
14 Services for people with a disability

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Attachment tables

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

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

The Commonwealth State/Territory Disability Agreement (CSTDA) forms the basis for the provision and funding of services for people with a disability, where the person's disability manifests before the age of 65 years and for which they require ongoing or long-term episodic support. This chapter focuses on services covered by the third CSTDA, which applied to the period 1 July 2002 to 30 June 2007.

Specialist psychiatric disability services are excluded from the chapter to improve data comparability across jurisdictions.

The Australian, State and Territory governments agreed to extend the third CSTDA to 31 December 2007. It was further extended until 31 December 2008, to enable negotiations for the next National Disability Agreement to be finalised. Governments have agreed the following 8 priority areas for the new Agreement:

- better measurement of current and future need
- moving towards National Population Benchmarks for key disability services
- making older carers a priority
- quality improvement systems based on disability standards
- service planning and strategies to simplify access
- early intervention, lifelong planning and independence strategies
- increased workforce capacity
- increased access for Indigenous people with disability.

Government assistance for people with a disability can be grouped into income support, disability support services and relevant generic services provided to the community as a whole. This Report generally does not report performance information on income support. Disability support services are primarily delivered under the CSTDA, as well as through programs such as Home and Community Care (HACC) and Commonwealth Rehabilitation Services (CRS) Australia. Performance information on the HACC program for older Australians is provided in the ‘Aged care services’ chapter (chapter 13). CRS Australia’s services are not covered in this Report.

Some generic services provided to the community as a whole are covered 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 generic services provided to people with a disability — such as transport and utility services at concessional rates — are outside the scope of this Report.

Results in this chapter are derived using the service user data collected under the CSTDA National Minimum Data Set (NMDS). Data quality for the CSTDA NMDS continues to improve, but the results based on this collection should be interpreted with caution. Quality issues related to these data are discussed in section 14.6.

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

- additional measures for the 'Service use by special needs groups' indicator on access to community support, community access and respite services by country of birth and geographic location
- experimental estimates for the 'Service use by special needs groups' measures that are derived using 'potential populations' to account for differences in the need for services across the relevant groups
- data on the participation of people with profound and severe core activity limitations in various social/community activities, by their perceived level of difficulty with transport
- data on access to public housing, by 'core activity need for assistance' status
- data on access to health services, by disability status.

14.1 Profile of specialist disability services

Service overview

The CSTDA defines 'specialist disability services' as 'services or initiatives specially designed from time to time to meet the needs of people with disabilities' (CSTDA 2003, p. 10). A definition of disability is provided in box 14.1.

Box 14.1 Definition of disability

The United Nation's *Convention on the Rights of Persons with Disabilities and Optional Protocol*, ratified by Australia on 17 July 2008, defines 'persons with disabilities' as including 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 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) was conducted in 1981, 1988, 1993, 1998 and 2003, and was based on the International Classification of Functioning, Disability and Health and its predecessor. The 2003 survey defined a disability as a limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities.

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

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

The 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.

Source: ABS (2004); CSTDA (2003).

Details of the specialist disability services provided under the CSTDA are outlined in the following section on roles and responsibilities. Mechanisms for the funding and delivery of these services differ across jurisdictions as a result of policy differences. Further contextual information is provided in appendix A.

Roles and responsibilities

Australian, State and Territory governments

The CSTDA defines the roles and responsibilities of the Australian, State and Territory governments in the provision of services to people with a disability. Its agreed purposes are listed in box 14.2.

Box 14.2 The purposes of the third CSTDA

The purposes of the CSTDA are to:

- provide a national framework to underpin the provision of specialist disability services across Australia, and outline a means for measuring and publicising the progress of governments towards achieving this national framework
- outline the respective and collective roles and responsibilities of governments in the planning, policy setting and management of specialist disability services
- provide for accountability to funders in respect of funds contributed by one government which are expended by another government
- establish the financial arrangements for making funds available for the provision of specialist disability services
- define the persons eligible for services under 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.

Source: CSTDA (2003, pp. 4–5).

The Australian Government administers the following services:

- open employment services that provide assistance to people with a disability in obtaining and/or retaining paid employment in the open labour market
- supported employment services that provide support to, and employment for, people with a disability within the same organisation
- targeted employment support services that provide people with a disability with structured training and support to work towards social and community participation or opportunities to develop skills, or retrain, for paid employment.

Prior to 1 December 2004, the Australian Government also administered services that provided both open and supported employment assistance.

State and Territory governments administer the following services:

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

Australian, State and Territory governments share responsibility for administering the following services:

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

The CSTDA does not apply to the provision of:

- aids and equipment
- disability services and activities provided under the *Military Rehabilitation and Compensation Act 2004* (Cwlth)
- services with a specialist clinical focus, regardless of whether those services are provided to people eligible to receive services under the CSTDA.

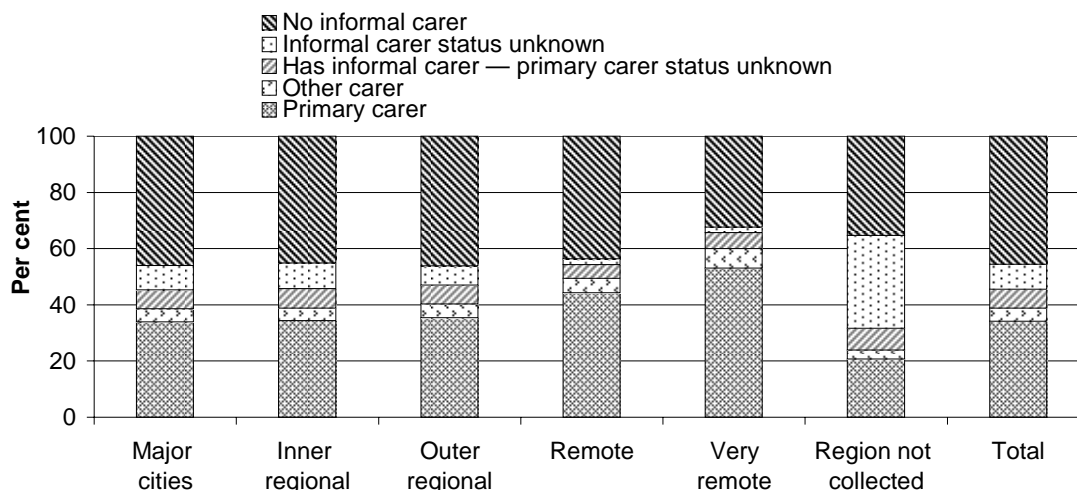
Informal carers

Family and friends provide most assistance, in terms of help or supervision, to people with a disability. Information about these informal carers enables governments to plan ahead with respect to the future demand for services that support these carers and the people they assist. Support services that assist people with a disability to live in the community, such as in-home accommodation support and community support, often rely on 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 a disability.

Information on informal carers is available from the CSTDA NMDS in relation to CSTDA service users and the ABS SDAC for carers more generally. The definition of informal carers differs slightly across these data collections (see section 14.7 for details).

In the CSTDA NMDS, 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 a person with a disability. Informal carers who provide assistance with core activities (self care, mobility and communication) are defined as primary carers. Of people with a disability who accessed CSTDA funded services in 2006-07, 45.5 per cent reported having an informal carer and 34.1 per cent reported having an informal carer who was a primary carer (figure 14.1). Service users in remote or very remote locations were more likely to report having an informal carer than those in other areas. Figure 14.2 shows the proportions of informal primary carers who are in different age groups, by location.

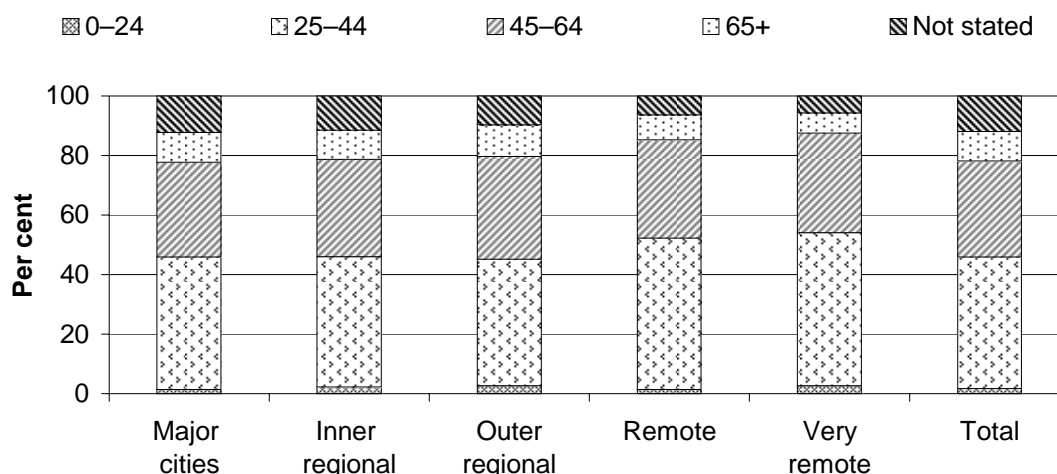
Figure 14.1 Users of CSTDA-funded services who reported having an informal carer, by primary carer status and geographic location, 2006-07^{a, b, c}



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

Source: Australian Institute of Health and Welfare (AIHW) (unpublished), derived from the *CSTDA NMDS*; table 14A.1.

Figure 14.2 Age distribution of primary carers of people accessing CSTDA funded services, by location, 2006-07^{a, b}



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

Source: AIHW (unpublished), derived from the *CSTDA NMDS*; table 14A.2.

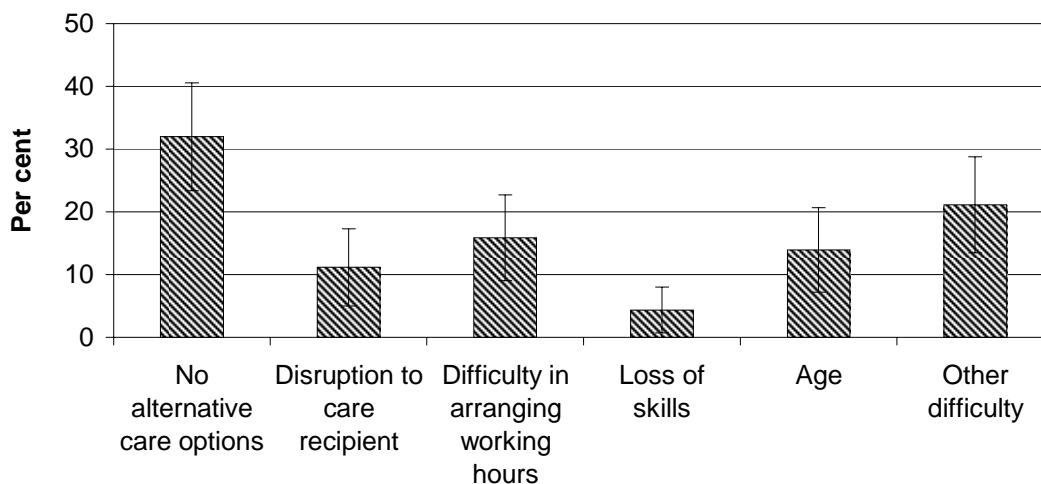
The ABS SDAC defines a primary carer as a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility and self care). According to the SDAC, in 2003 an estimated 474 600 primary carers provided the majority of assistance with self care, mobility and communication for people with a disability, including older people — an increase of 5.3 per cent since 1998 (ABS 1999, 2004).

Under the human capital stream of the national reform agenda, the Council of Australian Governments (COAG) is seeking to reduce the proportion of the working age population who are not participating or who are under-participating in paid employment. One indicative progress measure identified is the proportion of people of working age who are not participating or who are under-participating in the labour force due to disability — including those providing informal care for people with a disability.

The SDAC contains information on the labour force and employment participation of people with a disability (table 14A.48). The SDAC also provides information regarding the impact that the primary caring role has on informal carers' labour force participation.

- An estimated 37.8 per cent of primary carers were employed — of these employed primary carers 23.0 per cent had reduced their working hours to take on their caring role.
- The remaining 62.2 per cent of primary carers were either unemployed or not in the labour force — of these, 30.8 per cent had worked before commencing their caring role.
- For those primary carers who were unemployed or not in the labour force and not yet retired (60.5 per cent of all primary carers), 24.1 per cent wanted to return to work. Figure 14.3 shows the most significant perceived barriers for primary carers who wanted to return to work.

Figure 14.3 Perceived barriers to returning to work for primary carers who want to return to work, 2003^a



^a Estimates for 'disruption to care recipient' and for 'loss of skills' have relative standard errors of 25–50 per cent and should be used with caution.

Source: ABS (unpublished), derived from the *Disability, Ageing and Carers, Australia, Basic Confidentialised Unit Record File (CURF) 2003*, CD-ROM, Cat. no. 4430.0.30.002.

The Australian Government provides financial assistance to eligible carers of people with a disability through the Carer Payment and the Carer Allowance (box 14.3). This financial assistance is not included under the CSTDA funding arrangements.

Box 14.3 Australian Government supplementary and income support arrangements

The Australian Government funds income support payments for people with a disability, those caring for people with a disability and those temporarily incapacitated from work as a result of illness. Payments are made only to those who meet the relevant eligibility criteria. These payments include the Disability Support Pension, the Carer Payment, the Carer Allowance, the Sickness Allowance and the Mobility Allowance. Outlays on payments to people with a disability in 2007-08 (on an accrual basis) amounted to \$9.4 billion for the Disability Support Pension, \$1.7 billion for the Carer Payment (includes expenditure on carer bonus), \$1.6 billion for the Carer Allowance (includes expenditure on carer bonus), \$83.4 million for the Sickness Allowance and \$114.1 million for the Mobility Allowance. These income support arrangements do not constitute a CSTDA service.

(Continued on next page)

Box 14.3 (Continued)

At 30 June 2008, there were around 732 400 recipients of the Disability Support Pension, 130 700 recipients of the Carer Payment, 437 300 recipients of the Carer Allowance, 55 300 recipients of Mobility Allowance and 7 400 recipients of Sickness Allowance (table 14A.4).

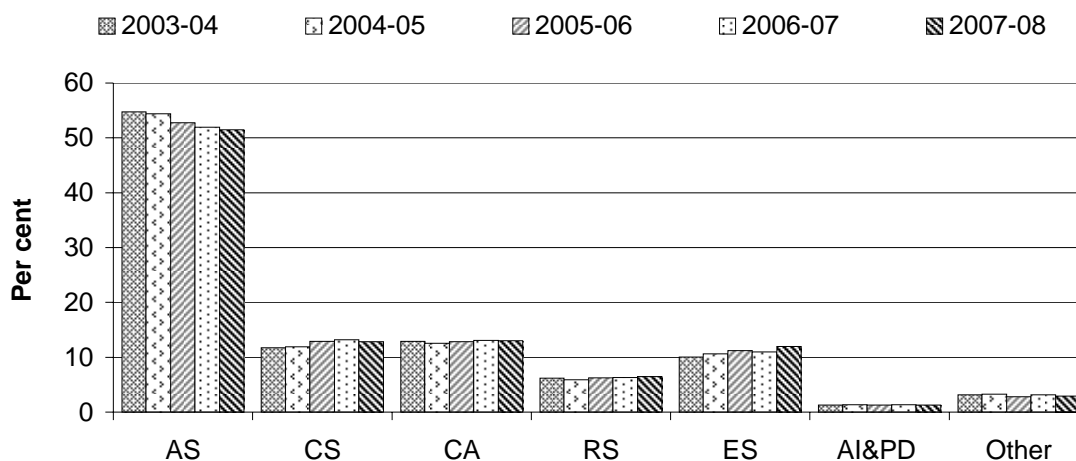
Source: Department of Families, Housing, Community Services and Indigenous Affairs (unpublished); DEEWR (2008); table 14A.4.

Funding

Under the CSTDA, Australian and State and Territory governments fund both government and non-government providers of services for people with a disability. Total government expenditure on CSTDA funded services was \$4.7 billion in 2007-08 — a real increase of 4.3 per cent on the expenditure in 2006-07 (\$4.5 billion) (table 14A.7). State and Territory governments funded the majority of this expenditure in 2007-08 (72.7 per cent, or \$3.4 billion). The Australian Government funded the remainder (27.3 per cent, or \$1.3 billion), which included \$690.7 million in transfer payments to states and territories (tables 14A.8 and 14A.9).

Direct government expenditure on CSTDA funded services (that is, excluding expenditure on administration) was \$4.3 billion in 2007-08 (table 14A.5). The distribution of direct government expenditure varied across jurisdictions. The main areas of State and Territory government expenditure were accommodation support services (51.5 per cent of total direct service expenditure), and community access (13.0 per cent of total direct service expenditure) (figure 14.4). Employment services were the main area of Australian Government expenditure in 2007-08 (12.0 per cent of total direct service expenditure and 92.5 per cent of Australian Government direct service expenditure) (table 14A.6).

Figure 14.4 Direct expenditure on CSTDA funded services, by service type^a



AS = accommodation support; CS = community support; CA = community access; RS = respite services; ES = employment services; AI&PD = advocacy, information and print disability. ^a See table 14A.5 for detailed notes accompanying expenditure data.

Source: Australian, State and Territory governments (unpublished); table 14A.6.

Size and scope

Disability prevalence

The ABS estimates that one in five people in Australia (3 958 300 or 20.0 per cent) had a reported disability (that is, a core activity limitation, a schooling or employment restriction or an impairment)¹ in 2003 (ABS 2004). 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, a further 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 2004). Table 14A.11 contains additional information on disability prevalence, and table 14A.12 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. The AIHW estimates that the proportion of

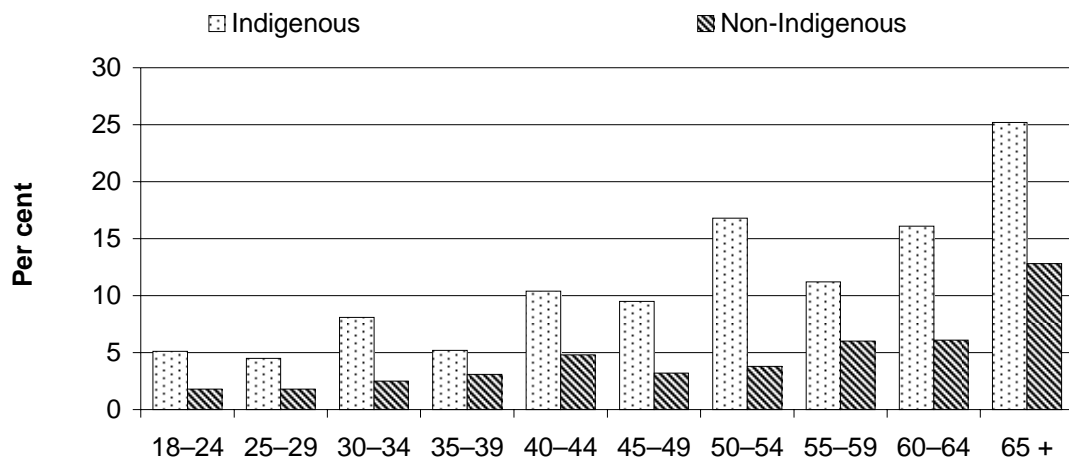
¹ Information on how disability is defined and on different disability types is in section 14.7.

Indigenous people aged over 18 years who had a profound or severe core activity limitation was approximately 2.4 times that of non-Indigenous people in 2002 (AIHW 2006b). This estimate is based on data from the ABS's General Social Survey (GSS) and National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and takes into account differences in the:

- age structure of the Indigenous and non-Indigenous populations
- method that was applied in remote areas for the two surveys (for further details on the difference in method see AIHW 2006b).

The difference (in rate ratio terms) between the populations is most marked for people aged 50–54 years and those aged 30–34 years (figure 14.5).

Figure 14.5 **Proportion of age groups who have a profound or severe core activity limitation, by Indigenous status, 2002^a**



^a For the NATSISS, there were a number of differences in the 'screening' questions used to establish disability status and disability type for persons living in remote and non-remote areas. While a 'common' set of questions was asked in both remote and non-remote areas, some additional questions were asked in non-remote areas only. The expanded set of screening questions asked in non-remote areas is referred to as the 'broader criteria', the smaller set is referred to as the 'common criteria'. For the reported proportions, the relative impact of the broader criteria on the Indigenous estimate in non-remote areas was calculated and applied as a weight to the estimate for remote areas. The non-Indigenous estimates from the GSS are based on the broader criteria only.

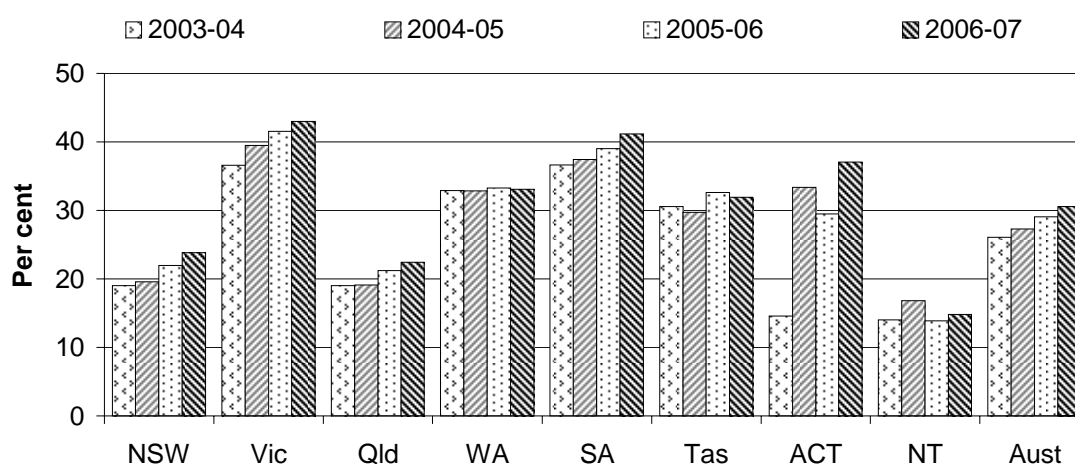
Source: AIHW (2006) 'Potential Population' — *Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Welfare Working Paper Series Number 50, Cat. no. DIS 45, Canberra.

Use of CSTDA funded services

In 2006-07, 220 419 people were reported as using services provided under the CSTDA (excluding service users who received specialist psychiatric disability services only) (table 14A.3). Nationally, this is 30.5 per cent of the estimated

potential population (see section 14.7 for information on how the potential population is defined) (figure 14.6).

Figure 14.6 Users of CSTDA funded services as a proportion of the estimated potential population^{a, b}

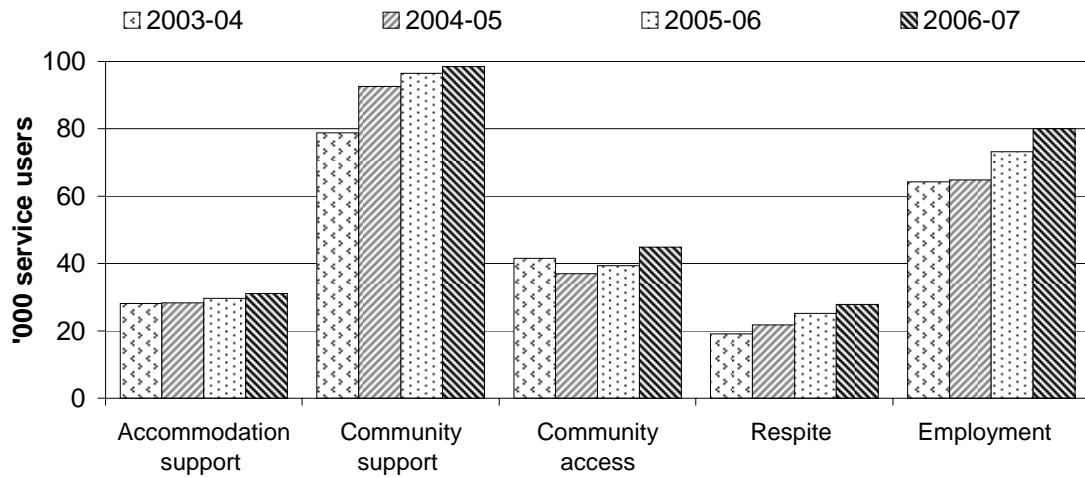


^a These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues and for service type outlet response rates across jurisdictions. ^b For the ACT, the decreased service user rate for 2005-06 was due to the data collection for therapy services being incomplete.

Source: AIHW (unpublished), derived from CSTDA NMDS; AIHW analysis of the ABS SDAC 2003; ABS *Australian Demographic Statistics*, Cat. no. 3101.0 (various issues); ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra; AIHW (2006) *Potential population — Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.3.

Service user numbers varied across service types (figure 14.7). Accommodation support, community access, community support and respite services reported 151 192 users and employment services reported 80 008 users in 2006-07.

