service outlets, although in some jurisdictions the requirements are different across service sectors.

NSW

In NSW, the *Integrated Monitoring Framework* (IMF) provides an integrated approach to compliance, quality and performance reporting for all funded services. Each year all service providers (100 per cent) are required to report their compliance with contractual obligations including adherence to legislation, policy and program guidelines. The quality component of the IMF includes a provider self-assessment and a desk top review, followed by an on-site service review of the provider's outlets. As part of the on-site review, service providers are required to demonstrate adherence to 23 key performance indicators (KPIs). By June 2009, 2849 outlets had been assessed through an on-site review. Over 16 per cent of outlets fully met the requirements of all 23 KPIs. The majority of the remaining outlets met most of the 23 KPIs. Providers were expected to develop Action Plans against any partially met or unmet KPI.

Victoria

In 2008-09, Victoria continued the transition towards a personal outcomes focus and the introduction of independent monitoring that are core elements of the *Quality Framework for Disability Services in Victoria (2007)*. During 2008-09, all registered disability service providers (100 per cent) were required to undertake a self-assessment and report compliance with the standards. A mechanism for independent monitoring and certification against the Standards has also been developed.

(Continued on next page)

Box 14.13 (Continued)

Queensland

Introduced on 1 July 2004, the *Disability Sector Quality System* requires all disability service providers recurrently funded by government to achieve certification through an external certification body. The quality system also provides a framework to support service providers to develop, implement and maintain their own quality management system. Of the established 239 recurrently funded service providers, 100 per cent have achieved certification and undergo annual surveillance audits to ensure that certification is maintained and that a continuous improvement plan has been developed. Currently there are 19 new service providers who are in the process of implementing their quality management systems in preparation for external audit.

WA

In WA, the *Quality Management Framework* (QMF) was implemented in 2009. Under the QMF, recurrently funded service providers are evaluated against disability service standards and outcome standards. In 2008-09, 21 per cent (or 218 of 1042) of total disability service outlets had been independently monitored against the standards, and 73.4 per cent (160 of 218) of these assessed service outlets had been quality assured against all assessed standards. Outlets that had not been independently assessed were required to provide a self-assessment.

SA

In SA, non-government service providers are required to meet quality assurance criteria before they may provide NDA funded services. From 2006-07, this included participation in an independently audited quality assurance system, the *Service Excellence Framework*. The *Service Excellence Program* is the Department for Families and Communities preferred quality improvement program. As at June 2009, 77 per cent (86 of 112) of approved disability providers are engaged in the Service Excellence Framework, with a further 14 per cent (16 of 112) involved in other independently assessed quality assurance programs. Disability SA, the government disability services provider, self-assesses against the *Business Excellence Framework* adopted across all areas of the Department for Families and Communities.

ACT

In 2008-09, the ACT continued implementation of the quality improvement system for all funded agencies. All individual agencies (100 per cent) are required to undertake an annual baseline self-assessment against the National Disability Service Standards, with quality improvement action plans being developed and implemented on the basis of any identified issues.

^a Information on quality assurance processes for providers of specialist disability services in 2008-09 are not available for Tasmania and the NT.

Source: Australian, NSW, Victoria, Queensland, WA, SA and the ACT governments (unpublished).

Client and carer satisfaction

‘Client and carer satisfaction’ is an indicator of governments’ objective to deliver and fund quality services for people with disability that meet the needs and goals of the client (or carer of the client) receiving them (box 14.14).

Box 14.14 Client and carer satisfaction

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, as it suggests the service received was of a higher quality and better met the needs and goals of the client (or carer).

Data reported for this indicator are neither complete nor directly comparable.

Data are available for reporting for Victoria, Queensland, SA, Tasmania and the ACT only (box 14.15). It is anticipated that data for other jurisdictions will be included in future reports.

Box 14.15 Client and carer satisfaction with specialist disability services

The client and carer satisfaction processes data reported below relate to CSTDA/NDA funded services.

Victoria

In 2008-09, Victoria conducted a survey to measure carers' satisfaction with the respite services they received. The results show that 69 per cent of the households surveyed were satisfied with the services they received.

Queensland

Queensland conducted a *Disability and Mental Health Service Users and Carers Satisfaction Survey* during February to April 2009. Overall, of the 2147 service users, proxies and carers who were surveyed, 73 per cent of service users and proxies and 66 per cent of carers reported that they were satisfied with the services they received. The survey provides results according to the type of disability and mental health services received and shows the following:

- 80 per cent of service users and their proxies and 74 per cent of carers were satisfied with accommodation support services
- 66 per cent of service users and their proxies and 61 per cent of carers were satisfied with community support services
- 76 per cent of service users and their proxies and 65 per cent of carers were satisfied with community access services
- 81 per cent of service users and their proxies and 77 per cent of carers were satisfied with respite services.

SA

In SA, customer satisfaction surveys are undertaken every 6 months across all government agencies. In the March 2009 survey, a total of 396 people responded to the Disability SA survey, of which 181 were clients of Disability SA and 215 were family carers or advocates. The results of the survey indicate that 83 per cent of respondents were satisfied with the accessibility of the service provided and 63 per cent were satisfied with the amount of time it took to get the service provided. Overall, 41 per cent were very satisfied and a further 38 per cent were satisfied with the quality of service delivery. Of the respondents, 69 per cent said they received what they needed from Disability SA and 22 per cent received part of what they needed.

(Continued on next page)

Box 14.15 (Continued)

Tasmania

In 2008-09, Tasmania conducted client and family satisfaction surveys across a range of group homes and community access services. For group homes, 117 clients and 272 families were surveyed and for community access services, 63 clients and 153 families were surveyed. The proportion of clients who were satisfied with the quality of services was 91 per cent for group homes and 96 per cent for community access services. Families indicated similar levels of satisfaction with the quality of services with 98 per cent satisfied in group homes and 95 per cent satisfied in community access services.

ACT

In 2009, the ACT conducted several satisfaction surveys for clients of government provided disability services. These surveys asked clients to rate their overall satisfaction levels with the quality of the services they had received. The proportion of service users reporting that they were satisfied or very satisfied was:

- 76 per cent for accommodation support services
- 82 per cent for respite service users
- 87 per cent for community support service users.

Source: Victoria, Queensland, SA, Tasmanian and the ACT governments (unpublished).

Efficiency — cost per output unit

The following cost per output unit efficiency indicators are reported:

- ‘Cost per user of government provided accommodation support services’
- ‘Government contribution per user of non-government provided services’
- ‘Cost per user of State and Territory administered services’.

This Report includes 2008-09 expenditure data provided by Australian, State and Territory governments. However, as 2008-09 service user data from the NMDS collection were not available for this Report, the cost per service user efficiency indicators are reported for 2007-08. 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 can differ. Data in this Report might also differ from information reported elsewhere because the data here exclude users of specialist psychiatric disability services only.

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 chapter do not yet include the user cost of capital, and so do not reflect the full costs of government funded services. (User cost of capital is defined in chapter 2.)

Considerable effort has been made to document any differences in calculating the reported efficiency indicators. Concerns remain over the comparability of the results, because jurisdictions use different methods of data collection (table 14A.51).

Financial data — expenditure items included/excluded

Financial data reported in this chapter include/exclude various expenditure items depending on the context in which the data are reported. When specific service types are discussed, only direct recurrent expenditure on those specific services is included (this may include administrative costs that can be directly attributed to a specific service/s). When the disability services system as a whole is discussed, expenditure includes general administrative overheads that cannot be allocated to a specific service/s and major capital grants to non-government service providers. Capital grants to non-government service providers are excluded from total recurrent expenditure for the indicator ‘administrative expenditure as a proportion of total recurrent expenditure’, as they are not strictly a ‘recurrent’ expense. Exclusion of these grants improves the comparability of the indicator across jurisdictions and over time.

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, agency or local government. 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 that non-government service providers received from the private sector and the general public are outside the scope of this Report.

Accommodation support services

Governments provide or contribute funding to accommodation support services for people with disability in institutional/residential settings and through community accommodation and care. There has been an ongoing process of relocating people with disability from institutional/residential accommodation to community accommodation (including group homes and other 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 governments’ objective to provide specialist disability services in an efficient manner (box 14.16).

Box 14.16 Cost per user of government provided accommodation support services

‘Cost per user of government provided accommodation support services’ is defined as the net government expenditure per user of government provided CSTDA accommodation support services in:

- institutional/residential settings
- group homes
- 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 can reflect deteriorating efficiency, it can also reflect improvements in the quality or attributes of the services provided. Increasing expenditure can 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 can reflect improving efficiency, or lower quality and less effective services. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

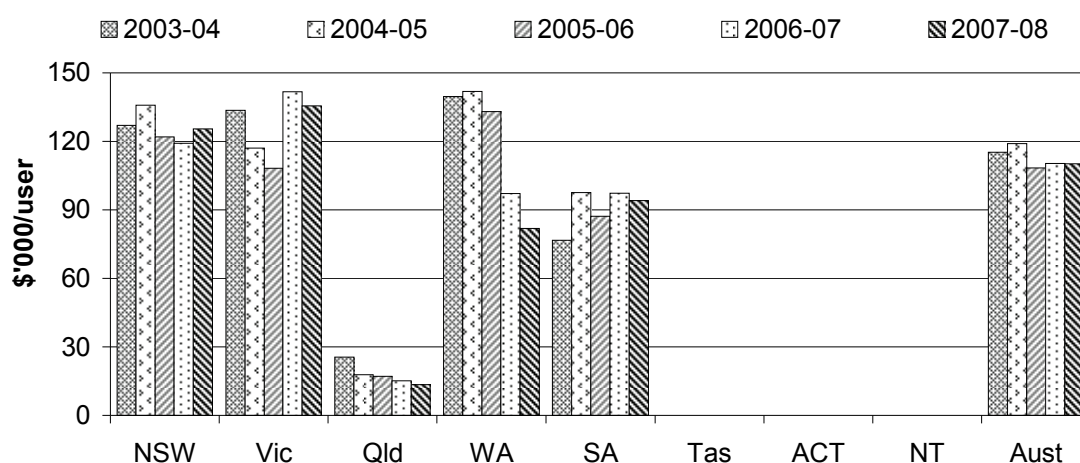
Data reported for this indicator are not directly comparable.

The data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

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 \$110 158 per service user in 2007-08 (figure 14.26).

Figure 14.26 Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2007-08 dollars)^{a, b, c, d, e}



^a See table 14A.52 for detailed notes relating to these data. ^b Service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. Section 14.6 contains further information on these quality issues. ^c In NSW, the change in expenditure per user between 2006-07 and 2007-08 is largely caused by a correction in the NMDS service user data. Some users of non-government provided services were coded as government users in the reports of previous years and this has been rectified for 2007-08. ^d WA service user data for 2007-08 were provided directly by WA and have not been validated by the AIHW. The revisions correct for a coding error related to users allocation to government or non-government services. ^e There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT or the NT.

