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# 14 Services for people with disability

## CONTENTS

<b>14.1 Profile of disability services</b>	<b>14.4</b>
<b>14.2 Framework of performance indicators</b>	<b>14.17</b>
<b>14.3 Key performance indicator results</b>	<b>14.20</b>
<b>14.4 Future directions in performance reporting</b>	<b>14.77</b>
<b>14.5 Jurisdictions' comments</b>	<b>14.78</b>
<b>14.6 Service user data quality and other issues</b>	<b>14.88</b>
<b>14.7 Definitions of key terms and indicators</b>	<b>14.93</b>
<b>14.8 List of attachment tables</b>	<b>14.101</b>
<b>14.9 References</b>	<b>14.106</b>

### **Attachment tables**

Attachment tables are identified in references throughout this chapter by a '14A' 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 from the Review website at [www.pc.gov.au/gsp](http://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 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.

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

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 people 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.

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

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### Box 14.1 (Continued)

- 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 and NDA (2008-09), objectives for both Agreements are included
- Financial data for 2009-10 include expenditure on services under the NDA that were not included under the CSTDA, for example, aids and equipment funding and expenditure on ‘assistance for younger people in residential aged care’
- Results based on the National Minimum Data Set (NMDS) service user data for 2008-09 (the latest year for which data are available) are reported using the specifications developed and agreed under the CSTDA and the NDA.

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

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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 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.

Major improvements in the reporting of services for people with disability this year include:

- reporting ‘assistance for younger people in residential aged care’ as an indicator for the first time and including additional measures in attachment tables
- reporting on inclusion of people in need of assistance with independent living (AIL) or assistance with work, education and community living (AWEC) for the indicator ‘Service use by severity of disability’
- reporting WA data for the ‘client and carer satisfaction’ with specialist disability services indicator for the first time
- extended time series for CSTDA data in the attachment tables
- alignment with relevant NDA indicators, including:
  - additional data disaggregations for specific age groups and sex for the access to appropriate services on the basis of relative need indicators.

## 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.

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## 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 third CSTDA (2003, p. 9) defines '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'.

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 specific core activity limitation (mild, moderate, severe and profound)
- with a schooling or employment restriction
- 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.

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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.

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

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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 alternative forms of communication*
  - 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
  - alternative forms of communication 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).

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### *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 2009-10 (on an accrual basis) amounted to \$11.6 billion for the Disability Support Pension, \$2.3 billion for the Carer Payment, \$1.5 billion for the Carer Allowance, \$83.7 million for the Sickness Allowance, \$124.0 million for the Mobility Allowance and \$152.3 million for the Child Disability Assistance Payment. The Carer Supplement was not paid in 2009-10 (Australian Government unpublished).

At 30 June 2010, there were around 792 600 recipients of the Disability Support Pension, 168 900 recipients of the Carer Payment, 508 600 recipients of the Carer Allowance, 57 300 recipients of the Mobility Allowance, 6700 recipients of the Sickness Allowance and 152 400 recipients of the Child Disability Assistance Payment (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.



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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 NDA 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:

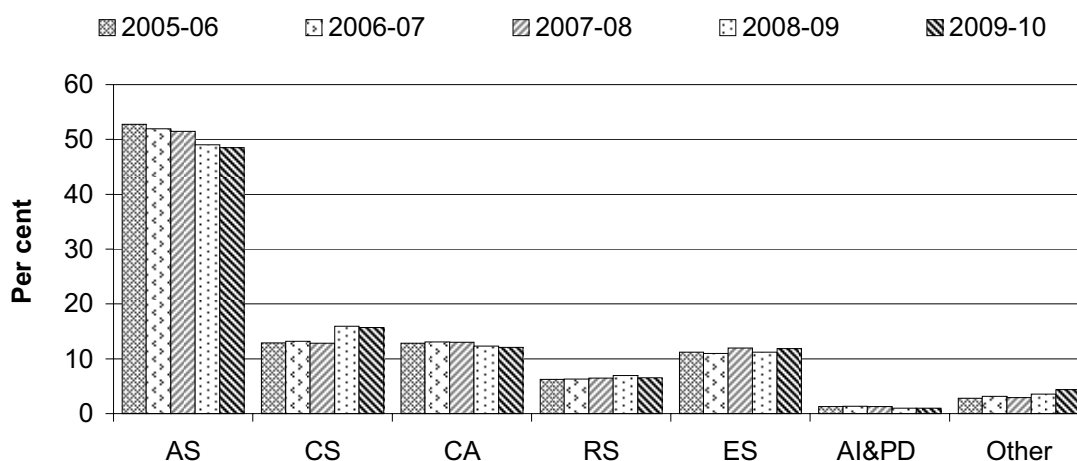
- development of national policy and reform directions to meet the agreed objectives and outcomes of the NDA
- funding and pursuing research that provides an evidence base for national policy and reform directions
- developing and implementing reforms to improve outcomes for Indigenous people with disability
- 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 NDA. Total government expenditure on these services was \$5.7 billion in 2009-10 — a real increase of 8.1 per cent on the expenditure in 2008-09 (\$5.3 billion) (table 14A.4). State and Territory governments funded the majority of this expenditure in 2009-10 (70.8 per cent, or \$4.1 billion). The Australian Government funded the remainder (29.2 per cent, or \$1.7 billion), which included \$903.7 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 NDA was \$5.3 billion in 2009-10 (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 (48.5 per cent of total direct service expenditure) and community support (15.7 per cent of total direct service expenditure) (figure 14.1). Employment services were the main area of Australian Government expenditure in 2009-10 (11.8 per cent of total direct service expenditure and 86.7 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<sup>a</sup>**



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

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

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## Size and scope

### *Disability prevalence*

The ABS estimates that 1 in 5 people in Australia (3 958 300) 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*

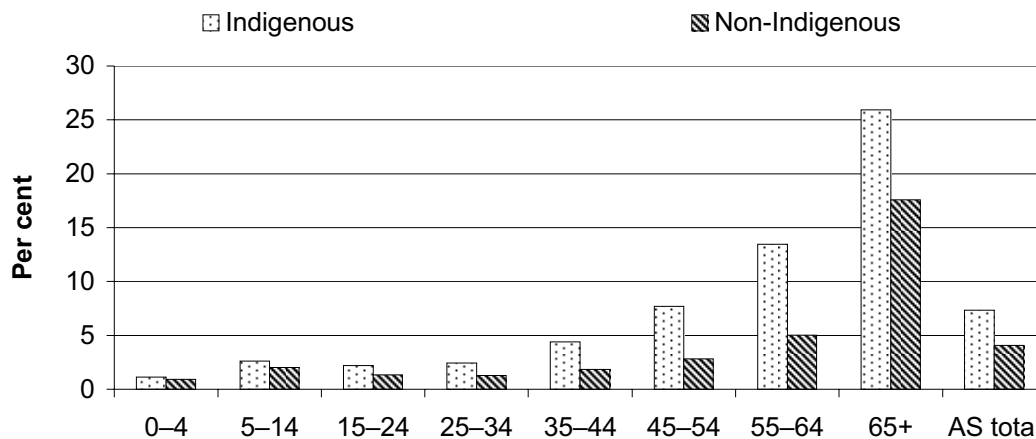
Indigenous people have significantly higher rates of profound or severe core activity limitation than non-Indigenous people. Disability data on ‘core activity need for assistance’ are available from the ABS 2006 Census. The concept of ‘core activity need for assistance’ (ASSNP<sup>1</sup>) is similar 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).

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<sup>1</sup> 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<sup>a</sup>**



AS = age standardised. <sup>a</sup> 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.

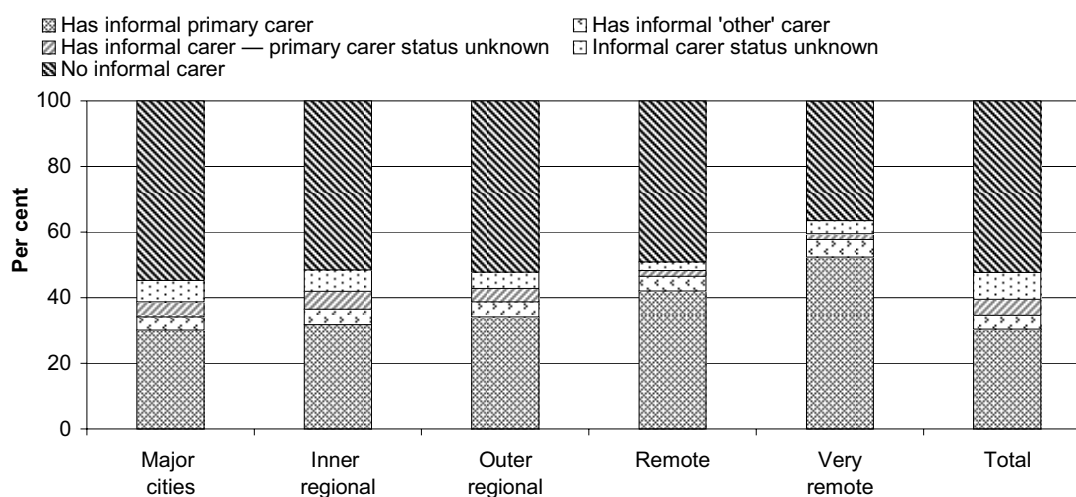
Information on informal carers is available from the ABS SDAC and for CSTDA/NDA service users from the NMDS. The definition of informal carers differs slightly across these data collections:

- 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/NDA funded specialist disability services in 2008-09, 39.5 per cent reported having an informal carer and 30.4 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.

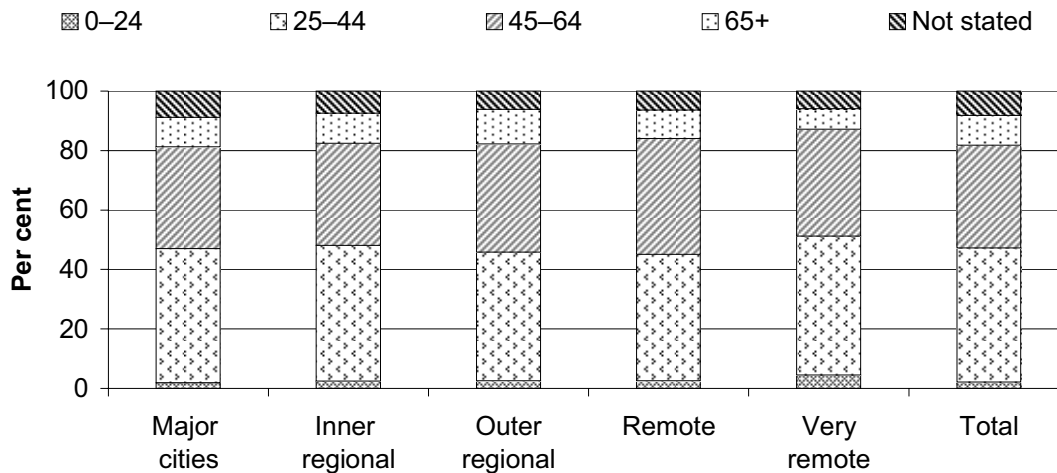
**Figure 14.3 Users of CSTDA/NDA funded specialist disability services, by whether they had an informal carer and geographic location, 2008-09<sup>a, b, c</sup>**



<sup>a</sup> Total includes data for service users whose location was not collected/identified. <sup>b</sup> 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. <sup>c</sup> 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/NDA funded specialist disability services, by location, 2008-09<sup>a, b</sup>**



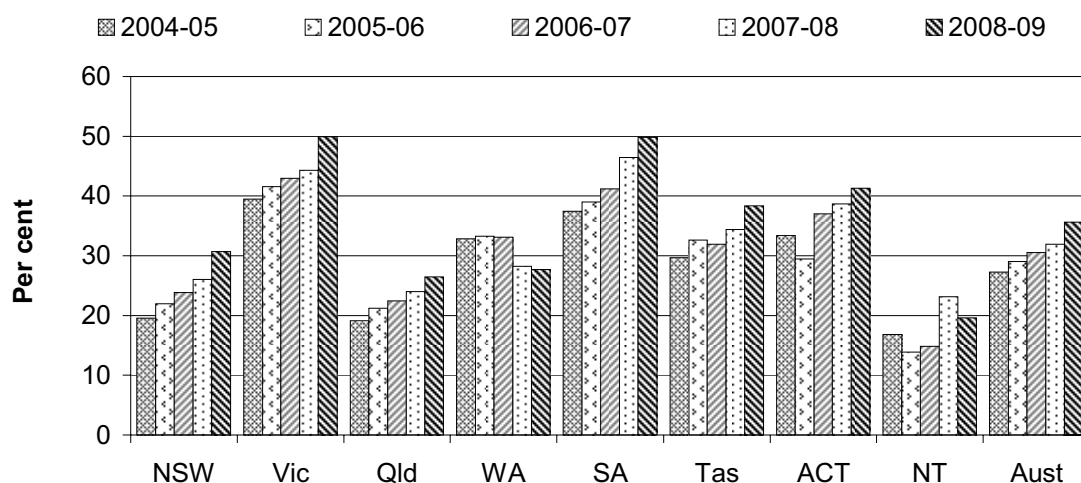
<sup>a</sup> Total includes data for service users whose location was not collected/identified. <sup>b</sup> Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

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

### Use of CSTDA/NDA funded services

In 2008-09 266 066 people were reported as using specialist disability services provided under the CSTDA/NDA (excluding service users who received specialist psychiatric disability services only) (table 14A.12). Nationally, this is 35.6 per cent of the estimated potential population (unrevised method) (see section 14.7 for information on how the potential population is defined) (figure 14.5).

Figure 14.5 **Users of CSTDA/NDA funded specialist disability services as a proportion of the estimated potential population (unrevised method)<sup>a, b, c</sup>**

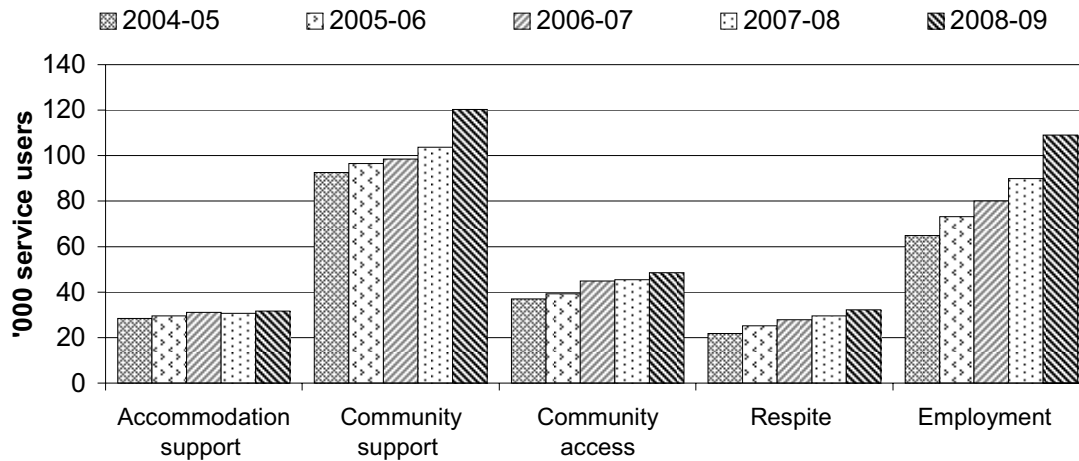


<sup>a</sup> See section 14.7 for information on how the potential population is defined. <sup>b</sup> Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. <sup>c</sup> For the ACT, improved data capture for therapy services resulted in an increased service user count in 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 (2011) *Disability Support Services 2008-09: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement*, Cat. no. DIS 58; AIHW (2010a) *2007-08, 2006-07, 2005-06, 2004-05: 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. Accommodation support, community access, community support and respite services reported a total of 172 264 users and employment services reported a total of 109 002 users, in 2008-09 (figure 14.6).

**Figure 14.6 Users of CSTDA/NDA funded specialist disability services, by service type<sup>a, b</sup>**

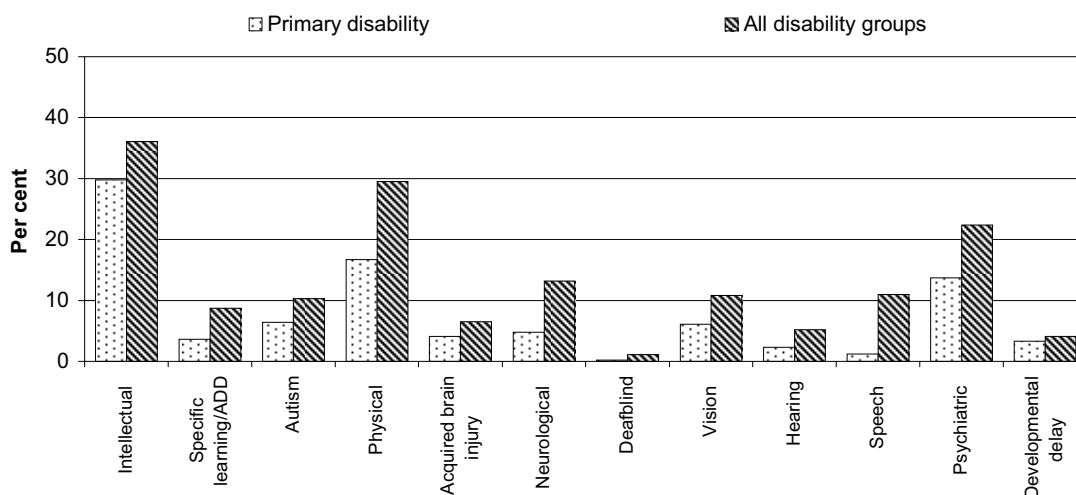


<sup>a</sup> Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. <sup>b</sup> See table 14A.12 for detailed notes relating to these data.

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

In 2008-09, the most commonly reported disability of CSTDA/NDA service users was an intellectual disability (36.1 per cent of service users, including 29.8 per cent who reported it as their primary disability) (figure 14.7).

**Figure 14.7 CSTDA/NDA funded specialist disability service users, by disability group, 2008-09<sup>a, b</sup>**



<sup>a</sup> Data need to be interpreted with care due to a number of factors affecting data quality. <sup>b</sup> 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.



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## 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). Revisions have been made to the performance indicators reported in this chapter to align with developments in reporting for performance indicators in the National Agreements.

### Box 14.4 Objective of government funded services for people with disability

Performance data for this year's Report cover services provided under the third CSTDA and the NDA. 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

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#### Box 14.4 (Continued)

- 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).

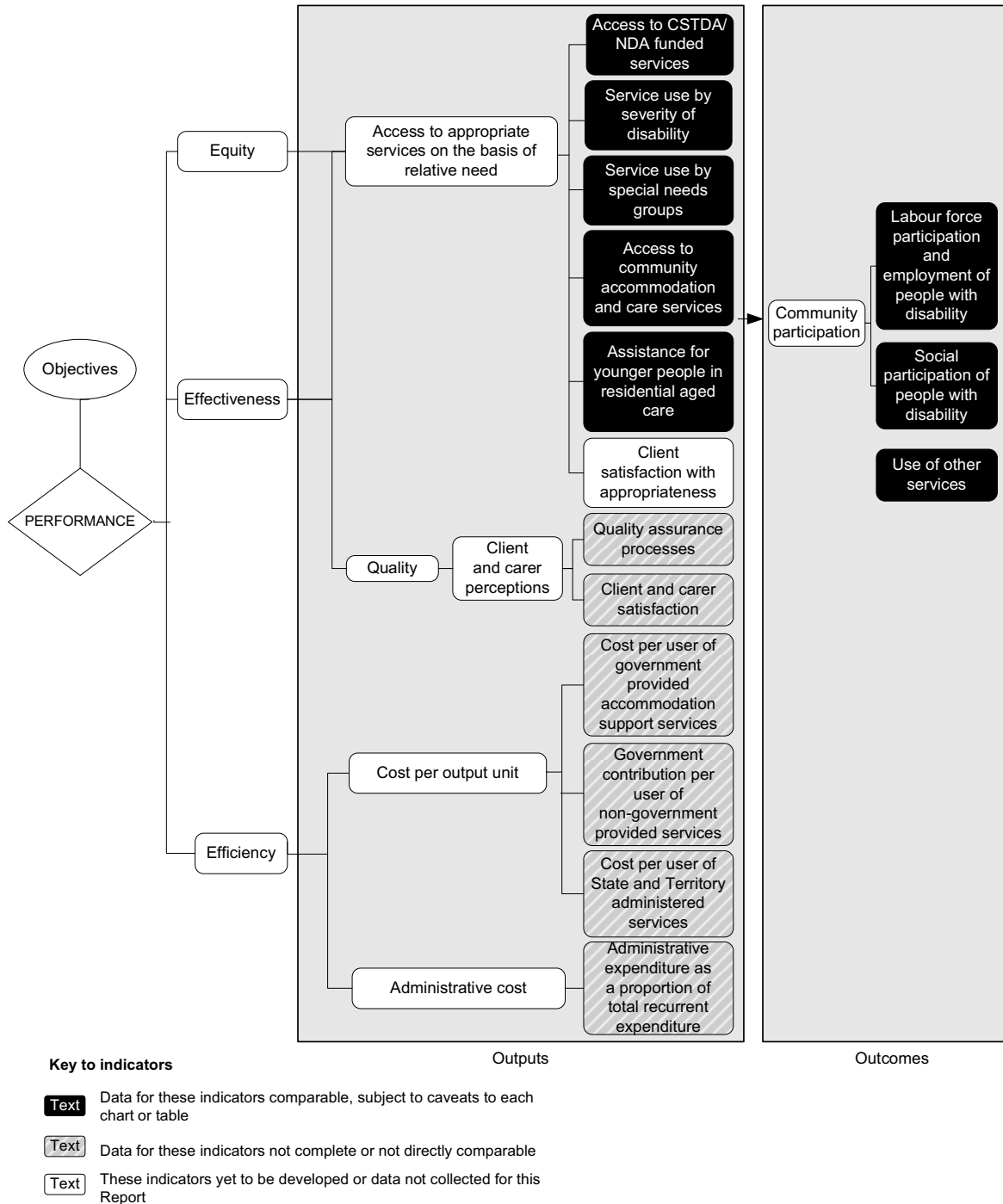
The performance indicator framework shows which data on services for people with disability are comparable in the 2011 Report (figure 14.8). For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from 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).