Figure 14.7 Users of CSTDA funded services, by service type^{a, b}

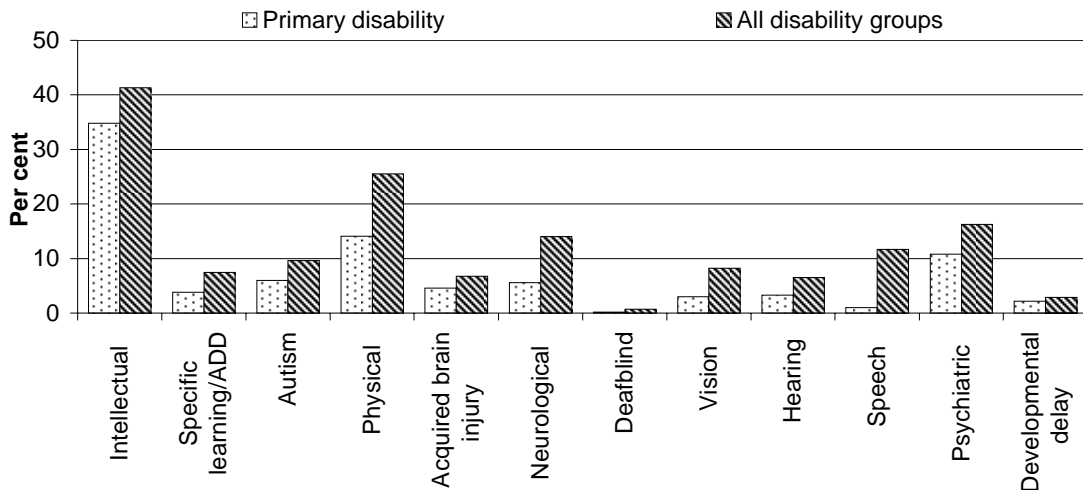


^a These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^b See table 14A.3 for detailed notes relating to these data.

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

In 2006-07, the most commonly reported disability of CSTDA service users was an intellectual disability (41.3 per cent of service users, including 34.8 per cent who reported it as their primary disability) (figure 14.8).

Figure 14.8 Service users by disability group, 2006-07^{a, b}



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

Source: AIHW (unpublished), derived from the CSTDA NMDS; tables 14A.13 and 14A.14.

Younger people with a disability in residential aged care

At its February 2006 meeting, COAG made a commitment to reduce the number of younger people with a disability living in residential aged care, and agreed to establish a five-year program, beginning in July 2006. Funding for this program is separate and in addition to the general funding provided under the CSTDA. The cost of the program is \$244 million, to which the Australian Government and State and Territory governments have contributed equally. The Australian Government has signed bilateral agreements with all states and territories.

There are three elements to the program:

- Move younger people with a disability currently accommodated in residential aged care into appropriate supported disability accommodation, where it can be made available and if this is what clients choose.
- Divert future admission of younger people with a disability who are at risk of admission to residential aged care into more appropriate forms of accommodation.
- Enhance the delivery of specialist disability services to those younger people with a disability who choose to remain in residential aged care or for whom residential aged care remains the only available suitable supported accommodation option.

The initial priority for the program is people aged under 50, and participation is voluntary. On 30 June 2008, there were 858 people aged under 50 years living in permanent residential aged care nationally (table 14.1). This is a 15.0 per cent decrease on the number of people aged under 50 years living in permanent residential aged care on 30 June 2006 nationally.

Table 14.1 Younger people (aged under 50 years) in residential aged care, 30 June (number)^{a, b}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT^c</i>	<i>NT</i>	<i>Aust^d</i>
2006	392	221	245	65	61	15	4	7	1 010
2007	374	210	226	63	53	12	np	5	943
2008	335	209	180	58	55	11	4	6	858

^a Data are for permanent residents in aged care. ^b These data should be interpreted with caution (particularly for the NT). There may be issues related to the age of Indigenous residents being incorrectly recorded. An assessment of the data set in the NT has previously shown that approximately half of Indigenous peoples' ages were incorrectly recorded. ^c Data are not published for 2007 due to small numbers. The number is less than 3. ^d The Australian total is for jurisdictions for which data are published only. **np** Not published.

Source: Department of Health and Ageing (unpublished).

14.2 Framework of performance indicators

The framework of performance indicators is based on the Australian, State and Territory governments' shared objectives under the third CSTDA (box 14.4).

Box 14.4 Objectives of government funded services for people with a disability

The performance data for this Report cover services provided under the third CSTDA. Through that CSTDA, governments strive to enhance the quality of life experienced by people with a disability by assisting them to live as valued and participating members of the community.

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

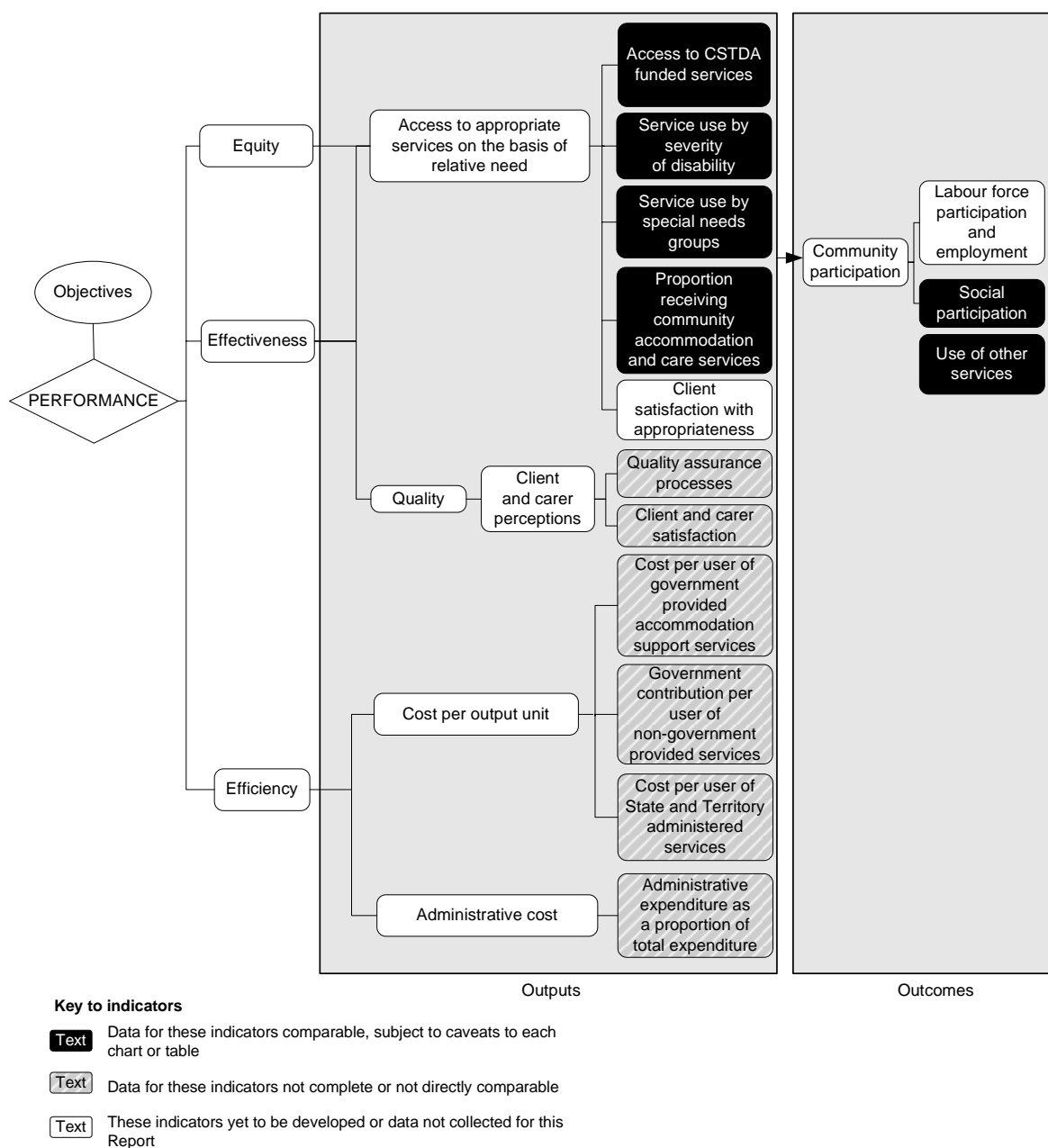
- strengthen access to generic services for people with a disability
- strengthen across government linkages — bilateral agreements between the Australian Government and each State and Territory have been negotiated to improve services
- strengthen individuals, families and carers
- improve long term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

Source: CSTDA (2003).

The performance indicator framework shows which specialist disability services data are comparable in the 2009 Report (figure 14.9). For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see section 1.6).

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

Figure 14.9 Performance indicators for services for people with a disability



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

14.3 Key performance indicator results

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

The performance indicator results reported in this chapter generally relate to CSTDA funded services. This Report includes service user data for 2006-07. These data were sourced from the CSTDA NMDS collection, which is managed by individual jurisdictions and coordinated by the AIHW. The CSTDA NMDS collection was implemented in 2002-03, with national data from the first collection available for the period 1 January 2003 to 30 June 2003. Other information on the implementation of the CSTDA NMDS is contained in box 13.6 of the 2006 Report (SCRGSP 2006) and in AIHW (2003).

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 CSTDA 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 CSTDA NMDS service definitions can differ across jurisdictions (for example, the target group for services classified as ‘early intervention’ can differ).

Outputs

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

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

The following equity and effectiveness access indicators are reported:

- ‘access to CSTDA funded services’
- ‘service use by severity of disability’
- ‘service use by special needs groups’

-
- ‘proportion of accommodation support service users receiving community accommodation and care services’.

Access to CSTDA funded services

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

Box 14.5 Access to CSTDA funded services

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

The potential population estimate for *accommodation support, community access and community support services* is the number of people aged under 65 years with profound or severe core activity limitations, multiplied by the Indigenous factor for a jurisdiction. The potential population estimate for *employment services* is the number of people aged 15–64 years with severe or profound core activity limitations, multiplied by both the Indigenous factor and the labour force participation rate for a jurisdiction. The potential population estimate for *respite services* is the number of people aged under 65 years with profound or severe core activity limitations who also reported a primary carer, multiplied by the Indigenous factor for a jurisdiction. The potential populations are further defined in section 14.7.

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

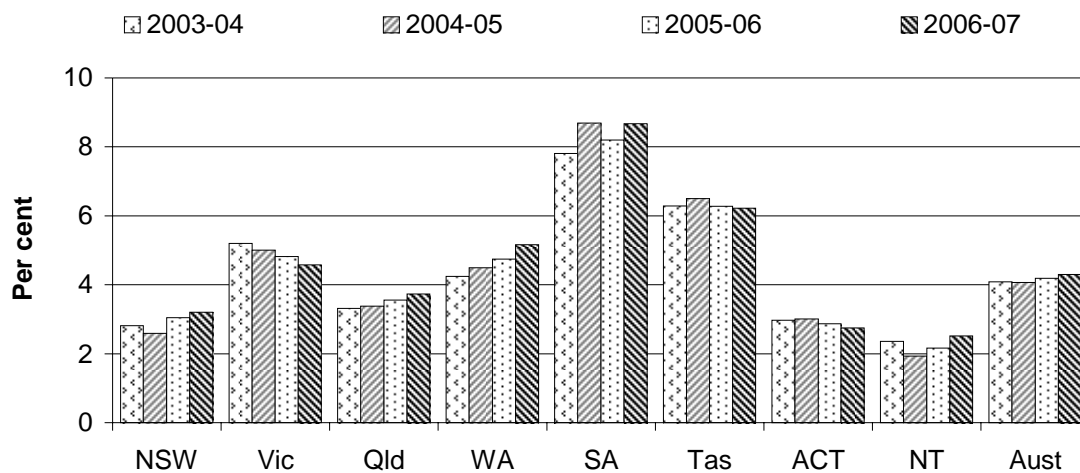
Not all people in the estimated ‘potential population’ will need the service or seek to access the service in the relevant period. In addition, this indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or accessed by those most in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

Data reported for this indicator are comparable.

The numerators and denominators of the access measures do not match fully in terms of age scope. The numerator of an access measure includes service users of all ages. The denominator includes people who are aged under 65 years only.

Nationally, 4.3 per cent of the estimated potential population were using CSTDA funded accommodation support services in 2006-07 (figure 14.10).

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

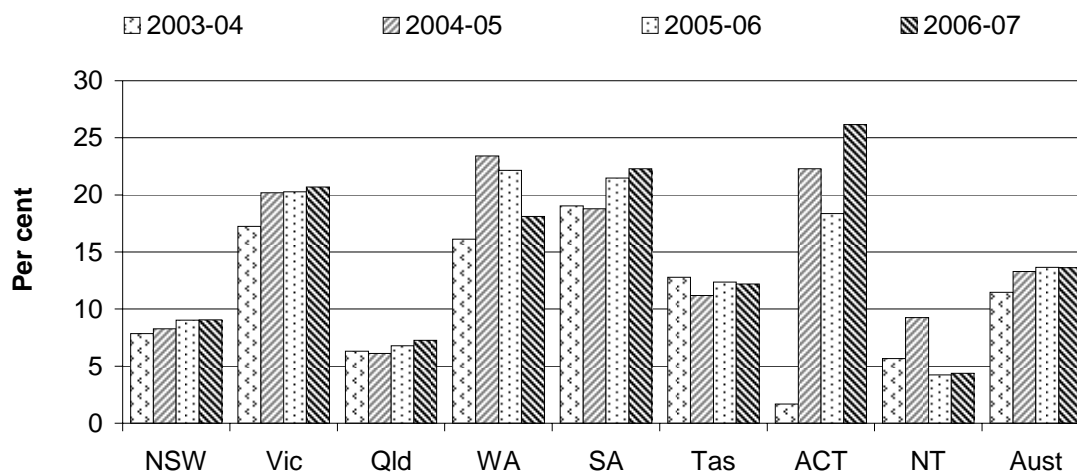


^a See table 14A.15 for detailed notes relating to service user data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (unpublished), derived from the CSTDA NMDS; AIHW analysis of the ABS SDAC 2003; ABS *Australian Demographic Statistics*, Cat. no. 3101.0 (various issues); ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra; AIHW (2006) *'Potential population' — Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.15.

Nationally, 13.6 per cent of the estimated potential population were using CSTDA funded community support in 2006-07 (figure 14.11).

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

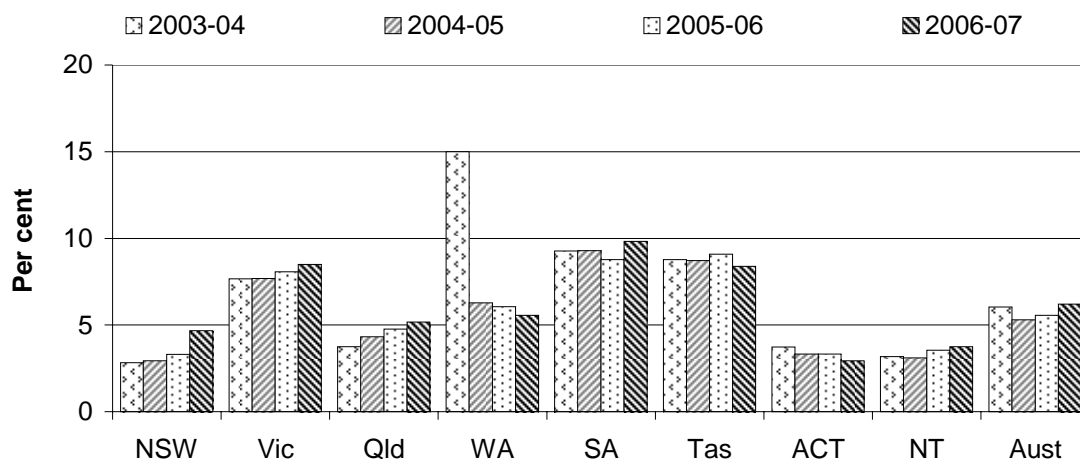


^a See table 14A.16 for detailed notes relating to service user data. ^b These results need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c The increase in the number of WA service users between 2003-04 and 2004-05 is due to the inclusion of data from a new electronic database for the first time. ^d For the ACT, the decreased community support services rate for 2005-06 was due to the data collection for therapy services being incomplete.

Source: AIHW (unpublished), derived from the *CSTDA NMDS*; AIHW analysis of the ABS SDAC 2003; ABS *Australian Demographic Statistics*, Cat. no. 3101.0 (various issues); ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra; AIHW (2006) *Potential population — Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.16.

Nationally, 6.2 per cent of the estimated potential population were using CSTDA funded community access services in 2006-07 (figure 14.12).

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

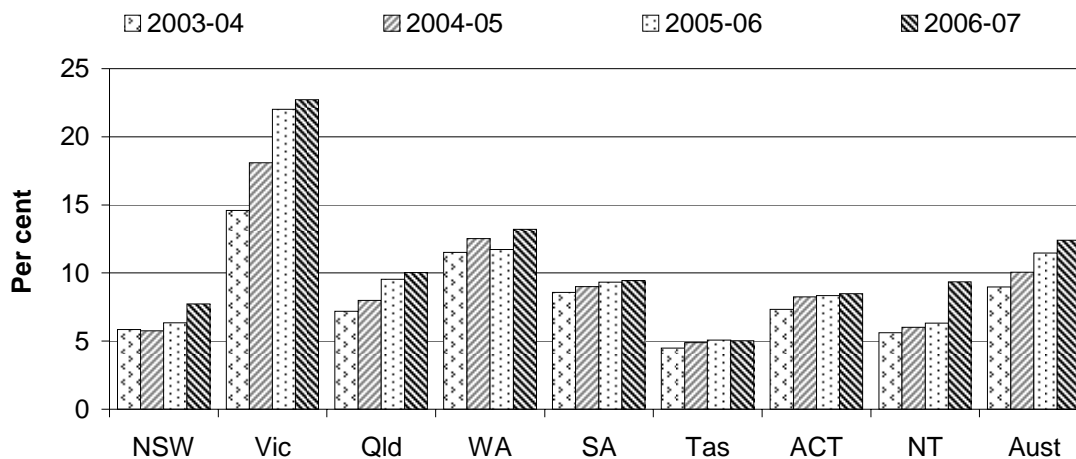


^a See table 14A.17 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c The decrease in the number of WA service users between 2003-04 and 2004-05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

Source: AIHW (unpublished), derived from the CSTDA NMDS; AIHW analysis of the ABS SDAC 2003; ABS *Australian Demographic Statistics*, Cat. no. 3101.0 (various issues); ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra; AIHW (2006) *Potential population — Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.17.

Nationally, 12.4 per cent of the estimated potential population (who reported having a primary carer) were using CSTDA funded respite services in 2006-07 (figure 14.13).

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

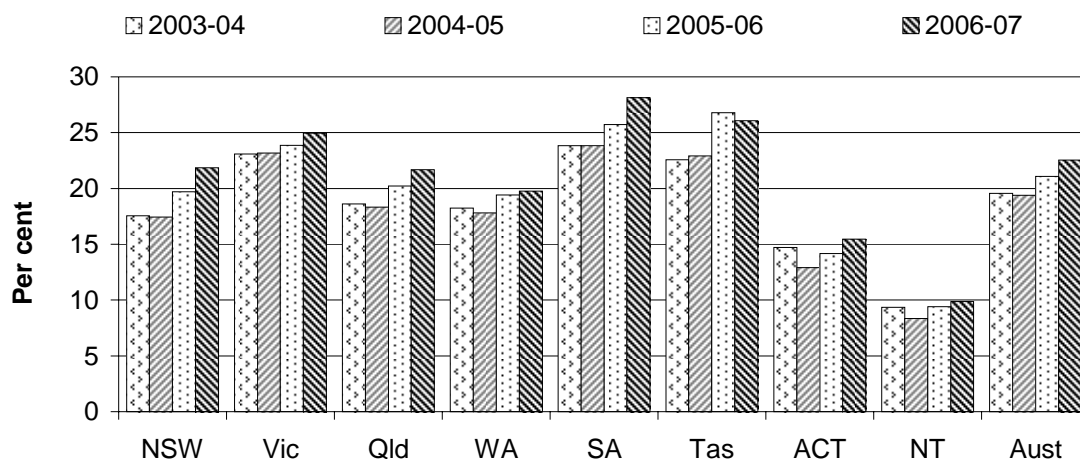


^a See table 14A.18 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (unpublished), derived from the *CSTDA NMDS*; AIHW analysis of the ABS *SDAC 2003*; ABS *Australian Demographic Statistics*, Cat. no. 3101.0 (various issues); ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra; AIHW (2006) *'Potential population' — Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.18.

During the reporting period, the Australian Government had responsibility for employment services under the CSTDA and provided most employment services (over 99 per cent) by funding non-government organisations. Nationally, 22.6 per cent of the estimated potential population for CSTDA funded employment services were using these services in 2006-07 (figure 14.14).

Figure 14.14 **Users of CSTDA funded employment services as a proportion of the estimated potential population for employment services^a**



^a See table 14A.19 for detailed notes relating to these data.

Source: AIHW (various issues), *Disability Support Services* (various years): *National Data on Services Provided under the CSTDA*; AIHW analysis of the ABS SDAC 2003; ABS *Australian Demographic Statistics*, Cat. no. 3101.0 (various issues); ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra; AIHW (2006) 'Potential population' — *Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; ABS *Labour Force Australia*, Cat. no. 6203.0 (various issues); table 14A.19.

Service use by severity of disability

'Service use by severity of disability' is an indicator of governments' objective to use available resources to target services to people with the greatest level of need, where the level of core activity limitation is used as a proxy for relative need (box 14.6). This indicator provides additional information for interpreting the access to CSTDA funded accommodation support, employment, community access, community support and respite services measures reported above.

Severity of disability (core activity limitation) is derived using data on the level of support needed in one or more of the core support areas: self care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas.

Service users with moderate to no core activity limitations reported needing no support in all the core activity support areas. For these people, other factors may be important in determining relative need, such as the complexity of need for support in other activity areas, for example, cognition or emotional support and transport.

Box 14.6 Service use by severity of disability

'Service use by severity of disability' is defined as the proportion of people who access CSTDA funded services, by severity of core activity limitation. Three categories of core activity limitation are reported: profound, severe, and moderate to no core activity limitation. Measures are reported for accommodation support, employment, community access, community support and respite services.

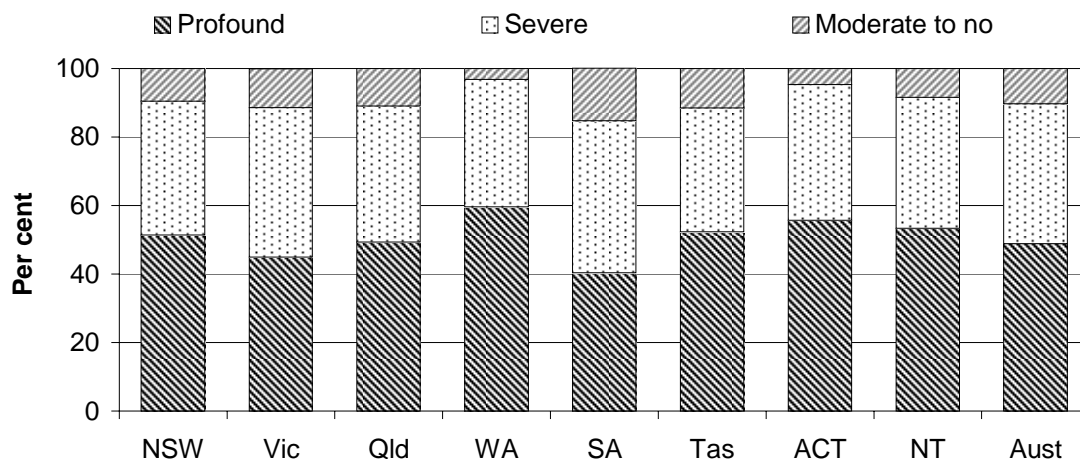
A higher proportion of people with a profound or severe core activity limitation using a particular service type suggests greater access to this service type for those with the greatest level of need.

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

Data reported for this indicator are comparable.

Nationally, 48.9 per cent of users of CSTDA funded accommodation support services in 2006-07 had a profound core activity limitation, 40.8 per cent had a severe core activity limitation and 10.3 per cent had moderate to no core activity limitations (figure 14.15).

Figure 14.15 Users of CSTDA funded accommodation support services, by severity of core activity limitation, 2006-07^{a, b}



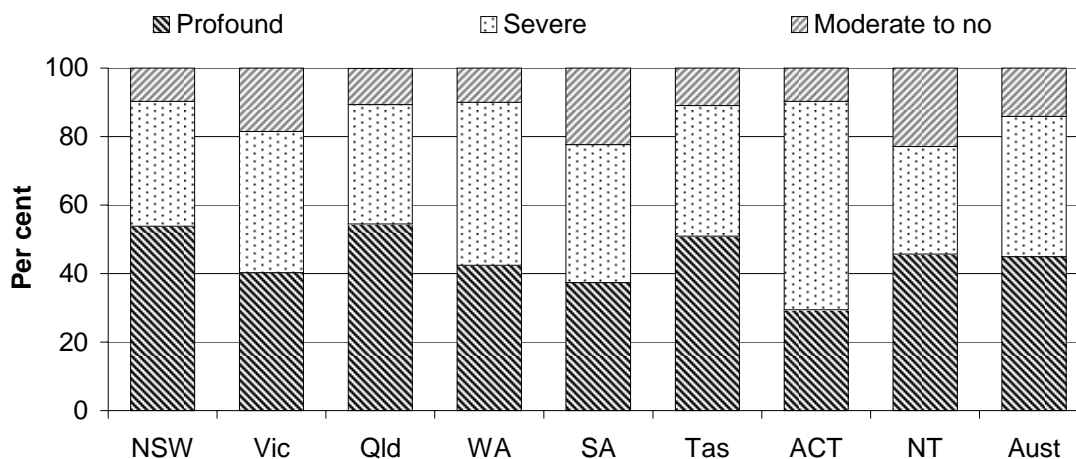
^a See table 14A.20 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (unpublished), derived from the CSTDA NMDS; table 14A.20.