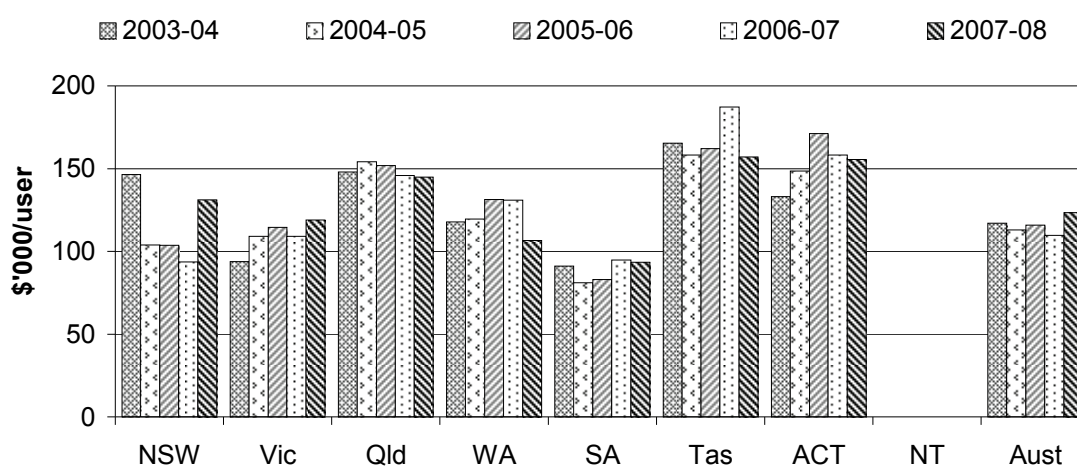
Source: AIHW (unpublished) *CSTDA NMDS*; State and Territory governments (unpublished); table 14A.52.

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 \$123 367 per service user in 2007-08 (figure 14.27). For 2003-04 and 2004-05, the denominators and the

numerators used to derive this measure do not match for NSW, Victoria, WA and SA, as the service user data include services provided by local governments and the expenditure data exclude services provided by local governments. Thus, historical data for this measure need to be interpreted with care.

Figure 14.27 Estimated annual government expenditure per user of government provided accommodation support services in group homes (2007-08 dollars)^{a, b, c, d, e, f}



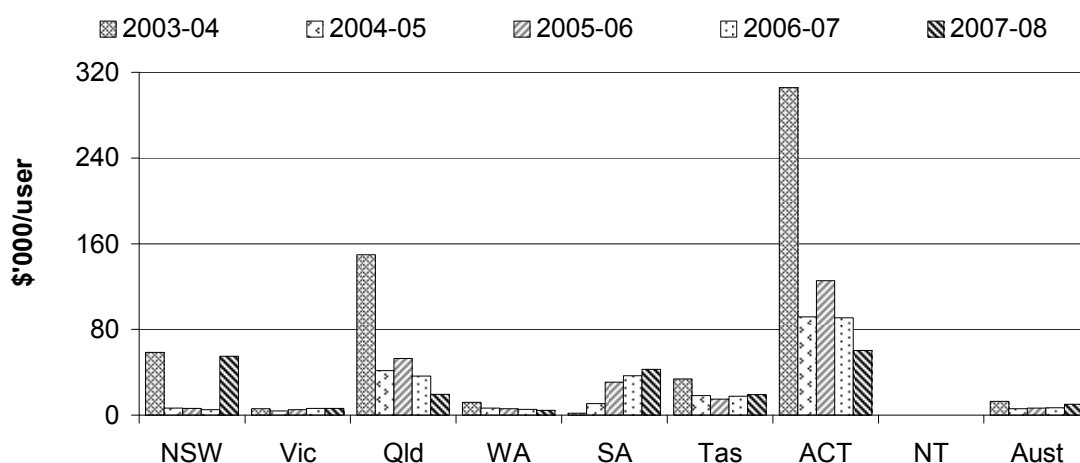
^a See table 14A.52 for detailed notes relating to these data. ^b Service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. Section 14.6 contains further information on these quality issues. ^c In NSW, the change in expenditure per user between 2006-07 and 2007-08 is largely caused by a correction in the NMDS service user data. Some users of non-government provided services were coded as government users in the reports of previous years and this has been rectified for 2007-08. ^d WA service user data for 2007-08 were provided directly by the WA Government and have not been validated by the AIHW. The revisions correct for a coding error related to users allocation to government or non-government services. ^e In the ACT, the increase in expenditure between 2004-05 to 2005-06 is the result of a combination of factors including service user information being excluded as a result of data cleansing analyses of the NMDS forms or being reclassified to 'other community settings'. ^f There were no government providers of accommodation support services in group homes in the NT.

Source: AIHW (unpublished) CSTDA NMDS; State and Territory governments (unpublished); table 14A.52.

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 \$10 042 per service user in 2007-08 (figure 14.28). For 2003-04 and 2004-05, the denominators and the numerators used to derive this measure do not match for NSW, Victoria, WA and SA, as the service user data include services provided by local governments and the expenditure data exclude services provided by local governments. Thus, historical data for this measure need to be interpreted with care.

Figure 14.28 **Estimated annual government expenditure per user of government provided accommodation support services in other community settings (2007-08 dollars)^{a, b, c, d, e, f}**



^a See table 14A.52 for detailed notes relating to these data. ^b Service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. Section 14.6 contains further information on these quality issues. ^c In NSW, the change in expenditure per user between 2006-07 and 2007-08 is largely caused by a correction in the NMDS service user data. Some users of non-government provided services were coded as government users in the reports of previous years and this has been rectified for 2007-08. ^d WA service user data for 2007-08 were provided directly by WA and have not been validated by the AIHW. The revisions correct for a coding error related to users allocation to government or non-government services. ^e In the ACT, the change in expenditure per user between 2003-04 and 2004-05 is the result of care arrangement changes for a small number of high care need service users. The increase in cost per user between 2004-05 and 2005-06 is the result of data cleansing as some services users were not counted. ^f There were no government providers of accommodation support services in other community settings in the NT.

Source: AIHW (unpublished) CSTDA NMDS; State and Territory governments (unpublished); table 14A.52.

Government contribution per user of non-government provided services

‘Government contribution per user of non-government provided services’ is an indicator of governments’ objective to provide specialist disability services in an efficient manner (box 14.17).

Box 14.17 Government contribution per user of non-government provided services

‘Government contribution per user of non-government provided services’ is defined as the net government expenditure per CSTDA service user. Measures are reported for 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 are difficult to interpret. Although high or increasing expenditure per unit of output can reflect deteriorating efficiency, it can also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of users. Similarly, low or declining expenditure per unit of output can reflect improving efficiency, or lower quality and less effective services. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

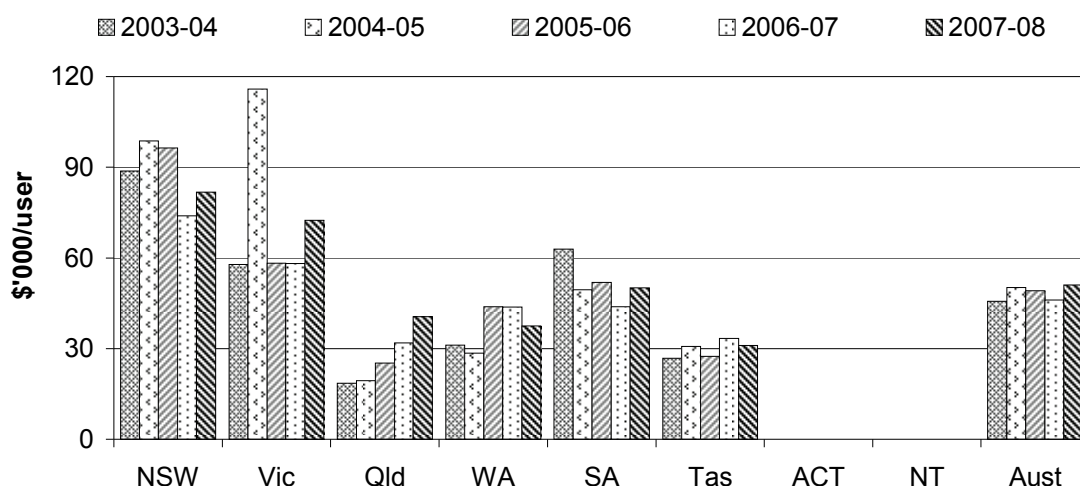
Data reported for this indicator are not directly comparable.

The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

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 \$51 043 per service user in 2007-08 (figure 14.29).

Figure 14.29 **Estimated annual government funding per user of non-government provided accommodation support services in institutional/residential settings (2007-08 dollars)^{a, b, c, d, e, f}**



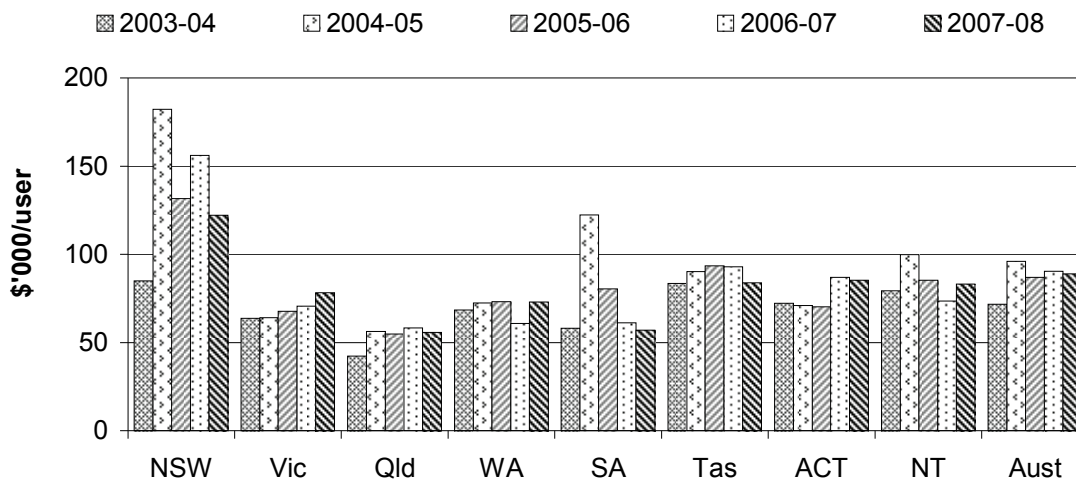
^a See table 14A.52 for detailed notes relating to these data. ^b Service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. Section 14.6 contains further information on these quality issues. ^c In NSW, the change in expenditure per user between 2006-07 and 2007-08 is largely caused by a correction in the NMDS service user data. Some users of non-government provided services were coded as government users in the reports of previous years and this has been rectified for 2007-08. ^d The Victorian cost per service user for 2004-05 is overstated due to a significant proportion of service users having moved from institutional settings to community based and individualised settings, while expenditure continued to be similar to previous years. ^e WA service user data for 2007-08 were provided directly by the WA Government and have not been validated by the AIHW. The revisions correct for a coding error related to users allocation to government or non-government services. ^f There were no non-government provided accommodation support services in institutional/residential settings in the ACT and the NT.

Source: AIHW (unpublished) *CSTDA NMDS*; State and Territory governments (unpublished); table 14A.52.

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 \$88 854 per service user in 2007-08 (figure 14.30). For 2003-04 and 2004-05, the denominators and the numerators used to derive this measure do not match for NSW, Victoria, WA and SA, as the service user data exclude services provided by local governments and the expenditure data include services provided by local governments. Thus historical data for this measure need to be interpreted with care.