Figure 14.8 Performance indicators for services for people with disability



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## 14.3 Key performance indicator results

The performance indicator results reported in this chapter relate to both CSTDA and also NDA funded services. These data were sourced from the CSTDA NMDS collection which is managed by 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 (this collection will be renamed the Disability Services NMDS in future reports).

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)
- the variability between states and territories of services funded under the NDA and those funded under other programs or sectors.

### 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/NDA funded services’
- ‘Service use by severity of disability’
- ‘Service use by special needs groups’
- ‘Access to community accommodation and care services’.

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### *Access to CSTDA/NDA funded services*

‘Access to CSTDA/NDA 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 and National Disability Agreement funded services**

‘Access to CSTDA/NDA funded services’ is defined as the number of people using a particular CSTDA/NDA funded service divided by the ‘potential population’ (unrevised method) for that service. The potential population (unrevised method) is an estimate that broadly indicates the number of people with the potential to require specialist disability services at some time.

The potential population (unrevised method) 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 (unrevised method) 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 (unrevised method) 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 (unrevised method) using a particular CSTDA/NDA service suggests greater access to that service.

Not all people in the estimated ‘potential population’ (unrevised method) 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.

Data quality information for this indicator is at [www.pc.gov.au/gsp/reports/rogs/2011](http://www.pc.gov.au/gsp/reports/rogs/2011).

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 (unrevised method):

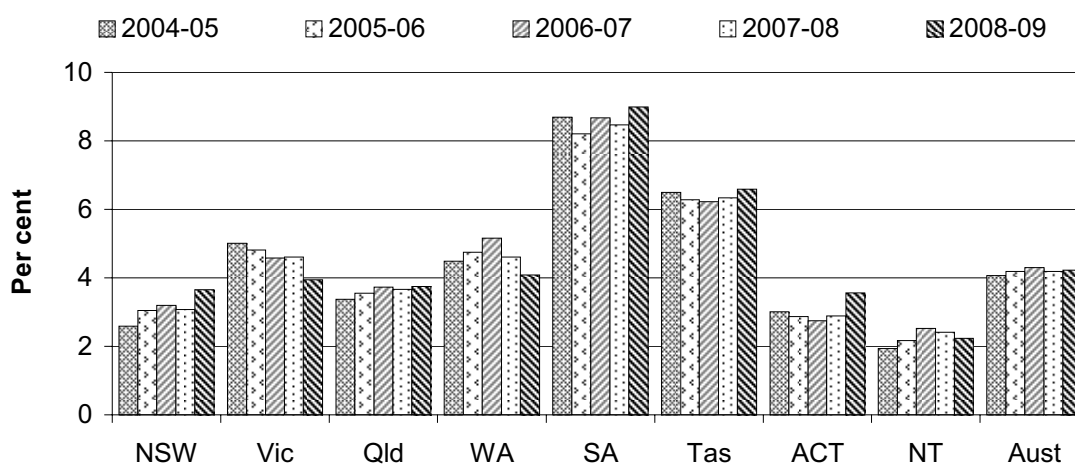
- for people aged under 65 years for accommodation support, community support, community access and respite services
- for people aged 15–64 years for employment services.

Data on users of CSTDA/NDA funded services as a proportion of the estimated potential population (revised method) are also available disaggregated by service group, age and sex (table 14A.15).

Nationally, 4.2 per cent of the estimated potential population (unrevised method) were using CSTDA/NDA funded accommodation support services in 2008-09 (figure 14.9).

Data on users of CSTDA/NDA funded accommodation support services as a proportion of the estimated potential population (revised method) are also available disaggregated by service group, age and sex (table 14A.17).

**Figure 14.9 Users of CSTDA/NDA funded accommodation support services as a proportion of the estimated potential population (unrevised method)<sup>a, b, c</sup>**



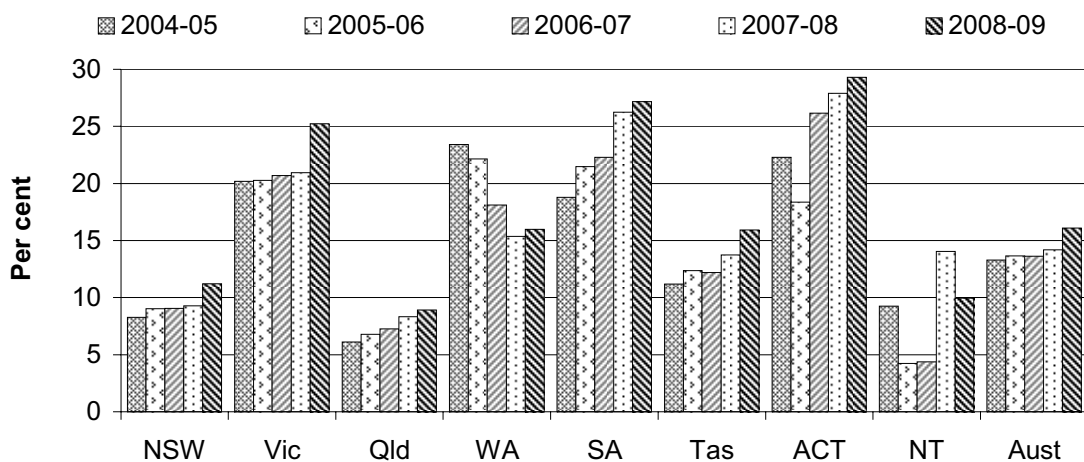
<sup>a</sup> See table 14A.16 for detailed notes relating to service user data. <sup>b</sup> See section 14.7 for information on how the potential population is defined. <sup>c</sup> Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

Source: AIHW (unpublished) CSTDA NMDS; AIHW (2011) *Disability Support Services 2008-09: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement*, Cat. no. DIS 58; AIHW (2010a), 2007-08, 2006-07, 2005-06, 2004-05: *National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.16.

Nationally, 16.1 per cent of the estimated potential population (unrevised method) were using CSTDA/NDA funded community support in 2008-09 (figure 14.10).

Data on users of CSTDA/NDA funded community support as a proportion of the estimated potential population (revised method) are also available disaggregated by service group, age and sex (table 14A.19).

**Figure 14.10 Users of CSTDA/NDA funded community support services as a proportion of the estimated potential population (unrevised method)<sup>a, b, c, d, e, f</sup>**



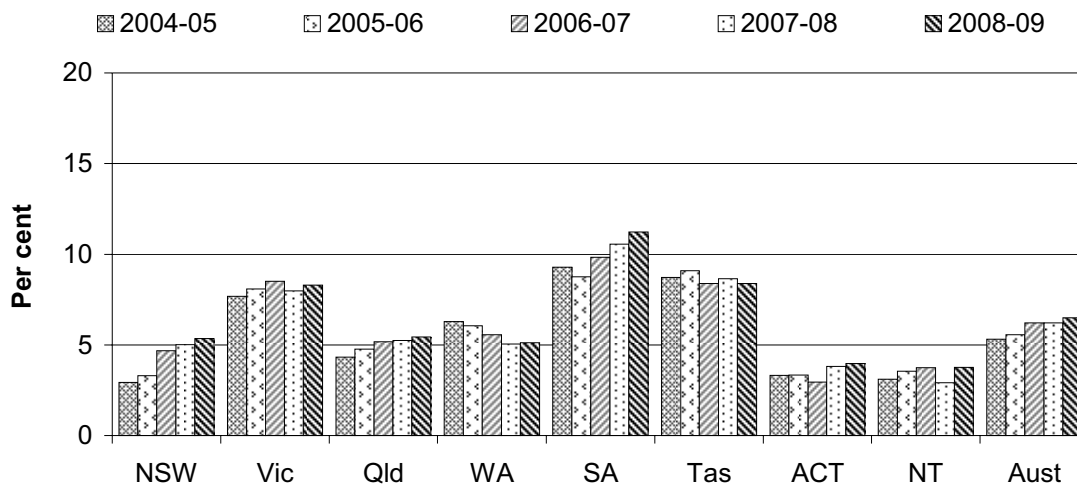
<sup>a</sup> See table 14A.18 for detailed notes relating to service user data. <sup>b</sup> See section 14.7 for information on how the potential population is defined. <sup>c</sup> Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. <sup>d</sup> For WA, 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. <sup>e</sup> For the ACT, improved data capture for therapy services resulted in an increased service user count in 2004-05. The decrease in the community support services rate for 2005-06 was due to the incomplete data collection for therapy services. <sup>f</sup> For Victoria, additional agencies reporting clients and the change of data capturing for the Individualised Support Packages under the Community Support category resulted in an increase in the count of service users in 2008-09.

Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (2011) *Disability Support Services 2008-09: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement*, Cat. no. DIS 58; AIHW (2010a) *2007-08, 2006-07, 2005-06, 2004-05: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.18.

Nationally, 6.5 per cent of the estimated potential population (unrevised method) were using CSTDA/NDA funded community access services in 2008-09 (figure 14.11).

Data on users of CSTDA/NDA funded community access services as a proportion of the estimated potential population (revised method) are also available disaggregated by service group, age and sex (table 14A.21).

**Figure 14.11 Users of CSTDA/NDA funded community access services as a proportion of the estimated potential population (unrevised method)<sup>a, b, c</sup>**



<sup>a</sup> See table 14A.20 for detailed notes relating to these data. <sup>b</sup> See section 14.7 for information on how the potential population is defined. <sup>c</sup> 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.

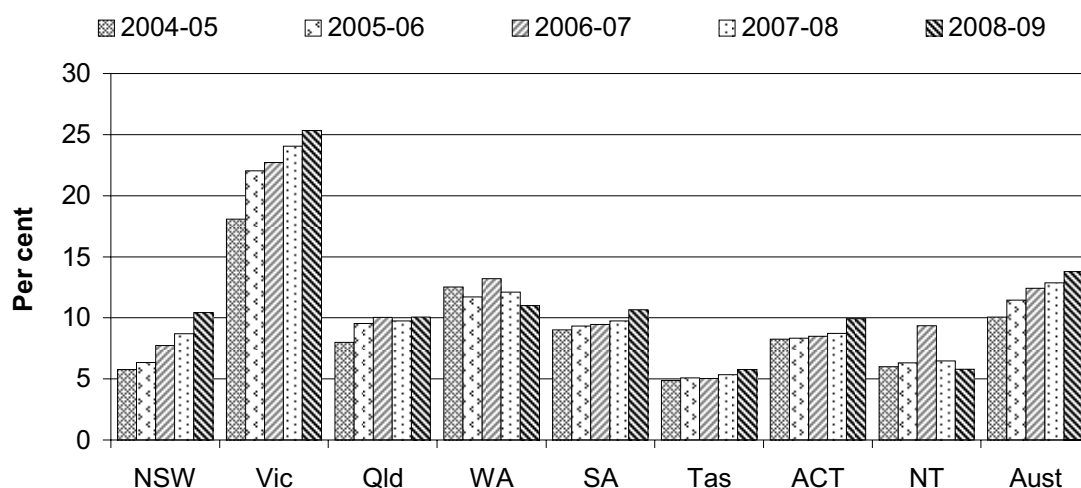
Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (2011) *Disability Support Services 2008-09: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement*, Cat. no. DIS 58; AIHW (2010a) *2007-08, 2006-07, 2005-06, 2004-05: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.20.

Nationally, 13.8 per cent of the estimated potential population (unrevised method) who reported having a primary carer were using CSTDA/NDA funded respite services in 2008-09 (figure 14.12).

Data on users of CSTDA/NDA funded respite services as a proportion of the estimated potential population (revised method) are also available disaggregated by service group, age and sex (table 14A.23).



Figure 14.12 **Users of CSTDA/NDA funded respite services as a proportion of the estimated potential population (unrevised method) for respite services<sup>a, b, c</sup>**



<sup>a</sup> See table 14A.22 for detailed notes relating to these data. <sup>b</sup> See section 14.7 for information on how the potential population is defined. <sup>c</sup> 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.

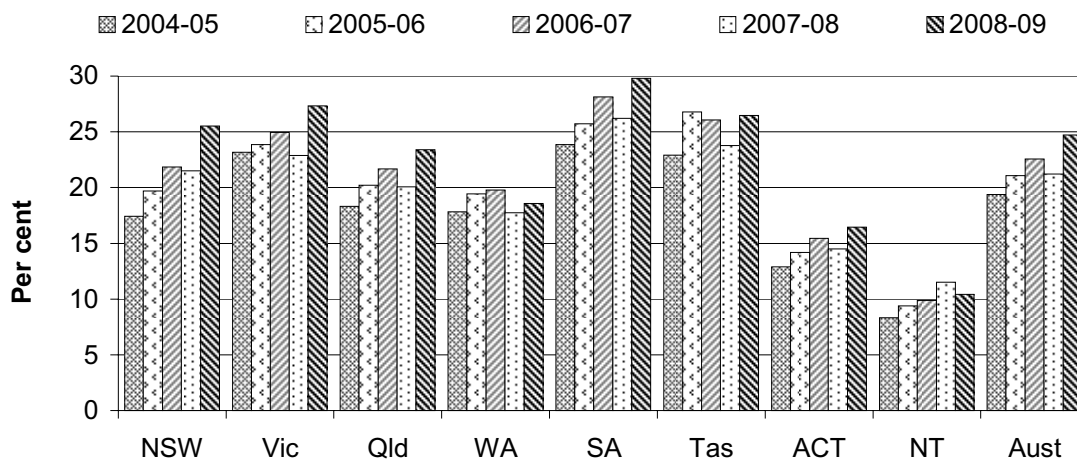
Source: AIHW (unpublished) *CSTDA NMDS*; AIHW (2011) *Disability Support Services 2008-09: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement*, Cat. no. DIS 58; AIHW (2010a) *2007-08, 2006-07, 2005-06, 2004-05: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.22.

Nationally, 24.7 per cent of the estimated potential population (unrevised method) for CSTDA/NDA funded employment services were using these services in 2008-09 (figure 14.13).

Data on users of CSTDA/NDA funded open employment services as a proportion of the estimated potential population (revised method) are also available disaggregated by age and sex (table 14A.25).

Data on users of CSTDA/NDA funded supported employment services as a proportion of the estimated potential population (revised method) are also available disaggregated by age and sex (table 14A.26).

**Figure 14.13 Users of CSTDA/NDA funded employment services as a proportion of the estimated potential population (unrevised method) for employment services<sup>a, b, c</sup>**



<sup>a</sup> See table 14A.24 for detailed notes relating to these data. <sup>b</sup> See section 14.7 for information on how the potential population is defined. <sup>c</sup> Data for 2007-08 and 2008-09 are not comparable with previous years as the potential populations (unrevised method) 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 and 2008-09 data increased the number of people in the estimated potential population (unrevised method) relative to previous years (by around 15 per cent).

Source: AIHW (2011) *Disability Support Services 2008-09: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement*, Cat. no. DIS 58; AIHW (2010a) *2007-08, 2006-07, 2005-06, 2004-05: National Data on Services Provided under the CSTDA*, Cat. no. DIS (56 and previous publications); table 14A.24.

### *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) and for help with activities of independent living (AIL) or activities of work, education and community living (AWEC) (box 14.6). This indicator provides additional information for interpreting the access to CSTDA/NDA funded accommodation support, community support, community access, employment and respite services measures reported above.

Data on the need for assistance are derived using information on the level of support needed in one or more of the following support areas for:

- ADL – self care, mobility, and communication (the core support areas)
- AIL – interpersonal interactions and relationships, learning, applying knowledge and general tasks and demands; and domestic life

- 
- AWEC – education, community (civic) and economic life; and work.

Service users who need help with ADL, or AIL, or AWEC reported always/sometimes needing help in one or more of these, however, only 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, or AIL, or AWEC, reported needing no support in the major life areas.

#### **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/NDA funded services, by need for help with ADL, or AIL, or AWEC. Four categories are reported:

- need help with ADL
- need help with AIL, or AWEC but not ADL
- does not need assistance and information on ADL, AIL or AWEC
- 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, or AIL, or AWEC. Data on ADL, AIL and AWEC 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.

Data quality information for this indicator is under development.

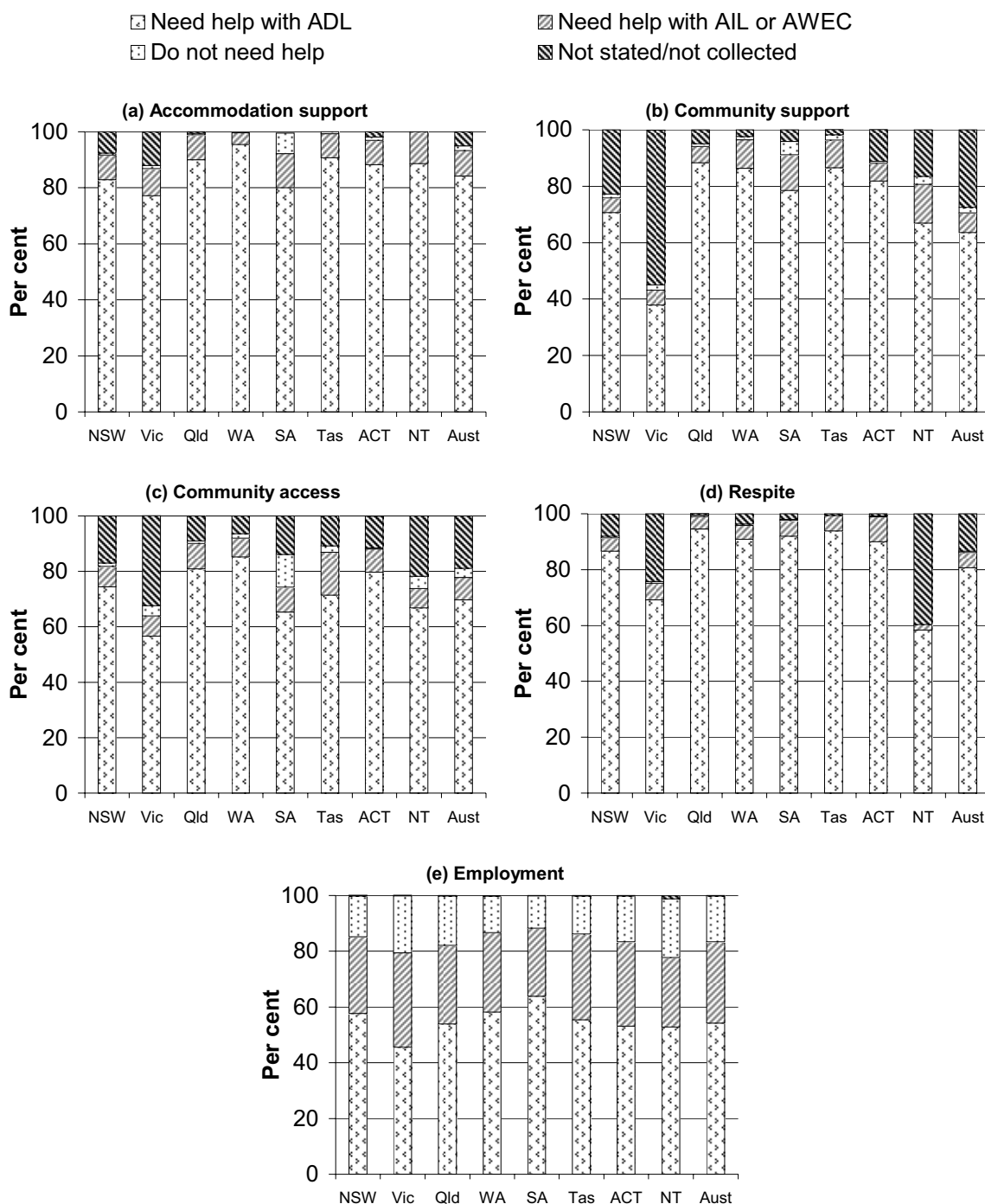
Nationally, in 2008-09:

- 84.2 per cent of users of CSTDA/NDA funded accommodation support services needed help with ADL, 9.1 per cent required assistance with AIL or AWEC but not with ADL, 1.7 per cent did not report need for any assistance in major life areas and for 5.0 per cent information on need for assistance was not collected/not stated (figure 14.14a)

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- 63.6 per cent of users of CSTDA/NDA funded community support services needed help with ADL, 7.0 per cent required assistance with AIL or AWEC, but not with ADL, 1.9 per cent did not report need for any assistance in major life areas and for 27.5 per cent information on need for assistance was not collected/not stated (figure 14.14b)
  - 69.7 per cent of users of CSTDA/NDA funded community access services needed help with ADL, 8.1 per cent required assistance with AIL or AWEC, but not with ADL, 3.3 per cent did not report need for any assistance in major life areas and for 18.9 per cent information on need for assistance was not collected/not stated (figure 14.14c)
  - 80.7 per cent of users of CSTDA/NDA funded respite services needed help with ADL, 5.4 per cent required assistance with AIL or AWEC, but not with ADL, 0.5 per cent did not report need for any assistance in major life areas and for 13.4 per cent information on need for assistance was not collected/not stated (figure 14.14d)
  - 54.2 per cent of users of CSTDA/NDA funded employment services needed help with ADL, 29.2 per cent required assistance with AIL or AWEC, but not with ADL, 16.4 per cent did not report need for any assistance in major life areas and for 0.2 per cent information on need for assistance was not collected/not stated (figure 14.14e).