Nationally, 45.0 per cent of users of CSTDA funded community support services in 2006-07 had a profound core activity limitation, 40.9 per cent had a severe core activity limitation and 14.1 per cent had moderate to no core activity limitations (figure 14.16). Care should be taken when interpreting this measure due to the high rate of missing data. Data exclude 23 613 community support service users (out of a total of 98 432) who did not report on their level of need for support with any of the areas: self care; mobility; or communication.

Nationally, 41.2 per cent of users of CSTDA funded community access services in 2006-07 had a profound core activity limitation, 44.3 per cent had a severe core activity limitation and 14.5 per cent had moderate to no core activity limitations (figure 14.17).

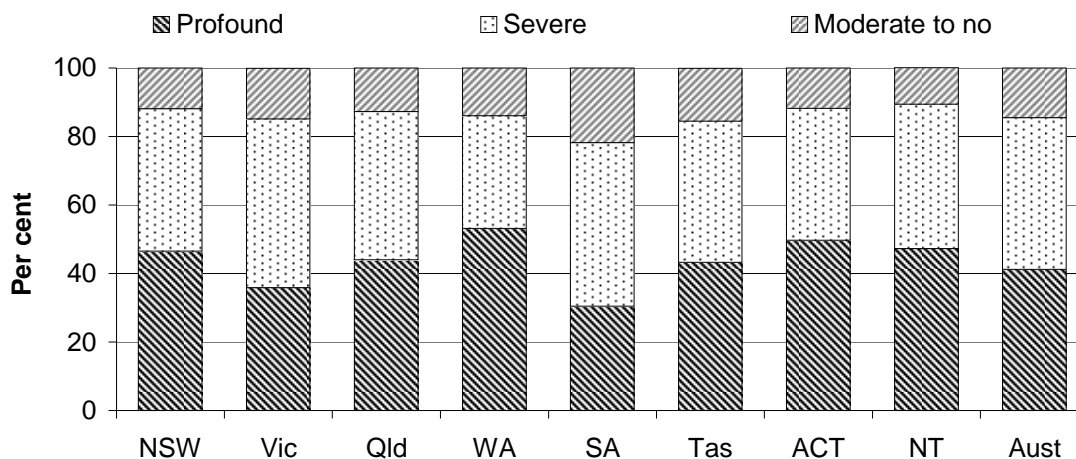
Figure 14.16 Users of CSTDA funded community support services, by severity of core activity limitation, 2006-07^{a, b}



^a See table 14A.21 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (unpublished), derived from the CSTDA NMDS; table 14A.21.

Figure 14.17 Users of CSTDA funded community access services, by severity of core activity limitation, 2006-07^{a, b}



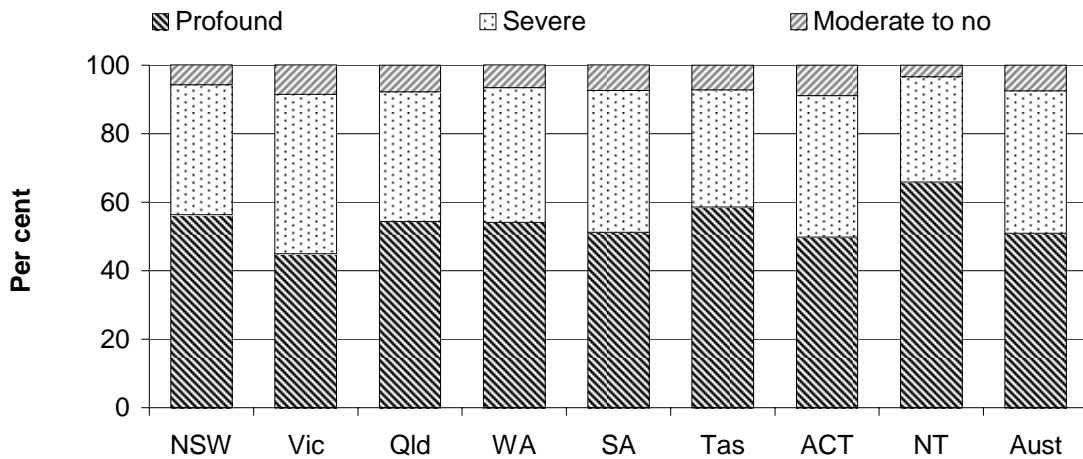
^a See table 14A.22 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (unpublished), derived from the CSTDA NMDS; table 14A.22.

Nationally, 50.9 per cent of users of CSTDA funded respite services in 2006-07 had a profound core activity limitation, 41.6 per cent had a severe core activity

limitation and 7.5 per cent had moderate to no core activity limitations (figure 14.18).

Figure 14.18 Users of CSTDA funded respite services, by severity of core activity limitation, 2006-07^{a, b, c}

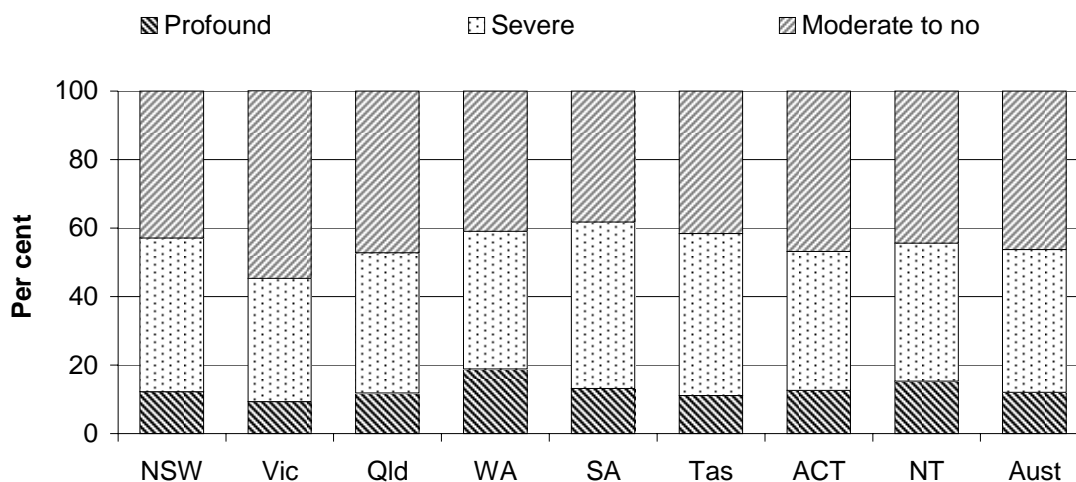


^a See table 14A.23 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c These data relate to severity of core activity limitations for people with a disability, not their carers. Carers may also be thought of as 'users' of respite services.

Source: AIHW (unpublished), derived from the *CSTDA NMDS*; table 14A.23.

Nationally, 12.1 per cent of users of CSTDA funded employment services in 2006-07 had a profound core activity limitation, 41.6 per cent had a severe core activity limitation and 46.3 per cent had moderate to no core activity limitations (figure 14.19).

Figure 14.19 Users of CSTDA funded employment services, by severity of core activity limitation, 2006-07^{a, b, c}



^a Severity of core activity limitation relates to the level of support needed in the areas of self care, mobility and communication. It does not necessarily relate to the level of support needed to find or maintain employment. ^b See table 14A.24 for detailed notes relating to these data. ^c These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (2008) *Disability Support Services 2006-07: National Data on Services Provided under the CSTDA*, Cat. no. DIS 52, Canberra; table 14A.24.

Service use by special needs groups

‘Service use by special needs groups’ is an indicator of governments’ objective that access to services should be equitable for all members of the community and provided on the basis of relative need (box 14.7). For the first time, this Report compares access for people from special needs groups with access for people from outside the special needs group in terms of the ‘potential population’ (that is, people in the relevant groups who have the potential to need services). These new results are *experimental estimates* and are presented for illustrative purposes only (they will be further refined in future reports). They have been developed to account for differences in the prevalence of disability between people in the special needs group and people outside the special needs group. As in previous reports, the indicator also compares access in terms of the whole population in the relevant groups. For information on how the potential populations for the special needs groups were derived see section 14.6.

Box 14.7 **Service use by special needs groups**

The 'service use by special needs groups' indicator compares the proportion of service users per 1000 people (or per 1000 potential population) in a particular special needs group with the proportion of service users per 1000 people (or per 1000 potential population) outside the special needs group. The three special needs groups reported are:

- 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).

The disability service types reported are accommodation support, employment, community access, community support and respite services.

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

For both measures, while a markedly lower proportion may indicate reduced access for a special needs group, it may also represent strong alternative support networks (and thus a lower level of need), or a lower tendency of people with a disability in a special needs group to choose to access CSTDA funded services. Similarly, a higher proportion may suggest poor service targeting, the lack of alternative support networks or a greater tendency of people with a disability in a special needs group to choose to access CSTDA funded services. For the measure that compares the proportions of service users per 1000 population, significant differences in access may 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 to those most in 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 may be more readily available in these areas. Specifically, accommodation support services in outer regional and remote/very remote areas are largely provided informally, making use of local area coordinators and local community resources.

Data reported for this indicator are comparable.

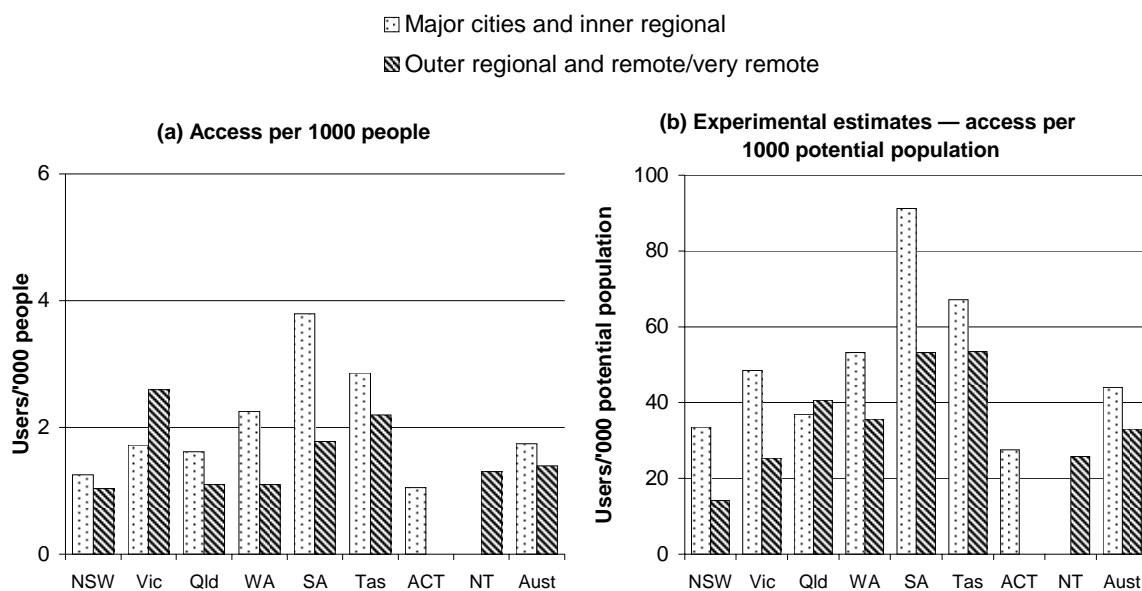
The numerators and denominators of the ‘service use by special needs groups’ measures do not match fully. The numerators of the measures include service users of all ages whereas the denominators (populations/potential populations) include people aged under 65 years only.

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

Data on service use for people in outer regional and remote/very remote areas are reported for the first time for community support, community access and respite services.

Nationally, the proportion of the outer regional and remote/very remote population who used CSTDA funded accommodation support services in 2006-07 (1.4 service users per 1000 people aged under 65 years) was lower than that of the major cities and inner regional populations (1.7 service users per 1000 people aged under 65 years) (figure 14.20a). Similarly, the proportion of the outer regional and remote/very remote potential population who used CSTDA funded accommodation support services (33.0 service users per 1000 potential population) was lower than that of the major cities and inner regional potential population (44.0 service users per 1000 potential population) (figure 14.20b).

Figure 14.20 Users of CSTDA funded accommodation support services, by geographic location, 2006-07^{a, b, c, d, e, f}

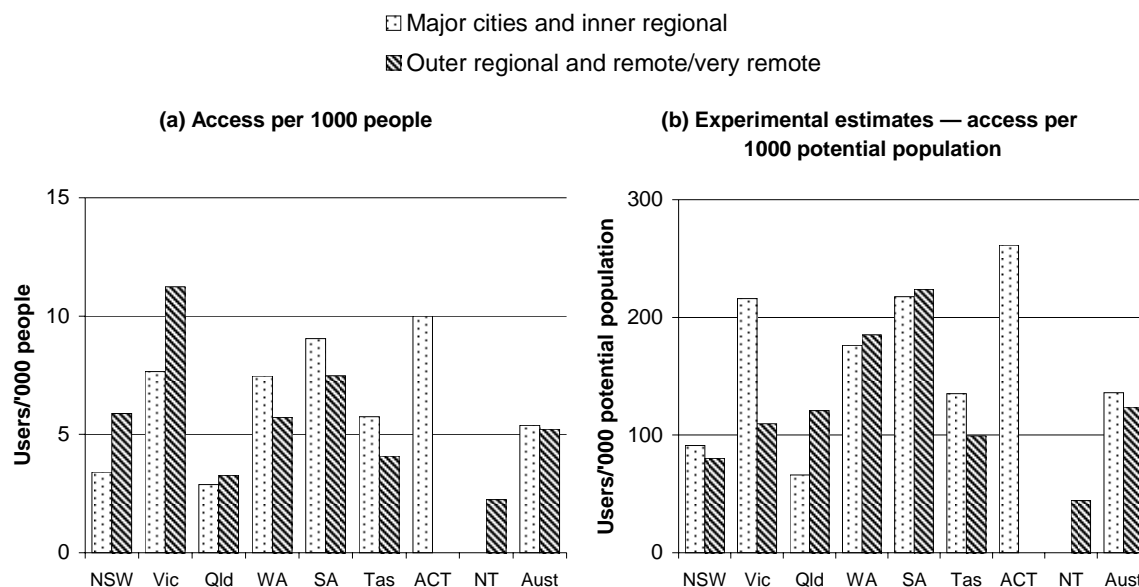


^a See table 14A.25 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c Tasmania does not have major cities. ^d The ACT does not have outer regional and remote/very remote areas. ^e The NT does not have major cities and inner regional areas. ^f Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS (unpublished), derived from the 2006 Census of Population and Housing; AIHW analysis of ABS Statistical Local Area (SLA) population estimates for June 2006; table 14A.25.

Nationally, the proportion of the outer regional and remote/very remote population who used CSTDA funded community support services in 2006-07 (5.2 service users per 1000 people aged under 65 years) was lower than that of the major cities and inner regional population (5.4 service users per 1000 people aged under 65 years) (figure 14.21a). Similarly, the proportion of the outer regional and remote/very remote potential population who used CSTDA funded community support services (123.8 service users per 1000 potential population) was lower than that of the major cities and inner regional potential population (135.9 service users per 1000 potential population) (figure 14.21b).

Figure 14.21 Users of CSTDA funded community support services, by geographic location, 2006-07^{a, b, c, d, e, f}

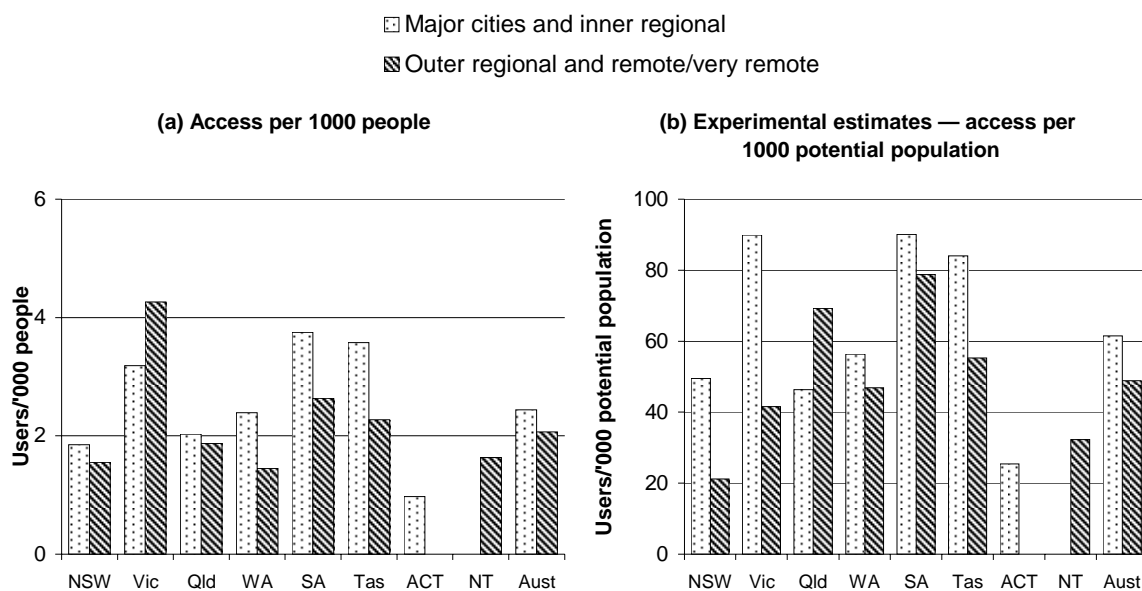


^a See table 14A.26 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c Tasmania does not have major cities. ^d The ACT does not have outer regional and remote/very remote areas. ^e The NT does not have major cities and inner regional areas. ^f Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the *CSTDA NMDS*; ABS (unpublished), derived from the *2006 Census of Population and Housing*; AIHW analysis of ABS SLA population estimates for June 2006; table 14A.26.

Nationally, the proportion of the outer regional and remote/very remote population who used CSTDA funded community access services in 2006-07 (2.1 service users per 1000 people aged under 65 years) was lower than that of the major cities and inner regional populations (2.4 service users per 1000 people aged under 65 years) (figure 14.22a). Similarly, the proportion of the outer regional and remote/very remote potential population who used CSTDA funded community access services (48.9 service users per 1000 potential population) was lower than that of the major cities and inner regional potential population (61.5 service users per 1000 potential population) (figure 14.22b).

Figure 14.22 Users of CSTDA funded community access services, by geographic location, 2006-07^{a, b, c, d, e, f}

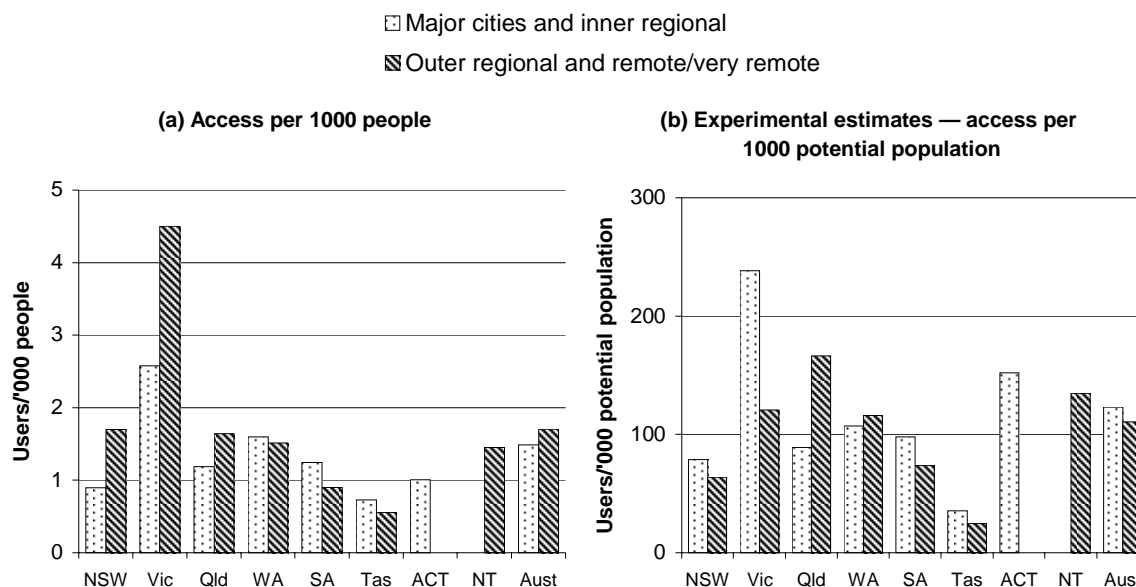


^a See table 14A.27 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c Tasmania does not have major cities. ^d The ACT does not have outer regional and remote/very remote areas. ^e The NT does not have major cities and inner regional areas. ^f Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS (unpublished), derived from the 2006 Census of Population and Housing; AIHW analysis of ABS SLA population estimates for June 2006; table 14A.27.

Nationally, the proportion of the outer regional and remote/very remote population who used CSTDA funded respite services in 2006-07 (1.7 service users per 1000 people aged under 65 years) was higher than that of the major cities and inner regional population (1.5 service users per 1000 people aged under 65 years) (figure 14.23a). In contrast, the proportion of the outer regional and remote/very remote potential population who used CSTDA funded respite services (110.8 service users per 1000 potential population) was lower than that of the major cities and inner regional potential population (123.1 service users per 1000 potential population) (figure 14.23b).

Figure 14.23 Users of CSTDA funded respite services, by geographic location, 2006-07^{a, b, c, d, e, f}

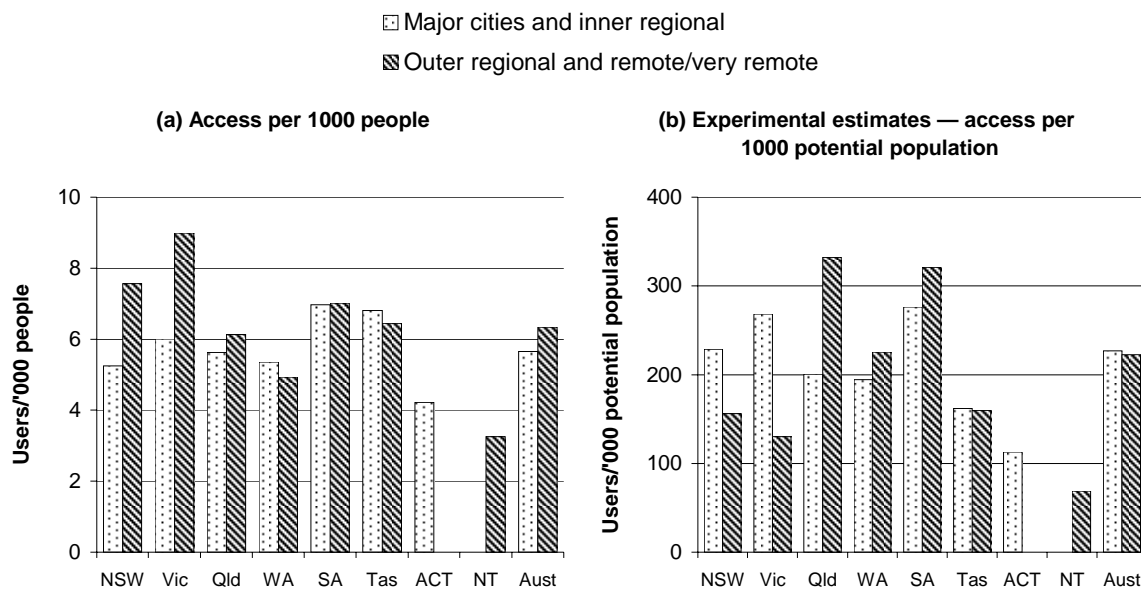


^a See table 14A.28 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c Tasmania does not have major cities. ^d The ACT does not have outer regional and remote/very remote areas. ^e The NT does not have major cities and inner regional areas. ^f Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the *CSTDA NMDS*; ABS (unpublished), derived from the *2006 Census of Population and Housing*; AIHW analysis of ABS SLA population estimates for June 2006; table 14A.28.

Nationally, the proportion of the outer regional and remote/very remote population who used CSTDA funded employment services in 2006-07 (6.3 service users per 1000 people aged 15–64 years) was higher than that of the major cities and inner regional population (5.6 service users per 1000 people aged 15–64 years) (figure 14.24a). In contrast, the proportion of the outer regional and remote/very remote potential population who used CSTDA funded employment services (222.5 service users per 1000 potential population) was lower than that of the major cities and inner regional potential population (226.9 service users per 1000 potential population) (figure 14.24b).