Figure 14.30 Estimated annual government funding per user of non-government provided accommodation support services in group homes (2007-08 dollars)^{a, b, c, d}



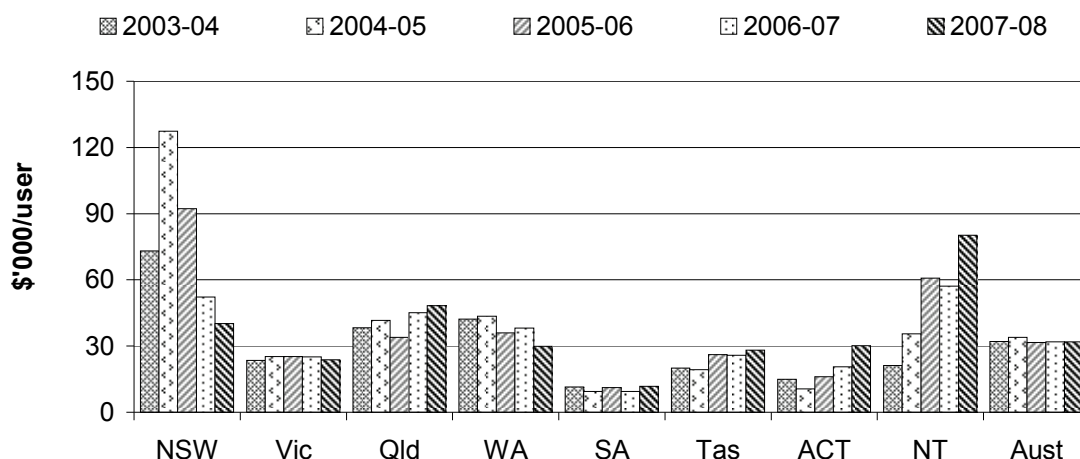
^a See table 14A.52 for detailed notes relating to these data. ^b Service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. Section 14.6 contains further information on these quality issues. ^c In NSW, the change in expenditure per user between 2006-07 and 2007-08 is largely caused by a correction in the NMDS service user data. Some users of non-government provided services were coded as government users in the reports of previous years and this has been rectified for 2007-08. ^d WA service user data for 2007-08 were provided directly by the WA Government and have not been validated by the AIHW. The revisions correct for a coding error related to users allocation to government or non-government services.

Source: AIHW (unpublished) CSTDA NMDS; State and Territory governments (unpublished); table 14A.52.

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 \$31 861 per service user in 2007-08 (figure 14.31). For 2003-04 and 2004-05, the denominators and the numerators used to derive this measure do not match for NSW, Victoria, WA and SA, as the service user data exclude services provided by local governments and the expenditure data include services provided by local governments. Thus historical data for this measure need to be interpreted with care.

Figure 14.31 **Estimated annual government funding per user of non-government provided accommodation support services in other community settings (2007-08 dollars)**
a, b, c, d



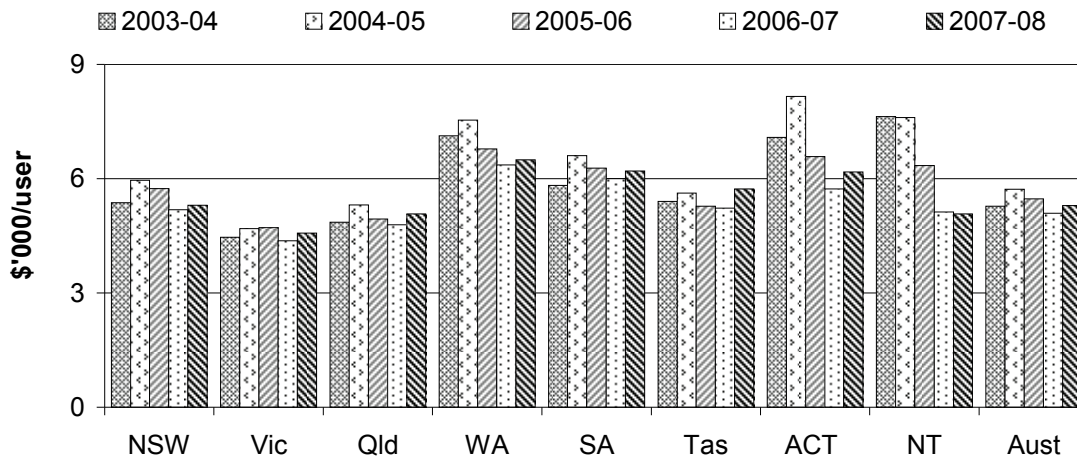
^a See table 14A.52 for detailed notes relating to these data. ^b Service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. Section 14.6 contains further information on these quality issues. ^c In NSW, the change in expenditure per user between 2006-07 and 2007-08 is largely caused by a correction in the NMDS service user data. Some users of non-government provided services were coded as government users in the reports of previous years and this has been rectified for 2007-08. ^d WA service user data for 2007-08 were provided directly by the WA Government and have not been validated by the AIHW. The revisions correct for a coding error related to users allocation to government or non-government services.

Source: AIHW (unpublished) *CSTDA NMDS*; State and Territory governments (unpublished); table 14A.52.

Government contribution per employment service user assisted

Nationally, for all employment services, estimated government expenditure per service user assisted was \$5295 in 2007-08 (figure 14.32). Nationally, estimated annual government expenditure per service user in 2007-08, by employment service type, was \$4555 on open services (employed or seeking employment in the open labour market) and \$9711 on supported services (employed by the service provider) (table 14A.54).

Figure 14.32 Government contribution per employment service user assisted (2007-08 dollars)^{a, b}



^a See table 14A.53 for detailed notes relating to these data. ^b Cost per employment service user data reported here might differ from those reported in the Australian Government's annual report, where different rules are used to count the number of employment service users.

Source: Australian Government (unpublished); AIHW (unpublished) *CSTDA NMDS*; table 14A.53.

Cost per user of State and Territory administered services

‘Cost per user of State and Territory administered services’ is an indicator of governments’ objective to provide specialist disability services in an efficient manner (box 14.18).

Box 14.18 Cost per user of State and Territory administered services

'Cost per user of State and Territory administered services' 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 are difficult to interpret. Although high or increasing expenditure per unit of output can reflect deteriorating efficiency, it can 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 can reflect improving efficiency, or lower quality and less effective services. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Data reported for this indicator are not directly comparable.

Total estimated government expenditure per user of CSTDA State and Territory administered specialist disability services in 2007-08 is reported both net of payroll tax and including actual and/or imputed payroll tax. Nationally, estimated expenditure per service user was \$26 153 excluding payroll tax and \$26 617 including actual and/or imputed payroll tax (figure 14.33).

Figure 14.33 Estimated annual government expenditure per user of CSTDA State and Territory administered services, 2007-08^{a, b, c, d}



^a In some jurisdictions (NSW, Victoria and SA in part, Queensland, Tasmania and the NT), payroll tax data are actual; in other jurisdictions (Victoria and SA in part, WA, and the ACT), payroll tax data are imputed.

^b Government expenditure per service user for Australia excludes Australian Government expenditure on State and Territory administered services that was not provided as transfer payments. ^c Payroll tax data for Queensland includes paid payroll tax and accrued payroll tax. ^d In the NT, payroll tax relates to government service provision and excludes expenditure for program management and administration.

Source: AIHW (unpublished) CSTDA NMDS; State and Territory governments (unpublished); table 14A.55.

Efficiency — administrative cost

Administrative expenditure as a proportion of total recurrent expenditure

‘Administrative expenditure as a proportion of total recurrent expenditure’ is an indicator of governments’ objective to provide specialist disability services in an efficient manner (box 14.19). The proportion of total expenditure on administration is not yet comparable across jurisdictions as it is apportioned by jurisdictions using different methods (table 14A.51). However, administrative expenditure data can indicate trends within jurisdictions over time.

Box 14.19 Administrative expenditure as a proportion of total recurrent expenditure

'Administrative expenditure as a proportion of total recurrent expenditure' is defined as government expenditure on administration as a proportion of total recurrent CSTDA/NDA expenditure. Major capital grants to non-government service providers are excluded to improve comparability across jurisdictions and over time.

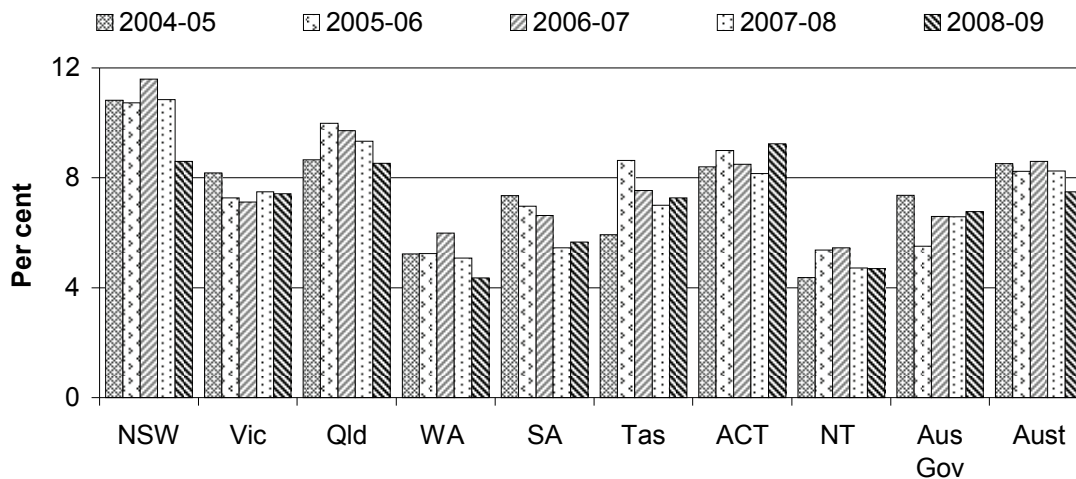
Holding other factors constant (such as service quality and accessibility), lower or decreasing administrative expenditure as a proportion of total recurrent CSTDA/NDA expenditure might reflect an increase in administrative efficiency.

Efficiency data are difficult to interpret. Although 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 and less effective administrative services. This may in turn affect service delivery effectiveness. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Data reported for this indicator are not directly comparable.

Nationally, administrative expenditure as a proportion of total government expenditure on specialist disability services (excluding payroll tax) decreased from 8.2 per cent in 2007-08 to 7.5 per cent in 2008-09 (figure 14.34). When actual or imputed payroll tax is included, the average national administrative expenditure as a proportion of total CSTDA expenditure was 7.4 per cent in 2008-09 (table 14A.56). Real total CSTDA expenditure is reported in table 14A.7, both excluding and including actual or imputed payroll tax amounts.

Figure 14.34 Administrative expenditure as a proportion of total recurrent expenditure^{a, b, c, d, e, f}



^a See table 14A.51 for an explanation of different methods of apportioning departmental costs. ^b Data exclude payroll tax. ^c Australian Government administrative expenditure is an estimate, based on average staffing levels. ^d The decrease in NSW administrative expenditure as a proportion of total recurrent expenditure on services in 2008-09 reflects an improved overhead allocation model which results in better allocation of funding to direct and non-direct service expenditures. ^e The decrease in WA administrative expenditure in 2007-08 mainly reflects the abolition of the capital user charge by the Department of Treasury and Finance. ^f In Tasmania, the Department of Health and Human Services underwent a restructure in 2006-07. This resulted in a reduction in administration expenditure in 2006-07.

Source: Australian, State and Territory governments (unpublished); table 14A.56.

Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the actual services delivered) (see chapter 1, section 1.5).

The following outcome indicators are included in the performance framework:

- ‘Labour force participation and employment of people with disability’
- ‘Social participation of people with disability’
- ‘Use of other services by people with disability’.