Data on users of CSTDA/NDA funded services as a proportion of the estimated potential population (revised method) are also available (tables 14A.27, 14A.29, 14A.31, 14A.33, 14A.35, 14A.37 and 14A.38).

Figure 14.14 Users of CSTDA/NDA funded services, by need for help with Activities of Daily Living, 2008-09<sup>a, b, c, d</sup>



<sup>a</sup> 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. <sup>b</sup> See tables 14A.28, 14A.30, 14A.32, 14A.34 and 14A.36 for detailed notes relating to these data. <sup>c</sup> 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. <sup>d</sup> Need help with AIL or AWEC does not include people who also need help with ADL.

Source: AIHW (unpublished) CSTDA NMDS; tables 14A.28, 14A.30, 14A.32, 14A.34 and 14A.36.

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### *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’ (unrevised method). The potential population (unrevised method) 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 (unrevised method) 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 (unrevised method) 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 (unrevised method) in a particular special needs group, compared to the proportion of service users per 1000 potential population (unrevised method) 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 (unrevised method)) in a special needs group should not differ significantly from the proportion of service users per 1000 people (or per 1000 potential population (unrevised method)) outside the special needs group.

(Continued on next page)

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**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/NDA 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/NDA 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.

Data quality information for this indicator is at [www.pc.gov.au/gsp/reports/rogs/2011](http://www.pc.gov.au/gsp/reports/rogs/2011).

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 (unrevised method):

- 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 (unrevised method) 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 (unrevised method)

- 
- 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 2008-09, the proportion of the outer regional and remote/very remote population who used CSTDA/NDA 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 14.15a). The proportion of the outer regional and remote/very remote potential population (unrevised method) who used CSTDA/NDA funded accommodation support services (31.9 service users per 1000 potential population (unrevised method)) was lower than that of the major cities and inner regional potential population (unrevised method) who used these services (43.3 service users per 1000 potential population (unrevised method)) (figure 14.16a).

Nationally, in 2008-09, the proportion of the outer regional and remote/very remote population who used CSTDA/NDA funded community support services was 6.2 service users per 1000 population, higher than the proportion of the major cities and inner regional population who used these services (6.1 service users per 1000 population) (figure 14.15b). The proportion of the outer regional and remote/very remote potential population (unrevised method) who used CSTDA/NDA funded community support services (146.8 service users per 1000 potential population (unrevised method)) was higher than the proportion of the major cities and inner regional potential population (unrevised method) who used these services (154.5 service users per 1000 potential population (unrevised method)) (figure 14.16b).

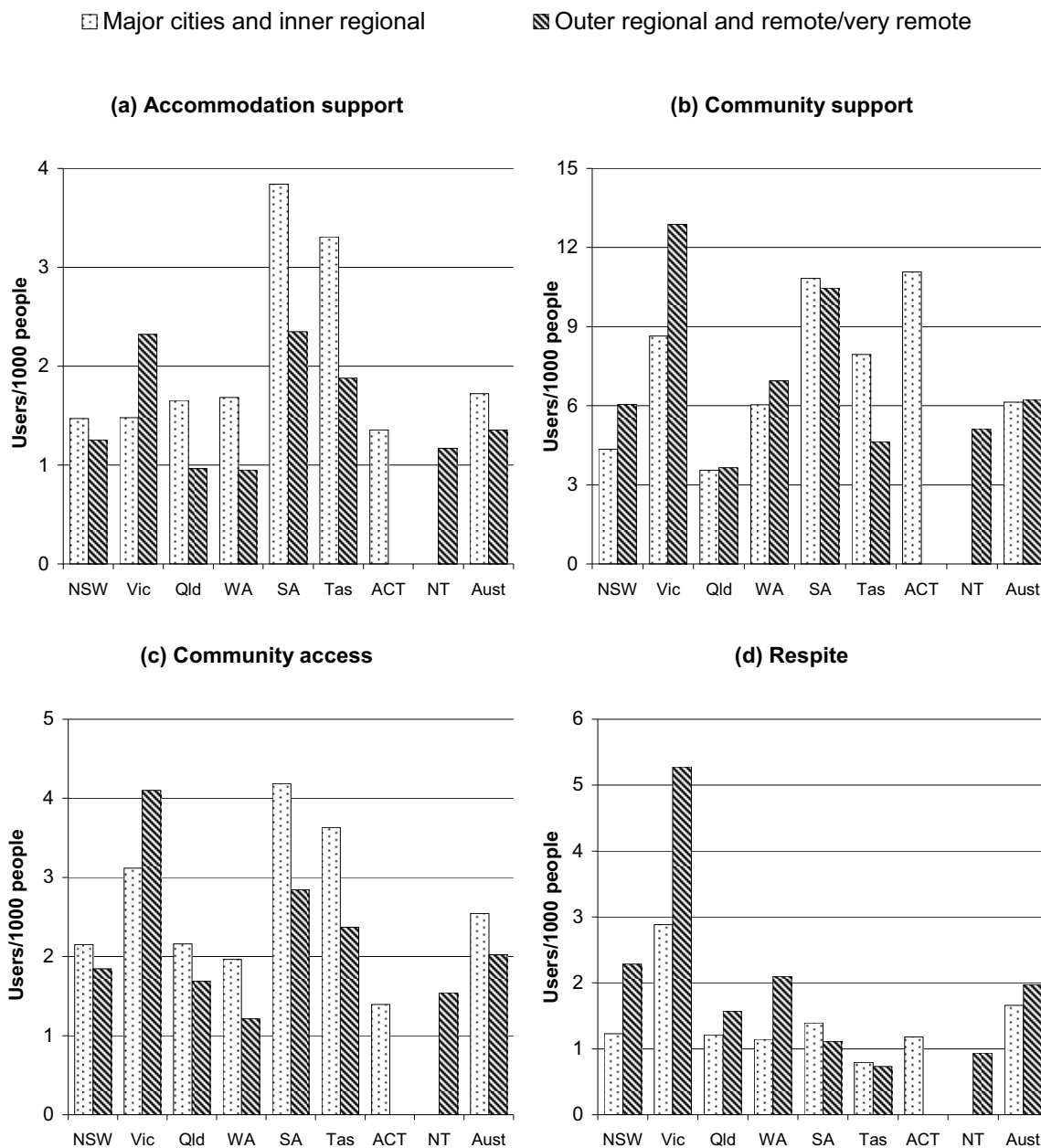
Nationally, in 2008-09, the proportion of the outer regional and remote/very remote population who used CSTDA/NDA funded community access services was 2.0 service users per 1000 population, lower than the proportion of the major cities and inner regional population who used these services (2.5 service users per 1000 population) (figure 14.15c). The proportion of the outer regional and remote/very remote potential population (unrevised method) who used CSTDA/NDA funded community access services (47.6 service users per 1000 potential population (unrevised method)) was lower than the proportion of the major cities and inner regional potential population (unrevised method) who used these services (64.1 service users per 1000 potential population (unrevised method)) (figure 14.16c).



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Nationally, in 2008-09, the proportion of the outer regional and remote/very remote population who used CSTDA/NDA funded respite services was 2.0 service users per 1000 population), higher than the proportion of the major cities and inner regional population who used these services (1.7 service users per 1000 population) (figure 14.15d). 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. Potential population data for respite services is not calculated at these levels because of conceptual, definitional and quality issues with carer data from the 2006 Census for the special needs groups.

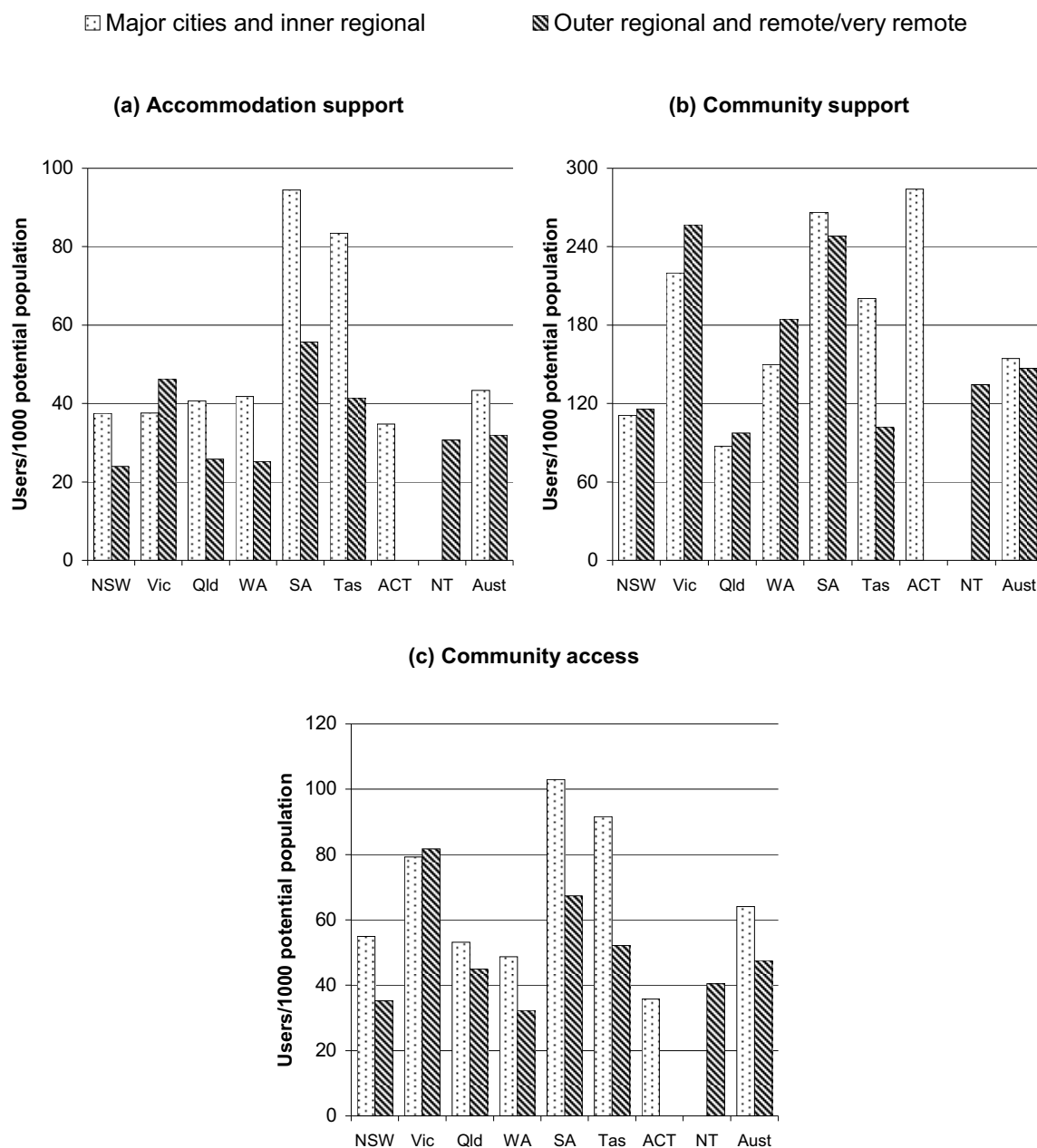
**Figure 14.15 Users of State and Territory administered CSTDA/NDA funded services per 1000 people, by geographic location, 2008-09<sup>a, b, c, d</sup>**



<sup>a</sup> See tables 14A.39, 14A.40, 14A.41 and 14A.42 for detailed notes relating to these data. <sup>b</sup> 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. <sup>c</sup> The ACT does not have outer regional and remote/very remote areas. <sup>d</sup> The NT does not have major cities and inner regional areas.

Source: AIHW (unpublished) CSTDA NMDS; AIHW (unpublished) derived from ABS *Australian Demographic Statistics, 2008*, Cat. no. 3101.0, ABS *Population by Age and Sex, Regions of Australia, 2008*; Cat. no. 3235.0, *Labour Force Australia, 2008*, Cat. no. 6291.0.55.001; tables 14A.39, 14A.40, 14A.41 and 14A.42.

Figure 14.16 Users of State and Territory administered CSTDA/NDA funded services per 1000 potential population (unrevised method), by geographic location, 2008-09<sup>a, b, c, d, e, f</sup>

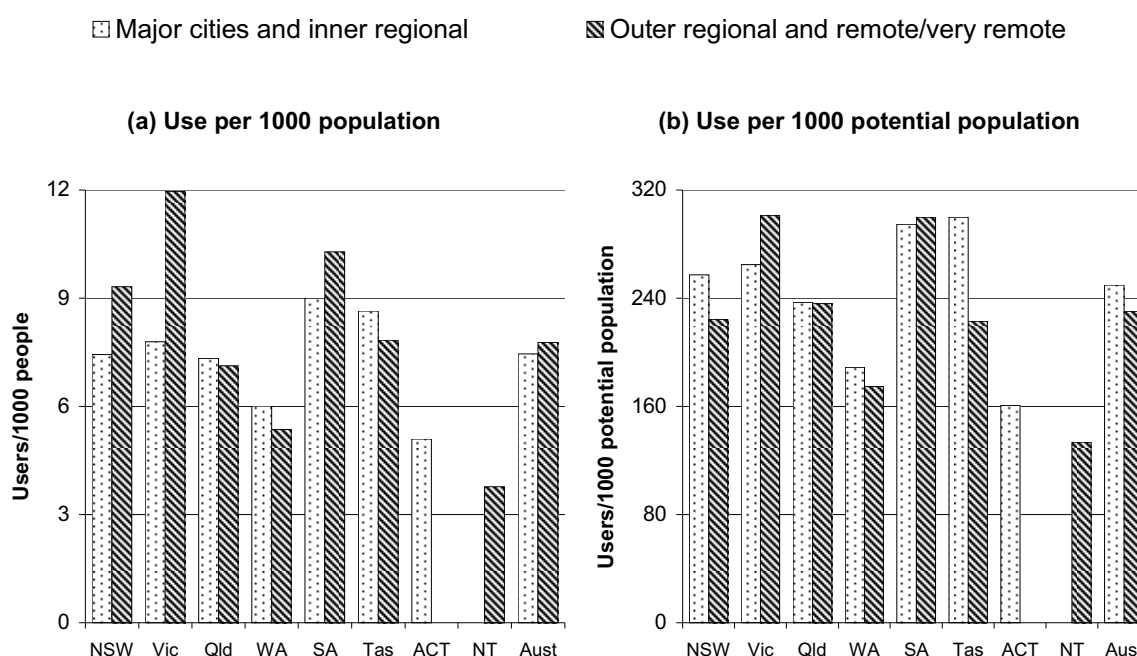


<sup>a</sup> See tables 14A.39, 14A.40 and 14A.41 for detailed notes relating to these data. <sup>b</sup> See section 14.7 for information on how the potential population is defined. <sup>c</sup> Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. <sup>d</sup> The ACT does not have outer regional and remote/very remote areas. <sup>e</sup> The NT does not have major cities and inner regional areas. <sup>f</sup> ACT data for service users per 1000 Indigenous potential population (unrevised method) are not published as they are based on a small number of service users.

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 Australian Demographic Statistics, 2008, Cat. no. 3101.0, ABS Population by Age and Sex, Regions of Australia, 2008; Cat. no. 3235.0, Labour Force Australia, 2008, Cat. no. 6291.0.55.001; tables 14A.39, 14A.40 and 14A.41.

Nationally, in 2008-09, the proportion of the outer regional and remote/very remote population who used CSTDA/NDA funded employment services (7.8 service users per 1000 population) was higher than that of the major cities and inner regional population (7.5 service users per 1000 population) (figure 14.17a). The proportion of the outer regional and remote/very remote potential population (unrevised method) who used CSTDA/NDA funded employment services (230.3 service users per 1000 potential population (unrevised method)) was higher than that of the major cities and inner regional potential population (unrevised method) (249.6 service users per 1000 potential population (unrevised method)) (figure 14.17b).

**Figure 14.17 Users of CSTDA/NDA funded employment services, by geographic location, 2008-09<sup>a, b, c, d</sup>**



<sup>a</sup> See table 14A.43 for detailed notes relating to these data. <sup>b</sup> 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. <sup>c</sup> The ACT does not have outer regional and remote/very remote areas. <sup>d</sup> 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 2008, Cat. no. 6291.0.55.001, ABS Australian Demographic Statistics, 2008, Cat. no. 3101.0, ABS Population by Age and Sex, Regions of Australia, 2007, Cat. no. 3235.0; table 14A.43.

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

Nationally, in 2008-09, the proportion of the Indigenous population who used CSTDA/NDA funded accommodation support services was 2.8 service users per

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1000 population, higher than the proportion of the non-Indigenous population who used these services (1.6 service users per 1000 population) (figure 14.18a). The proportion of the Indigenous potential population (unrevised method) who used CSTDA/NDA funded accommodation support services (39.5 service users per 1000 potential population (unrevised method)) was lower than the non-Indigenous potential population (unrevised method) who used these services (41.3 service users per 1000 potential population (unrevised method)) (figure 14.19a).