Figure 14.24 **Users of CSTDA funded employment services, by geographic location, 2006-07^{a, b, c, d, e}**



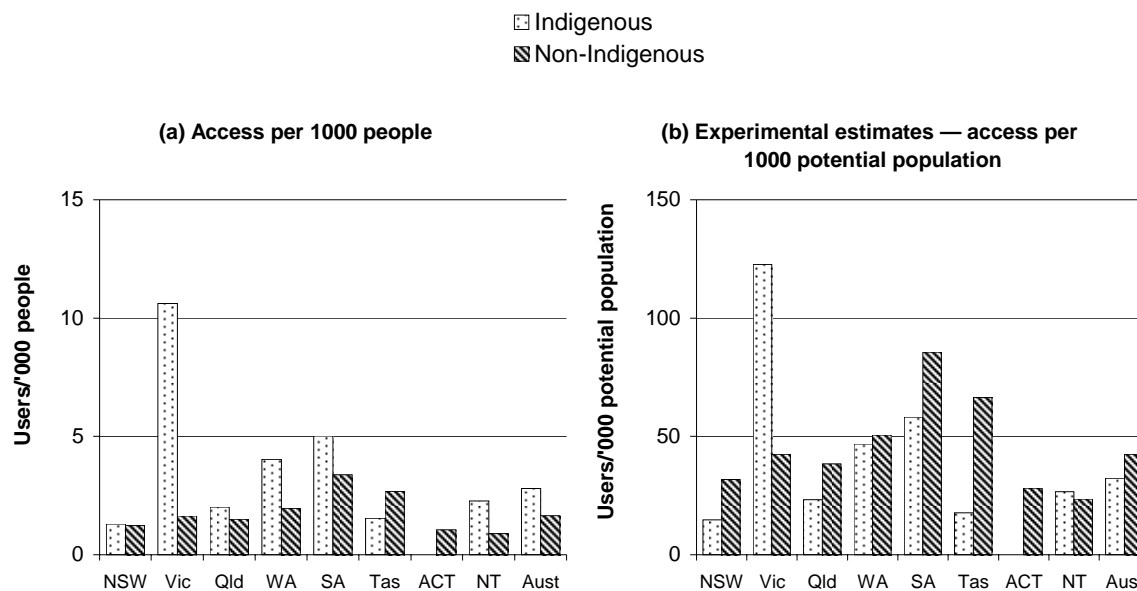
a See table 14A.29 for detailed notes relating to these data. **b** Tasmania does not have major cities. **c** The ACT does not have outer regional and remote/very remote areas. **d** The NT does not have major cities and inner regional areas. **e** Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS (unpublished), derived from the 2006 Census of Population and Housing; AIHW analysis of ABS SLA population estimates for June 2006; table 14A.29.

Service use by special needs groups — Indigenous people

Nationally, the proportion of the Indigenous population who used CSTDA funded accommodation support services in 2006-07 (2.8 service users per 1000 people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.6 service users per 1000 people aged under 65 years) (figure 14.25a). In contrast, the proportion of the Indigenous potential population who used CSTDA funded accommodation support services in 2006-07 (32.3 service users per 1000 potential population) was lower than the proportion of the non-Indigenous population who used these services (42.4 service users per 1000 potential population) (figure 14.25b).

Figure 14.25 Users of CSTDA funded accommodation support services, by Indigenous status, 2006-07^{a, b, c, d}

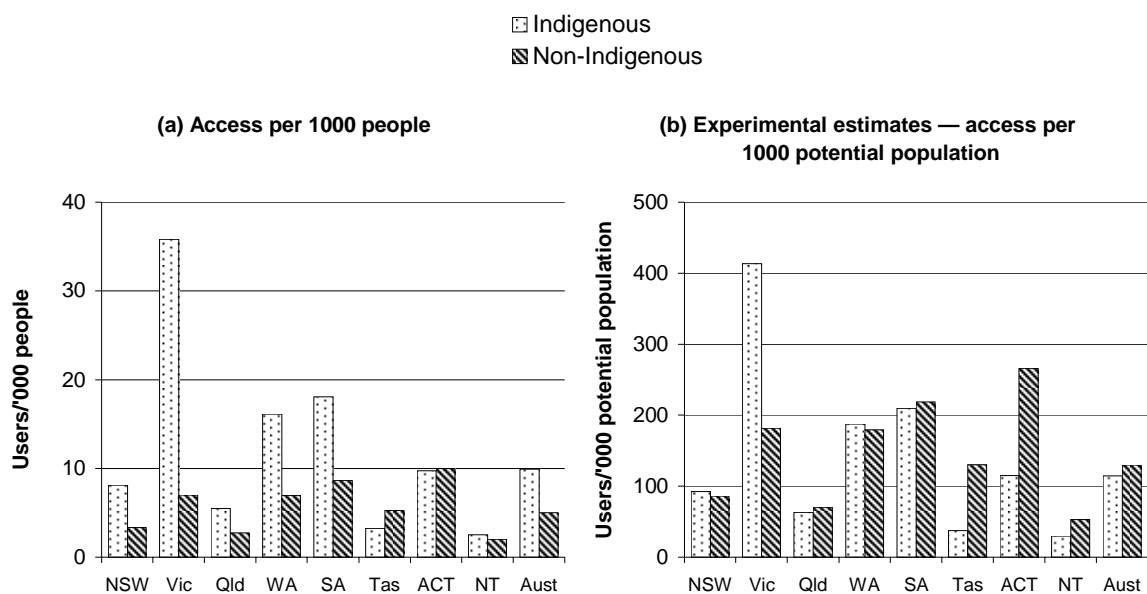


^a See table 14A.30 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c ACT data for service users per 1000 Indigenous people or Indigenous potential population are not published as they are based on a small number of service users. ^d Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS *Australian Demographic Statistics 2006* Cat. no. 3101.0; ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0; AIHW (2006) *Potential population' — Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.30.

Nationally, the proportion of the Indigenous population who used CSTDA funded community support services in 2006-07 (9.9 service users per 1000 people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (5.0 service users per 1000 non-Indigenous people aged under 65 years) (figure 14.26a). In contrast, the proportion of the Indigenous potential population who used CSTDA funded community support services in 2006-07 (114.6 service users per 1000 potential population) was lower than the proportion of the non-Indigenous potential population who used these services (129.7 service users per 1000 potential population) (figure 14.26b).

Figure 14.26 Users of CSTDA funded community support services, by Indigenous status, 2006-07^{a, b, c}

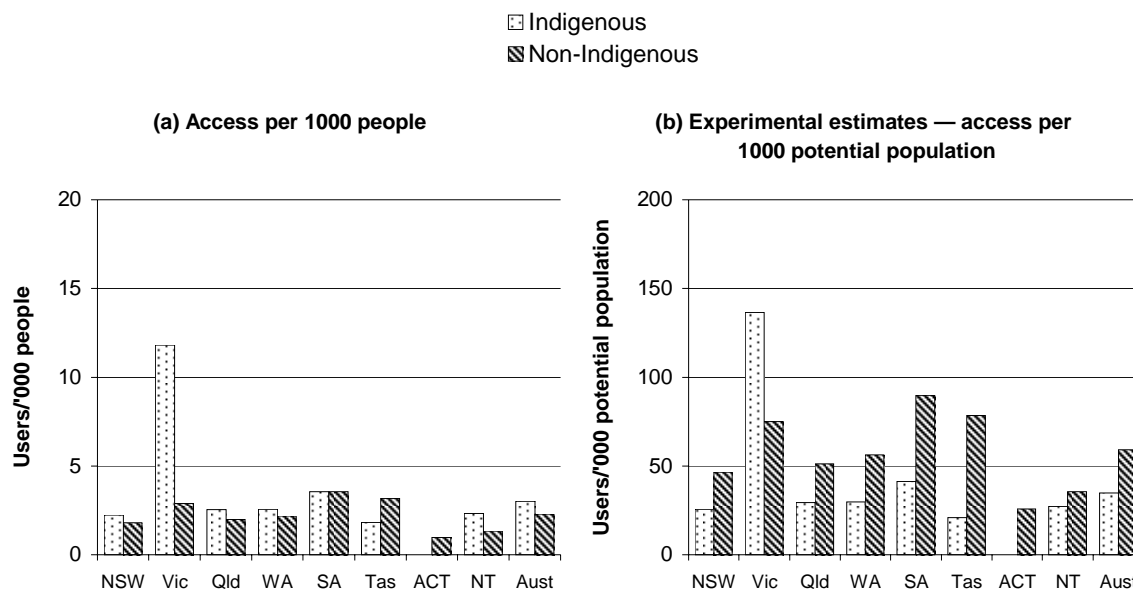


^a See table 14A.31 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS *Australian Demographic Statistics 2006* Cat. no. 3101.0; ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0; AIHW (2006) *Potential population* — *Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.31.

Nationally, the proportion of the Indigenous population who used CSTDA funded community access services in 2006-07 (3.0 service users per 1000 people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (2.3 service users per 1000 people aged under 65 years) (figure 14.27a). In contrast, the proportion of the Indigenous potential population who used CSTDA funded community access services in 2006-07 (34.8 service users per 1000 potential population) was lower than the proportion of the non-Indigenous population who used these services (59.1 service users per 1000 potential population) (figure 14.27b).

Figure 14.27 Users of CSTDA funded community access services, by Indigenous status, 2006-07^{a, b, c, d}

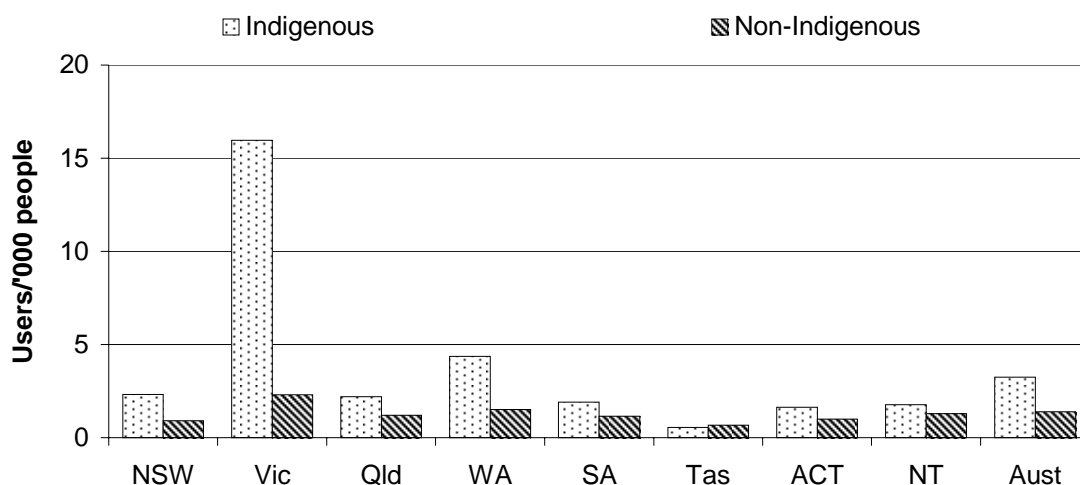


^a See table 14A.32 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users. ^d Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS *Australian Demographic Statistics 2006* Cat. no. 3101.0; ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0; AIHW (2006) *Potential population* — *Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.32.

Nationally, the proportion of the Indigenous population who used CSTDA funded respite services in 2006-07 (3.3 service users per 1000 people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.4 service users per 1000 people aged under 65 years) (figure 14.28). Access to respite as a proportion of the potential population is not reported by Indigenous status as data to estimate the potential populations are not available.

Figure 14.28 Users of CSTDA funded respite services per 1000 people, by Indigenous status, 2006-07^{a, b, c}

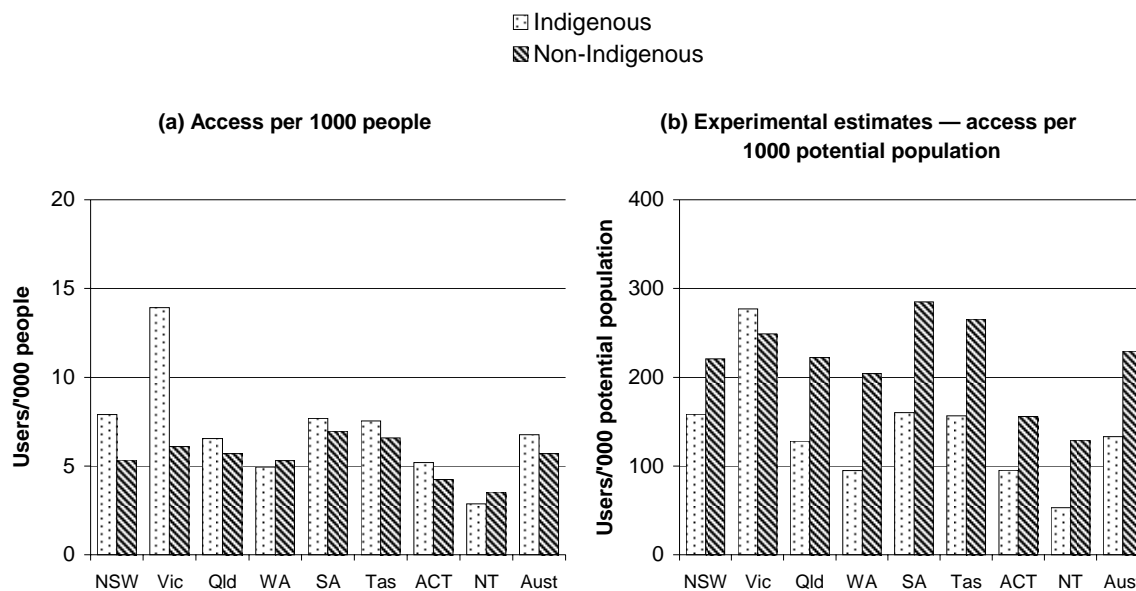


^a See table 14A.33 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS *Australian Demographic Statistics 2006* Cat. no. 3101.0; ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0; AIHW (2006) *Potential population* — *Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.33.

Nationally, the proportion of the Indigenous population who used CSTDA funded employment services in 2006-07 (6.8 service users per 1000 people aged 15–64 years) was higher than the proportion of the non-Indigenous population who used these services (5.7 service users per 1000 people aged 15–64 years) (figure 14.29a). In contrast, the proportion of the Indigenous potential population who used CSTDA funded employment services in 2006-07 (133.0 service users per 1000 potential population) was lower than the proportion of the non-Indigenous population who used these services (229.5 service users per 1000 potential population) (figure 14.29b).

Figure 14.29 Users of CSTDA funded employment services, by Indigenous status, 2006-07^{a, b}



^a See table 14A.34 for detailed notes relating to these data. ^b Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS *Australian Demographic Statistics 2006*, Cat. no. 3101.0; ABS (2004) *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0; AIHW (2006) *'Potential population' — Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Cat. no. DIS 45, Canberra; table 14A.34.

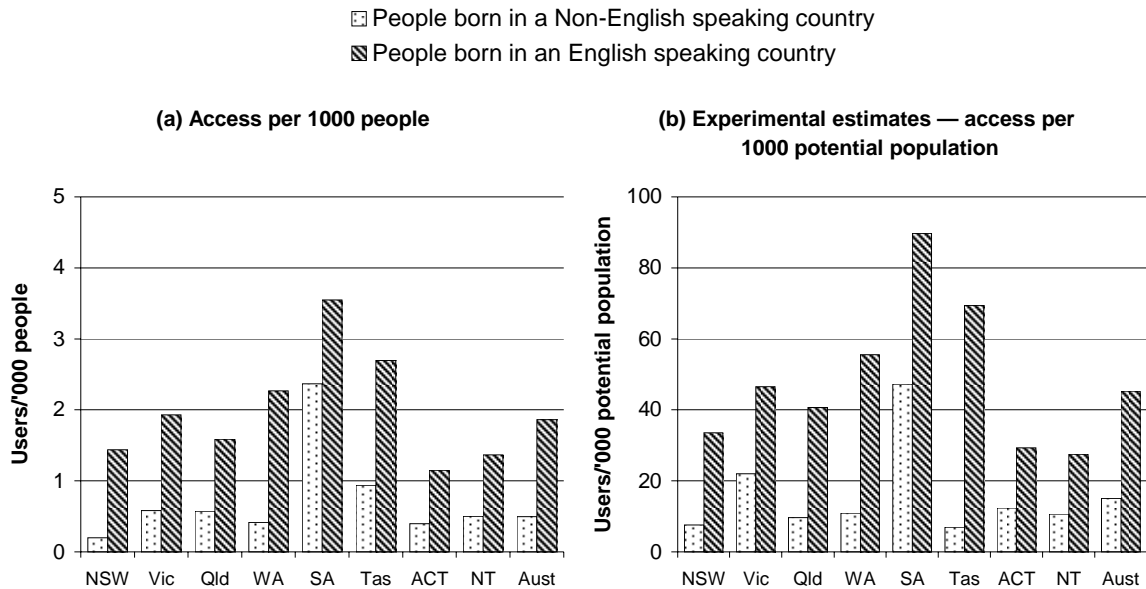
Service use by special needs groups — people born in a non-English speaking country

Data on service use for people born in a non-English speaking country are reported for the first time for community support, community access and respite services.

Nationally, the proportion of people born in a non-English speaking country who used CSTDA funded accommodation support services in 2006-07 (0.5 service users per 1000 people aged under 65 years) was lower than the proportion of people born in an English speaking country who used these services (1.9 service users per 1000 people aged under 65 years) (figure 14.30a). Similarly, the proportion of the potential population born in a non-English speaking country who used CSTDA funded accommodation support services in 2006-07 (15.1 service users per 1000 potential population) was lower than the proportion of the potential

population born in an English speaking country who used these services (45.2 service users per 1000 potential population) (figure 14.30b).

Figure 14.30 Users of CSTDA funded accommodation support services, by country of birth, 2006-07^{a, b, c}

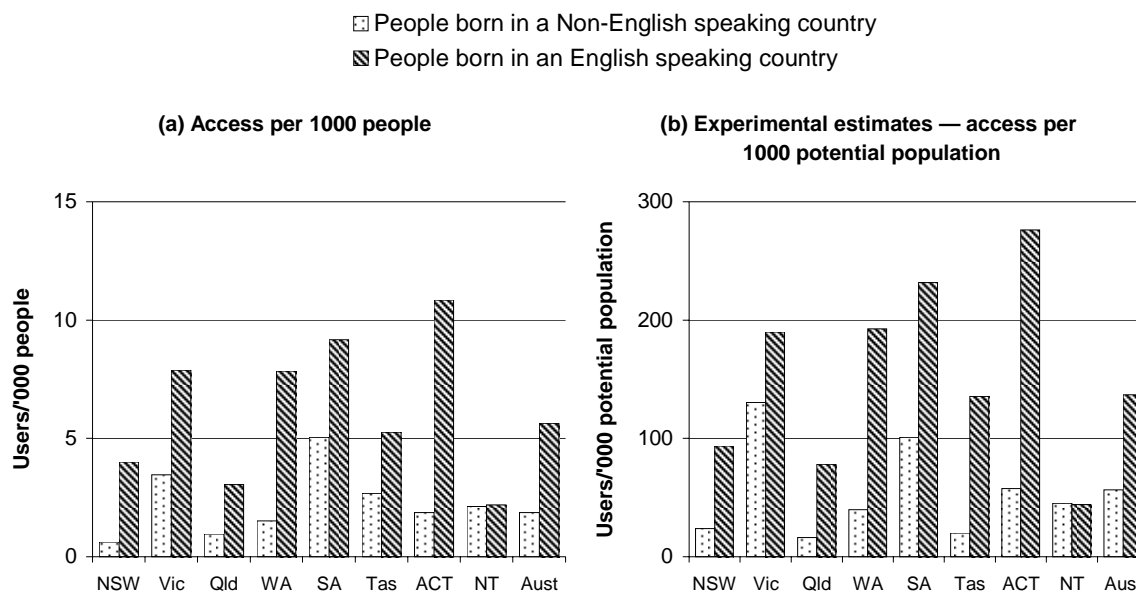


^a See table 14A.35 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the *CSTDA NMDs*; ABS *Australian Demographic Statistics 2006*, Cat. no. 3101.0; ABS (2005) *Migration Australia 2003-04*, Cat. no. 3412.0, Canberra; ABS (unpublished), derived from the *2001 Census of Population and Housing*; ABS (unpublished), derived from the *2003 Survey of Disability, Ageing and Carers*, Cat. no. 4430.0; table 14A.35.

Nationally, the proportion of people born in a non-English speaking country who used CSTDA funded community support services in 2006-07 (1.9 service users per 1000 people aged under 65 years) was lower than the proportion of people born in an English speaking country who used these services (5.6 service users per 1000 people aged under 65 years) (figure 14.31a). Similarly, the proportion of the potential population born in a non-English speaking country who used CSTDA funded community support services in 2006-07 (56.6 service users per 1000 potential population) was lower than the proportion of the potential population born in an English speaking country who used these services (136.9 service users per 1000 potential population) (figure 14.31b).

Figure 14.31 Users of CSTDA funded community support services, by country of birth, 2006-07^{a, b, c}

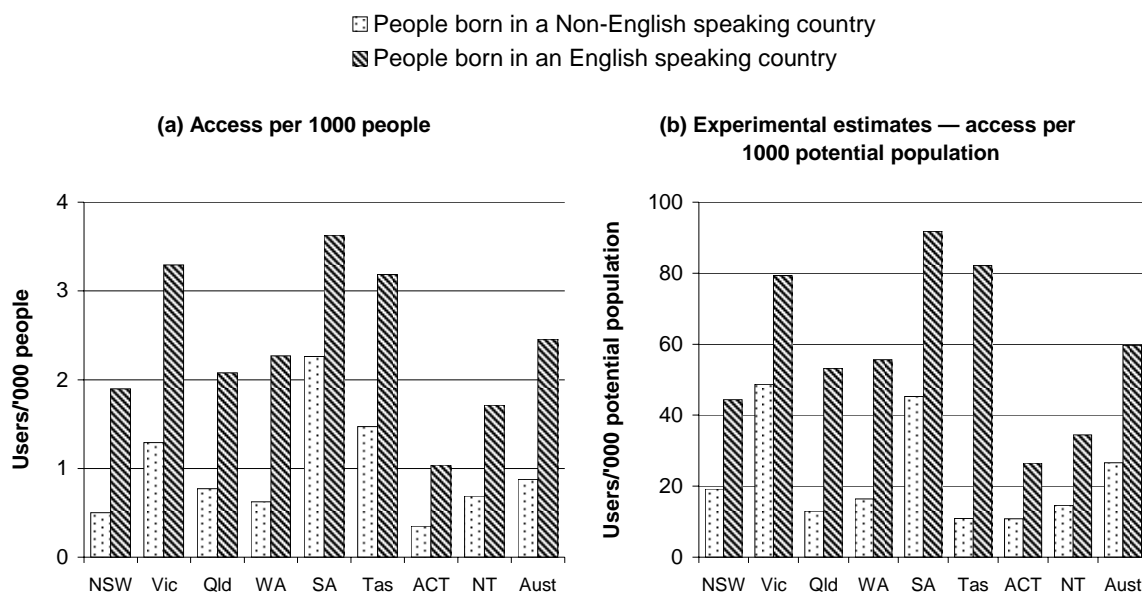


^a See table 14A.36 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS *Australian Demographic Statistics 2006*, Cat. no. 3101.0; ABS (2005) *Migration Australia 2003-04*, Cat. no. 3412.0, Canberra; ABS (unpublished), derived from the 2001 *Census of Population and Housing*; ABS (unpublished), derived from the 2003 *Survey of Disability, Ageing and Carers*, Cat. no. 4430.0; table 14A.36.

Nationally, the proportion of people born in a non-English speaking country who used CSTDA funded community access services in 2006-07 (0.9 service users per 1000 people aged under 65 years) was lower than the proportion of people born in an English speaking country who used these services (2.5 service users per 1000 people aged under 65 years) (figure 14.32a). Similarly, the proportion of the potential population born in a non-English speaking country who used CSTDA funded community access services in 2006-07 (26.6 service users per 1000 potential population) was lower than the proportion of the potential population born in an English speaking country who used these services (59.7 service users per 1000 potential population) (figure 14.32b).

Figure 14.32 Users of CSTDA funded community access services, by country of birth, 2006-07^{a, b, c}

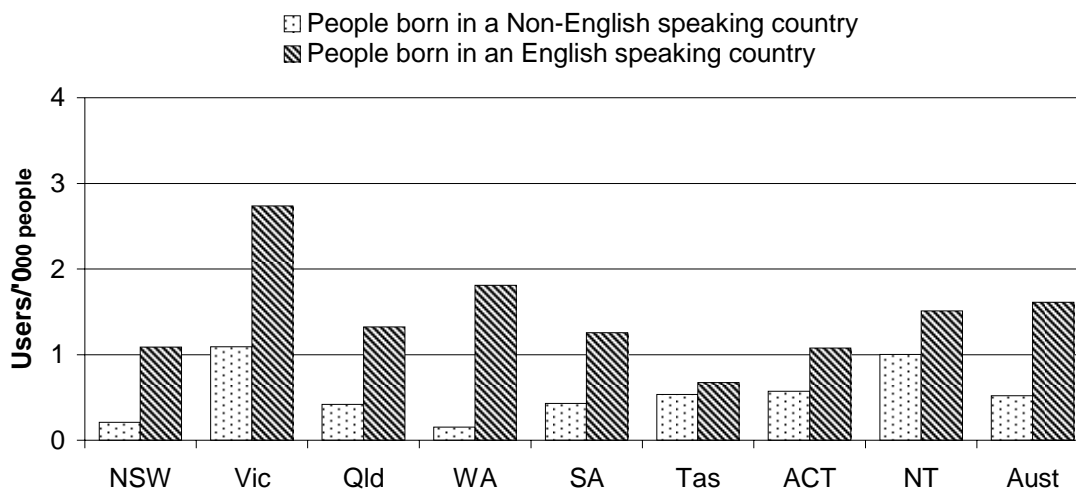


^a See table 14A.37 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. ^c Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS *Australian Demographic Statistics 2006*, Cat. no. 3101.0; ABS (2005) *Migration Australia 2003-04*, Cat. no. 3412.0, Canberra; ABS (unpublished), derived from the 2001 *Census of Population and Housing*; ABS (unpublished), derived from the 2003 *Survey of Disability, Ageing and Carers*, Cat. no. 4430.0; table 14A.37.