The measures and data sources for the ‘labour force participation and employment of people with disability’, ‘social participation of people with disability’ and ‘use of other services’ indicators differ across report years.

Interpreting data for some outcome indicators

For the outcome indicators derived using survey data, 95 per cent confidence intervals are presented. These intervals assist with making comparisons between jurisdictions, and between different disability status groups. Confidence intervals are a standard way of expressing the degree of uncertainty associated with survey estimates. An estimate of 80 with a confidence interval of ± 4 , for example, means that if another sample had been drawn there is a 95 per cent chance that the result would lie between 76 and 84. Where ranges do not overlap, there is a statistically significant difference. If one jurisdiction's results range from 78–80 and another's from 82–89, then it is possible to say that one differs from the other (because there is a statistically significant difference). To say that there is a statistically significant difference means there is a high probability that there is an actual difference — it does not imply that the difference is necessarily large or important.

Labour force participation and employment of people with disability

'Labour force participation and employment of people with disability' is an indicator of governments' objective of assisting people with disability to participate fully in the community (box 14.20). Participation in the labour force and employment is important to the overall wellbeing of people with disability, particularly in terms of the opportunity for self development, community participation, occupying a valued role and financial independence.

Box 14.20 Labour force participation and employment of people with disability

‘Labour force participation and employment of people with disability’ is defined as the labour force participation and employment rates of people aged 15–64 years with disability. Labour force participation rates and employment rates of people without disability are also reported.

Higher or increasing labour force participation and employment rates for people with disability are desirable. Higher rates are likely to increase the quality of life of people with disability by providing greater opportunities for self-development and for economic and social participation.

This indicator does not provide information on why people choose not to participate in the labour force and why people are not employed. It also does not provide information on whether the employment positions are appropriate or fulfilling.

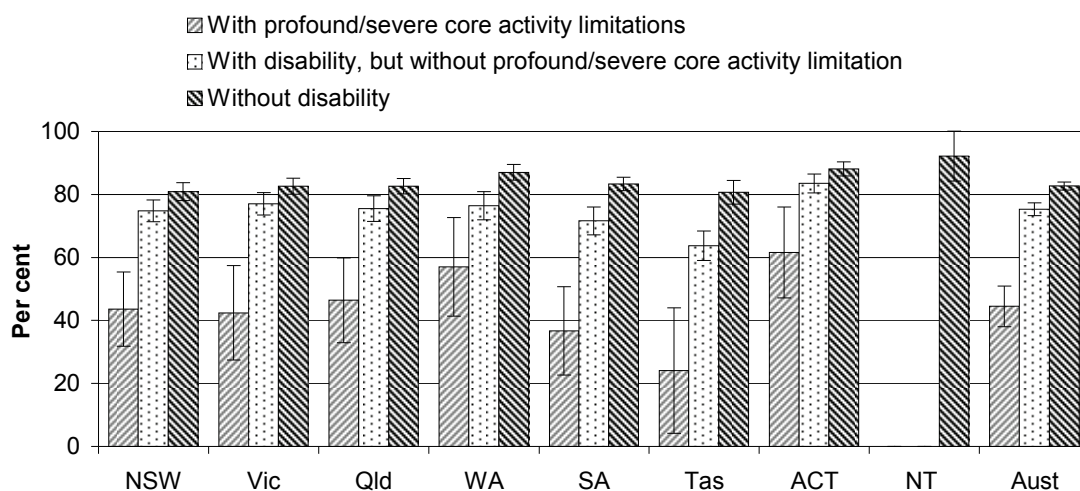
Data reported for this indicator are comparable.

Labour force participation and employment rate data from the ABS’s *2007-08 National Health Survey* (NHS) are reported for all jurisdictions. The NHS uses a short disability module to collect data on people with disability. Due to this collection methodology, estimates from the NHS may not be consistent with those that could be obtained from the more detailed SDAC. The NHS’s disability population relates to a broader ‘disability and long-term health condition’ population than the ‘disability’ population obtained from the SDAC — however, the characteristics of the populations are similar.

Labour force participation

Nationally, in 2007-08, the estimated labour force participation rate of people aged 15–64 years with a profound or severe core activity limitation (44.5 ± 6.4 per cent) was statistically significantly lower than the rate for other people with disability (without a profound or severe core activity limitation) (75.3 ± 2.0 per cent) and the rate for people without a disability (82.7 ± 1.3 per cent) (figure 14.35). The detailed definition of the labour force participation rate and its calculation method is provided in section 14.7. Other data on the labour force participation of people with disability are reported in tables 14A.58–63.

Figure 14.35 **Estimated labour force participation rates of people aged 15–64 years, by disability status, 2007-08**^{a, b, c, d}



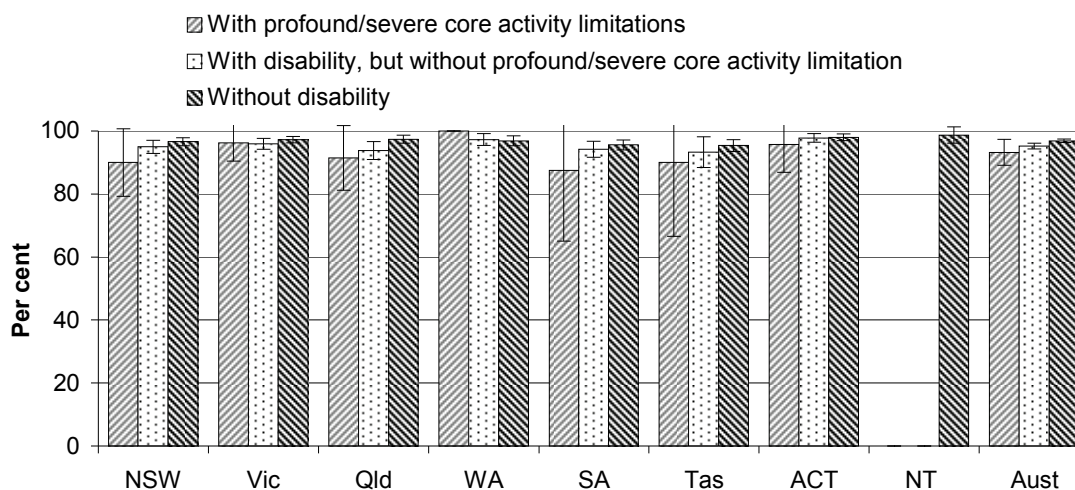
^a Due to different collection methods, in particular those used to identify disability, these estimates may not be consistent with those that could be obtained from the SDAC. The data collected by the NHS relate to a broader 'disability and long-term health condition' population than the 'disability' population obtained from the more detailed SDAC — however, the characteristics of the populations are similar. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self care. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate. ^d NT data for people with disability are not available for separate publication, but are included in Australian totals.

Source: ABS (unpublished) *NHS 2007-08*, Cat. no. 4364.0; table 14A.57.

Employment

Nationally, in 2007-08, the estimated employment rate of people aged 15–64 years with a profound or severe core activity limitation (93.2 ± 4.1 per cent) was similar to the rate for other people with disability (but without a profound or severe core activity limitation) (95.2 ± 0.9 per cent) and the rate for people without a disability (96.9 ± 0.6 per cent) (figure 14.36). The detailed definition of the employment rate and its calculation method is provided in section 14.7. Employment rates should be interpreted in conjunction with labour force participation rates. Other data on the employment of people with disability are reported in tables 14A.58–63.

Figure 14.36 Estimated employment rates of people aged 15–64 years, by disability status, 2007-08^{a, b, c, d}



^a Due to different collection methods, in particular those used to identify disability, these estimates may not be consistent with those that could be obtained from the SDAC. The data collected by the NHS relate to a broader ‘disability and long-term health condition’ population than the ‘disability’ population obtained from the more detailed SDAC — however, the characteristics of the populations are similar. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self care. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate. ^d NT data for people with disability are not available for separate publication, but are included in Australian totals.

Source: ABS (unpublished) *NHS 2007-08*, Cat. no. 4364.0; table 14A.57.

Social participation of people with disability

‘Social participation of people with disability’ is an indicator of governments’ objective to assist people with disability to live as valued and participating members of the community (box 14.21).

Box 14.21 Social participation of people with disability

‘Social participation of people with disability’ is defined as the proportion of people with disability who participate in selected social or community activities. The proportion of people without disability who participate in these activities is also reported.

A higher or increasing proportion of people with disability who participate in social or community activities reflects their greater inclusion in the community.

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

Updated data for this indicator were not available for the 2010 Report.

Nationally, in 2006, the estimated proportions of people with a profound or severe core activity limitation aged 18–64 years who had face-to-face contact with family and friends at least once a month was 91.9 ± 3.2 per cent, compared to 91.7 ± 2.0 per cent for other people with a limitation or restriction, excluding profound or severe core activity limitation and 94.4 ± 0.6 per cent for people without a limitation or restriction (table 14A.64). Other data on participation of people with disability in selected social and community activities are reported in tables 14A.64–69.

Use of other services by people with disability

‘Use of other services by people with disability’ is an indicator of governments’ objective of enhancing the quality of life experienced by people with disability by assisting them to gain access to mainstream government services (box 14.22).

Box 14.22 Use of other services by people with disability

‘Use of other services by people with disability’ is defined by two measures:

- the proportion of people aged 0–64 years with a ASSNP who lived in State or Territory housing authority dwellings (data are also reported for people without ASSNP and the proportions living in other dwelling tenure types)
- the proportion of people aged 15–64 years with disability who visited a GP at least once in the last 6 months (data are also reported for people without disability).

A higher or increasing proportion of people with disability who use the selected mainstream government services suggests greater access to these services.

This indicator does not provide information on whether the service accessed is the most appropriate, or the degree to which the services contribute to people’s quality of life. It also does not provide information on why some people do not access these services.

Data reported for this indicator are comparable.

Three data sources of people with disabilities access to other services are included:

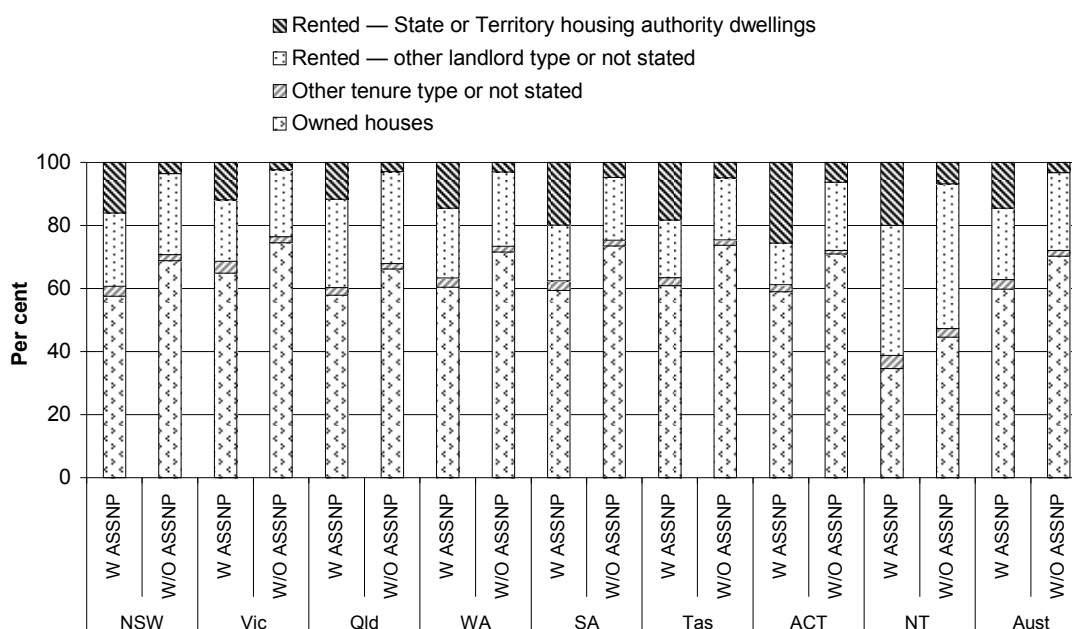
- Data from the ABS’s *2006 Census* on access to State or Territory housing authority dwellings are reported for all jurisdictions by need for assistance with core activities. The ABS 2006 Census contained questions in relation to people’s need for assistance with core activities. Using these questions, individuals with a ASSNP can be identified. The concept of ASSNP is similar to the concept of the SDAC profound or severe core activity limitations population, but the relevant data are not suitable for direct comparison due to differences in the questions asked and the methods of data collection. Data on the use of public housing by

people with a ‘core activity need for assistance’ were reported in the 2009 Report, but the measure has been modified and additional data on home ownership has also been incorporated.