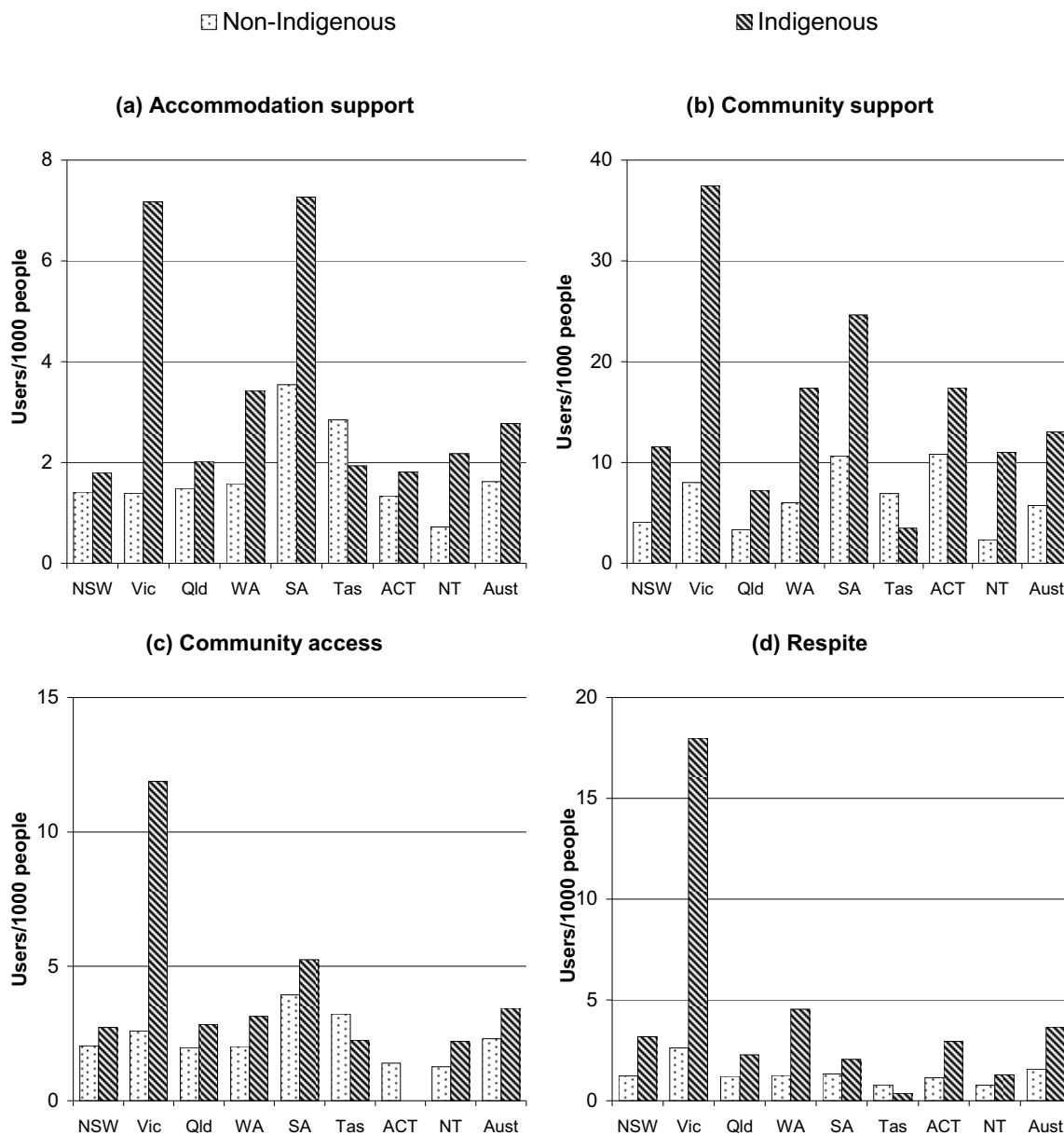
Nationally, in 2008-09, the proportion of the Indigenous population who used CSTDA/NDA funded community support services was 13.1 service users per 1000 population, higher than the proportion of the non-Indigenous population who used these services (5.7 service users per 1000 population) (figure 14.18b). The proportion of the Indigenous potential population (unrevised method) who used CSTDA/NDA funded community support services (185.8 service users per 1000 potential population (unrevised method)) was higher than the proportion of the non-indigenous potential population (unrevised method) who used these services (146.4 service users per 1000 potential population (unrevised method)) (figure 14.19b).

Nationally, in 2008-09, the proportion of the Indigenous population who used CSTDA/NDA funded community access services was 3.4 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 14.18c). The proportion of the Indigenous potential population (unrevised method) who used CSTDA/NDA funded community access services (49.0 service users per 1000 potential population (unrevised method)) was lower than the proportion of the non-Indigenous potential population (unrevised method) who used these services (58.9 service users per 1000 potential population (unrevised method)) (figure 14.19c).

Nationally, in 2008-09, the proportion of the Indigenous population who used CSTDA/NDA funded respite service was 3.7 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 14.18d). 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, data on people with a ASSNP who had a primary carer are needed. Potential population data for respite services is not calculated at these levels because of conceptual, definitional and quality issues with carer data from the 2006 Census for the special needs groups.

Data on users of CSTDA/NDA disability support services as a proportion of the Indigenous estimated potential population (revised method) are also available disaggregated by age (table 14A.44).

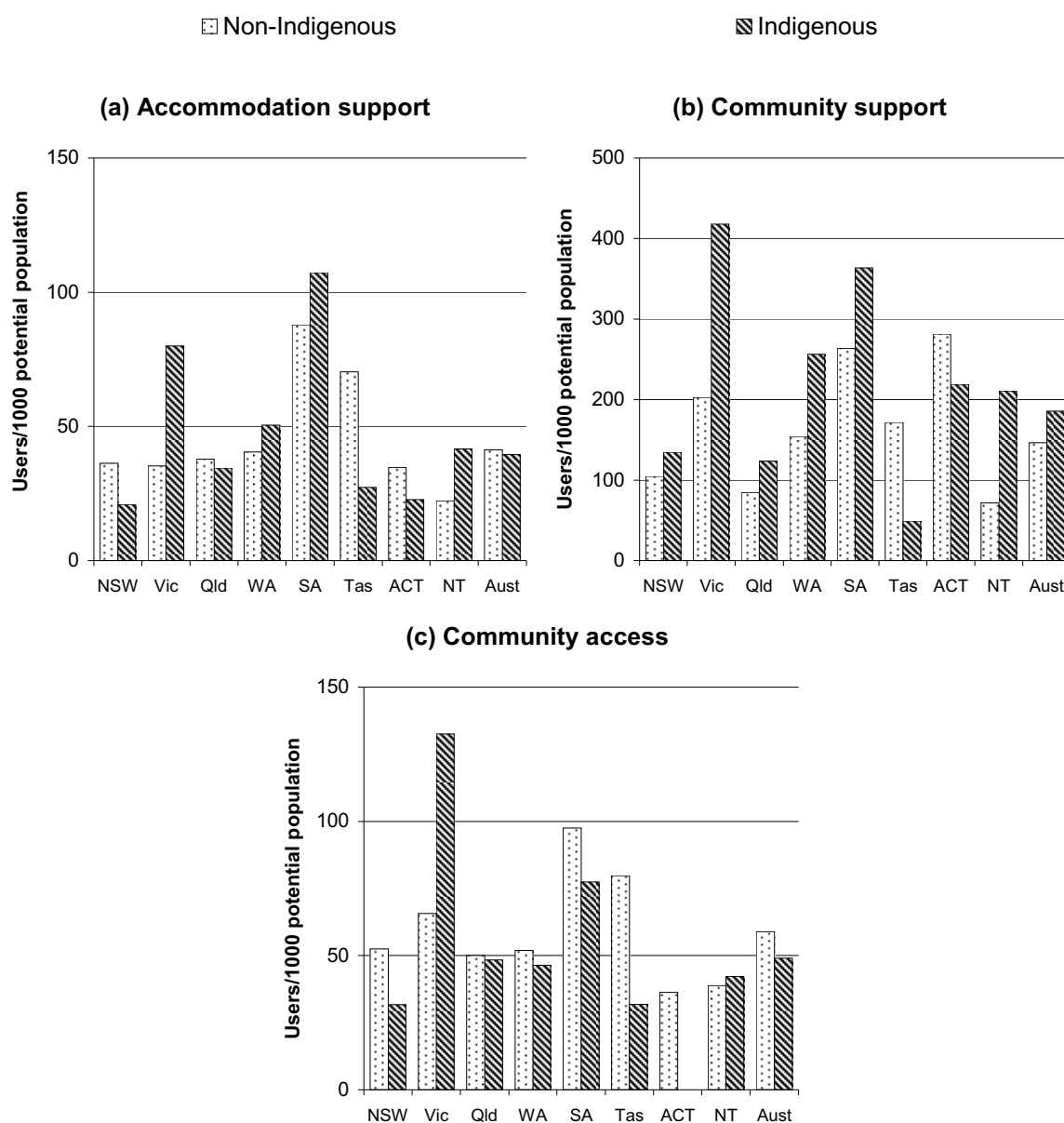
**Figure 14.18 Users of State and Territory administered CSTDA/NDA funded services per 1000 people, by Indigenous status, 2008-09<sup>a, b, c</sup>**



<sup>a</sup> See tables 14A.45, 14A.46, 14A.47 and 14A.48 for detailed notes relating to these data. <sup>b</sup> 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. <sup>c</sup> 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, *Australian Demographic Statistics, 2008*, Cat. no. 3101.0, ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, Cat. no. 3238.0; tables 14A.45, 14A.46, 14A.47 and 14A.48.

**Figure 14.19 Users of State and Territory administered CSTDA/NDA funded services per 1000 potential population (unrevised method), by Indigenous status, 2008-09<sup>a, b, c</sup>**



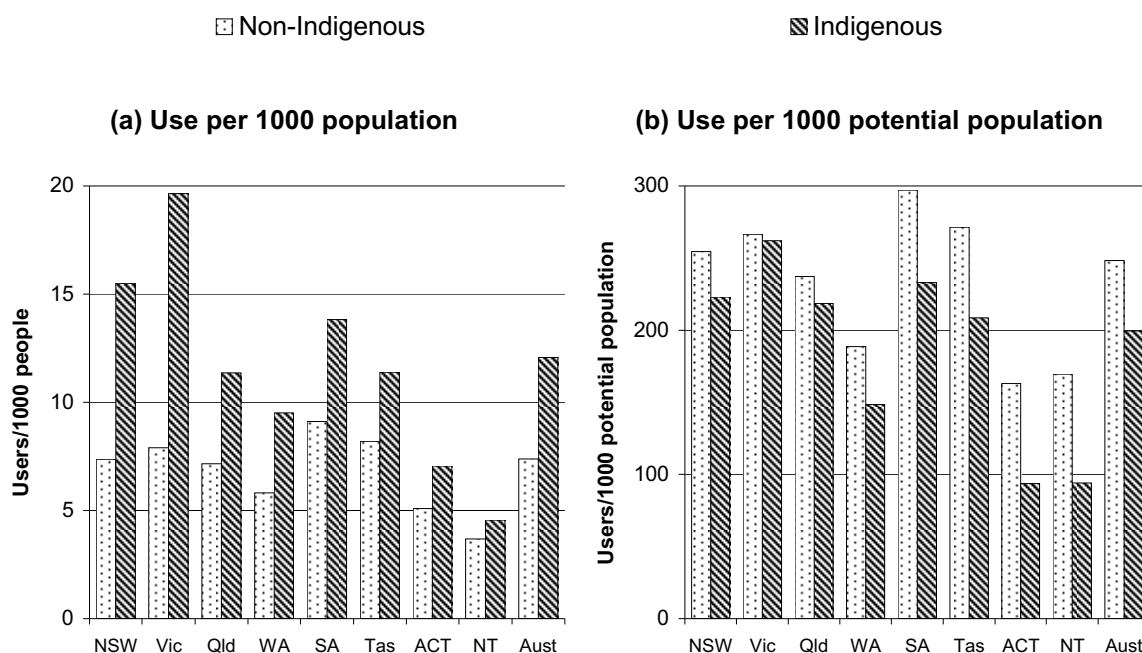
<sup>a</sup> See tables 14A.45, 14A.46 and 14A.47 for detailed notes relating to these data. <sup>b</sup> See section 14.7 for information on how the potential population is defined. <sup>c</sup> Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues. <sup>d</sup> ACT data for service users per 1000 Indigenous potential population (unrevised method) 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 (unpublished) derived from ABS (2007) *Population by Age and Sex, Australian States and Territories, Jun 2007*, Cat. no. 3201.0, *Australian Demographic Statistics, 2008*, Cat. no. 3101.0, ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, Cat. no. 3238.0; tables 14A.45, 14A.46, 14A.47.

Nationally, in 2008-09, the proportion of the Indigenous population who used CSTDA/NDA funded employment services (12.1 service users per 1000 population) was higher than that of the non-Indigenous population (7.4 service users per 1000 population) (figure 14.20a). The proportion of the Indigenous potential population (unrevised method) who used CSTDA/NDA funded employment services (199.5 service users per 1000 potential population (unrevised method)) was lower than that of the non-Indigenous potential population (unrevised method) (248.4 service users per 1000 potential population (unrevised method)) (figure 14.20b).

Data on users of CSTDA/NDA funded open employment services as a proportion of the Indigenous estimated potential population (revised method) are also available disaggregated by age (table 14A.50). Data on users of CSTDA/NDA funded supported employment services as a proportion of the Indigenous estimated potential population (revised method) are also available disaggregated by age (table 14A.51).

**Figure 14.20 Users of CSTDA/NDA funded employment services, by Indigenous status, 2008-09<sup>a, b</sup>**



<sup>a</sup> See table 14A.49 for detailed notes relating to these data. <sup>b</sup> 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 2008, 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, Australian Demographic Statistics, 2008, Cat. no. 3101.0 and ABS (2007) Population by Age and Sex, Australian States and Territories, Jun 2007, Cat. no. 3201.0; table 14A.49.



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

Nationally, in 2008-09, the proportion of people born in a non-English speaking country who used CSTDA/NDA 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 14.21a). The proportion of the potential population (unrevised method) born in a non-English speaking country who used CSTDA/NDA funded accommodation support services (12.9 users per 1000 potential population (unrevised method)) was lower than the proportion of people born in an English speaking country who used these services (45.7 service users per 1000 potential population (unrevised method)) (figure 14.22a).

Nationally, in 2008-09, the proportion of people born in a non-English speaking country who used CSTDA/NDA funded community support services was 2.2 service users per 1000 population, lower than the proportion of people born in an English speaking country who used these services (6.6 service users per 1000 population) (figure 14.21b). The proportion of the potential population (unrevised method) born in a non-English speaking country who used community support services (56.8 service users per 1000 potential population (unrevised method)) was lower than the proportion of people born in an English speaking country who used these services (163.2 service users per 1000 potential population (unrevised method)) (figure 14.22b).

Nationally, in 2008-09, the proportion of people born in a non-English speaking country who used CSTDA/NDA 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 14.21c). The proportion of the potential population (unrevised method) born in a non-English speaking country who used community access services (23.6 service users per 1000 potential population (unrevised method)) was lower than the proportion of people born in an English speaking country who used these services (62.8 service users per 1000 population) (figure 14.22c).

Nationally, in 2008-09, the proportion of people born in a non-English speaking country who used CSTDA/NDA 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 (1.8 service users per 1000 population) (figure 14.21d). Access to respite as a proportion of the potential population (unrevised method) is not reported. To derive an estimate of the respite potential populations (unrevised method) across the relevant groups Census data on people

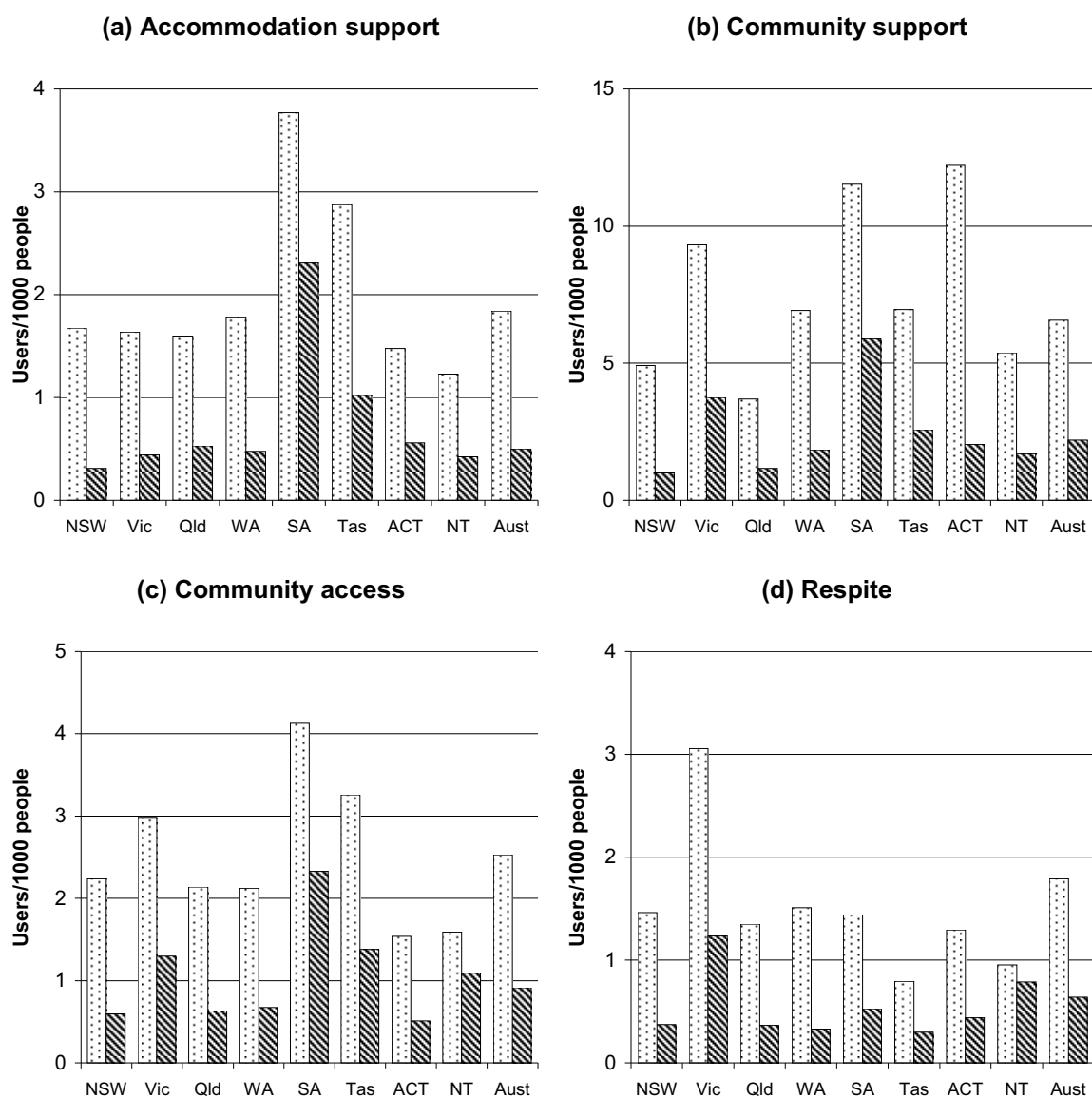
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with a ASSNP who had a primary carer are needed. Potential population data for respite services is not calculated at these levels because of conceptual, definitional and quality issues with carer data from the 2006 Census for the special needs groups.

Data for users of disability support services as a proportion of estimated potential population (revised method) are also available disaggregated by country of birth and remoteness (tables 14A.52, 14A.54, 14A.56, 14A.58 and 14A.60).