Nationally, the proportion of people born in a non-English speaking country who used CSTDA funded respite services in 2006-07 (0.5 service users per 1000 people aged under 65 years) was lower than the proportion of people born in an English speaking country who used these services (1.6 service users per 1000 people aged under 65 years) (figure 14.33). Access to respite as a proportion of the potential population is not reported by country of birth as data to estimate the potential populations are not available.

Figure 14.33 Users of CSTDA funded respite services per 1000, by country of birth, 2006-07^{a, b}

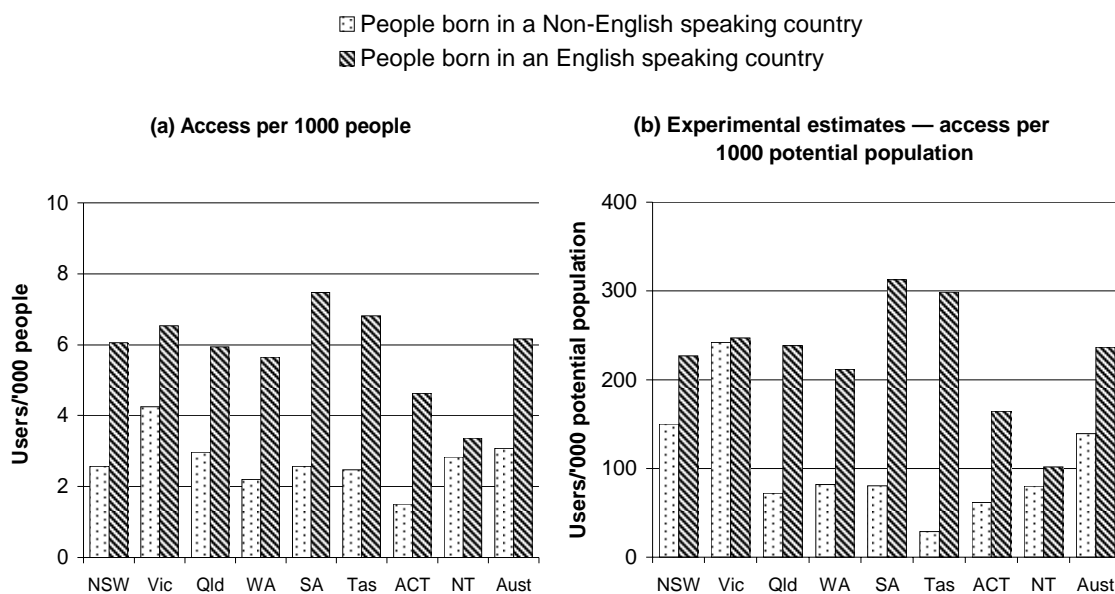


^a See table 14A.38 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (unpublished), derived from the *CSTDA NMDS*; ABS *Australian Demographic Statistics 2006*, Cat. no. 3101.0; ABS (2005) *Migration Australia 2003-04*, Cat. no. 3412.0, Canberra; ABS (unpublished), derived from the *2001 Census of Population and Housing*; ABS (unpublished), derived from the *2003 Survey of Disability, Ageing and Carers*, Cat. no. 4430.0; table 14A.38.

Nationally, the proportion of people born in a non-English speaking country who used CSTDA funded employment services in 2006-07 (3.1 service users per 1000 people aged under 65 years) was lower than the proportion of people born in an English speaking country who used these services (6.2 service users per 1000 people aged under 65 years) (figure 14.34a). Similarly, the proportion of the potential population born in a non-English speaking country who used CSTDA funded employment services in 2006-07 (139.1 service users per 1000 potential population) was lower than the proportion of the potential population born in an English speaking country who used these services (236.8 service users per 1000 potential population) (figure 14.34b).

Figure 14.34 **Users of CSTDA funded employment services, by country of birth, 2006-07^{a, b, c}**



a See table 14A.39 for detailed notes relating to these data. **b** These data need to be interpreted with caution due to a number of factors affecting data quality. See section 14.6 for further information on these quality issues. **c** Results for the per 1000 potential population are *experimental estimates* and are presented for illustrative purposes only. They will be further refined in future reports. Results can differ significantly for these estimates and those calculated per 1000 population, including that access for the special needs group may be higher in one measure and lower in the other. These estimates seek to adjust for the prevalence of disability across special needs groups.

Source: AIHW (unpublished), derived from the CSTDA NMDS; ABS (unpublished), derived from the 2003 Survey of Disability, Ageing and Carers, Cat. no. 4430.0; ABS Australian Demographic Statistics 2006, Cat. no. 3101.0; ABS (2005) Migration Australia 2003-04, Cat. no. 3412.0, Canberra; ABS (unpublished), derived from the 2001 Census of Population and Housing; table 14A.39.

Proportion of CSTDA funded accommodation support service users receiving community accommodation and care services

The ‘proportion of accommodation support service users receiving community accommodation and care services’ is an indicator of governments’ objective to assist people with a disability to live as valued and participating members of the community (box 14.8). Governments provide or fund accommodation support services to people with a 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 a disability outside of institutional/residential settings. Community accommodation and care services are considered to provide better opportunities for people with a disability to be involved in their community.

Box 14.8 Proportion of CSTDA funded accommodation support service users receiving community accommodation and care services

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

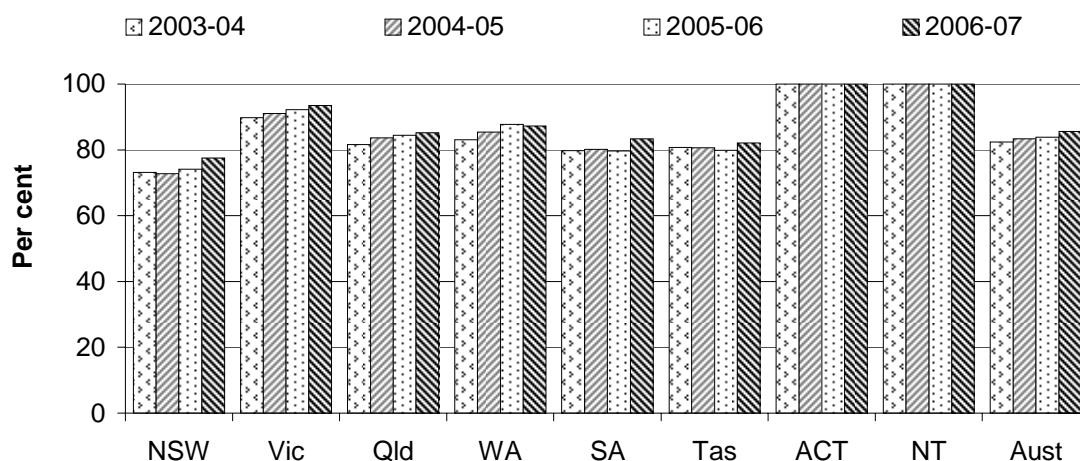
A higher proportion of people accessing CSTDA funded community accommodation and care services is likely to provide better opportunities for people with a disability (who need accommodation support) to be involved in their community.

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

Data reported for this indicator are comparable.

Nationally, 85.6 per cent of users of CSTDA funded accommodation support service received community accommodation and care services in 2006-07 (figure 14.35).

Figure 14.35 **Users of community accommodation and care services as a proportion of all CSTDA funded accommodation support service users^{a, b}**



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

Source: AIHW (unpublished), derived from the CSTDA NMDS; table 14A.40.

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 a disability that are appropriate to their needs (box 14.9). 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 14.9 Client satisfaction with appropriateness

‘Client satisfaction with appropriateness’ is yet to be defined.

Data for this indicator were not available for the 2009 Report.

Equity and effectiveness — quality of services

The following equity and effectiveness quality indicators are reported:

- ‘Quality assurance processes’
- ‘Client and carer satisfaction’.

Information on quality assurance processes for providers of specialist disability services in 2007-08 are available for seven jurisdictions — the Australian Government, NSW, Victoria, Queensland, WA, SA and the ACT. Client and/or carer satisfaction data are included for Victoria (2007-08 data), Queensland (2006 data), WA (2008 data), Tasmania (2007-08 data) and the ACT (2007 data).

Quality assurance processes

‘Quality assurance processes’ are an indicator related to governments’ objective to deliver and fund services for people with a disability that meet a certain standard of quality (box 14.10). All services funded under the CSTDA are required to comply with national standards, and most jurisdictions have been examining ways of implementing quality assurance monitoring systems for these services.

Box 14.10 Quality assurance processes

‘Quality assurance processes’ is defined as the proportion/number of government and non-government disability service outlets that have been assessed (either by an assessing agency or through a self-assessment process) against service standards or performance indicators.

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

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

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

Data on quality assurance processes in 2007-08 are reported in box 14.11. These quality assurance processes data relate to service providers from all disability service types provided under the CSTDA. Data come from service quality reviews and self-assessment processes. The jurisdictions implementing monitoring of quality assurance processes expect to review all service providers in a rolling process over several years.

Box 14.11 Quality assurance processes for specialist disability services

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

Australian Government

Australian Government funded disability employment assistance organisations are required to meet 12 quality standards and 26 Key Performance Indicators, as a prerequisite for continued funding. In order to verify that the standards have been met, independent accredited certification bodies perform initial certification as well as annual surveillance audits for each organisation. From 15 September 2008, certification bodies must engage auditors and consumer technical experts who themselves are certified by the Disability Services Audit Personnel Scheme. In 2007-08, around 380 organisations funded to provide disability employment assistance (100 per cent) were audited by independent certification bodies.

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

In 2007-08, different quality assurance processes were in place in NSW, Victoria, Queensland, WA, SA and the ACT, but these jurisdictions collected data on similar indicators. Specialist disability services providers (outlets and organisations) refer to providers of accommodation support; community support; community access; respite; advocacy, information and print disability; and other support services. The evaluation processes relate to both government and non-government service outlets (although in some jurisdictions the requirements are different across service sectors).

NSW

In NSW, the Integrated Monitoring Framework (IMF) provides an integrated approach to compliance, quality and performance reporting for all funded services. Each year service providers are required to report their compliance with contractual obligations including adherence to legislation, policy and program guidelines. The quality component of the IMF includes a provider self assessment and a desk top review, followed by an on-site service review of the provider's outlets. As part of the on-site review, service providers are required to demonstrate adherence to 23 Key Performance Indicators (KPIs). By June 2008, 1678 outlets had been assessed through an on-site review.

Victoria

As part of the Quality Framework for Disability Services in Victoria (2007), standards for disability services have been developed that shift the accountability focus from processes to outcomes. The standards allow the quality of services for people with a disability to be measured, monitored, confirmed and improved. Since September 2007, over 2000 staff from community service organisations and the department staff have participated in formal training in relation to the standards. As at October 2008, 312 service providers had attended training.

(Continued on next page)

Box 14.11 (Continued)

Queensland

In Queensland, the Disability Sector Quality System was introduced in 2004. Disability services that are recurrently funded or provided by Disability Services Queensland were given four years from 1 July 2004 to become certified against service standards. As at 30 June 2008, 99.1 per cent of services recurrently funded or delivered by the department underwent external assessment under the Disability Sector Quality System, and 94.5 per cent achieved certification.

WA

In WA, 27.7 per cent (205 of 741) of total service outlets had been independently monitored (comprehensive and abridged monitoring) against the service standards, and 83.4 per cent (171 of 205) of the assessed disability service outlets had been quality assured against all assessed service standards. Outlets that are not independently assessed are required to provide a self-assessment. The number of outlets that completed self assessments was 620 (this includes some service outlets that were also independently monitored).

SA

In SA, non-government service providers are required to meet quality assurance criteria before they can provide CSTDA funded services. From 2006-07 this included participation in an independently audited quality assurance system. As at June 2008, 68 per cent (99 of 145) of agencies are engaged in the Service Excellence Framework, with a further 16 per cent (23 of 145) involved in other independently assessed quality assurance programs. Disability SA, the government disability services provider, self-assesses against the Business Excellence Framework adopted across all areas of the Department for Families and Communities. In addition, some 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 2007-08, Disability ACT continued implementation of a new quality improvement system for all funded agencies. Individual agencies undertook a 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. Disability ACT engaged an external consultant to undertake an independent quality audit of 10 per cent of service providers with action plans developed, monitored and implemented to address identified issues.

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

Client and carer satisfaction

‘Client and carer satisfaction’ is an indicator of governments’ objective to deliver and fund quality services for people with a disability that meet the needs and goals of the client (or carer of the client) receiving them (box 14.12). Data are available for reporting for Victoria, Queensland, WA, Tasmania and the ACT only. It is anticipated that data for other jurisdictions will be included in future reports.

Box 14.12 Client and carer satisfaction

Overall client and carer satisfaction ratings and satisfaction with individual services are reported. Results are taken from a client and carer satisfaction survey and are expressed in percentage terms.

A higher proportion of clients and carers satisfied is desirable, because 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.

In Victoria, a satisfaction survey was conducted to measure carers’ satisfaction with the respite services they received in 2007-08. The results showed that 82 per cent of the households surveyed were satisfied with the services they received.

Queensland conducted a consumer satisfaction survey and carer satisfaction survey of specialist disability services during November and December 2006. Overall, of the 2450 consumers, proxies and carers who were surveyed, 83 per cent of consumers and proxies and 72 per cent of carers identified that they were satisfied with the services they received. The survey provided results according to the type of disability services received and showed the following:

- 89 per cent of consumers and their proxies and 72 per cent of carers were satisfied with accommodation support services
- 79 per cent of consumers and their proxies and 67 per cent of carers were satisfied with community support services
- 83 per cent of consumers and their proxies and 78 per cent of carers were satisfied with community access services
- 80 per cent of consumers and their proxies and 70 per cent of carers were satisfied with respite services (Queensland Government (unpublished)).

The survey also contained three qualitative questions. The questions and associated responses are as follows:

-
- ‘How do disability services make a difference in life?’ — respondents expressed very strong recognition that disability services add value and enrich the lives of people with a disability and their carers.
 - ‘What factors are considered important about the services received?’ — respondents consistently considered ‘improved social connection and interaction’ as the most important factor about the disability services they received.
 - ‘How could the disability services be improved?’ — the most common response was there was ‘no need’ to improve disability services; however, a strong secondary theme indicated a need for ‘more’ disability services followed by a ‘need for greater personalisation of services’ (Queensland Government (unpublished)).

In 2008, WA conducted a carer and client satisfaction study. In this study, 1020 disability services clients of all ages (or their carers) were asked whether they were satisfied with services. Questions about specific services were combined with two global satisfaction questions. Overall, 76 per cent of respondents were happy with their quality of life. The following results show the proportions of clients/carers who were satisfied with individual services:

- residential services — 95 per cent
- supported community living — 79 per cent
- community support — 75 per cent
- respite — 85 per cent
- recreation/day option — 77 per cent
- local area coordination — 53 per cent (WA Government (unpublished)).

In the WA carer and client satisfaction study, questions were also included in relation to the personal wellbeing of service users. Each respondent was asked to rate their level of satisfaction with seven key wellbeing domains (standard of living, personal health, achieving in life, personal relationships, personal safety, community connectedness and future security). The results of the seven domains were averaged to give an overall personal wellbeing index (PWI). For the first time in 2008, the PWI for carers was measured and it was found that the overall score was 71 per cent. The overall PWI score for clients across the seven domains was 72 per cent. The PWI scores for clients across the six CSTDA service types were as follows:

- hostel/community residential — 74 per cent
- supported community living — 68 per cent

-
- community support — 71 per cent
 - respite — 66 per cent
 - recreation/day option — 71 per cent
 - local area coordination — 73 per cent (WA Government (unpublished)).

Tasmania conducted client and family satisfaction surveys across a total of 8 service outlets within the CSTDA defined service types of hostel, small residential/institutional and large residential/institution services during 2007-08. Surveys were conducted with:

- 21 clients and 49 family members/significant others of people residing in hostel accommodation
- 31 clients and 131 family members/significant others of people residing in small and large residential/institutional accommodation options.

Overall, 78 per cent of clients and 100 per cent of family members/significant others were satisfied with the hostel services. Similarly, 86 per cent of clients and 99 per cent of responding family members/significant others were satisfied with the small and large residential/institution services. ‘Hostel’ service type results included:

- 89 per cent of clients felt safe in their residence and surrounding area and 97 per cent of family members/significant others perceived the hostel to be safe
- 84 per cent of clients indicated that they are free from abuse and 72 per cent of family members/significant others indicated that they felt that their family member is free from abuse
- 82 per cent of clients and 87 per cent of family members/significant others indicated that staff communicate effectively
- 83 per cent of clients indicated that they are free from restrictive practices and 52 per cent of family members/significant others indicated that they feel their family member is free from restrictive practices
- 84 per cent of clients indicated that they feel comfortable reporting complaints
- 63 per cent of clients indicated that they are able to make choices about important life decisions and 96 per cent of family members/significant others indicated that the service respects their family member’s choices and preferences (Department of Health and Human Services 2008a).

Results for ‘small and large residential/institution’ service type included:

- 79 per cent of clients felt safe in their residence and surrounding area and 98 per cent of family members/significant others perceived the residence to be safe
- 82 per cent of clients indicated that they are free from abuse and 77 per cent of family members/significant others indicated that they felt that their family member is free from abuse
- 75 per cent of clients and 86 per cent of family members/significant others indicated that staff communicate effectively
- 71 per cent of clients indicated that they are free from restrictive practices and 62 per cent of family members/significant others indicated that they feel their family member is free from restrictive practices
- 68 per cent of clients indicated that they feel comfortable reporting complaints
- 55 per cent of clients indicated that they are able to make choices about important life decisions and 94 per cent of family members/significant others indicated that the service respects their family member’s choices and preferences (Department of Health and Human Services 2008b).

The ACT conducted a client satisfaction survey in 2007 regarding government provided CSTDA services. Both these surveys asked clients to rate their overall satisfaction levels with a range of programs. These satisfaction levels ranged from 75–100 per cent and for reporting purposes have been combined into the four main CSTDA service types. Each satisfaction level has been weighted according to the number of respondents commenting on each service and are as follows:

- for accommodation services, 90.2 per cent of service users were satisfied
- for respite services, 84.8 per cent of service users were satisfied
- for community access services, 78.9 per cent of service users were satisfied
- for community support services, 89.7 per cent of service users were satisfied with the services that they received (ACT Government (unpublished)).

Efficiency — cost per output unit

The following cost per output unit efficiency indicators are reported:

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

This Report includes 2007-08 expenditure data provided by Australian, State and Territory governments. However, as 2007-08 service user data from the CSTDA NMDS collection were not available for this Report, the cost per service user efficiency indicators are reported for 2006-07. Expenditure data might differ from information reported elsewhere (such as in departmental annual reports) because the financial counting rules and definitions used to calculate expenditure may differ. Data in this Report may also differ from information reported elsewhere because the data here exclude users of specialist psychiatric disability services.

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 14.2).

Table 14.2 Comparability of expenditure estimates for government provided specialist disability services, by items included

<i>Expenditure</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aus Gov</i>
Superannuation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basis of estimate									
	Accrual	Accrual	Accrual	Accrual	Accrual	Cash	Accrual	Accrual	Accrual
Workers compensation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Payroll tax ^a									
Actual	✓	✓	✓	X	✓	✓	X	✓	..
Imputed	X	✓	X	✓	X	X	✓	X	..
Apportioned umbrella department costs	✓	✓	✓	..	✓	✓	✓	✓	✓
Basis of apportioning									
Departmental formula	✓	✓	✓	..	✓	✓	X	✓	✓
% of FTE employees	X	X	X	..	X	✓	✓	X	X
Long service leave									
Entitlements	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basis of estimate									
	Accrual	Accrual	Accrual	Accrual	Accrual	Cash	Accrual	Accrual	Accrual
Depreciation	✓	✓	✓	✓	✓	X	✓	✓	✓

FTE = full time equivalent. ^a Actual payroll tax amounts are included in cost (expenditure) per user data for NSW, Victoria, Tasmania and the NT because the actual payroll tax amounts are not separately identified at the service delivery area level. For the other jurisdictions, no payroll tax amounts (actual or imputed) are included. .. Not applicable.

Source: Australian, State and Territory governments (unpublished).

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 being discussed, only direct recurrent expenditure on those specific services are 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 being discussed, expenditure includes general administrative overheads that cannot be allocated to a specific service/s and major capital grants to non-government service providers. Capital grants to non-government service providers are excluded from total recurrent expenditure for the indicator 'administrative expenditure as a proportion of total recurrent expenditure', as they are not strictly a 'recurrent' expense. Exclusion of these grants improves the comparability of the indicator across jurisdictions and over time.

Government and non-government provided services

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

Accommodation support services

Governments provide or contribute funding to accommodation support services for people with a disability in institutional/residential settings and through community accommodation and care. In recent years, there has been an ongoing process of relocating people with a 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 14.13). The data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

Box 14.13 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 accommodation support services in institutional/residential settings, group homes and other community settings.

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

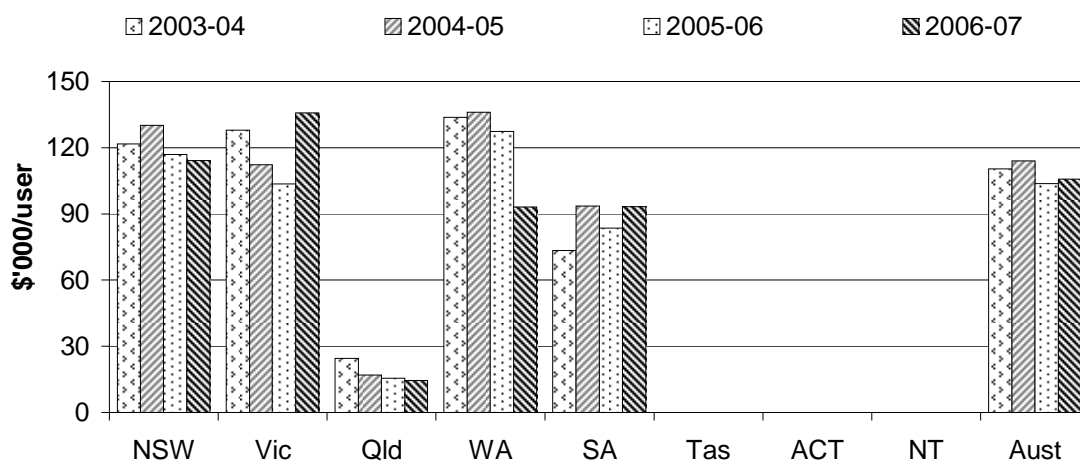
Efficiency data are difficult to interpret. While high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided. Increasing expenditure may also reflect the changing needs of service users — for example, as the population of accommodation support service users ages, their support needs are also likely to increase. Similarly, low or declining expenditure per unit of output may reflect improving efficiency, or lower quality 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.

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 \$105 693 per service user in 2006-07 (figure 14.36).

Figure 14.36 **Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2006-07 dollars)^{a, b, c}**



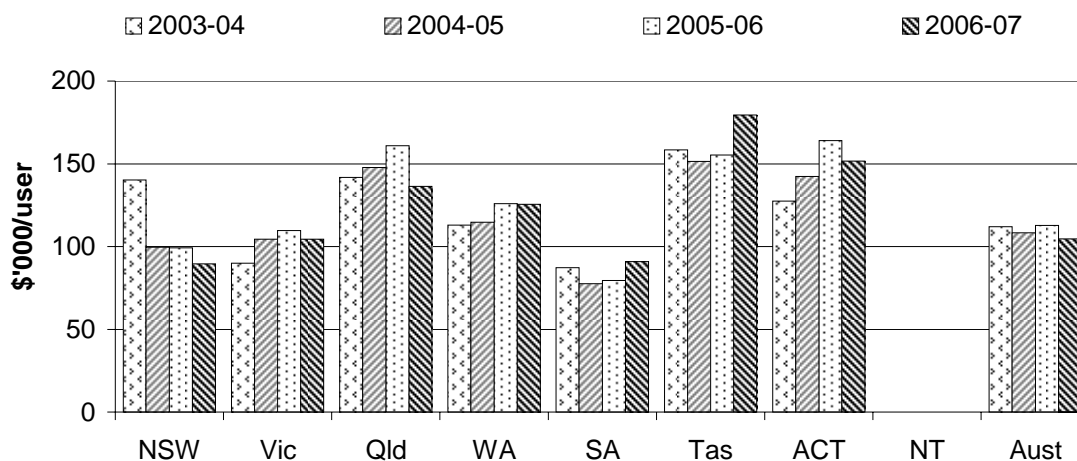
^a See table 14A.41 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues. ^c There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT or the NT.

Source: State and Territory governments (unpublished); AIHW (unpublished), derived from the *CSTDA NMDS*; table 14A.41.

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

Nationally, estimated annual government expenditure on government provided accommodation support services in group homes was \$104 729 per service user in 2006-07 (figure 14.37). For 2003-04 and 2004-05, the denominators and the numerators used to derive this measure do not match for NSW, Victorian, WA and SA, as the service user data include services provided by local governments and the expenditure data exclude services provided by local governments. Thus, historical data for this measure need to be interpreted with care.