- Data from the NHS on the use by people with disability of general practitioner (GP) services are reported for all jurisdictions (except the NT).

Nationally, the proportion of people aged 0–64 years with a ASSNP who lived in State or Territory housing authority dwellings was 14.6 per cent, higher than the proportion of people aged 0–64 years without a ASSNP who lived in these dwellings (3.3 per cent) (figure 14.37).

Figure 14.37 Proportion of people aged 0–64 years residing in dwellings, by tenure type and ASSNP status, 2006^{a, b}



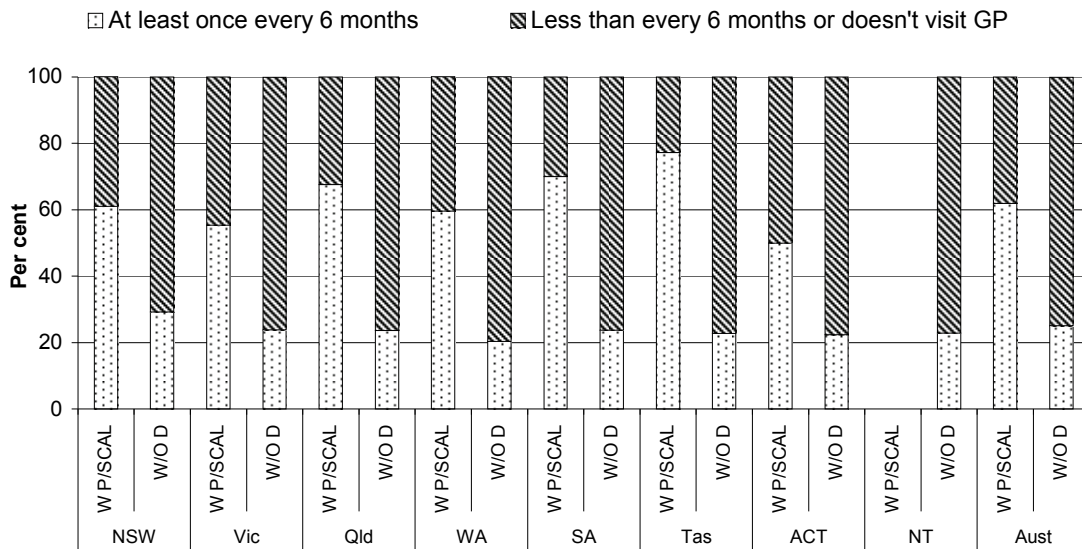
W ASSNP = with a need for assistance with core activities. W/O ASSNP = without a need for assistance with core activities. ^a The ABS 2006 Census module was designed to measure ASSNP. This population is conceptually comparable with the SDAC and ABS disability module population of people who have a profound or severe core activity limitation, but due to the different collection method and shortening of the question set used, the population identified is smaller (but displays similar characteristics). ^b Results include people who usually reside in the dwelling and who were present on Census night only. People who were visitors and those people who were not present in the household were excluded.

Source: ABS (unpublished) 2006 Census of Population and Housing; table 14A.70.

Nationally, the estimated proportion of people aged 15–64 years with a profound or severe core activity limitation who visit a GP at least once every 6 months was (61.9 ± 5.8 per cent), statistically significantly higher than the proportion for people without disability (25.1 ± 1.3 per cent) (figure 14.38 and table 14A.71). Data on the

proportion of other people with disability (but without profound or severe core activity limitations) who visit a GP at least once every 6 months are in table 14A.71.

Figure 14.38 Visits to a GP by people aged 15–64 years, by frequency of visits and disability status, 2007-08^{a, b, c, d}



W P/SCAL = with profound/severe core activity limitations. W/O D = without disability. ^a Due to different collection methods, in particular those used to identify disability, these estimates may not be consistent with those that could be obtained from the SDAC. The data collected by the NHS relate to a broader 'disability and long-term health condition' population than the 'disability' population obtained from the more detailed SDAC — however, the characteristics of the populations are similar. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities communication, mobility and self care. ^c NT data for people with profound/severe core activity limitations are not available for publication, but are included in Australian totals. ^d See table 14A.71 for the 95 per cent confidence intervals associated with the estimates.

Source: ABS (unpublished) NHS 2007-08, Cat. no. 4364.0; table 14A.71.

Additional data on the use of other services by people with disability are reported in tables 14A.72–77.

'Use of other services' data reported elsewhere in this Report

Data on the participation of people with disability in various government services are incorporated in the performance indicator frameworks for other chapters of this Report. Participation is reported for children's services (chapter 3); VET (chapter 5); public, community and State owned and managed Indigenous housing and Commonwealth Rent Assistance (chapter 16). In addition, the following chapters include data on services provided to people with disability:

- 'School education' (chapter 4) reports data on students with disability in the student body mix

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- ‘Health management issues’ (chapter 12) reports performance data on specialised mental health services
 - ‘Aged care services’ (chapter 13) 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.

14.4 Future directions in performance reporting

Scope for further improvements to current framework

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

- considering the development of an indicator on quality of life
- reporting of improved service user data, as a result of anticipated improvements in data quality and comparability
- reporting more comprehensive social and community participation data, when available
- reporting national client and carer satisfaction with service quality
- reporting more complete, current, ongoing quality assurance processes data, which are expected to become more complete and comparable under the NDA upon implementation of a National Disability Quality Framework with a National Quality Assurance system by mid-2010.

COAG developments

Report on Government Services alignment with National Agreement reporting

It is anticipated that future editions of the Services for people with disability chapter will align with applicable NA indicators. Further alignment between the Report and NA indicators, and other reporting changes, might result from future developments in NA and National Partnership reporting.

Outcomes from review of the Report on Government Services

COAG agreed to Terms of Reference for a Heads of Treasuries/Senior Officials review of the Report in November 2008, to report to COAG by end-September 2009. The review examined the ongoing usefulness of the Report in the context of new national reporting under the Intergovernmental Agreement on Federal Financial Relations.

No significant changes from this review are reflected in the 2010 Report. Any COAG endorsed recommendations from the review are likely to be implemented for the 2011 Report.

14.5 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this chapter.

Australian Government comments

- “
- During 2008-09 the Australian Government funded over 23 000 supported places for people with disability in 337 Australian Disability Enterprise outlets across Australia.
 - The Parliamentary Secretary for Disabilities and Children's Services is undertaking work on the vision for Disability Enterprises under the *National Mental Health and Disability Employment Strategy* — identifying attributes of improved Disability Enterprises, possible strategies and challenges to be faced and how they will be overcome.
 - In 2008-09, \$5.1 million in temporary viability support was fully expended on support to the sector. \$5.2 million allocated for 2009-10 has been approved to provide funds where unforeseen events occur.
 - In late 2008, the Australian Government revised the Commonwealth Procurement Guidelines. The new Guidelines provide an exemption from the mandatory procurement provisions, therefore providing flexibility for departments and agencies to purchase from Disability Enterprises. A \$900 000 funding package provided each outlet with a \$2500 marketing payment.
 - FaHCSIA is working on reducing red tape initiatives for service providers.
 - In 2008-09, the *Disability Employment Network* (DEN) capped stream provided employment assistance to more than 60 000 job seekers with disability who required ongoing support to find and maintain employment. The demand driven DEN uncapped stream assisted over 29 000 job seekers receiving income support and who were required to look for work to meet part-time participation requirements. The proportion of DEN job seekers who received assistance during 2008-09 who achieved a sustainable employment outcome (8 hours of work per week for 26 weeks) in the capped stream was 38.3 per cent and 25.4 per cent in the uncapped stream.
 - As part of its *Social Inclusion Agenda*, the Australian Government has conducted a review of disability employment services, including Disability Employment Network and Vocational Rehabilitation Services. The review involved extensive consultations with key stakeholders, including people with disability and their advocates, peak welfare and industry associations, employment services providers and employers.
 - Under the new Disability Employment Services, services for job seekers with a disability, their families and carers, employers and employment service providers will be substantially improved. Existing caps on services will be removed, so that job seekers with disability will no longer have to wait for the services they need to find work. Job seekers will receive more personalised employment services better suited to their needs and with stronger links to skills development and training.
- ”

New South Wales Government comments

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2008-09 is the third year in the initial 5 year phase of *Stronger Together: A new direction for disability services in NSW*. Under the program, additional funding for disability services of \$282 million brought the total expenditure to nearly \$1.6 billion in 2008-09.

Significant efforts have been made to deliver strong support for the clients and families in need. These include 2500 new early childhood intervention places, 5625 therapy places, over 500 new day program places, 522 specialist accommodation support places, and more than 2000 respite places.

The first 3 years of *Stronger Together* have also seen a significant move towards person centred approaches in planning of services. The new approaches give clients and their families and carers a greater voice in planning their supports. A new person centred planning practice guide has been developed and workshops held with service providers across the State.

The NSW Government continued its commitment to respond to the demands from people with disability, their families and carers. Over 1000 young people were supported in the *Transition to Work program*. An estimated 7000 people received community living support at a total cost of \$530 million. 280 specialist accommodation support places have come on line between 2005 and 2009 as permanent solutions for clients receiving temporary support from the *Emergency Response program*. Specific programs targeting people leaving the care of the Minister for Community Services, people in contact with the criminal justice system, and younger people in or at risk of entering residential aged care have been developed. Several major redevelopments of large residences are at various stages of planning and construction across the State.

The NSW Government provided more early intervention and prevention type support to a greater proportion of the target group. This includes the investment of an additional \$6 million in early childhood supports through the *EarlyStart — Diagnosis Support program*, aiming to improve the developmental outcomes of children and increase the capacity of families to care. Another \$5 million was announced for the *Extended Family Support and Flexible Out of Home Placements Program*, which will enable the development of flexible support packages designed to help families at risk of relinquishing care.

The NSW Government began piloting a new packaged support program *My Plan My Choice* for older carers in northern NSW. It includes a number of areas for developing and sustaining supportive networks for carers and people with disability.

The NSW Government also worked with providers on a new quality framework responding to the need for an independent accreditation system based on quality principles, and an Industry Development and Capacity Building Fund has been established to assist with implementing improvements and reforms in the disability sector.