Figure 14.21 Users of State and Territory administered CSTDA/NDA funded services per 1000 people, by country of birth, 2008-09<sup>a, b</sup>

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

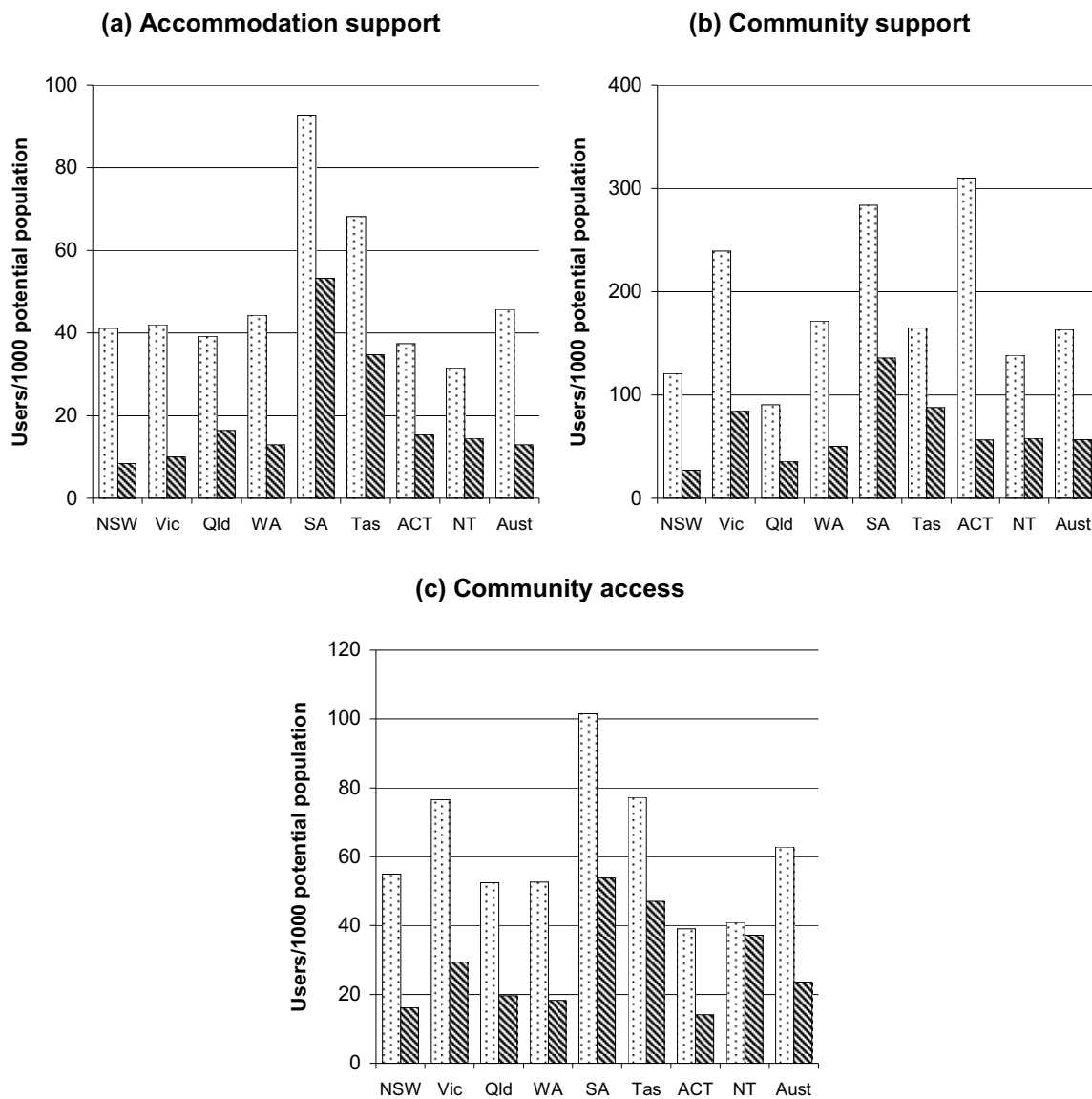


<sup>a</sup> See tables 14A.53, 14A.55, 14A.57 and 14A.59 for detailed notes relating to these data. <sup>b</sup> Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 contains further information on these quality issues.

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 2008, Cat. no. 3201.0, Australian Demographic Statistics, 2008, Cat. no. 3101.0, ABS (2007) Labour Force Australia, Detailed Electronic Delivery, June 2008, Cat. no. 6291.0.55.001; tables 14A.53, 14A.55, 14A.57 and 14A.59.

**Figure 14.22 Users of State and Territory administered CSTDA/NDA funded services per 1000 potential population (unrevised method), by country of birth, 2008-09<sup>a, b</sup>**

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



<sup>a</sup> See tables 14A.53, 14A.55 and 14A.57 for detailed notes relating to these data. <sup>b</sup> See section 14.7 for information on how the potential population is defined. <sup>c</sup> 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.

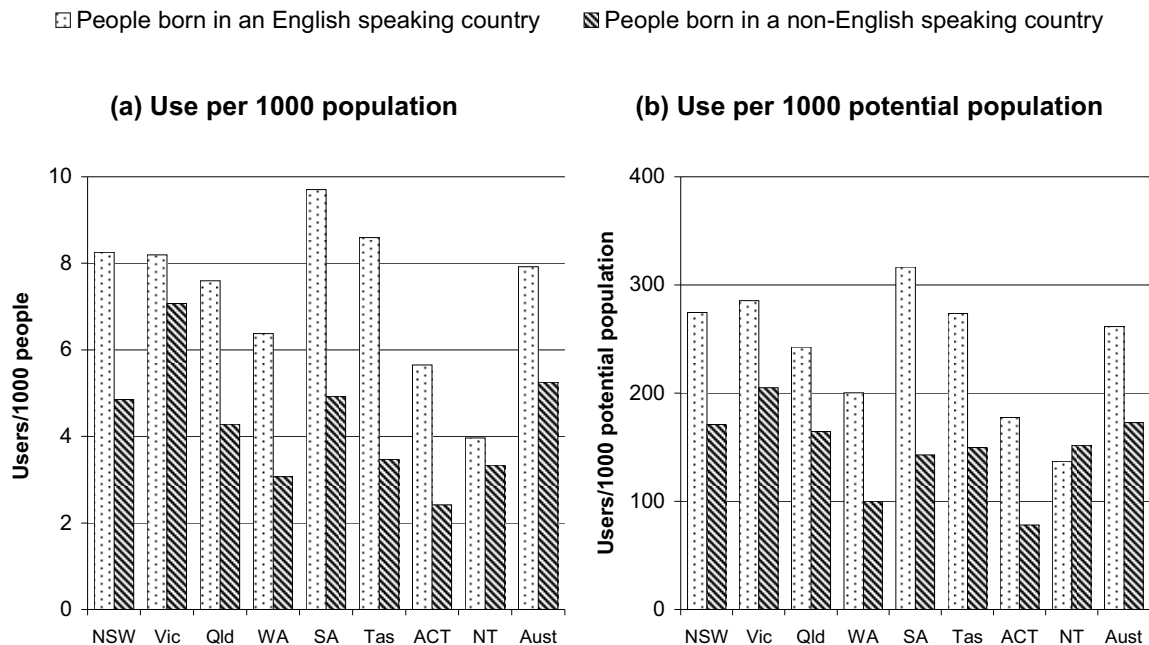
Source: AIHW (unpublished) CSTDA NMDS; AIHW (unpublished) derived from ABS 2006 Census of Population and Housing (CDATA Online) and ABS (2007) Population by Age and Sex, Australian States and Territories, Jun 2008, Cat. no. 3201.0, Australian Demographic Statistics, 2008, Cat. no. 3101.0, ABS (2007) Labour Force Australia, Detailed Electronic Delivery, June 2008, Cat. no. 6291.0.55.001; tables 14A.53, 14A.55 and 14A.57.

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Nationally, in 2008-09, the proportion of people born in a non-English speaking country who used CSTDA/NDA funded employment services (5.3 service users per 1000 population) was lower than that of people born in an English speaking country (7.9 service users per 1000 population) (figure 14.23a). The proportion of the potential population (unrevised method) of people born in a non-English speaking country who used CSTDA/NDA funded employment services (172.7 service users per 1000 potential population (unrevised method)) was lower than that of the potential population (unrevised method) of people born in an English speaking country (261.4 service users per 1000 potential population (unrevised method)) (figure 14.23b).

Data on users of CSTDA/NDA funded open employment services are also available disaggregated by country of birth and remoteness (table 14A.62). Data on users of CSTDA/NDA funded supported employment services are also available disaggregated by country of birth and remoteness (table 14A.63).

**Figure 14.23 Users of CSTDA/NDA funded employment services, by country of birth, 2008-09<sup>a, b</sup>**



<sup>a</sup> See table 14A.61 for detailed notes relating to these data. <sup>b</sup> See section 14.7 for information on how the potential population is defined. <sup>c</sup> 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 2008, Cat. no. 6291.0.55.001, Australian Demographic Statistics, 2008, Cat. no. 3101.0 and ABS (2007) Population by Age and Sex, Australian States and Territories, Jun 2007, Cat. no. 3201.0; table 14A.61.

### *Access to community accommodation and care services*

‘Access to 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

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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 Access to community accommodation and care services**

'Access to community accommodation and care services' is defined as the number of people using a CSTDA/NDA funded community accommodation and care service divided by the total number of people using CSTDA/NDA funded accommodation support services (excluding people who use specialist psychiatric disability services only).

A higher proportion of people accessing CSTDA/NDA 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.

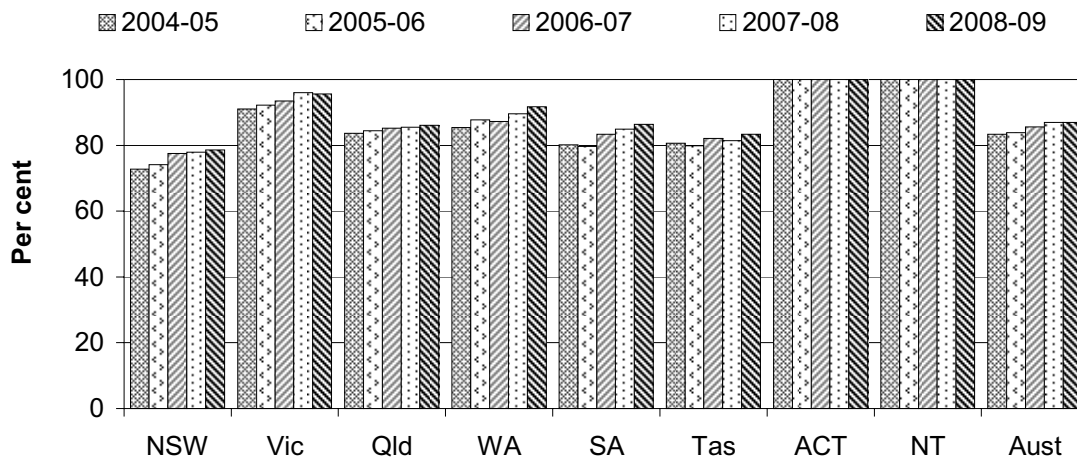
CSTDA/NDA funded services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted on the basis of relative need.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Nationally, 86.9 per cent of users of CSTDA/NDA funded accommodation support services received community accommodation and care services in 2008-09 (figure 14.24).

**Figure 14.24 Users of community accommodation and care services as a proportion of all CSTDA/NDA funded accommodation support service users<sup>a, b</sup>**



<sup>a</sup> See table 14A.64 for detailed notes relating to these data. <sup>b</sup> 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.64.

### *Assistance for younger people in residential aged care*

‘Assistance for younger people in residential aged care’ is an indicator of governments’ objective to provide services to people with disability that are appropriate to their needs (box 14.9).

#### **Box 14.9 Assistance for younger people in residential aged care**

‘Assistance for younger people in residential aged care’ is defined by two measures:

- the percentage change in numbers of younger people in residential aged care
- the proportion of service users in the Younger People in Residential Aged Care program (YPIRAC) who have achieved program objectives since inception.

(Continued on next page)



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### Box 14.9 (Continued)

There are 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.

There are three objectives that correspond to three of the four groups:

- Objective 1 — People moving out of residential aged care to more age-appropriate supported disability accommodation
- Objective 2 — People at risk diverted from inappropriate admission to residential aged care
- Objective 3 — People provided with enhanced services within a residential aged care setting, for whom residential aged care is the only available, suitable supported accommodation option.

A low or decreasing proportion of younger people in residential aged care and a high or increasing proportion of service users in the YPIRAC program who have achieved program objectives is desirable.

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. The YPIRAC program has since been incorporated into the NDA and in future years will no longer be a separate program however the objectives of the YPIRAC program will continue to be maintained.

Data reported for this indicator are comparable.

Data quality information for this indicator is at [www.pc.gov.au/gsp/reports/rogs/2011](http://www.pc.gov.au/gsp/reports/rogs/2011).

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 2008-09, there were a total of 817 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, 2008-09<sup>a, b</sup>**

YPIRAC target group	YPIRAC-specific services received						All YPIRAC service users	
	Assessment/care planning/client monitoring		Alternative accommodation		Support services package			
	no.	%	No.	%	no.	%	no.	%
Group 1	352	98.3	75	20.9	261	72.9	358	100.0
Group 2	188	93.1	49	24.3	136	67.3	202	100.0
Group 3	227	98.7	..	..	<120	<52.2	230	100.0
Group 4	27	100.0	..	..	<5	<18.5	27	100.0
<b>Total</b>	<b>794</b>	<b>97.2</b>	<b>124</b>	<b>15.2</b>	<b>518</b>	<b>63.4</b>	<b>817</b>	<b>100.0</b>

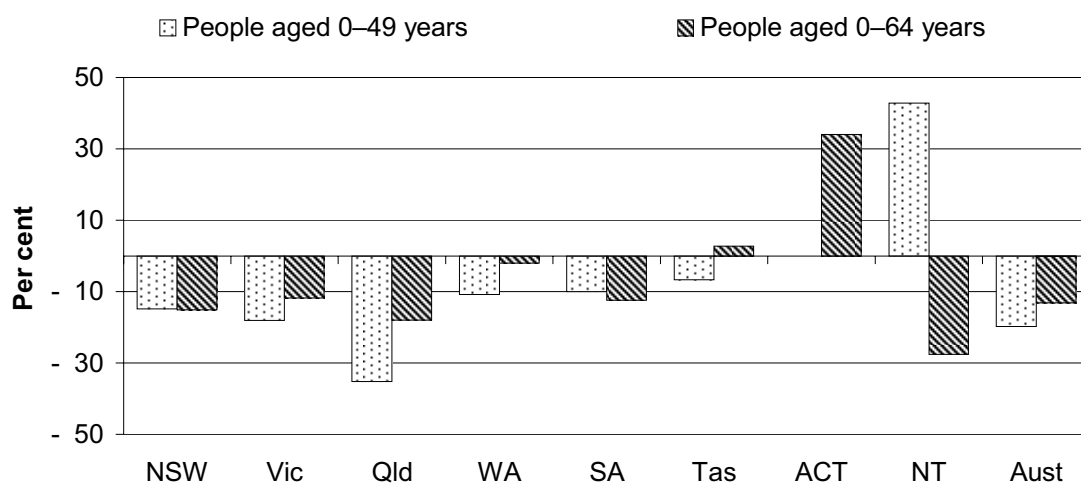
<sup>a</sup> Totals may not be the sum of the components as services users may have accessed more than one service type during the period. .. Not applicable. <sup>b</sup> Box 14.9 contains definitions of Groups 1-4.

Source: AIHW (2010b) *Younger People with Disability in Residential Aged Care program: report on the 2008-09 Minimum Data Set*, Disability series, Cat. no. DIS 57.

On 30 June 2009, there were 808 people aged under 50 years living in permanent residential aged care nationally (table 14A.65). This is a 19.8 per cent decrease on the number of people aged under 50 years living in permanent residential aged care on 30 June 2006 (figure 14.25). These data need to be interpreted with care as some younger people choose to remain in residential aged care for a variety of reasons such as:

- their physical and nursing needs can be best met in residential aged care
- 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 14.25 Younger people in residential aged care, percentage change in numbers between 2006–2009, by age group<sup>a, b, c</sup>**

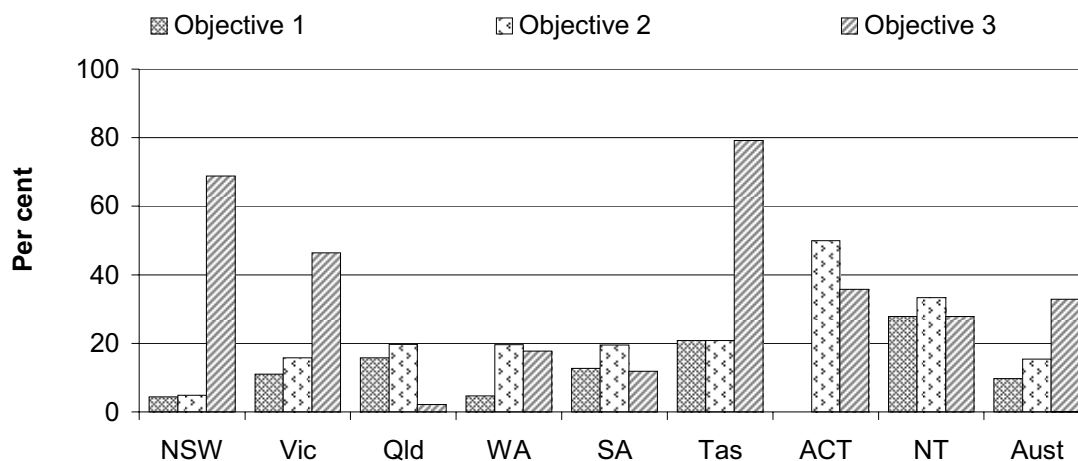


<sup>a</sup> Data are for permanent residents in aged care. <sup>b</sup> These data should be interpreted with care (particularly for the NT). There may be issues related to the age of Indigenous residents being incorrectly recorded. An assessment of the data set in the NT has previously shown that approximately half of Indigenous people's ages were incorrectly recorded. <sup>c</sup> The percentage change for the number of people aged 0–49 years in the ACT is not reported due to confidentiality.

Source: Derived from AIHW (2010b) *Younger People with Disability in Residential Aged Care program: Final report on the 2008–09 Minimum Data Set*, Disability series, Cat. no. DIS 57; table 14A.65.

A total of 947 younger people have participated in the YPIRAC program since its inception in 2006. Objectives of the YPIRAC program are listed in box 14.9. A total of 9.7 per cent (92 service users) have achieved objective 1, 15.4 per cent (146 service users) have achieved objective 2 and 32.8 per cent (311 service users) have achieved objective 3 (figure 14.26, table 14A.67).

**Figure 14.26 Proportion of service users in the program for younger people in residential aged care who have achieved program objectives since inception to June 2009<sup>a, b, c</sup>**



<sup>a</sup> Services user numbers are adjusted for individuals who received services in more than one jurisdiction therefore State and Territory totals may not add to the Australian total. <sup>b</sup> Service users may have received services in more than one collection period and may have had different target groups and residential settings recorded in different years. The most recently provided target group and residential setting were used to determine whether services users have achieved program objectives. <sup>c</sup> Box 14.9 contains definitions of Objectives 1-3.

Source: Derived from AIHW (2010b) *Younger People with Disability in Residential Aged Care program: Final report on the 2008–09 Minimum Data Set*, Disability series, Cat. no. DIS 57; table 14A.67.

Data on younger people admitted to residential aged care, younger people who separated from permanent residential aged care and the number of younger people receiving residential aged care are also available (tables 14A.68–70).

### *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 2011 Report.

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### *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 or increasing 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.

Data quality information for this indicator is under development.

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.79)
- 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

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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.71–78)

- 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.71–78).

### **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.

#### **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.

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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 2009-10 are reported in box 14.13. These results should be interpreted with reference to tables 14A.71–79 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 was introduced.

**Box 14.13 Quality assurance processes for specialist disability services 2009-10<sup>a</sup>**

Quality assurance processes data reported relate to CSTDA/NDA funded services.

**Australian Government**

The Australian Government funded a total of 422 disability employment organisations, comprising 1825 outlets, operating across Australia at 30 June 2010. Of these:

- Disability Employment Services (DES) funded by the Department of Education, Employment and Work Place Relations (DEEWR) made up 215 (50.9 per cent) of the 422 organisations. DES also accounted for 1496 (81.9 per cent) of total outlets. Of the 215, 67 (30.7 per cent) DES organisations operated as dual (both DEEWR and The Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA]) funded employment services.

Australian Disability Enterprises (ADEs) funded by FaHCSIA made up 207 (49.1 per cent) of the 422 disability employment organisations, with 330 (18.1 per cent) outlets. Of the 207, 67 (32.5 per cent) ADE organisations operated as dual funded employment services.

All disability employment organisations are audited against 12 Disability Service Standards. Of DEEWR's 215 DES organisations, 11 are new. Those new services have until March 2011 to become certified and they are currently in the process of preparing for their first audit.

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**Box 14.13 (Continued)**

Beside the 11 new organisations, every DES and ADE organisation is certified. The combined expenditure for Quality Assurance Contributions to both DEEWR and FaHCSIA funded organisations in 2009-10 was \$2 563 250. Of this, \$1 436 750 was for DEEWR funded services and \$1 126 500 was for ADEs.

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

Different quality assurance processes were in place in NSW, Victoria, Queensland, WA, SA and the ACT in 2009-10. The evaluation processes relate to both government and non-government service outlets, although in some jurisdictions the requirements are different across service sectors.

**NSW**

All NSW non-government organisation providers are required annually to revalidate ongoing compliance with Standards. In 2009-10 96 per cent of providers reported compliance with Standards. An action plan is developed for any required remedial action. The information return provided is assessed using a risk monitoring tool to determine the level of intervention required to support the provider. The extent of intervention required to support a provider is based on a range of factors including output and financial reporting, complaints, self assessments and implementation of agreed plans for improvement.

**Victoria**

In a survey of quality plans, 94 per cent of residential accommodation support services outlets reported a minimum of two planned quality improvement activities in the forthcoming year.

**Queensland**

The Disability Sector Quality System introduced on 1 July 2004, requires all disability service providers recurrently funded by the Department of Communities, to achieve certification through an external certification body accredited by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). Each year service providers undergo annual surveillance audits to ensure that certification is maintained and that a continuous improvement plan has been developed. The quality system also provides a framework to support service providers to develop, implement and maintain their own quality management system. The assessment process relates to both government and non-government service providers.