Figure 14.37 Estimated annual government expenditure per user of government provided accommodation support services in group homes (2006-07 dollars)^{a, b, c, d}



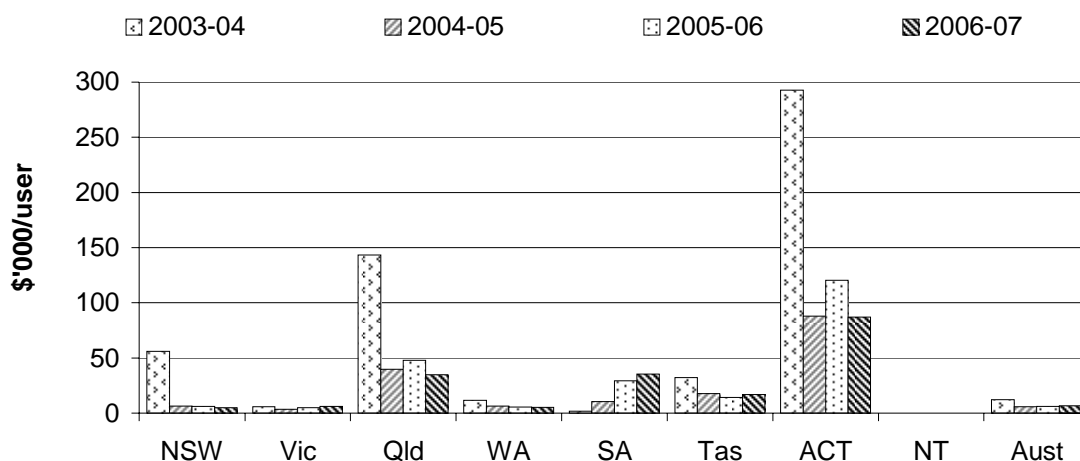
^a See table 14A.41 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues. ^c In the ACT, the increase in expenditure between 2004-05 to 2005-06 was the result of a combination of factors including service user information being excluded as a result of data cleansing analyses of the NMDS forms or being reclassified to 'other community settings'. ^d There were no government providers of accommodation support services in group homes in the NT.

Source: State and Territory governments (unpublished); AIHW (unpublished), derived from the CSTDA NMDS; table 14A.41.

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

Nationally, estimated annual government expenditure on government provided accommodation support services in other community settings was \$6631 per service user in 2006-07 (figure 14.38). For 2003-04 and 2004-05, the denominators and the numerators used to derive this measure do not match for NSW, Victorian, WA and SA, as the service user data include services provided by local governments and the expenditure data exclude services provided by local governments. Thus, historical data for this measure need to be interpreted with care.

Figure 14.38 **Estimated annual government expenditure per user of government provided accommodation support services in other community settings (2006-07 dollars)^{a, b, c, d}**



a See table 14A.41 for detailed notes relating to these data. **b** The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues. **c** In the ACT, the increase in cost per user between 2004-05 and 2005-06 was the result of data cleansing as some services users were not counted. **d** There were no government providers of accommodation support services in other community settings in the NT.

Source: State and Territory governments (unpublished); AIHW (unpublished), derived from the *CSTDA NMDS*; table 14A.41.

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 14.14). Governments directly provide services to users and also fund non-government service providers to deliver services. The focus on the contribution of governments to non-government service providers reflects the Steering Committee’s terms of reference, which require it to report on services funded and/or delivered by government. The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

Box 14.14 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 user. Measures are reported for the following non-government provided services:

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

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

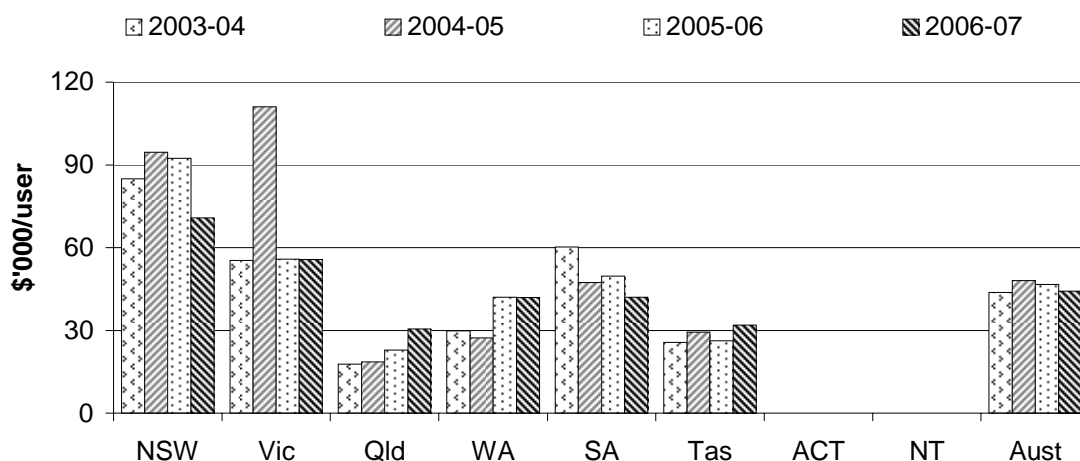
Efficiency data are difficult to interpret. Although high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of users. Similarly, low or declining expenditure per unit of output may 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.

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 \$44 167 per service user in 2006-07 (figure 14.39).

Figure 14.39 **Estimated annual government funding per user of non-government provided accommodation support services in institutional/residential settings (2006-07 dollars)^{a, b, c, d}**



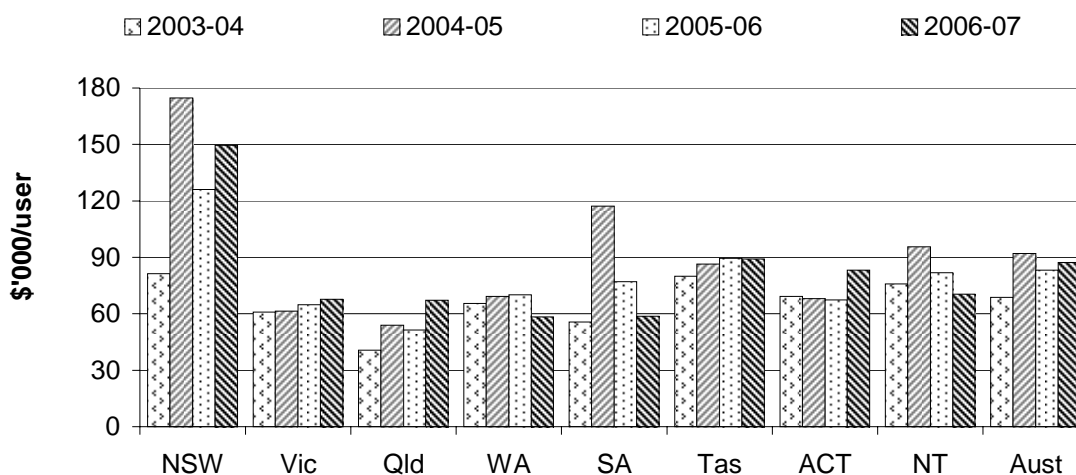
^a See table 14A.41 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues. ^c The Victorian cost per service user for 2004-05 is overstated due to a move towards community based and individualised settings, which was not reflected in the expenditure data. ^d There were no non-government provided accommodation support services in institutional/residential settings in the ACT and the NT.

Source: State and Territory governments (unpublished); AIHW (unpublished), derived from the *CSTDA NMDS*; table 14A.41.

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

Nationally, estimated annual government funding of non-government provided accommodation support services in group homes was \$87 258 per service user in 2006-07 (figure 14.40). For 2003-04 and 2004-05, the denominators and the numerators used to derive this measure do not match for NSW, Victorian, WA and SA, as the service user data exclude services provided by local governments and the expenditure data include services provided by local governments. Thus historical data for this measure need to be interpreted with care.

Figure 14.40 Estimated annual government funding per user of non-government provided accommodation support services in group homes (2006-07 dollars)^{a, b}



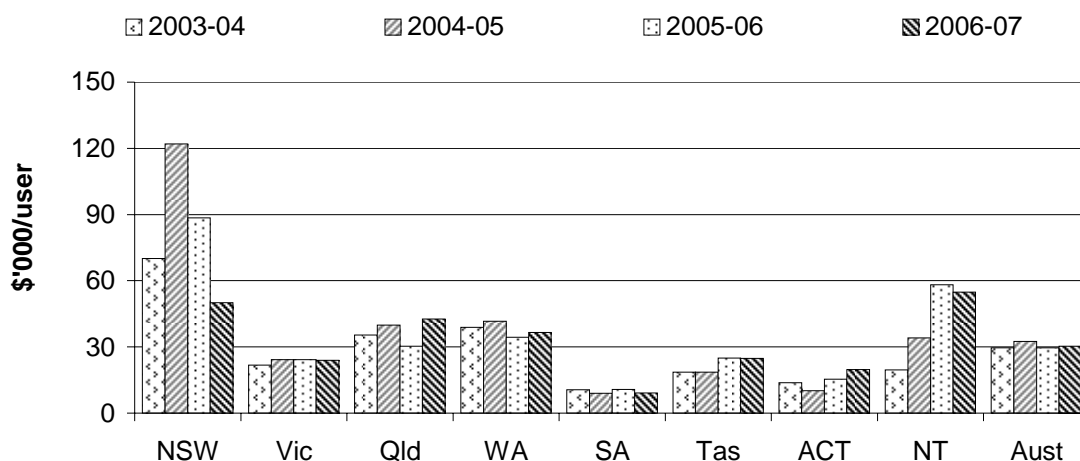
^a See table 14A.41 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues.

Source: State and Territory governments (unpublished); AIHW (unpublished), derived from the *CSTDA NMDS*; table 14A.41.

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

Nationally, estimated annual government funding of non-government provided accommodation support services in other community settings was \$30 391 per service user in 2006-07 (figure 14.41). For 2003-04 and 2004-05, the denominators and the numerators used to derive this measure do not match for NSW, Victorian, WA and SA, as the service user data exclude services provided by local governments and the expenditure data include services provided by local governments. Thus historical data for this measure need to be interpreted with care.

Figure 14.41 **Estimated annual government funding per user of non-government provided accommodation support services in other community settings (2006-07 dollars)^{a, b}**



^a See table 14A.41 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues.

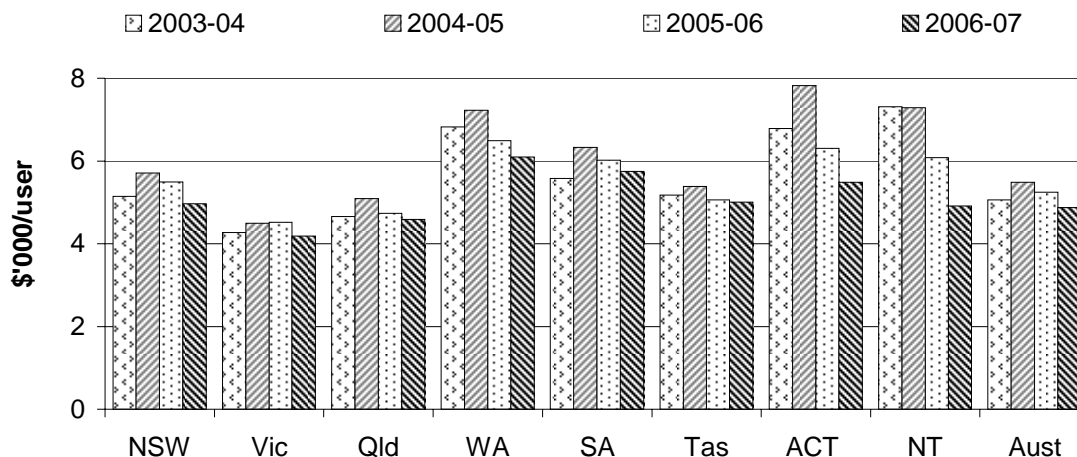
Source: State and Territory governments (unpublished); AIHW (unpublished), derived from the *CSTDA NMDS*; table 14A.41.

Government contribution per employment service user assisted

Assistance with employment for people with a disability is the responsibility of the Australian Government under the *CSTDA*. Nationally, for all employment services, estimated government expenditure per service user assisted was \$4878 in 2006-07 (figure 14.42).

Nationally, estimated annual government expenditure per service user in 2006-07, by employment service type, was \$3678 on open services (employed or seeking employment in the open labour market) and \$8111 on supported services (employed by the service provider) (table 14A.43).

Figure 14.42 **Government contribution per employment service user assisted (2006-07 dollars)^{a, b}**



^a See tables 14A.42 and 14A.43 for detailed notes relating to these data. ^b This indicator is derived using service user data provided by the AIHW. Cost per employment service user data may differ from those reported in the Australian Government's annual report, as the Australian Government and the AIHW use different rules to count the number of employment service users. Where a person has used more than one service outlet during the reporting period, the person is counted more than once by the Australian Government, whereas the AIHW counts each person only once. In addition, the Australian Government includes independent workers (1004 persons in 2003-04, 804 persons in 2004-05, 266 persons in 2005-06 and 6 persons in 2006-07) in calculating service user numbers, whereas the AIHW does not.

Source: Australian Government (unpublished); AIHW (unpublished), derived from the *CSTDA NMDS*; table 14A.42.

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 14.15).

Box 14.15 Cost per user of State and Territory administered services

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

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

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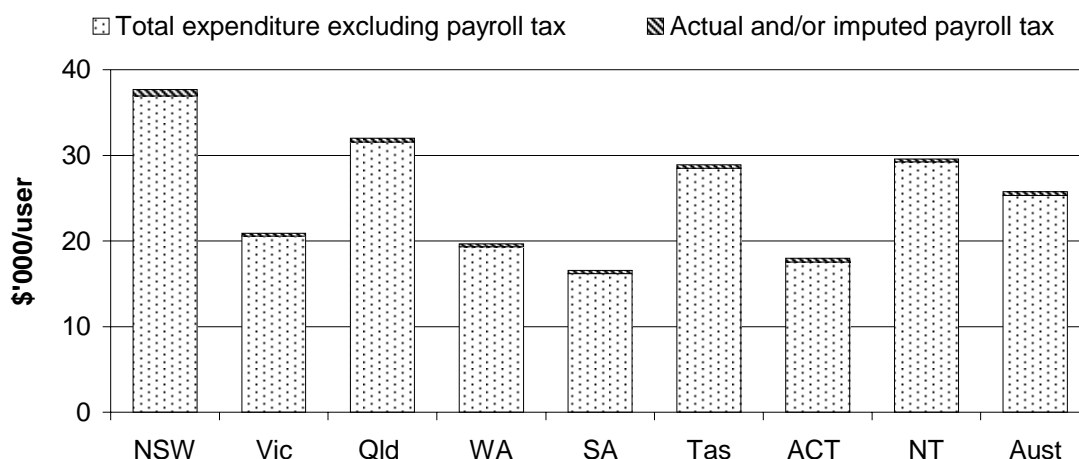
Box 14.15 (Continued)

Efficiency data are difficult to interpret. Although high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of service users. Similarly, low or declining expenditure per unit of output may reflect improving efficiency, or lower quality and less effective services. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Data reported for this indicator are not directly comparable.

Total estimated government expenditure per user of CSTDA State and Territory administered specialist disability services in 2006-07 is reported both net of payroll tax and including actual and/or imputed payroll tax. Nationally, estimated expenditure per service user was \$25 299 excluding payroll tax and \$25 755 including actual and/or imputed payroll tax (figure 14.43).

Figure 14.43 Estimated annual government expenditure per user of CSTDA State and Territory administered services, 2006-07^{a, b, c, d}



^a In some jurisdictions (NSW, Victoria and SA in part, Queensland, Tasmania and the NT), payroll tax data is actual; in other jurisdictions (Victoria and SA in part, WA, and the ACT), payroll tax data is imputed. ^b Government expenditure per service user for Australia excludes Australian Government expenditure on State and Territory administered services that was not provided as transfer payments. ^c Payroll tax data for Queensland includes paid payroll tax and accrued payroll tax. ^d In the NT, payroll tax relates to government service provision and excludes expenditure for program management and administration.

Source: State and Territory governments (unpublished); AIHW (unpublished), derived from the *CSTDA NMDS*; table 14A.44.

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 14.16). The proportion of total expenditure on administration is not yet comparable across jurisdictions because it is apportioned by jurisdictions using different methods (table 14.2). However, administrative expenditure data can indicate trends within jurisdictions over time.

Box 14.16 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 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), a decrease in administrative expenditure as a proportion of total recurrent CSTDA expenditure may reflect an increase in administrative efficiency.

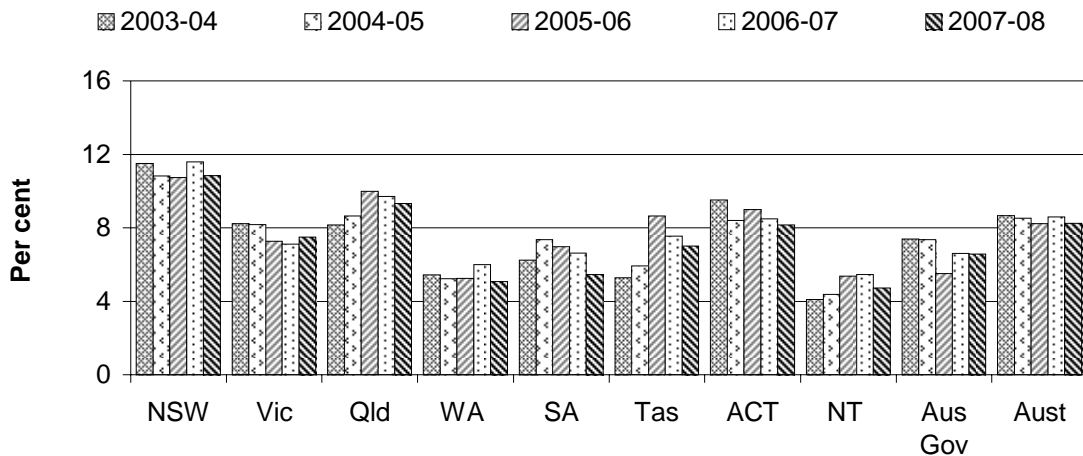
Efficiency data are difficult to interpret. Although high or increasing administrative expenditure as a proportion of total expenditure may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the administrative services provided. Similarly, low or declining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

Nationally, administrative expenditure as a proportion of total government expenditure on specialist disability services (excluding payroll tax) decreased from 8.6 per cent in 2006-07 to 8.2 per cent in 2007-08 (figure 14.44). When actual or imputed payroll tax is included, the average national administrative expenditure as a proportion of total CSTDA expenditure was 8.1 per cent in 2007-08 (table 14A.45). Payroll tax data need to be interpreted with caution because some jurisdictions (NSW, Victoria (in part), Queensland, SA, Tasmania and the NT) have provided payroll or payroll tax data on the basis of direct service delivery expenditure for government provided services, and others (WA and the ACT) have provided the data on the basis of total expenditure for government provided services. Real total

CSTDA expenditure is reported in table 14A.10, both excluding and including actual or imputed payroll tax amounts.

Figure 14.44 **Administrative expenditure as a proportion of total recurrent expenditure^{a, b, c, d, e}**



^a See table 14.2 for an explanation of different methods of apportioning departmental costs. ^b Data exclude payroll tax. ^c Australian Government administrative expenditure is an estimate, based on average staffing levels. ^d The decrease in WA administrative expenditure in 2007-08 mainly reflects the abolition of the capital user charge by the Department of Treasury and Finance. ^e In Tasmania, the Department administering Disability Services underwent a restructure in 2006-07. Disability Services now falls under the umbrella of a smaller management team. This resulted in a reduction in administration expenditure in 2006-07.

Source: Australian, State and Territory governments (unpublished); table 14A.45.

Outcomes

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

The following outcome indicators are included in the performance framework:

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

The ‘labour force participation and employment of people with a disability’ indicator is not reported in the 2009 Report as data to update the indicator are not available.

The measures and data sources for the ‘social participation’ and ‘use of other services’ indicators differ across report years.

- Social participation data from the GSS 2006 are reported for all jurisdictions. These data relate to participation in various social/community activities. National data are also included on the participation in these activities for people with severe and profound core activity limitations who had different levels of perceived difficulty with transport. National data from the ABS 2007 *Survey of Mental Health and Wellbeing* (SMHWB) on social networks are also included.
- For the ‘use of other services’ indicator, the representation of people by ‘core activity need for assistance’ in public housing are reported for all jurisdictions. These data are sourced from the ABS 2006 Census. National data from the 2007 *SMHWB* on access to health services by disability status are also reported.

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 ± 2 , for example, means that if another sample had been drawn, or if another combination of test items had been used, there is a 95 per cent chance that the result would lie between 78 and 82. If one jurisdiction’s results ranges from 78–82 and another’s from 77–81, then it is not possible to say with confidence that one differs from the other (because there is unlikely to be a statistically significant difference). Where ranges do not overlap, there is a high likelihood that 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 a disability

‘Labour force participation and employment of people with a disability’ is an indicator of governments’ objective of assisting people with a disability to participate fully in the community (box 14.17). Participation in the labour force and employment is important to the overall wellbeing of people with a disability, particularly in terms of the opportunity for self-development, interaction with people outside the home, occupying a valued role and financial independence. Data are not available to update this indicator for the 2009 Report.

Box 14.17 Labour force participation and employment of people with a disability

‘Labour force participation and employment of people with a disability’ is defined as the labour force participation and employment rates of people aged 15–64 years with a profound or severe core activity limitation. Labour force participation rates and employment rates of people aged 15–64 years without a profound or severe core activity limitation are also reported.

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

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 jobs that people find are appropriate or fulfilling.

Data collection for this indicator is under development. Data for this indicator were not available for the 2009 Report and are anticipated to be available for the 2010 Report.

According to the ABS’s SDAC the labour force participation rate for people with a profound or severe core activity restriction in 2003 was 30.0 per cent — 34.4 percentage points below the rate for the general population in all jurisdictions (74.4 per cent). The employment rate for people with a profound or severe core activity limitation was 89.9 per cent — 4.0 percentage points below the rate for the general population (93.9 per cent) (table 14A.48). Additional data on labour force participation and employment rates of people with a disability are shown in tables 14A.46, 14A.47 and 14A.49–51.

Social participation of people with a disability

‘Social participation of people with a disability’ is an indicator of governments’ objective to assist people with a disability to live as valued and participating members of the community (box 14.18).

Box 14.18 Social participation of people with a disability

This indicator is defined as the proportion of people aged 18–64 years with a limitation or restriction who participate in selected social or community activities. The proportion of people without a limitation or restriction who participate in these activities is also reported. The selected social or community activities are:

- had face-to-face contact with non-household family and friends at least once a month
- attended selected cultural venues/events in the last 12 months
- attended a sporting event in the last 12 months
- were actively involved in a social or support group in the last 12 months
- did unpaid voluntary work in the last 12 months through an organisation.

National data are included on the proportions of people with severe or profound core activity limitations who participated in these activities, by their level of perceived difficulty with transport. National data are also reported on the proportions of people who had friends and family in whom they could confide or on whom they can rely, by limitation or restriction status.

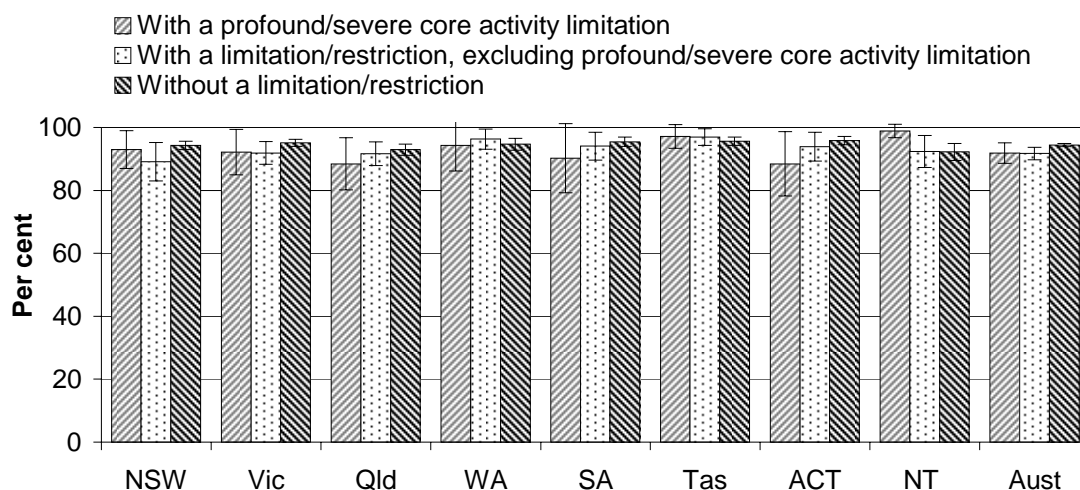
A higher proportion of people with a limitation or restriction who participate in social or community activities reflects their greater integration in the community.

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 (although the national data on participation in various activities by perceived level of difficulty with transport could help inform why some people do not participate).

Data reported for this indicator are comparable.

Nationally, in 2006, the estimated proportions of people with a profound or severe core activity limitation aged 18–64 years who had face-to-face contact with family and friends at least once a month was 91.9 ± 3.2 per cent, not significantly different to the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (91.7 ± 2.0 per cent) or the proportion for people without a limitation or restriction (94.4 ± 0.6 per cent) (figure 14.45).