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Victorian Government comments

“ In 2008-09, the Department of Human Services continued activities to support the implementation of the Disability Act 2006 (the Act) including:

- Review and revision of policies and guidelines developed to support the Act.
- Comprehensive evaluation of the Act's implementation commenced to inform initiatives that support the sector to achieve compliance and cultural change.
- Development of tools and resources to raise the awareness of people with disability of their rights under the Act.

2008-09 was also a year of continued reform through partnerships in areas supporting people with disability, their families and carers. More opportunities were created for people to live independently, with greater levels of support for individuals, their families and carers. Improvements to disability supports have continued to be delivered through increased emphasis on self-directed approaches, delivering more innovative accommodation options, and developing more age-appropriate services for younger high-needs clients who are in or at risk of entering residential aged care services.

Key achievements for 2008-09 included:

- Expansion of flexible self-directed supports that enable people with disability and their families to plan services in a more individualised way.
 - Expansion of direct payments, allowing people with disability (or their family or carer) to self-manage their funding and have more control of their lives.
 - Continued implementation of the *my future, my choice* initiative to establish more appropriate housing and support for younger people living in residential aged care.
 - New and better approaches to meet the growing needs of people with Autism Spectrum Disorder. The *10-year Autism State Plan* identifies priority actions, including making it easier to receive support, strengthening workforce expertise, and facilitating successful community participation.
 - A strengthened Senior Practitioner Strategy to protect the rights of people with disability subject to restrictive interventions and compulsory treatment.
 - *Continued Senior Practitioner Research Partnership and Promoting Dignity* grants to promote the development of strategies consistent with the Charter of Human Rights and Responsibilities as alternatives to restrictive practices.
 - The launch of the Workforce strategy, improving supports for people with disability, which recognises diversity among people with disability and aims to strengthen the role of the workforce in responding to this diversity.
 - Continued activity to support implementation of the *Quality Framework for Disability Services in Victoria*, including the *Independent Monitoring Demonstration Project* evaluation, and roll out of a comprehensive learning and development strategy.
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Queensland Government comments

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The Queensland Government is pursuing a broad agenda to promote rights and equity of access for people with disability and their carers — one which seeks to improve the accessibility and responsiveness of the State’s specialist disability service system as well as the community in general.

In 2008-09, Queensland continued with reforms to create a simpler and fairer way for people to access specialist disability services, through the *Growing Stronger* initiative. A trial of a new methodology for assessment and prioritisation commenced and will be independently evaluated, to ensure that it achieves the desired outcomes for people with disability and their carers.

Queensland is also investing in improving service access and responsiveness at high risk, key transition points in people’s lives, through initiatives such as the:

- *Younger People in Residential Aged Care* initiative, with the Australian Government, including providing alternative accommodation and support for younger people with disability deemed at risk of entering aged care
- *Spinal Cord Injuries Response* initiative, which provides coordinated access to services to assist people to return to their communities following rehabilitation and discharge from hospital
- *Young Adults Exiting the Care of the State* program, which supports young adults with disability in their transition from the care of the State to adult living arrangements.

In July 2008, a new *Specialist Response Service* commenced to increase specialist support for protecting the rights of adults, with an intellectual or cognitive disability, who exhibit behaviours that cause harm and who are subject to restrictive practices.

Such initiatives are aimed at improving the quality of services and the outcomes achieved by individuals by way of skills for community living and participation.

At a community level, Queensland has advanced initiatives that seek to create conditions in the social environment that can support access by people with disability, and encourage social inclusion and development.

Queensland has introduced the *Companion Card* program, which entitles people with disability who need lifelong attendant care support to buy two tickets for the price of one at participating activities and venues across Australia. In July 2009, new laws commenced in Queensland to ensure that every person who relies on a guide, hearing or assistance dog has the same access rights as others to public places and public passenger vehicles. New laws to recognise the contribution of carers also commenced. The Carers (Recognition) Act 2008 includes the *Queensland Carers Charter*, which aims to help carers be heard by government and their issues better understood in the community.

Improvements in the measurement of the outcomes achieved through such initiatives are a priority under the *National Disability Agreement* (2009).

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Western Australian Government comments

“ Key initiatives implemented in 2008-09 include:

- completion of the review of the Disability Services Act 1993, which was tabled in Parliament on 14 May 2009. Under legislation, the Act is reviewed every 5 years. A significant recommendation from the review is the introduction of a seventh outcome under the *Disability Access and Inclusion Plan* requirements for all State and local government instrumentalities, focussing on employment opportunities for people with disabilities
- implementation of the new *Community Living* initiative — providing an innovative approach to creative options that fit the needs and aspirations of people with disabilities to live good lives in their local community
- finalisation of Western Australia’s State Disability Plan — *Count Me In — Disability Future Directions* — taking the Commission to 2025. At the heart of the Plan lies the vision of a Western Australia where all people live in welcoming communities that actively promote citizenship, friendship, mutual support and a fair go for everyone. *Disability Future Directions* outlines three key areas in which to achieve the vision: (1) economic independence for people with disabilities and the opportunity to live in well designed and accessible communities and homes; (2) ensuring the participation and contribution of people with disabilities in all aspects of life; and (3) ensuring personalised disability supports and services are available to those who need them
- introduction in the *Local Area Coordination* program of ‘shared agreements’ — brief statements that clarify the expectations between each individual/family and their Local Area Coordinator — which is proving to be an effective means of focusing attention on the important issue for people with disabilities and their families and carers
- expansion of the *Alternatives to Employment* program, with the provision of additional funding totalling \$43 million over 4 years to provide additional support approved for almost 800 young adults
- continued development of the *Quality Management Framework*, which will enhance consumer input into the continual improvement of services.

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South Australian Government comments

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Disability SA continues to support people with disability, both directly and in partnership with non-government organisations. Opportunities for people with disability to actively engage in the community are promoted and developed.

Highlights for 2008-09 include:

- the commencement of a 5 year strategy for the Supported Residential Facilities (SRF) aimed at balancing sustainment with reform. Key outcomes included:
 - the provision of a supplementary payment for private operators in the SRF sector to address critical viability issues
 - the establishment of task groups to engage with the sector on developing the quality agenda focusing on a set of standards
- 80 people have moved from institutions to supported community or more appropriate accommodation
- the development of *Service Standard 13, A Cultural and Competency and Inclusion Standard* to improve access to disability services for Aboriginal and Torres Strait islander people
- the phased expansion of self managed funding arrangements within Disability SA. Selective consultations have been undertaken with stakeholders. Work on the development of an assessment and allocation tool is well progressed. Implementation of Phase one commenced in October 2009
- the creation of a single statewide equipment program to service the equipment and home modification needs of clients of Disability Services and Domiciliary Care SA
- the introduction of key performance indicators within the non-government sector with the aim to increase client participation in the planning and delivery of services and quality improvement activity within services
- a review of *Disability SA After Hours Service* to ensure a responsive and highly adaptable service meets the needs of all clients
- the expansion of the *Person Centred Active Support* model across accommodation services in Disability SA. This model is a way of helping people with disabilities to engage in meaningful activity and relationships as active participants
- the *Companion Card* program, in partnership with National Disability Services, continues to recruit affiliates, increasing the number of organisations to 87, as well as 161 venues and one accommodation facility.

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Tasmanian Government comments

“ As a result of the *Review of Tasmanian Disability Services* completed in 2008 the Minister launched the *Disability Operational Framework* in February 2009. The Framework will help shape the future of Disability Service provision in Tasmania.

The Framework will reorient the Tasmanian Disability Services system to support greater responsiveness to the needs of people with disability. It will also bring the system into stronger alignment with contemporary best practice, both nationally and internationally.

A number of initiatives commenced in 2008-09 to begin the long term reform process. These included:

- creation of the *Disability Child Youth and Family Services* program within Human Services to enhance services to all clients
 - establishment of area advisory groups to share governance of services at an area level
 - commencement of a project to look at new and innovative community access models
 - a needs analysis to determine the current level of demand and need for children's respite services prior to devolution to the Community Sector
 - commencement of the *Resource Allocation and Unit Pricing Project*. This will result in a new framework for funding that will be based on an equitable and transparent mechanism. This will allow the Department to identify, quantify and distribute resources to ensure the continued delivery of high quality services. It is expected that the framework will define how much service providers will be paid for the delivery of these services, whilst promoting efficiency in the allocation of resources and a financially viable service system
 - establishment of four *Gateway Services*. The Gateway will provide a single access point for family support and specialist disability services in each of the four areas in Tasmania. Services will be accessed by people with disability and their families through the Gateway. The Gateways opened in 2009 for family services and will begin operation for people with disability in June 2010
 - the delivery of an additional 75 individual support packages, 50 extra community access packages, 70 respite places and 12 new accommodation places.
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Australian Capital Territory Government comments

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In 2008-09 the Department of Disability, Housing and Community Services, through Disability ACT continued to advance its strategic plan for disability services in the ACT through the following activities:

- Disability ACT continued to respond to known priority need through the delivery of additional ACT and Commonwealth Government funding allocated in the 2008-09 Budget to build service capacity to meet increased demand for a range of services for young people and adults with high level intellectual and physical disabilities.
- The ACT Government worked to establish a new policy framework to improve outcomes and opportunities for people with disability in the ACT. The policy will guide priority areas for disability policy and service delivery through to 2014. The updated framework builds on the work of the current ACT disability framework, *Future Directions: A Framework for the ACT 2004–2009* as well as assists in achieving goals outlined in *Challenge 2014 — A ten year vision for disability in the ACT*.
- Disability ACT worked proactively with ACT Government agencies and community sector organisations on the implementation of the ACT *Policy Framework for Children and Young People with a Disability and their Families*. Drawing together the principles and commitments of key ACT Government agencies the Framework outlines core principles, clarifies roles and responsibilities, provides guidance for coordination, and establishes joint planning mechanisms across and between agencies.
- The Business Leaders Innovative Thoughts and Solutions (BLITS) Advisory Board continued to promote initiatives that value people with disability as customers, suppliers, employees and employers in business, the arts and sport. Over 2008-09, BLITS hosted three premier events: the launch of the ACT BLITS Champions Program comprising national and local identities who have agreed to promote and champion the rights and opportunities for people with disability; an Industry Mini Roundtable on enhancing access for people with disability through a more ‘disability friendly’ National Tourism Accreditation Framework; and the 2008 Chief Minister’s Inclusions Awards.
- Disability ACT undertook preliminary work on the development of a disability awareness program. The program will target the next generation of decision makers (the age group 4–17 years) through a Civics based curriculum to be delivered in ACT schools. Stage 2 of this program, involving the development of ‘Youth Civics’ learning modules will be undertaken in 2009-10. These modules will include session and learning outcomes and methods of knowledge assessment and will align to the National Curriculum Standards and the ACT Curriculum Framework *Every chance to learn*.

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Northern Territory Government comments

“ The NT Government recognises that people with disability need extra support to participate as citizens within their communities. Disability support provision is based on contemporary practice underpinned by partnerships and collaborative approaches. Principles that guide services include: person centred, culture secure, collaborative, outcomes driven, future focused, equitable, sustainable, flexible and responsive. The NT’s vision is for a society where people with disabilities have productive and fulfilling lives as valued members of their communities.

During 2008-09, the NT implemented changes that were introduced as part of the amalgamation of community government councils to larger shire councils which consolidated disability service delivery in these areas. Work commenced on streamlining the reporting requirements for remote communities to a shire based model to come into effect in 2009-10.