Of the established 244 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 10 new service providers who are in the process of implementing their quality management systems in preparation for external audit.

Evaluation processes relate to both government and non-government service outlets.

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**Box 14.13 (Continued)****WA**

Of all independent evaluations of service providers conducted in 2009-10, 88 per cent were found to be fully compliant with all assessed Disability Services Standards.

All those found to be non-compliant were given required actions in order to improve service quality to and remain eligible for funding.

**SA**

In SA, non-government service providers are required to meet quality assurance criteria before they can provide NDA funded services. From 2006-07 this included participation in an independently audited quality assurance system. As at June 2010, 83 per cent of grant-funded agencies are engaged in the Service Excellence Framework, with a further 2 per cent being exempt from quality improvement requirements.

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. In addition, certain Disability SA outlets meet specific quality assurance system requirements in relation to catering, aged care and Home and Community Care services, where applicable.

**ACT**

In 2009-10 the ACT continued implementation of the quality improvement framework for all services delivered by Government and Community Sector service providers. All individual agencies 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.

<sup>a</sup> 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, Victorian, 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).

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### **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 or increasing 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, WA, 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**

Client and carer satisfaction processes data reported relate to CSTDA/NDA funded services.

#### **Victoria**

In Victoria, the Department of Human Services, under the Disability Services Respite activity specification, has a quality measure requirement to complete an annual Carer Satisfaction Survey. The result of this survey is used to inform program directions and is reported to the Department of Treasury and Finance.

The Respite Carer Satisfaction Survey 2009-10 sought feedback from carers on the range of respite services available, provided by both the Department of Human Services and Community Service Organisations and identified that:

- 66 per cent of carers were satisfied with respite services
- 14 per cent of carers were dissatisfied with respite services
- 20 per cent of carers reported neither being satisfied nor dissatisfied.

The key findings of the survey were that carers were very satisfied with areas related specifically to respite service delivery, such as respite staff and respite houses. Carers were less satisfied with other factors such as availability, complaint procedures and being offered a range of respite options.

The Department of Human Services has committed to undertake a range of projects aimed at improving respite supports in Victoria, including the development of a plan to ensure that a wide range of supports are able to meet the diversity of families/carers needs into the future.

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## Box 14.15 (Continued)

### Queensland

Queensland conducted its most recent survey for *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.

### WA

Western Australia conducted a carer and client satisfaction survey in March 2010. In this survey, a total of 1016 telephone interviews were completed. Of these, 129 (13 per cent) were service users and 887 (87 per cent) were carers responding on behalf of service users. This survey was previously undertaken biennially but from 2011 will be undertaken annually.

Overall service user satisfaction was 81 per cent. For individual services, reported satisfaction was:

- 95 per cent for accommodation
- 75 per cent for supported community living
- 85 per cent for community support
- 78 per cent for respite
- 87 per cent for recreation and day options
- 73 per cent for local area coordination

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## Box 14.15 (Continued)

### SA

The Disability SA component of the Department for Families and Communities Customer Satisfaction Survey was conducted in February 2010. The survey was previously undertaken every six months with whole-of-government results published on South Australia's Strategic Plan website. From 2011 the survey will be undertaken annually.

A total of 172 people responded to the February 2010 survey, of which 34 per cent were clients of Disability SA and 66 per cent were family carers or advocates.

The results of the customer satisfaction survey indicated that:

- 73 per cent of respondents were satisfied with the accessibility of the service provided
- 69 per cent were satisfied with the amount of time it took to get the service provided
- 36 per cent, overall, were very satisfied
- 38 per cent were satisfied with the quality of service delivery
- 69 per cent said they were satisfied with the amount of time it took to get the service/product they needed from Disability SA.

### Tasmania

No survey was conducted in Tasmania in 2009-10. 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 2010 the ACT conducted several client satisfaction surveys of government provided disability services including CSTDA 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:

- 74 per cent for accommodation support services
- 68 per cent for respite service users.
- 89.5 per cent for community support users.

*Source:* Victorian, Queensland, WA, SA, Tasmanian and the ACT governments (unpublished).

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### *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 2009-10 expenditure data provided by Australian, State and Territory governments. However, as 2009-10 service user data from the NMDS collection were not available for this Report, the cost per service user efficiency indicators are reported for 2008-09. 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.

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.80).

### *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.

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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).

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**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/NDA accommodation support services in:

- institutional/residential settings
- group homes
- other community settings.

Holding other factors constant (such as service quality and accessibility), a low or decreasing 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.

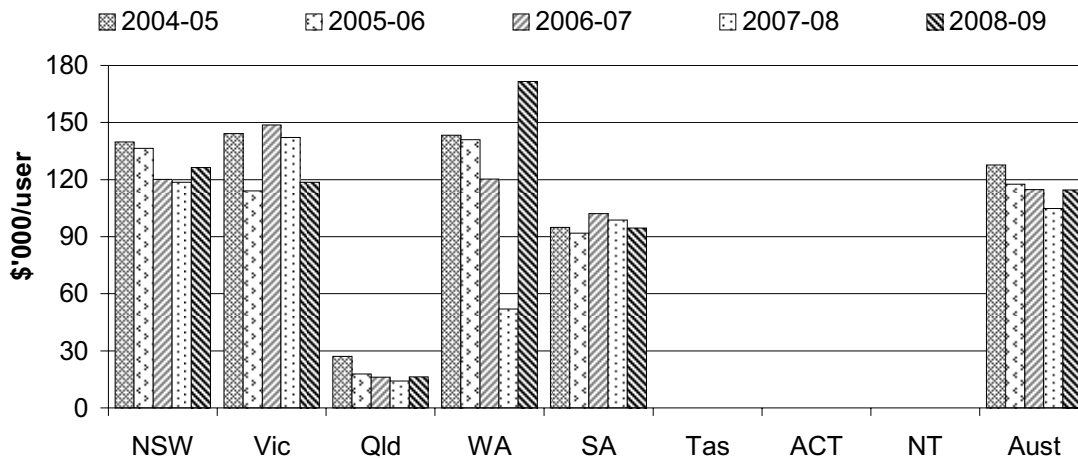
Data quality information for this indicator is under development.

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 \$115 393 per service user in 2008-09 (figure 14.27).

**Figure 14.27 Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2008-09 dollars)<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> See table 14A.81 for detailed notes relating to these data. <sup>b</sup> 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. <sup>c</sup> Government and non-government sectors have not been accurately recorded in the NSW DS MDS over the years. Some non-government providers have been coded as government and this will affect the comparability of the number of service users from government and non-government sectors over time. <sup>d</sup> Queensland data include funding provided by the Department of Communities only. <sup>e</sup> There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT or the NT. <sup>f</sup> Real dollars are previous years' expenditure in current year's dollars after basing expenditure on the ABS GDP price deflator 2008-09 =100 (table AA.26).

Source: AIHW (unpublished) CSTDA NMDS; State and Territory governments (unpublished); table 14A.81.

Estimated annual government expenditure per user of government provided accommodation support services in group homes and other community settings for 2008-09 are reported in table 14A.81.

#### *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).



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**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/NDA 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 low or decreasing 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.

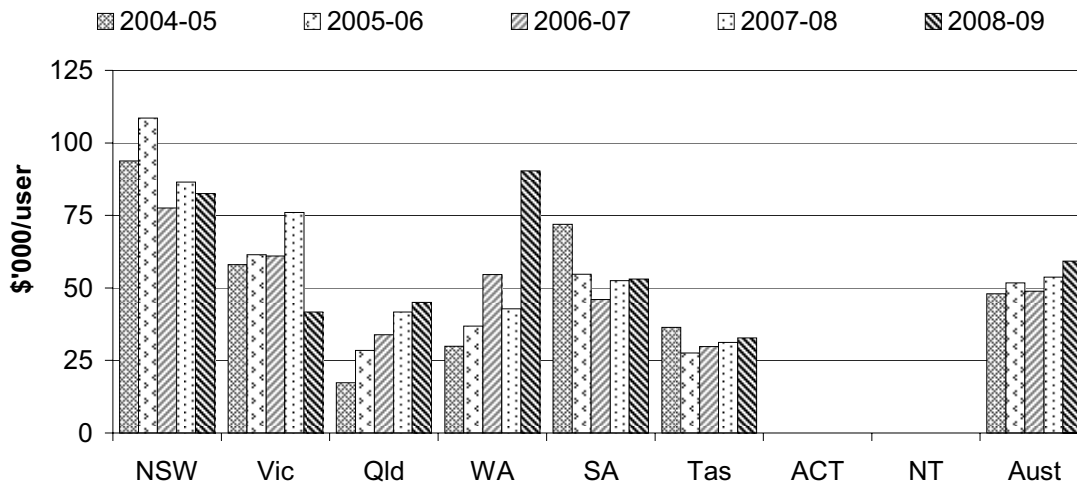
Data quality information for this indicator is under development.

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 \$56 214 per service user in 2008-09 (figure 14.28).

**Figure 14.28 Estimated annual government funding per user of non-government provided accommodation support services in institutional/residential settings (2008-09 dollars)<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> See table 14A.81 for detailed notes relating to these data. <sup>b</sup> 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. <sup>c</sup> Government and non-government sectors have not been accurately recorded in the NSW DS MDS over the years. Some non-government providers have been coded as government and this will affect the comparability of the number of service users from government and non-government sectors over time. <sup>d</sup> 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. <sup>e</sup> There were no non-government provided accommodation support services in institutional/residential settings in the ACT and the NT. <sup>f</sup> Real dollars are previous years' expenditure in current year's dollars after basing expenditure on the ABS GDP price deflator 2008-09 =100 (table AA.26).

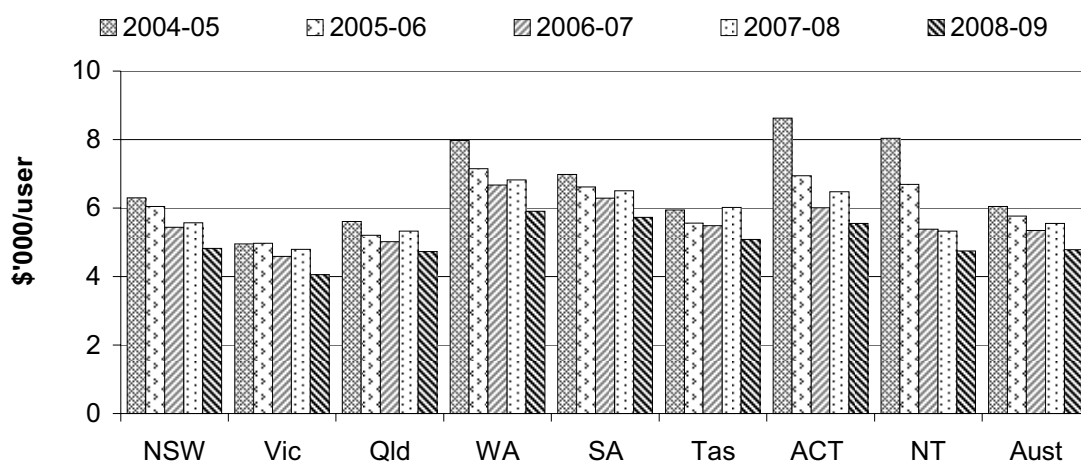
Source: AIHW (unpublished) CSTDA NMDS; State and Territory governments (unpublished); table 14A.81.

Estimated annual government funding per user of non-government provided accommodation support services in group homes and other community settings for 2008-09 are reported in table 14A.81.

#### *Government contribution per employment service user assisted*

Nationally, for all employment services, estimated government expenditure per service user assisted was \$4788 in 2008-09 (figure 14.29). Nationally, estimated annual government expenditure per service user in 2008-09, by employment service type, was \$3621 on open services (employed or seeking employment in the open labour market) and \$9279 on supported services (employed by the service provider) (table 14A.83).

Figure 14.29 **Government contribution per employment service user assisted (2008-09 dollars)<sup>a, b, c</sup>**



<sup>a</sup> See table 14A.82 for detailed notes relating to these data. <sup>b</sup> 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. <sup>c</sup> Real dollars are previous years' expenditure in current year's dollars after basing expenditure on the ABS GDP price deflator 2008-09 =100 (table AA.26).

Source: Australian Government (unpublished); AIHW (unpublished) CSTDA NMDS; table 14A.82.

### *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).

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**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/NDA 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 low or decreasing 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.

Data quality information for this indicator is under development.

Total estimated government expenditure per user of CSTDA/NDA State and Territory administered specialist disability services in 2008-09 is reported both net of payroll tax and including actual and/or imputed payroll tax. Nationally, estimated expenditure per service user was \$26 247 excluding payroll tax and \$26 684 including actual and/or imputed payroll tax (figure 14.30).

**Figure 14.30 Estimated annual government expenditure per user of CSTDA/NDA State and Territory administered services, 2008-09<sup>a, b, c, d</sup>**



<sup>a</sup> In some jurisdictions (NSW, Victoria, SA, Queensland, Tasmania and the NT), payroll tax data are actual; in other jurisdictions (WA and ACT), payroll tax data are imputed. <sup>b</sup> Government expenditure per service user for Australia excludes Australian Government expenditure on State and Territory administered services that was not provided as transfer payments. <sup>c</sup> Payroll tax data for Queensland includes paid payroll tax and accrued payroll tax. <sup>d</sup> 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.84.

### *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.80). However, administrative expenditure data can indicate trends within jurisdictions over time.

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### **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.

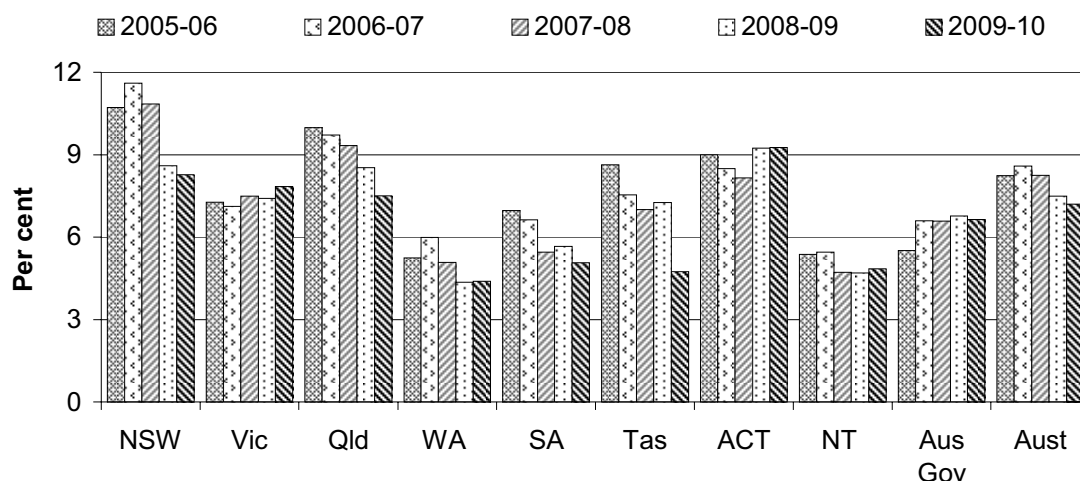
Efficiency data are difficult to interpret. Although high or increasing administrative expenditure as a proportion of total expenditure may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the administrative services provided. Similarly, low or declining 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.

Data quality information for this indicator is under development.

Nationally, administrative expenditure as a proportion of total government expenditure on specialist disability services (excluding payroll tax) decreased from 7.5 per cent in 2008-09 to 7.2 per cent in 2009-10 (figure 14.31). When actual or imputed payroll tax is included, the average national administrative expenditure as a proportion of total NDA expenditure was 7.1 per cent in 2009-10 (table 14A.85). Real total CSTDA/NDA expenditure is reported in table 14A.7, both excluding and including actual or imputed payroll tax amounts.

**Figure 14.31 Administrative expenditure as a proportion of total recurrent expenditure<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> See table 14A.80 for an explanation of different methods of apportioning departmental costs. <sup>b</sup> Data exclude payroll tax. <sup>c</sup> Australian Government administrative expenditure is an estimate, based on average staffing levels. <sup>d</sup> 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. <sup>e</sup> 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. <sup>f</sup> In Tasmania, reduction in administrative expenditure for 2009-10 was due to improved processes for aligning administrative and direct service delivery expenditure.

Source: Australian, State and Territory governments (unpublished); table 14A.85.

## Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the 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.

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### *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  $\pm 4$ , 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.



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**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.

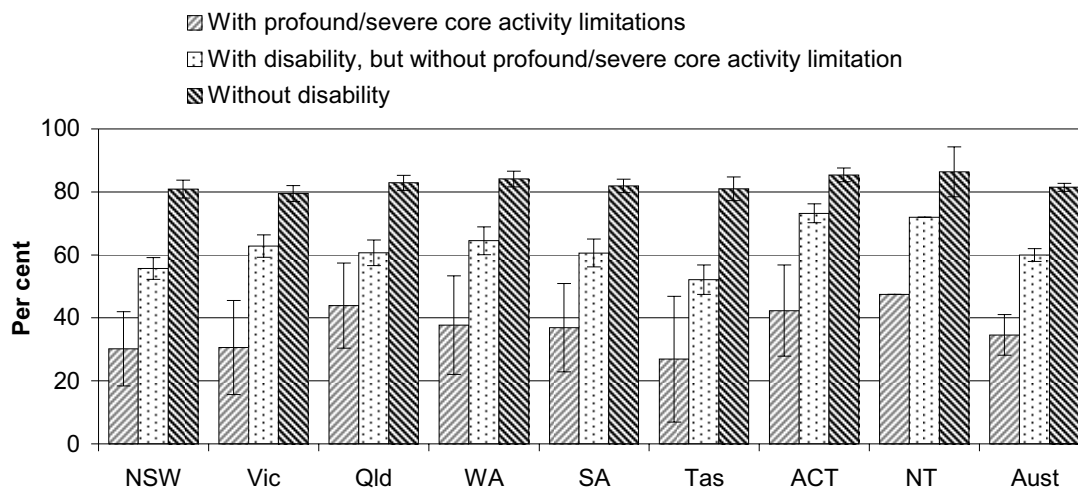
Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

### *Labour force participation*

Nationally, in 2009, the estimated labour force participation rate of people aged 15–64 years with a profound or severe core activity limitation ( $34.6 \pm 4.0$  per cent) was statistically significantly lower than the rate for other people with disability (without a profound or severe core activity limitation) ( $60.0 \pm 2.0$  per cent) and the rate for people without a disability ( $81.5 \pm 0.5$  per cent) (figure 14.32). 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.86–93.

**Figure 14.32 Estimated labour force participation rates of people aged 15–64 years, by disability status, 2009<sup>a, b, c</sup>**



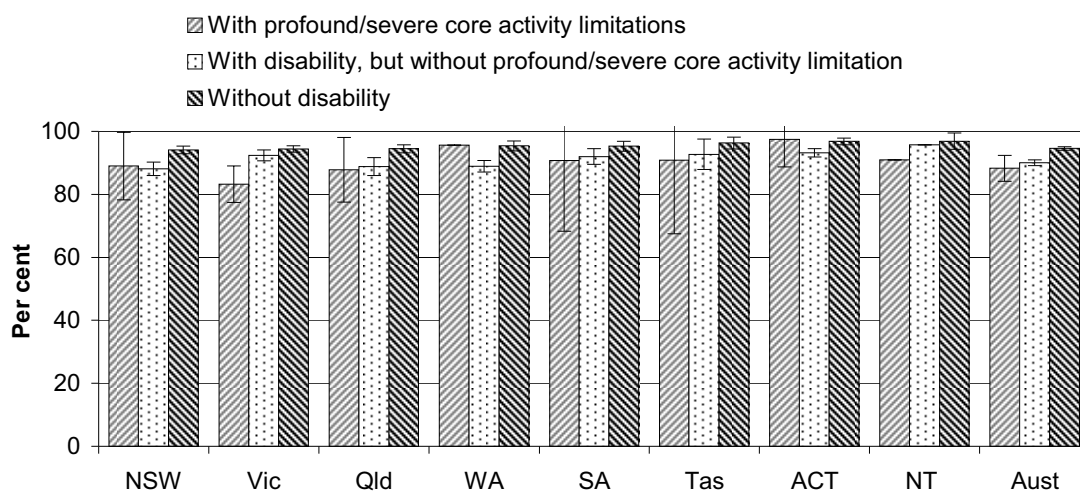
<sup>a</sup> Due to differences in collection methodology, the data collected by the ABS Disability Module (used in the Survey of Education and Training Experience) relate to a broader 'disability and long-term health condition' population than the 'disability' population obtained from the much more detailed Survey of Disability, Ageing and Carers — however, the characteristics of the populations are similar. The data are suitable for population comparisons, but not for prevalence updates between Disability, Ageing and Carers surveys. <sup>b</sup> 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. <sup>c</sup> Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS Survey of Education and Training Experience (unpublished); table 14A.88.