Figure 14.45 **Estimated proportion of people aged 18–64 years who had contact with non-household family and friends at least once a month, by disability status, 2006^{a, b, c}**



^a Due to different collection methodologies, in particular those used to identify disability, these estimates may not be consistent with those that could be obtained from the SDAC or other ABS surveys. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self care. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate.

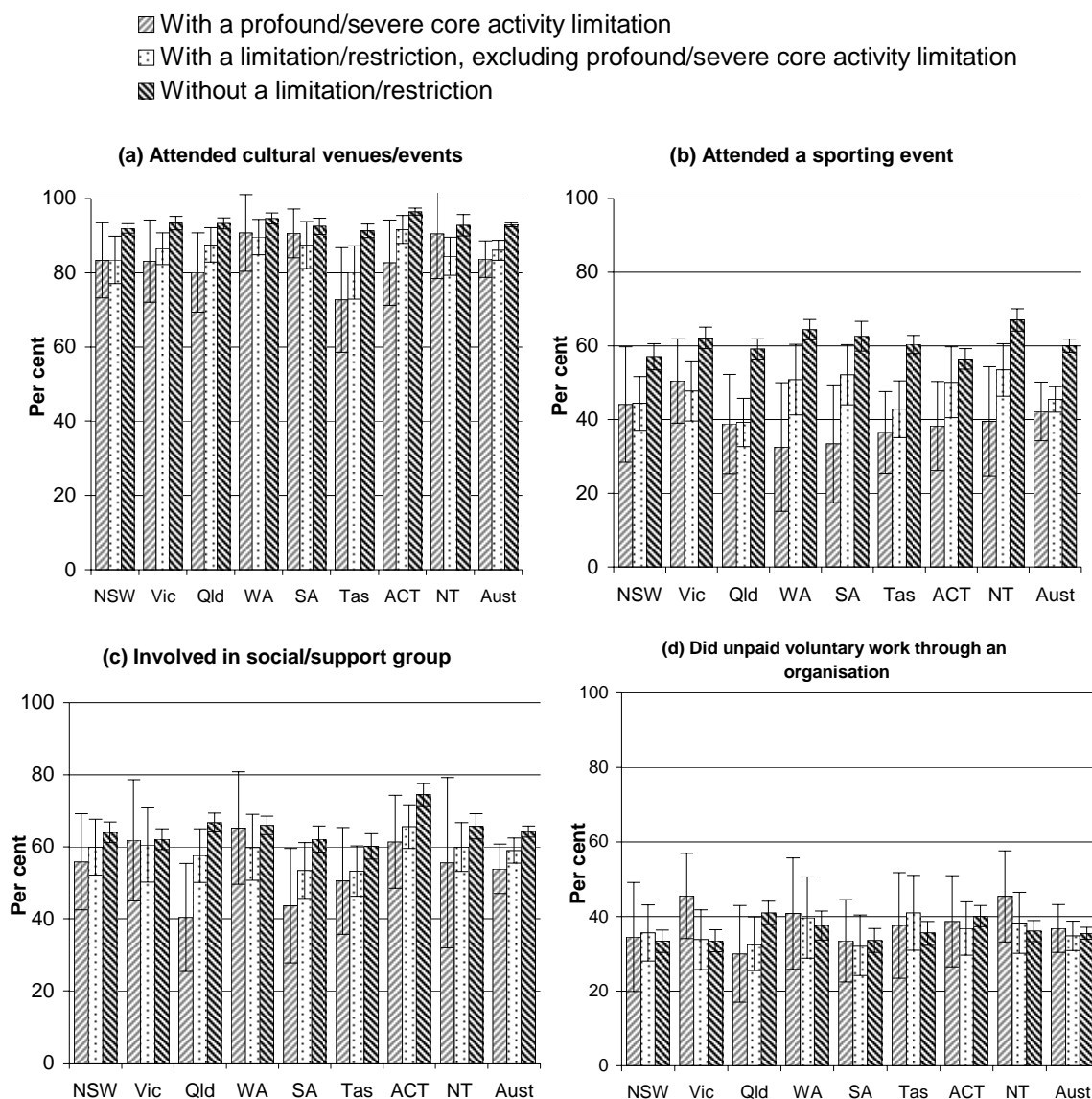
Source: ABS (unpublished), derived from the GSS 2006, Expanded CURF, remote access data laboratory, Cat. no. 4159.0.30.002; table 14A.52.

Nationally, in 2006, the estimated proportions of people with a profound or severe core activity limitation aged 18–64 years who participated in selected social and community activities in the last 12 months were:

- 83.7 ± 4.9 per cent attended selected cultural venues/events, not significantly different to the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (86.1 ± 2.7 per cent), but below the proportion for people without a limitation or restriction (92.9 ± 0.5 per cent) (figure 14.46a)
- 42.2 ± 7.9 per cent attended a sporting event, not significantly different to the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (45.5 ± 3.5 per cent), but below the proportion for people without a limitation or restriction (60.0 ± 1.8 per cent) (figure 14.46b)
- 53.9 ± 6.9 per cent were involved in a social/support group, not significantly different to the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (58.9 ± 3.5 per cent), but below the proportion for people without a limitation or restriction (64.2 ± 1.5 per cent) (figure 14.46c)

- 36.8 ± 6.4 per cent did unpaid voluntary work through an organisation, not significantly different to the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (34.8 ± 4.0 per cent), or the proportion for people without a limitation or restriction (35.5 ± 1.6 per cent) (figure 14.46d).

Figure 14.46 Estimated proportion of people aged 18–64 years who participated in selected social and community activities in the last 12 months, by disability status, 2006^{a, b, c}

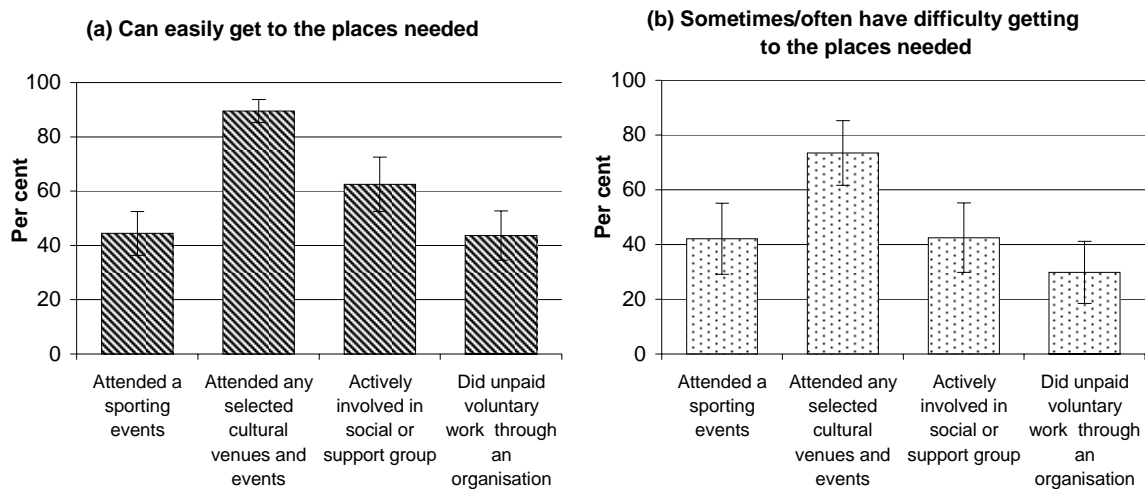


^a Due to different collection methodologies, in particular those used to identify disability, these estimates may not be consistent with those that could be obtained from the SDAC or other ABS surveys. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self care. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS (unpublished), derived from the GSS 2006, Expanded CURF, remote access data laboratory, Cat. no. 4159.0.30.002; table 14A.52.

Figure 14.47 compares the estimated proportions of people with a profound or severe core activity limitation aged 18–64 years who participated in selected social/community activities and who had difficulties getting to places that they needed to go, with the proportions for those who could easily get to places that they needed to go.

Figure 14.47 Estimated proportion of people aged 18–64 years with a profound/severe core activity limitation who participated in/attended selected social/community activities in the last 12 months, by level of perceived difficulty with transport, 2006^{a, b}



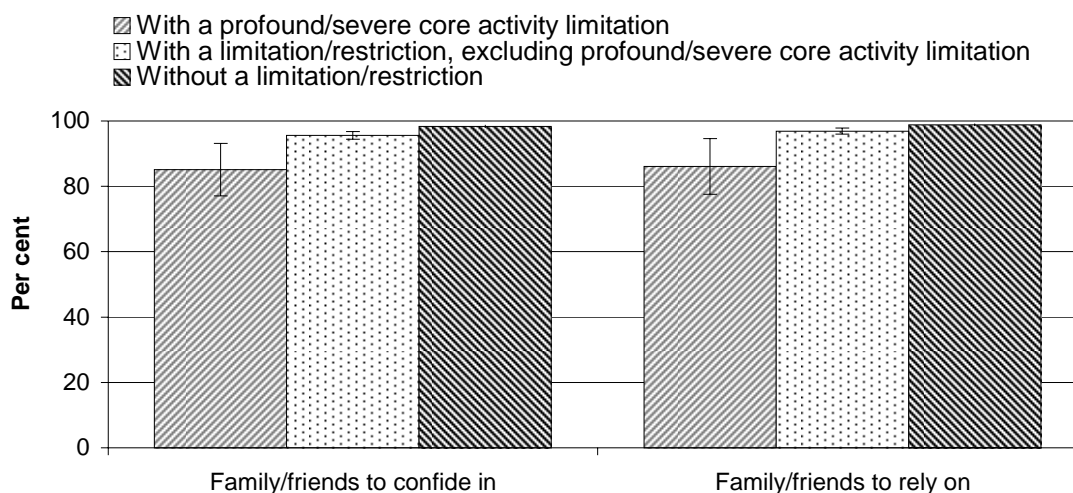
^a Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self care. ^b Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS (unpublished), derived from the GSS 2006, Expanded CURF, remote access data laboratory, Cat. no. 4159.0.30.002; table 14A.53.

Nationally, the estimated proportions of people with a profound or severe core activity limitation aged 16–64 years who had friends and family in whom they can confide or on whom they can rely were:

- 85.1 ± 8.0 per cent had family or friends in whom they can confide, below the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (95.6 ± 1.2 per cent) and the proportion for people without a limitation or restriction (98.3 ± 0.5 per cent) (figure 14.48)
- 86.1 ± 8.5 per cent had family or friends on whom they can rely, below the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (96.9 ± 0.9 per cent) and the proportion for people without a limitation or restriction (98.8 ± 0.4 per cent) (figure 14.48).

Figure 14.48 Estimated proportion of people aged 16–64 years who had family or friends in whom they can confide or on whom they can rely, by disability status, 2007^{a, b, c}



^a Due to different collection methodologies, in particular those used to identify disability, these estimates may not be consistent with those that could be obtained from the SDAC or other ABS surveys. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self care. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS (unpublished), derived from the 2007 SMHWB, Cat. no. 4326.0; table 14A.54.

Additional data on the social participation of people with a disability are in tables 14A.55–57.

Use of other services

‘Use of other services’ is an indicator of governments’ objective of enhancing the quality of life experienced by people with a disability by assisting them to gain access to generic government and community services and facilities (box 14.19).

Box 14.19 Use of other services

The 'Use of other services' indicator has three measures that are defined as follows:

- the proportion of public housing dwellings in which one or more people aged 0–64 years who had a 'core activity need for assistance' reside. The proportion of other rental housing dwellings in which one or more of these people reside is provided for comparison.
- the proportion of people residing in public housing dwellings who were aged 0–64 years and who had a 'core activity need for assistance'. The proportion of these people residing in other rental housing dwellings is provided for comparison.
- the proportion of people aged 16–64 years with a limitation or restriction who accessed selected health services. The proportion of people without a limitation or restriction who access these health services is also reported.

Higher proportions of State or Territory housing authority dwellings in which one or more people who have a 'core activity need for assistance' resides, or higher proportions of people in State or Territory housing who have a 'core activity need for assistance' aged 16–64 years, suggests greater access to these generic government housing services.

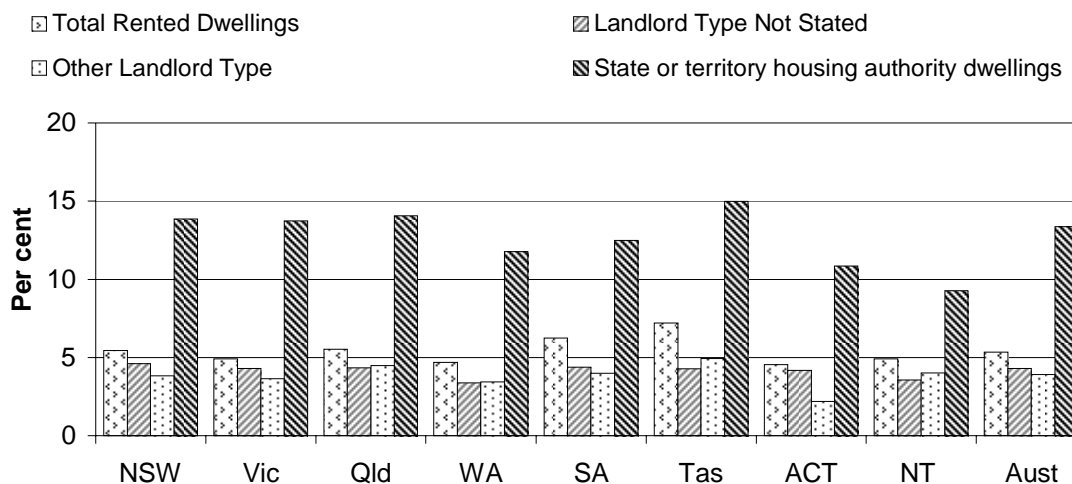
Higher proportions of people aged 16–64 years with a limitation or restriction who access selected health services suggests greater access to generic health services.

This indicator does not provide information on the degree to which the services contribute to people's quality of life. It also does not provide information on why some people do not access these services.

Data reported for this indicator are comparable.

Nationally, the proportion of State or Territory housing dwellings that had one or more people aged 0–64 years with a 'core activity need for assistance' was 13.4 per cent, higher than the proportion of other rental dwellings that had one or more of these people (3.9 per cent) (figure 14.49). Nationally, the proportion of people in State or Territory housing dwellings who were aged 0–64 years and who had a core activity need for assistance was 7.4 per cent, higher than the proportion of these people in other rental dwellings (1.9 per cent) (figure 14.50).

Figure 14.49 Proportion of rented dwellings that had one or more persons aged 0–64 years with a core activity need for assistance, by dwelling type, 2006^{a, b}



^a The ABS 2006 Census module, used to source these data, was designed to measure 'Core Activity Need for Assistance' (ASSNP). The ASSNP is conceptually comparable with the SDAC and ABS disability module population of people who have a profound or severe core activity limitation, but due to the different collection methodology and shortening of the question set used, the population identified is smaller (but displays very similar characteristics). ^b Only the characteristics of persons who usually reside in the dwelling and who were present on Census night were taken into consideration when determining the results. Those persons who were visitors and those persons who were not present in the household were not taken into account. Those dwellings that contained only visitors or were unable to be classified were also excluded from the count.

Source: ABS (unpublished), derived from the *2006 Census of Population and Housing*; table 14A.58.

Figure 14.50 Proportion of people residing in rented dwelling types who were aged 0–64 years and who had a core activity need for assistance, by dwelling type, 2006^{a, b}



^a The ABS 2006 Census module, used to source these data, was designed to measure 'Core Activity Need for Assistance' (ASSNP). The ASSNP is conceptually comparable with the SDAC and ABS disability module population of people who have a profound or severe core activity limitation, but due to the different collection methodology and shortening of the question set used, the population identified is smaller (but displays very similar characteristics). ^b Only the characteristics of persons who usually reside in the dwelling and who were present on Census night were taken into consideration when determining the number results. Those persons who were visitors and those persons who were not present in the household were not taken into account. Those dwellings that contained only visitors or were unable to be classified were also excluded from the count.

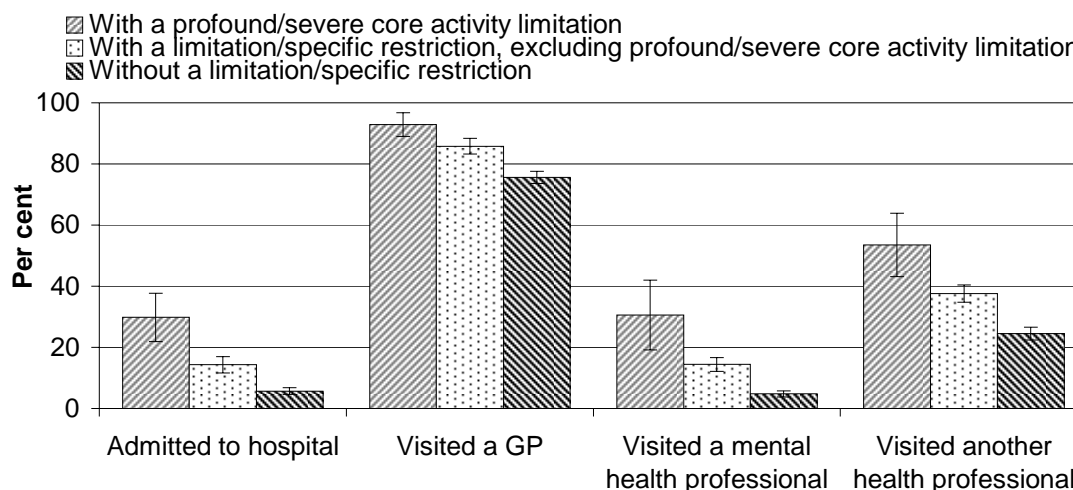
Source: ABS (unpublished), derived from the 2006 Census of Population and Housing; table 14A.59.

Nationally, the estimated proportions of people with a profound or severe core activity limitation aged 16–64 years who used various health services were:

- 29.8 ± 7.9 per cent were admitted to hospital, greater than the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (14.3 ± 2.7 per cent) and the proportion for people without a limitation or restriction (5.7 ± 1.1 per cent) (figure 14.51)
- 92.9 ± 3.9 per cent visited a GP, greater than the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (85.8 ± 2.6 per cent) and the proportion for people without a limitation or restriction (75.6 ± 2.0 per cent) (figure 14.51)
- 30.6 ± 11.4 per cent visited a mental health professional, greater than the proportion for other people with a limitation or restriction, excluding profound or severe core activity limitation (14.4 ± 2.3 per cent) and the proportion for people without a limitation or restriction (4.8 ± 1.0 per cent) (figure 14.51)
- 53.5 ± 10.4 per cent visited another health professional, greater than the proportion for other people with a limitation or restriction, excluding profound

or severe core activity limitation (37.6 ± 2.8 per cent) and the proportion for people without a limitation or restriction (24.5 ± 2.1 per cent) (figure 14.51).

Figure 14.51 Estimated proportion of people aged 16–64 years who accessed particular health services, by disability status, 2007^{a, b, c}



^a Due to different collection methodologies, in particular those used to identify disability, these estimates may not be consistent with those that could be obtained from the SDAC or other ABS surveys. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self care. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS (unpublished), derived from the 2007 SMHWB, Cat. no. 4326.0; table 14A.60.

Other data

Data on the participation of people with a 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 (see chapter 3), VET (see chapter 5), public, community and State owned and managed Indigenous housing and for Commonwealth Rent Assistance (CRA) (see chapter 16). In addition, the following chapters include data on services provided to people with a disability:

- ‘School education’ (see chapter 4) reports data on students with a disability in the student body mix
- ‘Health management issues’ (see chapter 12) reports performance data on specialised mental health services
- ‘Aged care services’ (see 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
- considering complementing the descriptive data on younger people with a disability in residential aged care facilities with a performance indicator
- 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 — reporting on quality assurance processes is expected to become more complete and comparable over time, with refinements to performance indicators and data collections.

Reform of Specific Purpose Payments

In December 2007, COAG agreed to reform Specific Purpose Payments (SPPs). SPPs are financial agreements between the Australian Government and State and Territory governments involving a contribution by the Australian Government to the funding of services which are considered a joint Australian and State and Territory government responsibility. The CSTDA, under which disability services are funded, is such an SPP.

At its 29 November 2008 meeting, COAG agreed to six new National Agreements, five of which are associated with a National SPP. In the area of disability services, there is a National Disability Agreement associated with the National Disability Services SPP (COAG November 2008). Under the reforms, the National Disability Agreement contains the objectives, outcomes, outputs and performance indicators for disability services. The performance of governments in achieving these mutually agreed outcomes will be assessed by the COAG Reform Council (CRC). The Steering Committee has been requested by COAG to provide the SPP performance information to the CRC (COAG July 2008).

The National Agreements/SPPs will be supplemented by a range of National Partnerships (NPs): project, facilitation and reward agreements. Funding for NPs may be conditional on states and territories meeting agreed milestones and performance benchmarks.

The Steering Committee and the Disability Services Working Group will ensure that reporting in this chapter reflects the COAG priorities identified in the National Disability Agreement and relevant NPs.

14.5 Jurisdictions' comments

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

Australian Government comments

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- In 2007-08, the Australian Government provided funding for over 20 000 supported employment places in 354 business service outlets across Australia.
- In 2007-08, the Australian Government Allocated \$112 million over 5 years as part of its enhanced Disability Assistance Package (DAP). As part of the DAP, \$33.7 million was allocated for the creation of 750 new Business Service employment places. In January 2008, 500 of these places were allocated to existing high performing disability business services. In June 2008, a selection process was completed allocating the remaining 250 places to new services for areas of high demand.
- In 2007-08, \$21.8 million has been made available over five years for temporary viability support to disability business services facing short-term financial difficulties.
- In 2007–2008, a suite of 74 training resources and information products were developed and were completed and distributed to all business service outlets and advocacy services by June 2008.
- In June 2008, the Australian government provided each business service with an extra payment of \$2500 (\$525 000 nationally) to assist with the marketing of their products and services. A Quality Strategy Toolkit was also designed and trialled in the early part of 2008.
- During 2007-08, the Disability Employment Network (DEN) capped stream provided employment assistance to approximately 51 000 clients. The demand-driven (uncapped) DEN stream assisted approximately 18 000 clients in 2007-08. The proportion of DEN job seekers who received assistance during 2007-08 that achieve a sustainable employment outcome (8 hours of work per week for 26 weeks) in the capped stream was 39 per cent.
- The DEN capped stream has a fixed capacity of approximately 39 000 places. It assists eligible job seekers who are unable to work at full award wages or are able to work a minimum of eight hours a week in the open labour market who are likely to require ongoing support to retain employment once they have found a job. In 2007-08, 201 organisations delivered the capped stream from 371 sites, assisting approximately 51 000 clients.
- The demand driven DEN uncapped stream guarantees assistance to job seekers receiving income support who are required to look for work to meet part-time participation requirements. Introduced in July 2006, it provides up to two years of employment assistance to job seekers assessed as able to work 15–29 hours per week independently at full award wages. In 2007-08, 106 organisations delivered uncapped services from 497 sites, assisting approximately 18 000 job seekers.

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New South Wales Government comments

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The NSW Government continued its commitment to providing services to people with a disability and their carers to assist them to live independently and participate in community life. The total expenditure for the disability services reported in this chapter has reached nearly \$1.4 billion in 2007-08.

In 2007-08, the NSW Government continued expansion of services under the NSW Government's historic ten-year plan to boost disability services — *Stronger Together: a new direction for disability services: 2006–2016*. NSW has invested an additional \$350 million in the past two years to deliver a wide range of additional services.

Much of this funding has targeted the areas of greatest need. These include 1000 new therapy places; 95 new attendant care places; 1900 family and children's services places; 345 specialist accommodation places; and 2800 respite places.

New programs have been developed to support groups of people for whom access has been an issue, for example younger people in or at risk of entering residential aged care, Aboriginal people and people from culturally and linguistically diverse (CALD) backgrounds, people with an acquired brain injury, people with degenerative conditions and people who have severely challenging behaviours.

Over 500 school leavers were accepted into a *Transition To Work* program and 314 school leavers into a *Community Participation* program. Sixteen *Intensive Family Support* services are now operating across the state, including three services for people from CALD backgrounds and four for Aboriginal people. Over 600 additional respite places were allocated under *Teen Time* to parents of teenagers with a disability to enable them to pursue their workforce ambitions and *Leisure Link* to foster interests and goals of people with disabilities to build their capacity and confidence. An *Innovative Accommodation Framework* has been developed to guide the establishment of over 660 new accommodation support places over the next three years.

The NSW Government is committing a \$6 million package over four years to boost services for young children with autism and their families. This is in addition to other initiatives announced during the year. An additional \$48 million will provide additional early intervention services.

The NSW Companion Card scheme was announced in 2008. The scheme will enable people in NSW who have a profound or severe disability, and who need the support of an attendant carer, to use public transport and attend some events for the price of a single ticket. The card is still in its early planning stages, but it is estimated that 17 000 people will benefit when it is introduced in 2009.

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Victorian Government comments

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The *Disability Act 2006* came into operation on 1 July 2007. The new Act has substantially reformed the law for people with a disability in Victoria and is guided by the principles of human rights and citizenship. The Act provides a framework for a whole-of-government and community approach and facilitates the delivery of more flexible support, based on people's individual requirements. The Victorian Government continues the implementation of the *Victorian State Disability Plan 2002–2012*, which emphasises that people with a disability have the same rights, responsibilities and opportunities to participate in the life of the community as other citizens in Victoria.