Focused services reform was undertaken through the development of a Disability Coordination and Case Manager model which included standardised intake of all clients across the service spectrum. Additional positions were created to support the reform.

Standardised assessment for eligibility and a prioritising mechanism for all clients were introduced. This included establishing a dedicated central intake point of contact with an 1800 number. The individualised support planning approach for people with disabilities was reviewed, with assessment and planning processes streamlined.

The *National Disability Agreement* (NDA) came into effect on 1 January 2009, replacing the previous *Commonwealth State Territory Disability Agreement*. The other major funding agreement between the NT Government and the Australian Government is the *Home and Community Care (HACC) Program*. The NT had a combined HACC funding pool of \$11.0 million for 2008-09. The combined number of non-government service providers funded under HACC and the NDA was 114 for 2008-09.

Consultations were undertaken in 2008-09 as part of the development of the NT’s strategy for the employment of people with disability in the NT public sector. The consultations assisted in informing the priority areas and set directions for the strategy which is due to be released in 2009-10.

As in previous years, indicators based on the estimated number of people with severe or profound core activity limitations in the NT need to be interpreted with caution. Small variations in service and population data appears in magnified proportions to the small population in the NT.

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14.6 Service user data quality and other issues

Data quality

Data quality considerations should be taken into account when interpreting the CSTDA NMDS service user data used in this chapter. In particular, data quality should be considered when making comparisons across jurisdictions and across years.

There are three aspects of quality that affect the accuracy and reliability of the data reported in this chapter:

- service type outlet response rates
- service user response rates
- ‘not stated’ rates for individual data items.

The first two of these affect the service user counts — nationally, by jurisdiction and service type — and all three affect the accuracy of analyses of individual data items (AIHW 2009).

Service type outlet response rates

Response rates are based on the number of service type outlets responding divided by the total number of outlets in the jurisdiction. Service user data are collected quarterly from service type outlets. A service type outlet is considered a responding outlet even if they provide service use data for one quarter only.

The overall national service type outlet response rate for the 2007-08 collection was 95 per cent (table 14.3). This was the slightly higher than for the 2006-07 collection.

Table 14.3 Service type outlet response rates

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aus Gov</i>	<i>Aust</i>
2003-04	80	94	97	100	100	100	93	95	100	93
2004-05	85	92	99	100	100	96	98	70	100	94
2005-06	89	90	99	100	100	100	100	100	100	94
2006-07	89	90	100	100	100	100	100	100	100	94
2007-08	90	93	100	99	99	100	100	99	100	95

Source: AIHW (2009 and previous years) *Disability Support Services 2007-08, 2006-07, 2005-06, 2004-05, 2003-04: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications).

Service user response rates

Service user information may be missing from the data set for a number of reasons. There are outlets that do not respond (table 14.4) and outlets that, through administrative or other error, neglect to report on all of their service users (AIHW 2009). Estimates of the total number of service users who may be missing from the data set are not available.

Response rates based on the number of service type outlets responding who provided service user data are available for accommodation support services by type and government sector for 2003-04, 2004-05, 2005-06, 2006-07 and 2007-08 (table 14.4). While helpful, these response rates do not account for service users who received services from:

- responding outlets, but whose data were not included
- non-responding outlets.

Table 14.4 Service user data response rates for CSTDA funded accommodation support service type outlets (per cent)^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2003-04									
Institutions/large residential or hostel									
Government	92	86	67	100	80	–	–	–	89
Non-government	83	84	99	100	100	100	–	–	94
Group homes									
Government	98	99	100	100	94	100	98	–	98
Non-government	96	98	100	100	96	100	100	100	98
Community based									
Government	100	82	100	100	100	75	100	–	89
Non-government	96	85	94	100	95	98	100	100	93
2004-05									
Institutions/large residential or hostel									
Government	100	100	100	100	100	–	–	–	100
Non-government	100	100	100	100	100	100	–	–	100
Group homes									
Government	100	100	100	100	100	100	98	100	100
Non-government	100	100	100	100	100	100	100	100	100
Community based									
Government	100	100	100	100	50	100	–	100	99
Non-government	100	100	100	100	100	100	88	100	100

(Continued on next page)

Table 14.4 (Continued)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2005-06									
Institutions/large residential or hostel									
Government	100	100	100	100	100	–	–	–	100
Non-government	100	100	100	100	100	100	–	–	100
Group homes									
Government	100	100	100	100	100	100	98	100	100
Non-government	100	100	100	100	100	100	100	100	100
Community based									
Government	100	100	100	100	50	100	–	100	99
Non-government	100	100	100	100	100	100	88	100	100
2006-07									
Institutions/large residential or hostel									
Government	100	100	100	100	100	100	100	100	100
Non-government	100	100	100	100	100	100	100	100	100
Group homes									
Government	100	100	100	100	100	100	100	100	100
Non-government	100	100	99	92	100	97	100	100	99
Community based									
Government	100	100	100	100	75	100	100	100	99
Non-government	100	100	99	94	100	98	100	100	99
2007-08									
Institutions/large residential or hostel									
Government	100	100	100	100	100	–	–	–	100
Non-government	100	100	100	100	100	100	–	–	100
Group homes									
Government	100	100	100	100	100	100	100	100	100
Non-government	100	100	100	100	100	100	100	100	100
Community based									
Government	100	100	100	100	100	100	100	100	100
Non-government	100	100	100	100	100	98	100	100	100

^a Percentages are based on the number of service type outlets providing service user data. The denominator is the total number of outlets that provided service type outlet data; the numerator is the number of outlets that provided service user data. – Nil or rounded to zero.

Source: AIHW (unpublished) *CSTDA NMDS*.

'Not stated' rates

'Not stated' rates for individual data items vary between jurisdictions (AIHW 2009). One reason for the higher level of 'not stated' responses to some data items may be the increased efforts to improve the coverage and completeness of the *CSTDA NMDS* collection overall. For example, therapy services (a community support service) in the ACT participated for the first time in the 2004-05 collection. In an effort to include all users of these services, provisional data collection processes were used that meant minimal data were provided for each user (AIHW 2009).

Table 14.5 shows the total ‘not stated’ rates for the relevant individual data items used in this chapter. Results reported in this chapter are not adjusted to account for these ‘not stated’ rates.

Table 14.5 ‘Not stated’ rates for individual data items (per cent)

<i>Data item</i>	<i>Accommodation support</i>	<i>Employment</i>	<i>Community access</i>	<i>Community support</i>	<i>Respite</i>
2003-04					
Need for assistance with ADL	17.4	3.2	32.3	..	..
Indigenous status	3.4	7.0	17.5	..	..
Country of birth	3.6	3.9	..	..	..
Geographic location	1.0	–	..	..	..
2004-05					
Need for assistance with ADL	5.1	3.1	12.2	32.7	13.0
Indigenous status	8.6	4.1	14.1	29.5	16.8
Country of birth	3.1	3.5	..	..	..
Geographic location	1.0	–	..	..	..
2005-06					
Severity of core activity limitation	3.9	14.5	11.8	28.4	12.8
Indigenous status	2.3	1.8	7.8	15.6	7.1
Country of birth	2.8	6.8	..	..	..
Geographic location	0.7	0.3	..	..	..
2006-07					
Need for assistance with ADL	3.2	7.0	13.0	24.0	11.6
Indigenous status	2.8	–	7.2	5.5	6.7
Country of birth	2.7	1.3	9.9	6.2	5.6
Geographic location	1.2	–	3.9	1.7	1.9
2007-08					
Need for assistance with ADL	3.3	5.0	15.2	23.5	11.3
Indigenous status	2.2	0.1	7.7	5.6	6.4
Country of birth	2.0	0.8	10.0	5.6	5.4
Geographic location	0.9	0.2	4.8	3.6	1.6

.. Not applicable. – Nil or rounded to zero.

Source: AIHW (unpublished) *CSTDA NMDS*.

Other issues

Service user data/data items not collected

Service user data are not collected for the following CSTDA funded service types: advocacy, information/referral, combined information/advocacy, mutual support/self-help groups, print disability/alternative formats of communication, research and evaluation, training and development, peak bodies and other support services. In addition, some service types are not required to collect all service user data items. In particular:

- ‘recreation/holiday programs’ (service type 3.02) are required to collect only information related to the statistical linkage key (selected letters of name, date of birth, sex, commencement date and date of last service)
- employment services (service types 5.01 and 5.02) are not required to collect selected informal carer information, including primary status (AIHW 2007).

Specialist psychiatric disability services

Data for specialist psychiatric disability services are excluded to improve the comparability of data across jurisdictions. People with psychiatric disability may use a range of CSTDA funded service types. In some jurisdictions (Victoria, Queensland and WA), specialist psychiatric disability services are funded specifically to provide such support (AIHW 2009). Nationally, in 2007-08, there were 12 761 people who used only specialist psychiatric disability services (AIHW 2009). Data for these services are included in other publications on the CSTDA NMDS, such as AIHW (2009). Therefore, service user data for Victoria, Queensland and WA in this chapter will differ to other publications.

Statistical linkage key

A statistical linkage key is used to derive the service user counts in this chapter. The statistical linkage key enables the number of service users to be estimated from data collected from different service outlets and agencies (AIHW 2009). Using the linkage key minimises double counting of service users who use more than one service outlet during the reporting period.

The statistical linkage key components of each service record are compared with the statistical linkage key components of all other records. Records that have matching statistical linkage keys are assumed to belong to the same service user.

As the statistical linkage key is not a unique identifier, some degree of false linking is expected. A small probability exists that some of the linked records do not actually belong to the same service user and, conversely, that some records that did not link do belong to the same service user. The statistical linkage key does not enable the linking of records to the extent needed to be certain that a ‘service user’ is one individual person.

Missing or invalid statistical linkage keys cannot be linked to other records and so must be treated as belonging to separate service users. This may result in the number of service users being overestimated (AIHW 2009).

Deriving potential populations for the special needs groups

Potential populations have been estimated for each of the special needs groups (outer regional and remote/very remote areas, Indigenous and people born in a non-English speaking country) and for those outside of the special needs groups (major cities and inner regional areas, non-Indigenous and people born in an English speaking country). These potential populations are estimates of the number of people with the potential to require disability support services in the relevant group, including individuals who meet the service eligibility criteria but who do not demand the services.

The approach used to derive the potential population estimates by country of birth and geographic location involved the following steps:

- Deriving State/Territory based 10-year age and sex specific proportions of people with ASSNP by geographic location and country of birth using the 2006 Census.
- Multiplying these State/Territory based 10-year age and sex specific proportions by the 10-year age specific estimates of the number of people with severe/profound core activity limitations in each State/Territory.
- Summing the resultant 10-year age and sex group counts to derive the total potential populations for the geographic locations, people born in Australia, people born in another English speaking country and people born in a non-English speaking country. Summing the potential populations for people born in Australia and people born in another English speaking country to derive the total potential population for people born in an English speaking country.
- For employment, repeating the above steps, but restricting the calculations to those people aged 15–64 years, then multiplying each State/Territory total by State/Territory specific labour force participation rates for people aged 15–64 years.