### Employment

Nationally, in 2009, the estimated employment rate of people aged 15–64 years with a profound or severe core activity limitation ( $88.3 \pm 4.6$  per cent) was similar to the rate for other people with disability (but without a profound or severe core activity limitation) ( $90.0 \pm 1.7$  per cent) and the rate for people without a disability ( $94.6 \pm 0.3$  per cent) (figure 14.33). 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. 86–93.

**Figure 14.33 Estimated employment rates of people aged 15–64 years, by disability status, 2009<sup>a, b, c</sup>**



<sup>a</sup> Due to differences in collection methodology, the data collected by the ABS Disability Module (used in the Survey of Education and Training Experience) relate to a broader 'disability and long-term health condition' population than the 'disability' population obtained from the much more detailed Survey of Disability, Ageing and Carers — however, the characteristics of the populations are similar. The data are suitable for population comparisons, but not for prevalence updates between Disability, Ageing and Carers surveys. <sup>b</sup> 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. <sup>c</sup> Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS Survey of Education and Training Experience (unpublished); table 14A.88.

### 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 2011 Report.

Data quality information for this indicator is under development.

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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  $91.9 \pm 3.2$  per cent, compared to  $91.7 \pm 2.0$  per cent for other people with a limitation or restriction, excluding profound or severe core activity limitation and  $94.4 \pm 0.6$  per cent for people without a limitation or restriction (table 14A.94). Other data on participation of people with disability in selected social and community activities are reported in tables 14A.94–99.

### *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.

Updated data for this indicator were not available for the 2011 Report.

Data quality information for this indicator is under development.

### *‘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

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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
- ‘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.

Further alignment between the Report and NA indicators will occur in future reports as a result of developments in NA reporting.

### **Outcomes from review of Report on Government Services**

COAG endorsed recommendations of a review of the RoGS in December 2009. Those recommendations implemented during 2010 are reflected in this Report.

Further recommendations will be reflected in future Reports, including implementation of Independent Reference Group and Steering Committee recommendations arising from the ‘Review of the general performance indicator

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framework’ and the ‘Review of the performance indicators and their associated measures’. The 2012 Report and later editions will continue:

- lengthening time series data in attachment tables
- developing data quality information documents for performance indicators
- developing mini-case studies.

## **14.5 Jurisdictions’ comments**

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

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## Australian Government comments

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During 2009-10 the Australian Government funded over 23 000 supported places for people with disability in 330 Australian Disability Enterprise (ADE) outlets across Australia.

The Australian Government released a discussion paper, Inclusion for People with Disability through Sustainable Supported Employment, on 16 July 2010. Consultations with people with disability, their families and carers in addition to feedback from the ADE sector and other interested stakeholders will help shape a new ten year Vision for supported employment, to be released in 2011.

A review of costs the Australian Government pays to service providers to deliver supported employment is due for completion in 2011.

Research titled Ageing and Australian Disability Enterprises was undertaken and released in September 2010. The Australian Government has been working with State and Territory jurisdictions to test retirement options for ageing workers in ADEs.

The Australian Government implemented a 12 month red tape reduction trial for ADEs in July 2010. A pause on Disability Maintenance Instrument reassessments, which determine funding levels for a worker with disability for a two year period, is underway.

A redesign of the [www.australiandisabilityenterprises.com.au](http://www.australiandisabilityenterprises.com.au) website has been completed to improve functionality and now includes information for Australian Government Buyers. Buyer's Kits were distributed to State, Territory and Australian Government Departments and Agencies, to assist in promoting government purchasing from ADEs.

The new Disability Employment Services — Employment Support Service commenced on the 1 March 2010. The Employment Support Service assists job seekers with permanent disability and an assessed need for long-term, regular support in the workplace. Job seekers receive tailored services that are flexible and responsive to both their needs and those of employers.

As at 30 June 2010 there were 207 organisations delivering Employment Support Services from 1131 sites. From 1 March to 30 June 2010 there were 14 145 participants commenced in the Employment Support Service program.

From 1 July 2009 to 28 February 2010 the Disability Employment Network (DEN) capped stream provided assistance to 52 900 participants and the DEN uncapped stream assisted 30 119 participants. The proportion on DEN job seekers who achieved a sustainable employment outcome (8 hours of work per week for 26 weeks) in the capped stream was 34.2 per cent and in the uncapped stream was 23.9 per cent.

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## **New South Wales Government comments**

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During the fourth year of Stronger Together: A new direction for disability services in NSW 2006–2016, real and tangible benefits were realised in the experiences of people with a disability, their families and their carers. The NSW disability budget maintained strong growth in 2009-10, at a total of \$1.66 billion, an increase of 6 per cent over the previous year.

The NSW Government is committed to seeing that the right mix of formal and informal support is available to people with a disability and their families and carers in a way that allows them to plan and make their own life choices. Under Stronger Together, the service shift from higher intensity services to lower intensity services aims to support people to remain within their communities and prevent the need for crisis responses. Analysis commissioned by the NSW Government shows that the service shift has enhanced the opportunities for people with a disability to exercise choice and decision making through expanding the range of service types and support delivery modes. This has also lead to increased efficiency in service provision.

Under Stronger Together, the NSW Government invested more than \$1 billion in service expansions and improvement over the first four years. In 2009-10, almost 7900 children received early childhood intervention services and 1500 families accessed the Family Assistance Fund to strengthen their capacity to provide ongoing care for a child or young person with a disability. An estimated 7400 people received community living support from government provided and funded organisations. The three-year project to transfer all 30 state-operated day programs to non-government organisations was completed.

The establishment of the \$17 million Industry Development Fund (IDF) was to promote and support the disability sector and a service system that improves services for people with a disability and their families. During 2009–10 a series of extensive consultations with non government organisations resulted in the publication of the NSW Disability Services Sector – Directions for Industry Development.

The NSW Integrated Services Program for Clients with Challenging Behaviour, began as a pilot program in partnership with NSW Health and Housing NSW in September 2005 and became recurrently funded in 2009-10. This program is achieving a wide range of positive outcomes for individuals and the service system.

Through community consultations and research, the NSW Government has prioritised as a strategic direction improvements to services for Indigenous people with a disability, their families and communities. This led to the development of the Aboriginal Service Delivery Model.

The NSW Government understands the vital role carers play in supporting people with a disability. New Directions for Disability Respite Services in NSW was developed to form an overarching strategic framework to guide future expansion and reform of disability respite services.

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## Victorian Government comments

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In 2009-10 Victoria has continued to increase the availability of disability support services and to consolidate and extend its achievements in disability reform.

Areas of particular focus in 2009-10 have been:

- A new funding option for Individual Support Packages to allow direct funding of individuals or their representatives for their support was rolled out Statewide in February. Developmental work for the roll out of Victoria's new Statewide financial intermediary service was also completed
- Respite services have been enhanced through a new on-line service. Respite Victoria, was launched in April to provide families, carers and people with a disability with access to the latest information regarding carer and respite services and supports from the Australian Government, the State and local government
- Verification of service quality through the state wide roll out of independent monitoring against the Standards for Disability Services in Victoria allow service quality, including personal outcomes, to be measured, monitored, confirmed and continually improved. Independent monitoring uses auditing by certification bodies accredited by the JAS-ANZ, to verify compliance with the standards
- Full implementation of the Senior Practitioner strategy to protect the rights of people with disability subject to restrictive interventions and compulsory treatment
- Continued to expand the availability of self-directed supports
- Strengthened transition to employment support by providing additional resources to improve an increased focus on early planning with schools
- Provided additional support to non-government services to enhance their capacity in the areas of strategic and business planning and efficiency, and to transition to self-directed support
- Rolled out Stage 2 of the *my future, my choice* initiative through committing \$13.8 million for the development of 13 community-based housing developments for young people in or at risk of entering nursing homes
- Delivered a further 13 accommodation facilities in Stage 3 of Disability Services Strategic Refurbishment and Realignment program
- Allocated funding to disability service providers for the establishment of disability community services which are collocated with other community facilities, to increase participation opportunities for people with a disability
- Continued to work with the sector to implement workforce strategies that will enhance the quality of life of Victorians with a disability, whilst ensuring a vibrant and sustainable industry for the future.

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## Queensland Government comments

“ The Queensland Government is continuing to pursue a broad agenda of promoting rights and equity of access for people with disability and their carers, including improvements to the accessibility and responsiveness of the State’s specialist disability service system as well as investing in early intervention initiatives.

The draft 10 Year Plan for Supporting Queenslanders with a Disability was released for public consultation. The plan sets out the Queensland Government’s vision for, and commitment to, achieving better outcomes for Queenslanders with a disability over the next 10 years. Proposed priorities include strategies and ideas for creating communities where everyone has equitable access to public spaces, transport, services, employment, education and sport, as well as artistic and cultural activities.

Queensland implemented critical reforms such as the Investing in Positive Futures initiative. This initiative supports adults with an intellectual or cognitive disability who exhibit behaviour that may cause harm or that presents a serious risk of harm to themselves or others and who are subject to restrictive practices. In 2009-10:

- the Specialist Response Service worked with service providers to assess clients and develop positive behaviour support plans that consequently reduce the need for restrictive practices
- service providers reported a 65 per cent reduction in the use of restrictive practices such as chemical, mechanical or physical restraints and restricting access to objects.

Queensland also continued to implement Growing Stronger reforms to provide more transparent and equitable support for people with a disability, more effective provision of funding and standard assessment procedures for specialist disability services applicants. Growing Stronger has commenced and is being implemented in a progressive rollout across the state. Initial reactions to the new intake, assessment and support linking processes have been positive.

Queensland focussed on early intervention services for individuals and families to provide support and assistance before problems become more serious or complex. Key programs such as the Autism Early Intervention Initiative, Family Support Program and Family and Early Childhood Services are helping families of children with a disability strengthen their capacity to care for children and assist them to reach their full potential.

In June 2010, Queensland released the Building Bright Futures Action Plan for Children with a disability (aged 0-8 years). This plan outlines our commitments to children over the next three years.

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## Western Australian Government comments

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The WA Government's ongoing commitment towards providing support to individuals and families with disabilities was acknowledged when the Commission was presented with a Premier's Award for the Local Area Coordination Program in the category of strengthening families and communities. This innovative and people-focused program is helping individuals, families and local communities to work together and support good lives for everyone.

The allocation of substantial additional growth funding (\$80.8 million over four years) continues to reflect the WA Government's commitment to disability services.

Key initiatives for 2009-2010 include:

- Implementation of a long-term disability strategy Count Me In: Disability Future Directions, which has underpinned the development of the Commission's 2011–2016 strategic plan
- Implementation of the new Community Living initiative, an innovative approach to create low cost options tailored to the individual needs and aspirations of people with disability, to enable them to live good lives in their local community
- Providing alternative accommodation and support for 42 younger people with disability deemed at risk of entering residential care by the end of 2010-2011, through the Young People in Residential Aged Care program
- The first of five new respite centres to be built across the state opened in Broome
- \$1.32 million allocated through the Equipment for Living grants to fund specialist equipment outside the State Community Aids and Equipment Program
- Consolidation of the Commission's metropolitan and regional service teams into one directorate to ensure seamless provision of services to all Western Australians with disability, their families and carers
- Implementation of a Quality Management Framework that uses individual focussed outcomes and performance indicators to ensure services achieve positive outcomes for people with disability, their families and carers
- Agreement and support for the Australian Disability Parking Scheme including a national permit design and minimum standards for eligibility time concessions
- The awarding of \$250 000 in grants to 16 local governments to implement the You're Welcome Access initiative.

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## South Australian Government comments

“ Disability SA, in partnership with non-government organisations, aims to create a better life for South Australians with disabilities by providing disability services that support individuals, their families and carers, and by increasing access to State Government Services.

Service improvements will focus on increasing levels of choice, control and flexibility.

Highlights for 2009-10 include:

- The SA Government announced the development of a “blueprint” for long term disability reform, due in July 2011. This work will be complemented by a review of the Disability Services Act 1993
- One of SA’s priorities was to expand the range of accommodation options for people with disability. The focus was on clients with complex needs and challenging behaviour that may place them or their community at risk. Accommodation particularly suited to their needs was developed, as well as the provision of a range of services to stabilise them in their existing accommodation
- The commencement of self-managed funding. The first phase of self-managed funding in South Australia provides 50 people with disabilities the opportunity to transfer their existing support package into a self-managed funding arrangement. This first phase, which is being independently evaluated, is an important step in the development of South Australia’s self-managed funding system for the future
- Disability SA worked closely with SA Health to achieve improved outcomes for people with disabilities in the hospital system awaiting discharge. Protocols were developed so that the departments can work together when planning discharge from hospital for mutual clients
- The commencement of a new assessment system for the supported residential facilities sector to ensure people unsuited to Supported Residential Facilities are not placed there
- Disability SA developed a new resource, Licence to Cook. The training kit will be used to train support staff who support people with severe disabilities who often have specialist dietary requirements, as well as an increased risk of choking whilst eating
- Non-government organisations are significant partners with the Department. New extended three year agreements (increased from one year) were implemented from 1 July 2010. This enables organisational stability, long-term planning and more stable service delivery.

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### **Tasmanian Government comments**

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In 2009-2010 Tasmania continued the implementation of the Disability Operational Framework launched in February 2009.

The Framework is reforming the Tasmanian Disability Services system to support greater responsiveness to the needs of Tasmanians with disability and a stronger alignment with contemporary best practice, both nationally and internationally.

A number of initiatives were undertaken in 2009-2010 to support this reform. This includes:

- the provision of Gateway Services for people with disability which commenced in June 2010. The Gateways provide a single access point for family support and specialist disability services in each of the four regional areas in Tasmania. There is a state-wide telephone number which directs client to their local Gateway for referral, assessment, information and advice
- continuing activity by the regional Area Advisory Groups to plan for services at an area level
- the devolution of children's respite services to the community sector following an extensive needs analysis. The new services provide an expanded and more flexible service for children and their families
- planning for outsourcing of adult respite services to the community sector in 2011
- finalisation of the Resource Allocation and Unit Pricing Project which has resulted in a new, more efficient framework for funding which is based on an equitable and transparent mechanism allowing the identification and distribution of resources to ensure the delivery of high quality services to people with disability in Tasmania
- the delivery of an additional 70 individual support packages, 134 extra Community Access packages, respite support for 65 people and 17 new accommodation places
- completion of a project to identify innovative service delivery for community access in Tasmania which provided the basis for the outsourcing of direct government services which will begin in 2011
- the finalisation of a review of equipment provision in Tasmania with implementation to begin in 2011
- a Review of the Disability Services Act which will seek the approval of the Tasmanian parliament in 2011.

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### **Australian Capital Territory Government comments**

“ In 2009-10 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 2009-10 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
- Under the new policy framework Future Directions: Towards Challenge 2014 initiative Disability ACT has worked collaboratively with individuals, carers and stakeholders and delivered key achievements against the six strategic priorities. Disability ACT worked with Housing ACT to complete a special purpose household in Narrabundah for people aged under 50 years with complex and medical care needs. This was a commitment under the Bilateral Agreement with the Commonwealth Government related to the Young People in Residential Aged Care Program
- Disability ACT has worked with ACT Health to transition long-stay patients out of hospital to the community and continues to progress a policy framework to improve the efficiency and coordination of planning and support provision for transition to the community for long-term hospital patients who have complex and ongoing needs
- Disability ACT supported the Stepping Stones for Life coalition of families to establish supported accommodation options for people with disability living with ageing parents. The initiative showcases how service responses can be developed around the uniquely different needs of small numbers of people
- The ACT Government endorsed the ACT Government Policy Framework for Children and Young People with Disability and their Families. During 2009-2010 Disability ACT implemented this policy by progressing the development of an Out of Home Care framework to respond to children and young people with disabilities requiring accommodation and support and developing an individualised service response to support multi agency coordination and planning
- Disability ACT enhanced its relationship with the ACT Social Enterprise Hub to foster self-employment opportunities for people with disability in the ACT. The Hub is a partnership between Social Ventures Australia, Price Waterhouse Coopers, Disability ACT, ACT Health, the ACT Mental Health Community Coalition and The Snow Foundation.

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## Northern Territory Government comments

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

During 2009-10 the NT continued to implement reforms identified in the 2006 Review of the Disability Services System.

An Office of Disability opened in Darwin to complement the Office in Alice Springs which had been operating since 2007. These shop fronts provide a dedicated central point of contact with a 1800 number. Staff used a standardised assessment tool to determine eligibility. The individualised support planning approach continued to ensure access to services is streamlined for clients and equitable across the NT.

Established service providers from interstate have commenced operation in the Northern Territory. These organisations bring a level of expertise which will assist in increasing standards in disability services.

An exciting innovation saw the creation of two new supported accommodation services in Alice Springs which allowed 30 clients to move from a clustered group home model into group homes that are more integrated into the general community. As a result of this change in model, clients are able to participate more generally in the life of the community.

In 2009-10, additional funding was allocated to increase the capacity of Day Options and Post School Options services by an additional 47 full time equivalent (FTE) places Northern Territory-wide (35 in Alice Springs and 12 in Darwin).

Most services for people with a disability in remote areas are provided under the jointly NT and Australian Government funded Home and Community Care (HACC) Program. The HACC funding pool for 2009-10 was \$12.016 million which funded 53 services for some 3500 clients. Statistics on these services are not captured in this Report.

As in previous years, indicators based on the estimated number of people with severe, profound and/or 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 2010a).

‘Not stated’ rates for individual data items vary between jurisdictions (AIHW 2010a). 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 2010a).

### Other issues

#### *Service user data/data items not collected*

Service user data are not collected for the following CSTDA/NDA 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:



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- ‘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/NDA funded service types. In some jurisdictions (Victoria, Queensland and WA), specialist psychiatric disability services are funded specifically to provide such support (AIHW 2010a). Nationally, in 2008-09, there were 13 308 people who used only specialist psychiatric disability services (AIHW unpublished). Data for these services are included in other publications on the CSTDA NMDS, such as AIHW (2010a). 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 2010a). 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 2010a).

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### *Deriving potential populations (unrevised method) for the special needs groups*

Potential populations (unrevised method) 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 (unrevised method) 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 (unrevised method) 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 (unrevised method) 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 (unrevised method) 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

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to obtain an Indigenous/non-Indigenous potential population (unrevised method) 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 (unrevised method) 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 (unrevised method) 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)

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- 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 (unrevised method)
  - 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.

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## 14.7 Definitions of key terms and indicators

<b>Accommodation support service users receiving community accommodation and care services</b>	People using the following CSTDA/NDA 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/NDA 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.
<b>Administration expenditure as a proportion of total expenditure</b>	The numerator — expenditure (accrual) by jurisdictions on administering the disability service system as a whole (including the regional program management and administration, the central policy and program management and administration, and the disability program share of corporate administration costs under the umbrella department, but excluding administration expenditure on a service that has been already counted in the direct expenditure on the service) — divided by the denominator — total government expenditure on services for people with 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)).
<b>Core activities as per the 2003 ABS SDAC</b>	Self care — showering or bathing, dressing, eating, toileting and bladder or bowel control; mobility — getting into or out of a bed or chair, moving about the usual place of residence, going to or getting around a place away from the usual residence, walking 200 metres, walking up and down stairs without a handrail, bending and picking up an object from the floor, using public transport (the first three tasks contribute to the definitions of profound and severe core-activity limitation); and communication — understanding and being understood by strangers, family and friends.
<b>Cost per user of government provided accommodation support services — group homes</b>	The numerator — government expenditure (accrual) on government provided accommodation support services in group homes (as defined by CSTDA NMDS service type 1.04) — divided by the denominator — the number of users of government provided accommodation support services in group homes.
<b>Cost per user of government provided accommodation support services — institutional/residential settings</b>	The numerator — government expenditure (accrual) on government provided accommodation support services in institutional/residential settings (as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03) — divided by the denominator — the number of users of accommodation support services in institutional/residential settings. See AIHW (2009) for more information on service types 1.01–1.03.
<b>Cost per user of government provided accommodation support services — other community settings</b>	The numerator — government expenditure (accrual) on government provided accommodation support services in other community settings (as defined by CSTDA NMDS service types 1.05–1.08) divided by the denominator — the number of users of government provided accommodation support services in other community settings.