The approach used to derive the potential populations by Indigenous status involved the following steps:

- Deriving current State/Territory based 10-year age and sex specific rate ratios of people with ASSNP by Indigenous status using the 2006 Census.
- Multiplying the current State/Territory Indigenous and non-Indigenous 10-year age and sex population estimates by national 10-year age and sex specific rates of severe/profound core activity limitation from the 2003 SDAC. Then multiplying the Indigenous and non-Indigenous counts for each 10-year age and sex group by the 10-year age and sex specific rate ratios of people with ASSNP to obtain an Indigenous/non-Indigenous potential population within each age and sex group.
- Summing the 10-year age and sex group counts to derive a total Indigenous and non-Indigenous potential population for each State/Territory.
- For employment, repeating the above steps, but restricting the calculations to those people aged 15–64 years, then multiplying each State/Territory total by State/Territory specific labour force participation rates for people aged 15–64 years.

Data quality issues

Data measuring the potential populations of the special needs groups are not explicitly available for the required time periods and have been estimated using several different data sources (as noted above), under several key assumptions. Some issues with this approach are outlined below:

- The method used to estimate the potential populations assumes:
 - that disability rates vary only by age and sex, and there is no effect of remoteness, disadvantage, or any other variable — this is likely to affect the reliability of comparisons across states and territories, however, it is currently not possible to detect the size or direction of any potential bias
 - that age- and sex- specific disability rates do not change significantly over time.
- The rate ratio/proportion adjustments (that is, multiplication) assumes consistency between the rate ratio/proportion as calculated from the 2006 Census and the corresponding information if it were collected from the 2003 SDAC. Two particular points to note with this assumption are that:
 - information about people with ASSNP is based on the self-enumeration (interview in Indigenous communities) of four questions under the 2006 Census, whereas in SDAC 2003 people are defined as having a

severe/profound core activity limitation on the basis of a comprehensive interviewer administered module of questions — the two populations are different, but are conceptually related

- the special needs groups identification may not be the same between the 2006 Census and the 2003 SDAC (ABS research indicates, for example, that the Indigenous identification rate differs across the Census and interviewer administered surveys).
- It is not known if the data collection instruments are culturally appropriate for all special needs groups; nor is it known how this, combined with different data collection methods, impacts on the accuracy of the estimated potential population.
- There are a number of potential sources of error related to the Census that stem from failure to return a Census form or failure to answer every applicable question. Information calculated from 2006 Census data exclude people for whom data item information is not available. As with any collection, should the characteristics of interest (for example, ASSNP and/or special needs group status) of the people excluded differ from those people included, a potential for bias is introduced. In particular, for Indigenous estimates, differential undercount of Indigenous Australians across states and territories may introduce bias into the results that would affect the comparability of estimates across jurisdictions, if those missed by the Census had a different rate of disability status to those included (table 14.6).

Table 14.6 Estimated 2006 Census Indigenous net undercount (per cent)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas.</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Undercount rate	8.6	9.4	11.6	16.6	8.6	8.8	8.8	16.0	11.5

Source: ABS (2008) *Experimental Estimates of Aboriginal and Torres Strait Islander Australians, Jun 2006*, Cat. no. 3238.0.55.001.

14.7 Definitions of key terms and indicators

Accommodation support service users receiving community accommodation and care services	People using the following CSTDA accommodation support services: group homes; attendant care/personal care; in-home accommodation support; alternative family placement and other accommodation support (types 1.04–1.08), as a proportion of all people using CSTDA accommodation support services (excludes service users of specialist psychiatric disability services only). See AIHW (2009) for more information on service types 1.04–1.08.
Administration expenditure as a proportion of total expenditure	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 disability (including expenditure on both programs and administration, direct expenditure and grants to government service providers, and government grants to non-government service providers (except major capital grants)).
Core activities as per the 2003 ABS SDAC	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.
Cost per user of government provided accommodation support services — group homes	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.
Cost per user of government provided accommodation support services — institutional/residential settings	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 (2009) for more information on service types 1.01–1.03.
Cost per user of government provided accommodation support services — other community settings	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.

Disability

The United Nation's *Convention on the Rights of Persons with Disabilities*, ratified by Australia on 17 July 2008, defines 'persons with disabilities' as those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The WHO defines 'disabilities' as impairments, activity limitations, and participation restrictions: an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; and a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives (WHO 2009).

The ABS SDAC 2003 defined 'disability' as the presence of at least one of 17 limitations, restrictions or impairments, which have lasted or are likely to last for a period of 6 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.

The third CSTDA (2003, p. 9) defined 'people with disabilities' as those whose disability manifests itself before the age of 65 years and for which they require significant ongoing and/or long-term episodic support. For these people, the disability will be 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 and communication.

Employment rate for people with a profound or severe core activity limitation

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.

Employment rate for total population

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.

Funded agency

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.

Geographic location	<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>
Government contribution per user of non-government provided employment services	<p>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) and 5.02 (supported)) — divided by the denominator — number of service users who received assistance. (For data prior to 2005-06, service type 5.03 (combined open and supported) is also included.) See AIHW (2009) for more information on service types 5.01–5.03.</p>
Government contribution per user of non-government provided services — accommodation support in group homes	<p>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.</p>
Government contribution per user of non-government provided services — accommodation support in institutional/residential settings	<p>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.</p>
Government contribution per user of non-government provided services — accommodation support in other community settings	<p>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.</p>
Indigenous factor	<p>The potential populations were 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 some CSTDA funded 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'.</p> <p>The following steps were undertaken to estimate the Indigenous factors.</p> <ul style="list-style-type: none"> • Data for all people (weighted) were calculated by multiplying the

data for Indigenous Australians by 2.4 and adding the data for non-Indigenous Australians. Hence Indigenous Australians are weighted at 2.4 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 2009).

Informal carer

ABS informal carer: A person of any age who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long-term conditions, or older persons (that is, aged 60 years and over). This assistance has to be ongoing, or likely to be ongoing, for at least 6 months. Assistance to a person in a different household relates to 'everyday types of activities', without specific information on the activities. Where the care recipient lives in the same household, the assistance is for one or more of the following activities: cognition or emotion, communication, health care, housework, meal preparation, mobility, paperwork, property maintenance, self care and transport (ABS 2004a).

CSTDA NMDS informal carer: an informal carer is someone such as a family member, friend or neighbour, who has been identified as providing regular and sustained care and assistance to the person. Each service user can only record one informal carer (it is expected that the carer recorded will be the one who provides the most significant care and assistance related to the service user's capacity to remain living in their current environment). Informal carers include those people who receive a pension or benefit for their caring role but do not include paid or volunteer carers organised by formal services. See also primary carer.

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):

- worked one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (including employees, employers and self-employed persons)
- worked one hour or more without pay in a family business, or on a farm (excluding persons undertaking other unpaid voluntary work), or
- was an employer, employee or self-employed person or unpaid family helper who had a job, business or farm, but was not at work.

An unemployed person is a person aged 15–64 years who was not employed during the remuneration period, but was looking for work.

Labour force participation rate for the total population

Total number of people aged 15–64 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.

Mild core activity limitation

Not needing assistance with, and has no difficulty performing, core activity tasks, but uses aids and equipment (as per the 2003 SDAC).

Moderate core activity limitation	Not needing assistance but having difficulty performing a core activity task (as per the 2003 SDAC).
Non-English speaking country of birth	People with a country of birth other than Australia and classified in English proficiency groups 2, 3 or 4 (DIMA 1999, 2003). For 2003-04 and 2004-05 data these countries include countries other than New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States. For 2005-06 onwards, data include Zimbabwe as an 'English-speaking country'.
Payroll tax	<p>A tax levied on employers based on the value of wages and certain supplements paid or payable to, or on behalf of, their employees (SCRCSSP 1999). Payroll tax arrangements for government funded and delivered services differ across jurisdictions. Differences in the treatment of payroll tax can affect the comparability of unit costs across jurisdictions and services. These differences include payroll tax exemptions, marginal tax rates, tax-free thresholds and clawback arrangements (see SCRCSSP 1999).</p> <p>There are two forms of payroll tax reported:</p> <ul style="list-style-type: none"> • <i>actual</i> — payroll tax actually paid by non-exempt services • <i>imputed</i> — a hypothetical payroll tax amount estimated for exempt services. A jurisdiction's estimate is based on the cost of salaries and salary related expenses, the payroll tax threshold and the tax rate.
Potential population	<p>Potential population estimates are used as the denominators for the performance measures reported under the indicator 'access to CSTDA funded services'.</p> <p>The 'potential population' is the number of people with the potential to require disability support services, including individuals who meet the service eligibility criteria but who do not demand the services. In practice, the number of people with profound or severe core activity limitation is used as the basis to measure the potential population (see definition of core activities above).</p> <p>The potential population for CSTDA funded accommodation support, community access and community support services is measured by 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 measured by 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 respite services data is measured by the number of people under 65 years with a profound or severe core activity limitation who have a primary carer, adjusted for the Indigenous factor.</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 currently underpins the measurement of the population in need of 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 national age- and sex- specific rates of profound or severe core</p>

	<p>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 2.4 in these estimates, in recognition of their greater prevalence rates of disability and their relatively greater representation in CSTDA funded services (AIHW 2006).</p>
Primary carer	<p><i>ABS SDAC primary carer:</i> 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 6 months and be provided for one or more of the core activities (communication, mobility and self care). In the SDAC, primary carers only include persons aged 15 years and over for whom a personal interview was conducted. Persons aged 15 to 17 years were only interviewed personally if parental permission was granted (ABS 2004a).</p> <p><i>CSTDA NMDS primary carer:</i> an informal carer who assists the person requiring support, in one or more of the following ADL: self care, mobility or communication.</p> <p>See also informal carer.</p>
Primary disability group	<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>
Profound core activity limitation	<p>Unable to, or always needing assistance to, perform a core activity task (as per the 2003 SDAC).</p>
Real expenditure	<p>Actual expenditure (accrual) adjusted for changes in prices, using the Gross Domestic P(E) price deflator, and expressed in terms of current year dollars.</p>
Schooling or employment restriction	<p><i>Schooling restriction:</i> as a result of disability, being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school.</p> <p><i>Employment restriction:</i> as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a preferred job.</p>
Service	<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>

Service type	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.
Service type outlet	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 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.
Service user	A service user is a person with 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.
Service users with different levels of need for assistance with ADL	Data on service users with different levels of need for assistance with ADL are derived using information on the level of support needed in one or more of the core support areas: self care, mobility, and communication. Service users who need help with ADL reported always/sometimes needing help in one or more of these areas (people who need help with ADL are 'conceptually comparable' with people who have a profound or severe core activity limitation). Service users who did not need with ADL reported needing no support in all the core activity support areas.
Severe core activity limitation	Sometimes needing assistance to perform a core activity task (as per the SDAC 2003).
Users of CSTDA accommodation support services	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.
Users of CSTDA community access services	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 (2009) for more information on service types 3.01–3.03.
Users of CSTDA community support services	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 (2009) for more information on service types 2.01–2.07.

**Users of CSTDA
employment services**

People using one or more services that correspond to the following CSTDA NMDS service types: 5.01 open employment and 5.02 supported employment. (For data prior to 2005-06, people using service type 5.03 [combined open and supported] are also included.)

**Users of CSTDA respite
services**

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 (2009) for more information on service types 4.01–4.05.

14.8 Attachment tables

Attachment tables are identified in references throughout this chapter by a '14A' suffix (for example, table 14A.3). Attachment tables are provided on the CD-ROM enclosed with the Report and on the Review website (www.pc.gov.au/gsp). Users without access to the CD-ROM or the website can contact the Secretariat to obtain the attachment tables (see contact details on the inside front cover of the Report).

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