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## 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/NDA service types (service type outlets). Funded agencies are usually legal entities. They are generally responsible for providing CSTDA NMDS data to jurisdictions. Where a funded agency operates only one service type outlet, the service type outlet and the funded agency are the same entity.

<b>Geographic location</b>	<p>Geographic location is based on the ABS's Australian Standard Geographical Classification of Remoteness Areas, which categorises areas as 'major cities', 'inner regional', 'outer regional', 'remote', 'very remote' and 'migratory'. The criteria for Remoteness Areas are based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre in each of five size classes (ABS 2001).</p> <p>The 'outer regional and remote/very remote' classification used in this Report was derived by adding outer regional, remote and very remote data.</p>
<b>Government contribution per user of non-government provided employment services</b>	<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>
<b>Government contribution per user of non-government provided services — accommodation support in group homes</b>	<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>
<b>Government contribution per user of non-government provided services — accommodation support in institutional/residential settings</b>	<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>
<b>Government contribution per user of non-government provided services — accommodation support in other community settings</b>	<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>
<b>Indigenous factor</b>	<p>The potential populations (unrevised method) 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/NDA 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' (unrevised method).</p> <p>The following steps were undertaken to estimate the Indigenous factors:</p>

- 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 2010a).

### **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**

Not needing assistance with, and has no difficulty performing, core



<b>limitation</b>	activity tasks, but uses aids and equipment (as per the 2003 SDAC).
<b>Moderate core activity limitation</b>	Not needing assistance but having difficulty performing a core activity task (as per the 2003 SDAC).
<b>Non-English speaking country of birth</b>	People with a country of birth other than Australia and classified in English proficiency groups 2, 3 or 4 (DIMA 1999, 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'.
<b>Payroll tax</b>	<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"> <li>• <i>actual</i> — payroll tax actually paid by non-exempt services</li> <li>• <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.</li> </ul>
<b>Potential population (unrevised method)</b>	<p>Potential population estimates are used as the denominators for the performance measures reported under the indicator 'access to CSTDA/NDA 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/NDA 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/NDA 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/NDA 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>

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## Potential Population (revised method)

Briefly, the potential population was estimated by applying the 2003 national age- and sex- specific rates of profound or severe core activity limitation to the age and sex structure of each jurisdiction in the current year, 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/NDA funded services (AIHW 2006).

Potential population estimates are used as the denominators for the performance measures reported to COAG under National Disability Agreement reporting requirements.

The 'potential population' is the number of people aged under 65 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).

The potential population for State/Territory delivered disability support services is measured by the number of people aged under 65 years who have a profound or severe core activity limitation. Briefly, the 2003 national age- and sex- specific rates of profound or severe core activity limitation are applied 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. No Indigenous weight or scaling factor is used. The potential population for CSTDA/NDA funded employment services is measured by the number of people aged 15-64 years with a profound or severe core activity limitation, and is calculated using the same method. No Indigenous weight or scaling factor is used. There is no adjustment for labour force participation.

The method used to calculate the Indigenous potential population is to apply adjusted national age- and sex- specific rates of profound or severe core activity limitation to the age and sex structure of the Indigenous population of each jurisdiction in the current year. The national age- and sex- specific rates of profound or severe core activity limitation are adjusted by the rate ratio of the Indigenous rate need for assistance to the all persons rate of need for assistance with core activities, as calculated from the Census. Estimates of potential population by country of birth and Remoteness Area are calculated by applying Census distributions of country of birth and Remoteness Area for people who need assistance with core activities to the age and sex structure of the jurisdictional potential population.

## Primary carer

*ABS SDAC primary carer.* 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).

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*CSTDA NMDS primary carer*: an informal carer who assists the person requiring support, in one or more of the following ADL: self care, mobility or communication.

See also informal carer.

**Primary disability group** 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).

**Profound core activity limitation** Unable to, or always needing assistance to, perform a core activity task (as per the 2003 SDAC).

**Real expenditure** Actual expenditure (accrual) adjusted for changes in prices, using the Gross Domestic P(E) price deflator, and expressed in terms of current year dollars.

**Schooling or employment restriction** *Schooling restriction*: 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.

*Employment restriction*: 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.

**Service** A service is a support activity provided to a service user, in accord with the CSTDA/NDA. 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/NDA.

**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/NDA 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.

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<b>Service user</b>	A service user is a person with disability who receives a CSTDA/NDA funded service. A service user may receive more than one service over a period of time or on a single day.
<b>Service users with different levels of need for assistance with ADL</b>	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.
<b>Severe core activity limitation</b>	Sometimes needing assistance to perform a core activity task (as per the SDAC 2003).
<b>Users of CSTDA/NDA accommodation support services</b>	People using one or more accommodation support services that correspond to the following CSTDA NMDS service types: 1.01 large residential/institutions (more than 20 places); 1.02 small residential/institutions (7–20 places); 1.03 hostels; 1.04 group homes (less than seven places); 1.05 attendant care/personal care; 1.06 in-home accommodation support; 1.07 alternative family placement; and 1.08 other accommodation support.
<b>Users of CSTDA/NDA community access services</b>	People using one or more services that correspond to the following CSTDA NMDS service types: 3.01 learning and life skills development; 3.02 recreation/holiday programs; and 3.03 other community access. See AIHW (2009) for more information on service types 3.01–3.03.
<b>Users of CSTDA/NDA community support services</b>	People using one or more services that correspond to the following CSTDA NMDS service types: 2.01 therapy support for individuals; 2.02 early childhood intervention; 2.03 behaviour/specialist intervention; 2.04 counselling; 2.05 regional resource and support teams; 2.06 case management, local coordination and development; and 2.07 other community support. See AIHW (2009) for more information on service types 2.01–2.07.
<b>Users of CSTDA/NDA employment services</b>	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.)
<b>Users of CSTDA/NDA respite services</b>	People using one or more services that correspond to the following CSTDA NMDS service types: 4.01 own home respite; 4.02 centre-based respite/respite homes; 4.03 host family respite/peer support respite; 4.04 flexible/combination respite; and 4.05 other respite. See AIHW (2009) for more information on service types 4.01–4.05.

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## 14.8 List of 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 Review website ([www.pc.gov.au/gsp](http://www.pc.gov.au/gsp)). Users without access to the website can contact the Secretariat to obtain the attachment tables (see contact details on the inside front cover of the Report).

<b>Table 14A.1</b>	Recipients of Disability Support Pension, Mobility Allowance, Carer Payment, Carer Allowance, Sickness Allowance, Child Disability Assistance Payment and Carer Supplement ('000)
<b>Table 14A.2</b>	Users of Commonwealth State/Territory Disability Agreement (CSTDA)-funded services/National Disability Funded services (NDA), existence of an informal/primary carer, by geographic location
<b>Table 14A.3</b>	Users of CSTDA/NDA-funded services, age of primary carers, by geographic location
<b>Table 14A.4</b>	Government expenditure, by type (\$'000)
<b>Table 14A.5</b>	Total real government expenditure, by source of funding (2009-10 dollars) (\$'000)
<b>Table 14A.6</b>	Government expenditure, by source of funding (per cent)
<b>Table 14A.7</b>	Real government direct service delivery and total expenditure adjusted for payroll tax (2009-10 dollars) (\$'000)
<b>Table 14A.8</b>	Real government direct service delivery expenditure, by service type (2009-10 dollars) (\$'000)
<b>Table 14A.9</b>	Government expenditure, by service type (per cent)
<b>Table 14A.10</b>	People aged 5–64 years with disability, 2003
<b>Table 14A.11</b>	Estimated number of people aged 0–64 years with a profound or severe core activity limitation who received help as a proportion of those who needed help, 2003 (per cent)
<b>Table 14A.12</b>	Users of CSTDA/NDA government and non-government provided services, by service type
<b>Table 14A.13</b>	Users of CSTDA/NDA services, by primary disability group
<b>Table 14A.14</b>	Users of CSTDA/NDA services, by disability group (all disability groups reported) as a proportion of total users
<b>Table 14A.15</b>	Users of total CSTDA/NDA disability support services (aged 0-64 years) as a proportion of the total estimated potential population (revised method) by service group, sex and age group
<b>Table 14A.16</b>	Users of CSTDA/NDA accommodation support services (all ages), as a proportion of the total estimated potential population (unrevised method) for accommodation support services
<b>Table 14A.17</b>	Users of CSTDA/NDA accommodation support services (aged 0-64 years), as a proportion of the total estimated potential population (revised method) for accommodation support services, by service group, sex and age group

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<b>Table 14A.18</b>	Users of CSTDA/NDA community support services (all ages), as a proportion of the total potential population (unrevised method) for community support services
<b>Table 14A.19</b>	Users of CSTDA/NDA community support services (aged 0-64 years), as a proportion of the total estimated potential population (revised method) for community support services, by service group, sex and age group
<b>Table 14A.20</b>	Users of CSTDA/NDA community access services (all ages), as a proportion of the total potential population (unrevised method) for community access services
<b>Table 14A.21</b>	Users of CSTDA/NDA community access services (aged 0-64 years), as a proportion of the total estimated potential population (revised method) for community access services, by service group, sex and age group
<b>Table 14A.22</b>	Users of CSTDA/NDA respite services (aged 0-64 years), as a proportion of the total potential population (unrevised method) for respite services
<b>Table 14A.23</b>	Users of CSTDA/NDA respite services (aged 0-64 years), as a proportion of the total estimated potential population (revised method) for respite services, by service group, sex and age group
<b>Table 14A.24</b>	Users of CSTDA/NDA employment services (aged 15–64 years), as a proportion of the total potential population (unrevised method) for employment services
<b>Table 14A.25</b>	Users of CSTDA/NDA open employment services (aged 15–64 years), as a proportion of the total estimated potential population (revised method) for employment services, by sex and age group
<b>Table 14A.26</b>	Users of CSTDA/NDA supported employment services (aged 15–64 years), as a proportion of the total estimated potential population (revised method) for employment services, by sex and age group
<b>Table 14A.27</b>	Users of total CSTDA/NDA services (aged 0-64 years), by severity of disability
<b>Table 14A.28</b>	Users of CSTDA/NDA accommodation support services (all ages), by severity of disability
<b>Table 14A.29</b>	Users of CSTDA/NDA accommodation support services (aged 0-64 years), by severity of disability
<b>Table 14A.30</b>	Users of CSTDA/NDA community support services (all ages), by severity of disability
<b>Table 14A.31</b>	Users of CSTDA/NDA community support services (aged 0-64 years), by severity of disability
<b>Table 14A.32</b>	Users of CSTDA/NDA community access services (all ages), by severity of disability
<b>Table 14A.33</b>	Users of CSTDA/NDA community access services (aged 0-64 years), by severity of disability
<b>Table 14A.34</b>	Users of CSTDA/NDA respite services (aged 0–64 years), by severity of disability
<b>Table 14A.35</b>	Users of CSTDA/NDA respite services (aged 0-64 years), by severity of disability
<b>Table 14A.36</b>	Users of CSTDA/NDA employment services (aged 15-64 years), by severity of disability
<b>Table 14A.37</b>	Users of CSTDA/NDA open employment services (aged 15-64 years), by severity of disability

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<b>Table 14A.38</b>	Users of CSTDA/NDA supported employment services (aged 15-64 years), by severity of disability
<b>Table 14A.39</b>	Users of CSTDA/NDA accommodation support services, by geographic location
<b>Table 14A.40</b>	Users of CSTDA/NDA community support services, by geographic location
<b>Table 14A.41</b>	Users of CSTDA/NDA community access services, by geographic location
<b>Table 14A.42</b>	Users of CSTDA/NDA respite services, by geographic location
<b>Table 14A.43</b>	Users of CSTDA/NDA employment services, by geographic location
<b>Table 14A.44</b>	Users of total CSTDA/NDA disability support services (aged 0-64 years) as a proportion of the indigenous estimated potential population (revised method), by age group
<b>Table 14A.45</b>	Users of CSTDA/NDA accommodation support services, by Indigenous status
<b>Table 14A.46</b>	Users of CSTDA/NDA community support services, by Indigenous status
<b>Table 14A.47</b>	Users of CSTDA/NDA community access services, by Indigenous status
<b>Table 14A.48</b>	Users of CSTDA/NDA respite services, by Indigenous status
<b>Table 14A.49</b>	Users of CSTDA/NDA employment services (aged 15-64 years), by Indigenous status
<b>Table 14A.50</b>	Users of CSTDA/NDA open employment services (aged 15-64 years), by Indigenous status
<b>Table 14A.51</b>	Users of CSTDA/NDA supported employment services (aged 15-64 years), by Indigenous status
<b>Table 14A.52</b>	Users of total CSTDA/NDA disability support services (aged 0-64 years) as a proportion of the estimated potential population (revised method), by country of birth and remoteness, Australia
<b>Table 14A.53</b>	Users of CSTDA/NDA accommodation support services (aged 0-64 years), by country of birth
<b>Table 14A.54</b>	Users of CSTDA/NDA accommodation support services (aged 0-64 years), by country of birth and remoteness, Australia
<b>Table 14A.55</b>	Users of CSTDA/NDA community support services (aged 0-64 years), by country of birth
<b>Table 14A.56</b>	Users of CSTDA/NDA community support services (aged 0-64 years), by country of birth and remoteness, Australia
<b>Table 14A.57</b>	Users of CSTDA/NDA community access services (aged 0-64 years), by country of birth
<b>Table 14A.58</b>	Users of CSTDA/NDA community access services (aged 0-64 years), by country of birth and remoteness, Australia
<b>Table 14A.59</b>	Users of CSTDA/NDA respite services (aged 0-64 years), by country of birth
<b>Table 14A.60</b>	Users of CSTDA/NDA respite services(aged 0-64 years), by country of birth and remoteness, Australia
<b>Table 14A.61</b>	Users of CSTDA/NDA employment services (aged 15-64 years), by country of birth
<b>Table 14A.62</b>	Users of CSTDA/NDA open employment services (aged 15-64 years), by country of birth and remoteness, Australia

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<b>Table 14A.63</b>	Users of CSTDA/NDA supported employment services (aged 15-64 years), by country of birth and remoteness, Australia
<b>Table 14A.64</b>	Users of CSTDA/NDA community accommodation and care services as a proportion of all accommodation support service users (per cent)
<b>Table 14A.65</b>	Younger people in residential aged care, 30 June
<b>Table 14A.66</b>	Estimated number of YPIRAC service users who have achieved program objectives, 2006-07 to 2008-09
<b>Table 14A.67</b>	Estimated number of YPIRAC service users who have achieved program objectives since entry to the program, by state and territory, 30 June 2009
<b>Table 14A.68</b>	Rate of younger people admitted to permanent residential aged care (per 10 000 potential population (revised method))
<b>Table 14A.69</b>	Younger people who separated from permanent residential aged care to return to home/family
<b>Table 14A.70</b>	Number of younger people receiving permanent residential aged care, 2009-10
<b>Table 14A.71</b>	NSW quality assurance processes
<b>Table 14A.72</b>	Victorian quality assurance processes
<b>Table 14A.73</b>	Queensland quality assurance processes
<b>Table 14A.74</b>	WA quality assurance processes
<b>Table 14A.75</b>	SA quality assurance processes
<b>Table 14A.76</b>	Tasmanian quality assurance processes
<b>Table 14A.77</b>	ACT quality assurance processes
<b>Table 14A.78</b>	NT quality assurance processes
<b>Table 14A.79</b>	Aust Government quality assurance processes
<b>Table 14A.80</b>	Comparability of expenditure estimates for government provided specialist disability services, by items included
<b>Table 14A.81</b>	Real government expenditure per user of CSTDA/NDA accommodation support services (2008-09 dollars)
<b>Table 14A.82</b>	Australian Government funding per user of non-government provided employment services
<b>Table 14A.83</b>	Real Australian Government funding per user of non-government provided employment services (2008-09 dollars)
<b>Table 14A.84</b>	Total estimated expenditure per service user, State and Territory government administered programs, 2008-09
<b>Table 14A.85</b>	Government administration expenditure as a proportion of total recurrent expenditure on services (per cent)
<b>Table 14A.86</b>	Labour force participation and employment, 2007-08 (per cent)
<b>Table 14A.87</b>	Labour force participation and employment, 2006 (per cent)
<b>Table 14A.88</b>	Labour force participation and employment of people aged 15-64 years, 2009 (per cent)
<b>Table 14A.89</b>	Labour force participation and employment, 2003 (per cent)
<b>Table 14A.90</b>	Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2006 (per cent)



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<b>Table 14A.91</b>	Labour force participation and employment of all people with disability, by special needs groups, 2009 (per cent)
<b>Table 14A.92</b>	Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2009 (per cent)
<b>Table 14A.93</b>	Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2003 (per cent)
<b>Table 14A.94</b>	Social participation, by limitation or restriction status, 2006 (per cent)
<b>Table 14A.95</b>	People with a profound/severe core activity limitation aged 18-64 years who participated in/attended various social/community activities, by level of perceived difficulty with transport, 2006 (per cent)
<b>Table 14A.96</b>	People who have contact with friends and family in whom they can confide or on whom they can rely, by disability status, 2007 (per cent)
<b>Table 14A.97</b>	Participation in voluntary work for an organisation or group, by disability status, 2006 (per cent)
<b>Table 14A.98</b>	Social participation, by disability status, 2004 (per cent)
<b>Table 14A.99</b>	Social activities participated in by people with a profound or severe core activity limitation, 2003 (per cent)
<b>Table 14A.100</b>	Person living in dwellings, by tenure type, core activity need for assistance status and age, 2006
<b>Table 14A.101</b>	Access to general practice (GP) services and frequency of use for people aged 15–64 years, by disability status, 2007-08 (per cent)
<b>Table 14A.102</b>	Consultation with 'other health professional', for own health reasons, in the last 12 months, by disability status, 2007-08 (per cent)
<b>Table 14A.103</b>	Use of health services, by disability status, 2007 (per cent)
<b>Table 14A.104</b>	Participation in education and training, by need for assistance status, 2006 (per cent)
<b>Table 14A.105</b>	Participation in education and training, by disability status, 2009 (per cent)
<b>Table 14A.106</b>	Educational and training attainment, by need for assistance status, 2006 (per cent)
<b>Table 14A.107</b>	Educational and training attainment, by disability status, 2009 (per cent)

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## 14.9 References

- ABS (Australian Bureau of Statistics) 1999, *Disability, Ageing and Carers Australia: Summary of Findings 1998*, Cat. no. 4430.0, Canberra.
- 2001, *Australian Standard Geographical Classification (ASGC)*, Cat. no. 1216.0, Canberra.
- 2003, *General Social Survey*, Cat. no. 4159.0, Canberra.
- 2004a, *Disability, Ageing and Carers Australia: Summary of Findings 2003*, Cat. no. 4430.0, Canberra.
- 2004b, *National Aboriginal and Torres Strait Islander Social Survey*, Cat. no. 4714.0, Canberra.
- AIHW (Australian Institute of Health and Welfare) 2006, 'Potential Population' — *Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Welfare Working Paper Series Number 50, Cat. no. DIS 45, Canberra.
- 2007, *Disability Support Services 2005-06: National Data on Services Provided under the CSTDA/NDA*, Cat. no. DIS 51, Canberra.
- 2010a, *Disability Support Services 2008-09: National Data on Services Provided under the CSTDA/NDA*, Cat. no. DIS 58, Canberra.
- 2010b, *Younger People with Disability in Residential Aged Care program: report on the 2008-09 Minimum Data Set*, Disability series, Cat. no. DIS 57, Canberra.
- 2011, *Disability Support Services 2008-09: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement*
- CSTDA (Commonwealth State/Territory Disability Agreement) 2003, *Agreement between the Commonwealth of Australia and the States and Territories of Australia in Relation to Disability Services*, Australian Government Department of Family and Community Services, Canberra.
- COAG (Council of Australian Governments) 2009, *National Disability Agreement*, Council of Australian Governments, [www.coag.gov.au/intergov\\_agreements/federal\\_financial\\_relations/index.cfm](http://www.coag.gov.au/intergov_agreements/federal_financial_relations/index.cfm) (accessed 14 October 2009).
- DIMA (Department of Immigration and Multicultural Affairs) 1999, *1996 Classification of Countries into English Proficiency Group*, Statistical focus C96.1A revised, Australian Government, Canberra.
- 2003, *2001 classification of countries into English Proficiency Groups*, Statistical focus C01.2.0, Australian Government, Canberra.

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SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 1999, *Payroll Tax in the Costing of Government Services*, AusInfo, Canberra.

WHO (World Health Organisation) 2009, *Disabilities*, Health topics, Geneva, [www.who.int/topics/disabilities/en/](http://www.who.int/topics/disabilities/en/) (accessed 13 October 2009).