2007-08 saw the first full year of operation of the Office of the Senior Practitioner and the Office of the Disability Services Commissioner (ODSC). The role of the Senior Practitioner was established to protect the rights of people subject to restrictive interventions and compulsory treatment, and to lead best practice in supporting people with behaviours of concern. The ODSC was established to provide an independent process for dealing with complaints raised by and on behalf of people with a disability, their families and carers.

Key achievements for 2007-08 included:

- completion of the redevelopment of Kew Residential Services. Over 460 residents of the former Kew Cottages are now living in new houses, integrated into their communities and enjoying an improved quality of life
- continuation of the expansion of individual support packages and consolidation into streamlined packages with a consistent set of guidelines which provide people with greater control and choice over their support arrangements
- expansion of the *Aids and Equipment Program*, including implementation of the *Vehicle Modification Subsidy Scheme* to assist people with a disability modify their vehicles
- continuation of the implementation of *my future, my choice* initiative to establish more appropriate housing and support for younger people who are living in Residential Aged Care. Individualised packages were also allocated to assist younger people to return to, or remain in their homes or other community based accommodation
- provision of improved standards of direct support for people with a disability living in residential care, through the *Promoting Better Practice* initiative to review and improve the quality and safety of service delivery in department managed supported accommodation
- establishment of working groups to facilitate implementation of *Partnering for the future: The Victorian industry development plan for the provision of support for people with a disability*. Key priorities include workforce development, strengthening sector governance and capacity building to develop contemporary approaches to support provision.

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Queensland Government comments

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The Queensland Government has moved forward with implementing key reforms to improve the integrity and responsiveness of the State's disability service system.

In 2007-08, Queensland began its four-year program of reforms under the *Growing Stronger* initiative. The release of a single application form is part of simplifying access to specialist disability services. It supports a timely and consistent response for people with a disability seeking services, and supports responses that are tailored to an individual's needs across a mix of service types. The new streamlined process also aims to reduce unnecessary administrative burden.

Queensland also maintained its focus on delivering quality services, with \$6.3 million in recurrent funding allocated to support the Queensland disability sector to implement and maintain the Disability Sector Quality System. To further safeguard the rights of adults with an intellectual or cognitive disability who exhibit challenging behaviour, Queensland has progressed amendments to the *Disability Services Act 2006* and *Guardianship Administration Act 2000*. From 1 July 2008, new provisions commence to regulate the use of restrictive practices in services provided and funded by Disability Services Queensland, and promote a positive behaviour support system and improved outcomes for these individuals.

Whilst pursuing these reforms, Queensland has continued to invest in service delivery, with additional recurrent funding of \$33.3 million in 2007-08 to deliver additional specialist disability services; though demand also continues from a growing and ageing population.

To improve service access for people from culturally and linguistically diverse backgrounds, Queensland has developed an Interpreting and Translating Assistance Strategy. Through this strategy, funded non-government service providers have access to interpreting and translating services to meet the different communication needs of people who require their services and to provide information in appropriate languages and formats.

Queensland also continued efforts to build capacity in the community and non-government sector to increase support for people with a disability. Queensland has introduced the Carer Business Discount Card scheme to provide carers with discounts and other offers at participating businesses. Queensland has also continued to build the workforce and organisational capability and infrastructure of non-government service providers through the Strengthening Non-Government Organisations Strategy. For example, over \$6 million in capital funding was allocated to increase the infrastructure capacity of 16 services that deliver developmental day services for adults with a disability.

Queensland continues to focus on enhancing the service system in a way that strengthens both the formal and informal supports that assist people with a disability, and their families and carers.

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Western Australian Government comments

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A major focus for Western Australia in 2007-08 has been implementing the 67 recommendations of the Sector Health Check report, which was launched in May 2007. These include the commencement of an innovative statewide pilot program to facilitate more timely access to community based support for people with rapidly degenerating neurological conditions; the development of the Community Living Plan; and the conduct of sector wide consultations on the development of a long term plan for disability.

The Community Living Plan draws from innovative national and international community living models, and promotes a broad range of ‘person centred’, sustainable, alternative community living arrangements that can be tailored to the needs of individuals with disabilities.

The Disability Services Commission has undertaken a leadership role in the development of a visionary plan for the Western Australian community which will set long term future directions for the benefit of all Western Australians with disabilities, their families and carers. To be known as ‘Disability Future Directions 2025’, the plan will serve as a guide for a wide range of government and community organisations into the future. Stage one has included extensive engagement with people with disabilities, families, carers, community members, other government agencies and university and research organisations to conduct an environmental scan to gather information about what life in WA will be like in 2025.

In line with recommendations from the Sector Health Check to facilitate a stronger relationship between government and the disability sector, the inaugural Chief Executive Officer Roundtable was held in March 2008, with over 70 CEOs and the Disability Services Commission’s Director General attending the full day forum. This important body enables an exchange of information between the Commission and the non government sector and provides a forum for discussion and debate about broad strategic issues facing the WA disability sector.

There continues to be a focus on making local communities more accessible and inclusive for people with disabilities, in line with the legislative requirement under WA’s Disability Services Act which requires State Government agencies and Local Government to implement Disability Access and Inclusion Plans to improve access to their services, buildings and information for people with disabilities. Key achievements include working with representatives from the business sector to develop a resource kit promoting the employment of people with disabilities; launch of the WA Accessible Tourism Strategic Directions plan; and further expansion of the You’re Welcome initiative across local governments throughout the State to assist businesses and community organisations make their services accessible and to provide people with disabilities the information they need on the accessibility of venues and services.

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South Australian Government comments

“ Disability SA continues to deliver improved services to people with a disability to assist them to live independently and participate in their community. Highlights for 2007-08 include significant enhancements to consumer advisory mechanisms and further progress in transitioning people with a disability from institutional care to community settings.

Some key achievements for 2007-08 include the following:

- The *Companion Card* program was introduced to promote fairer ticketing for people with a disability who require a companion to attend community venues and activities.
 - Disability policy development in South Australia has been supported by a new *Minister's Disability Advisory Council* comprising people with a lived experience of disability.
 - 40 new community based group homes have been developed through the *Strathmont Centre Community Living and Sustainment Project*.
 - A new target relating to employment outcomes for people with disabilities has been agreed for agencies reporting progress under the *Promoting Independence Strategy*.
 - Further enhancements have been made to performance reporting requirements for funded agencies, including the roll-out of the Department for Families and Communities' quality performance monitoring framework.
 - Early intervention services for children with autism have been expanded.
 - The quality of supported accommodation services in Disability SA has been enhanced through implementation of the *Active Support* model.
 - Service Co-ordination has been streamlined to facilitate access to services for people with a disability requiring short term assistance.
 - Regionalisation of Aboriginal Service Coordinators has been achieved to support access to services by Aboriginal people.
 - A new consumer consultation group, the *Disability Advisory Network of South Australia*, has been developed to inform Disability SA regarding service delivery, development and future planning.
 - Streamlined access to accommodation vacancies across the disability sector has been facilitated through the introduction of the *Accommodation Placement Panel* process.
 - Allied health services have been enhanced, with the development of three regional teams, known as *ASSIST* teams.
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Tasmanian Government comments

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A Review of Tasmanian Disability Services was announced by the Minister for Health and Human Services in July 2007, and was conducted by KPMG. The Final Report provided advice to the Tasmanian Government on the strategic direction and best practice service models needed in order to use available resources in an equitable, cost effective and sustainable way.

In June 2008, the Government announced it had accepted all recommendations of the Review. Implementation of the recommendations will result in significant changes to Disability Services with a focus on:

- the Implementation of clear shared governance arrangements to oversee disability services at a statewide and at a regional level
- responsibility for all direct service delivery to be devolved to the NGO sector over a three-year period
- development of a resource allocation and funding model which considers relative population need and risk, historic inequities in service access, reasonable costs of service delivery, and consistency in funding amongst the providers within a region
- ‘planning by location’ processes to ensure services are better targeted to community needs
- establishing appropriate outcomes and measures of effectiveness which are meaningful to individuals
- refining the existing quality systems
- enhancing the capacity of the workforce
- implementation of consistent and transparent eligibility determination and prioritisation procedures for accessing disability services
- visible entry points to disability services to enable improved access to specialist disability supports for people with disabilities and a centralised approach to the management of demand at the regional level.

Other notable achievements during 2007-08 include:

- continued implementation of the Disability Services Quality Review and Improvement System. Client and family satisfaction surveys were undertaken within all large and small residential services and hostels in Tasmania
- finalisation of the transfer of the management of all group homes managed by the Government to the non-government sector under the Living Independently project
- completion of the Disability Services Accommodation Options Project 2008 which identified current and future issues in the provision of accommodation supports for people with a disability.

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Australian Capital Territory Government comments

“ In 2007-08 the Department of Disability, Housing and Community Services, through Disability ACT, continued to advance its strategic plan as outlined in *Future Directions: a framework for the ACT 2004–2008*. Activity in 2007-08 included:

- responding to known priority need through the delivery of additional ACT Government funding allocated in the 2007-08 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
- finalisation of the Review of the Role of Government as a Disability Service Provider. A small think tank of stakeholders developed the practical elements of the consultation into 12 in-principle recommendations that broadly cover areas of service delivery, access and information, establishing priorities and making decisions, service relationships and sector development
- continued support for Local Area Coordination (LAC) in working directly with people with disability and their families to help them tailor supports and services in their local communities. An evaluation of the program in late 2007 identified that one of the keys to the program's success is the wealth of local knowledge and contacts that the LAC has built up to assist individuals and their families
- the Business Leaders Innovative Thoughts and Solutions group continued its program to raise awareness of people with disability in the ACT. Activities included undertaking a scoping project for a disability awareness program; auspice of the 2007 Chief Minister's Inclusion Awards and International Day of People with a Disability activities. Disability ACT in partnership with Live Experience Access Develop (LEAD) and ArtsACT commenced development of a Performing Arts Alliance to assist performing artists with disability to develop their profile and collaborate on significant events
- the fourth annual Post Schools Options Expo was held in June 2008. 450 students attended. Disability ACT also continued to work closely with other ACT Government agencies in implementing the Access to Government Strategy
- continued support for a number of family governed networks to plan and manage the current and future support of families including Planning Alternative Tomorrows with Hope, Family Leadership and You, Stepping Stones for Life
- further development of the Intensive Treatment and Support program including the opening of a respite facility to assist in the provision of ITAS services.”

Northern Territory Government comments

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The unique environment and socio-economic factors in the NT create specific challenges in the provision of human services including specialist disability services. This is particularly so in the provision of appropriate, cost effective and sustainable specialist disability services in remote Indigenous communities. Enhancing Indigenous remote residents access to specialist disability services and equitable allocation of resources remained a priority to the NT Government.

The high proportion of people living in remote settings and lack of a major metropolitan centre creates increase cost structures for all services in the NT.

Data quality remains an ongoing challenge for providers in the NT, given that most are small non-government agencies that receive funds from multiple sources and for multiple purposes. In addition, the relatively small numbers of disability services clients in the NT results in distorted or misleading proportions in the data analysis.

A major reform in the NT was the planning for the amalgamation of community councils to larger shire councils. From 1 July 2008, fewer and larger providers will replace the current large numbers of small and dispersed disability providers.

In 2007-08, a number of projects were implemented with the focus of improving service planning and quality. These included a new resources allocation policy to distribute available funds to targeted services closer to home for people with a disability.

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 2006a).

Service type outlet response rates

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

The overall national service type outlet response rate for the 2006-07 collection was 94 per cent (table 14.3). This was the same as for the 2005-06 collection.

Table 14.3 Service type outlet response rates

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

Source: AIHW Disability Support Services (various years): National Data on Services Provided under the CSTDA (various issues).

Service user response rates

Service user information may be missing from the data set for a number of reasons. There are outlets that do not respond (table 14.3) and outlets that, through administrative or other error, neglect to report on all of their service users (AIHW 2006a). Estimates of the total number of service users who may be missing from the data set are not available.

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

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

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

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

(Continued on next page)

Table 14.4 (Continued)

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

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

Source: AIHW (unpublished), derived from the *CSTDA NMDS*.

'Not stated' rates

'Not stated' rates for individual data items vary between jurisdictions (AIHW 2006a). 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 2006a).

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

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

<i>Data item</i>	<i>Accommodation support</i>	<i>Employment</i>	<i>Community access</i>	<i>Community support</i>	<i>Respite</i>
2003-04					
Severity of core activity limitation	17.4	3.2	32.3	..	..
Indigenous status	3.4	7.0	17.5	..	..
Country of birth	3.6	3.9	..	..	..
Geographic location	1.0	0.0	..	..	..
2004-05					
Severity of core activity limitation	5.1	3.1	12.2	32.7	13.0
Indigenous status	8.6	4.1	14.1	29.5	16.8
Country of birth	3.1	3.5	..	..	..
Geographic location	1.0	–	..	..	..
2005-06					
Severity of core activity limitation	3.9	14.5	11.8	28.4	12.8
Indigenous status	2.3	1.8	7.8	15.6	7.1
Country of birth	2.8	6.8	..	..	..
Geographic location	0.7	0.3	..	..	..
2006-07					
Severity of core activity limitation	3.2	7.0	13.0	24.0	11.6
Indigenous status	2.8	–	7.2	5.5	6.7
Country of birth	2.7	1.3	9.9	6.2	5.6
Geographic location	1.2	–	3.9	1.7	1.9

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

Source: AIHW (unpublished), derived from the CSTDA NMDS.

Other issues

Service user data/data items not collected

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

- 'recreation/holiday programs' (service type 3.02) are required to collect only information related to the statistical linkage key (selected letters of name, date of birth and sex)

-
- employment services (service types 5.01 and 5.02) are not required to collect selected informal carer information, including primary status (AIHW 2007).

Specialist psychiatric disability services

Data for specialist psychiatric disability services are excluded to improve the comparability of data across jurisdictions. People with psychiatric disability may use a range of CSTDA-funded service types. In some jurisdictions (Victoria, Queensland and WA), specialist psychiatric disability services are funded specifically to provide such support (AIHW 2006a). Nationally, there were 11 834 users of specialist psychiatric disability services in 2006-07.

Data for these services are included in other publications on the CSTDA NMDS, such as AIHW 2008. 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 2006a). 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 2006a).

Deriving potential populations for the special needs groups

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

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

- Derive national five-year age specific proportions of people with severe/profound core activity limitations by geographic location and country of birth.
 - The ABS 2006 Census was used to derive the proportions by geographic location. The geographic location categories are major cities, inner regional areas, outer regional areas and remote/very remote areas. (These proportions were used for all services except respite.)
 - The ABS 2003 SDAC was used to derive the proportions by geographic location for respite services. The SDAC categorises geographic locations to three levels: major cities, inner regional areas, and other areas (outer regional, remote and very remote). The SDAC was used in this context as data on the presence of a ‘primary carer’ are available (whereas they are not in the Census).
 - The ABS 2003 SDAC was used to derive the proportions by country of birth. The country of birth categories are: people born in Australia, people born in another English speaking country and people born in a non-English speaking country. These proportions were used to derive the ‘potential population’ estimates for all services except respite. It was not possible to use the SDAC to derive the proportions by country of birth for respite services due to small cell sizes (and associated high relative standard errors).
- Multiply the proportions of people born in Australia and each of the geographic locations by the five-year age specific ‘potential populations’ for each state/territory. Multiply the proportions for people born in another English speaking country or a non-English speaking country by the five-year age-specific estimates of people with severe/profound core activity limitations for each state/territory. Indigenous people are given a weight of 2.4 in the ‘potential population’ and as most are born in Australia, it is inappropriate to

multiply the proportions of people born in another English speaking country or a non-English speaking country by the ‘potential population’.

- Sum the resultant five-year age 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. Sum the potential populations for people born in Australia and people born in another English speaking country to derive the total ‘potential population’ for people born in an English speaking country.
- For employment, repeat the above steps, but restrict to people aged 15–64 years, then multiply each State/Territory total by state/territory specific labour force participation rates for people aged 15 years and over.

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

- Multiply the national five-year rates of severe/profound core activity limitation by the Indigenous population for people aged 0–64 years. The Indigenous counts for each five-year age group are then multiplied by the Indigenous factor (2.4) to obtain an ‘Indigenous potential population’ within each age group. The non-Indigenous counts are derived by subtracting the Indigenous counts from the total ‘potential population in each age group.
- Sum the five-year age group counts to derive a total Indigenous and non-Indigenous ‘potential population’ for each state/territory.
- For employment, repeat the above steps, but restrict to people aged 15–64 years, then multiply each State/Territory total by state/territory specific labour force participation rates for people aged 15 years and over.

14.7 Definitions of key terms and indicators

Accommodation support service users receiving community accommodation and care services

People using the following CSTDA accommodation support services: group homes; attendant care/personal care; in-home accommodation support; alternative family placement and other accommodation support (types 1.04–1.08), as a proportion of all people using CSTDA accommodation support services (excludes specialist psychiatric disability services). See AIHW (2008) for more information on service types 1.04–1.08.

Administration expenditure as a proportion of total expenditure

The numerator — expenditure (accrual) by jurisdictions on administering the disability service system as a whole (including the regional program management and administration, the central policy and program management and administration, and the disability program share of corporate administration costs under the umbrella department, but excluding administration expenditure on a service that has been already counted in the direct expenditure on the service) — divided by the denominator — total government expenditure on services for people with a disability (including expenditure on both programs and administration, direct expenditure and grants to government service providers, and government grants to non-government service providers (except major capital grants)).

Core activities as per the 2003 ABS SDAC

Self care — showering or bathing, dressing, eating, toileting and bladder or bowel control; mobility — getting into or out of a bed or chair, moving about the usual place of residence, going to or getting around a place away from the usual residence, walking 200 metres, walking up and down stairs without a handrail, bending and picking up an object from the floor, using public transport (the first three tasks contribute to the definitions of profound and severe core-activity limitation); and communication — understanding and being understood by strangers, family and friends.

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

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

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

The numerator — government expenditure (accrual) on government provided accommodation support services in institutional/residential settings (as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03) — divided by the denominator — the number of users of accommodation support services in institutional/residential settings. See AIHW (2007) for more information on service types 1.01–1.03.

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

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

Disability

A multidimensional experience that may involve effects on organs or body parts, and effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognised in the International Classification of Functioning, Disability and Health: body structure and function (and impairment thereof), activity (and activity limitations) and participation (and participation restriction)(WHO 2001). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.

The ABS SDAC 2003 defined 'disability' as the presence of one or more of 17 limitations, restrictions or impairments, which have lasted, or are likely to last, for a period of six months or more: loss of sight (not corrected by glasses or contact lenses); loss of hearing where communication is restricted; or an aid to assist with, or substitute for, hearing is used; speech difficulties; shortness of breath or breathing difficulties causing restriction; chronic or recurrent pain or discomfort causing restriction; blackouts, fits or loss of consciousness; difficulty learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; nervous or emotional condition causing restriction; restriction in physical activities or in doing physical work; disfigurement or deformity; mental illness or condition requiring help or supervision; long-term effects of head injury; stroke or other brain damage causing restriction; receiving treatment or medication for any other long-term conditions or ailments and still restricted; any other long-term conditions resulting in a restriction.

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

Total estimated number of people aged 15–64 years with a profound or severe core activity limitation who are employed, divided by the total estimated number of people aged 15–64 years with a profound or severe core activity limitation in the labour force, multiplied by 100.

Employment rate for total population

Total estimated number of people aged 15–64 years who are employed, divided by the total number of people aged 15–64 years in the labour force, multiplied by 100.

Funded agency

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

Geographic location

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).

The 'outer regional and remote/very remote' classification used in this Report was derived by adding outer regional, remote and very remote data.

Government contribution per user of non-government provided employment services

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 (2008) for more information on service types 5.01–5.03.

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

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

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

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

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

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

Indigenous factor

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

The following steps were undertaken to estimate the Indigenous factors.

- Data for all people (weighted) were calculated by multiplying the data for Indigenous Australians by 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 2008).

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 six 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 2004).

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

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

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

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

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

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

Labour force participation rate for the total population

Total number of people aged 15–64 years in the labour force (where the labour force includes both employed and unemployed people) divided by the total number of people aged 15–64 years, multiplied by 100.

Mild core activity limitation

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

Moderate core activity limitation

Not needing assistance but having difficulty performing a core activity task (as per the ABS 2003 SDAC).

Non-English speaking country of birth	People with a country of birth other than Australia and classified in English proficiency groups 2, 3 or 4 (DIMA 1999, 2003). For 2003-04 and 2004-04 data these countries include countries other than New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States. For 2005-06 onwards, data include Zimbabwe as an 'English-speaking country'.
Payroll tax	<p>A tax levied on employers based on the value of wages and certain supplements paid or payable to, or on behalf of, their employees (SCRCSSP 1999). Payroll tax arrangements for government funded and delivered services differ across jurisdictions. Differences in the treatment of payroll tax can affect the comparability of unit costs across jurisdictions and services. These differences include payroll tax exemptions, marginal tax rates, tax-free thresholds and clawback arrangements (see SCRCSSP 1999).</p> <p>There are two forms of payroll tax reported:</p> <ul style="list-style-type: none"> • <i>actual</i> — payroll tax actually paid by non-exempt services • <i>imputed</i> — a hypothetical payroll tax amount estimated for exempt services. A jurisdiction's estimate is based on the cost of salaries and salary related expenses, the payroll tax threshold and the tax rate.
Potential population	<p>Potential population estimates are used as the denominators for the performance measures reported under the indicator 'access to CSTDA funded services'.</p> <p>The 'potential population' is the number of people with the potential to require disability support services, including individuals who meet the service eligibility criteria but who do not demand the services. In practice, the number of people with profound or severe core activity limitation is used as the basis to measure the potential population (see definition of core activities above).</p> <p>The potential population for CSTDA funded accommodation support, community access and community support services is measured by the number of people aged under 65 years who have a profound or severe core activity limitation, adjusted for the Indigenous factor. The potential population for CSTDA funded employment services is measured by the number of people aged 15–64 years with a profound or severe core activity limitation, adjusted for the Indigenous factor and the labour force participation rate. The potential population for CSTDA funded respite services data is measured by the number of people under 65 years with a profound or severe core activity limitation who have a primary carer, adjusted for the Indigenous factor.</p> <p>The ABS concept of a 'profound or severe' core activity limitation that relates to the need for assistance with everyday activities of self care, mobility and communication currently underpins the measurement of the population in need of specialist disability services. The relatively high standard errors in the prevalence rates for smaller jurisdictions, as well as the need to adjust for the Indigenous population necessitated the preparation of special estimates of the 'potential population' for specialist disability services.</p> <p>Briefly, the potential population was estimated by applying the 2003 national age- and sex- specific rates of profound or severe core 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</p>

	<p>estimates were adjusted by the Indigenous factor to account for differences in the proportion of jurisdictions' populations who are Indigenous. Indigenous people have been given a weighting of 2.4 in these estimates, in recognition of their greater prevalence rates of disability and their relatively greater representation in CSTDA funded services (AIHW 2006).</p>
Primary carer	<p><i>ABS SDAC primary carer:</i> A primary carer is a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six 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 2004).</p> <p><i>CSTDA NMDS primary carer:</i> an informal carer who assists the person requiring support, in one or more of the following activities of daily living: self care, mobility or communication.</p> <p>See also informal carer.</p>
Primary disability group	<p>Disability group that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person (overall difficulty in daily life, not just within the context of the support offered by a particular service).</p>
Profound core activity limitation	<p>Unable to, or always needing assistance to, perform a core activity task (as per the ABS 2003 SDAC).</p>
Real expenditure	<p>Actual expenditure (accrual) adjusted for changes in prices, using the Gross Domestic P(E) price deflator, and expressed in terms of current year dollars.</p>
Schooling or employment restriction	<p><i>Schooling restriction:</i> as a result of disability, being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school.</p> <p><i>Employment restriction:</i> as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a preferred job.</p>
Service	<p>A service is a support activity provided to a service user, in accord with the CSTDA. Services within the scope of the collection are those for which funding has been provided during the specified period by a government organisation operating under the CSTDA.</p>

Service type	The support activity that the service type outlet has been funded to provide under the CSTDA. The NMDS classifies services according to 'service type'. The service type classification groups services into seven categories: accommodation support; community support; community access; respite; employment; advocacy, information and print disability; and other support services. Each of these categories has subcategories.
Service type outlet	A service type outlet is the unit of the funded agency that delivers a particular CSTDA service type at or from a discrete location. If a funded agency provides, for example, both accommodation support and respite services, it is counted as two service type outlets. Similarly, if an agency is funded to provide more than one accommodation support service type (for example, group homes and attendant care), then it is providing (and is usually separately funded for) two different service types — that is, there are two service type outlets for the funded agency.
Service user	A service user is a person with a disability who receives a CSTDA funded service. A service user may receive more than one service over a period of time or on a single day.
Service users with different levels of severity of core activity limitation	Data on service users with different levels of severity of core activity limitation are derived by the AIHW based on the level of support needed in one or more of the three areas of daily living: self care, mobility and communication. Service users with: <ul style="list-style-type: none"> • a profound core activity limitation reported 'always needing support' in one or more of these areas • a severe core activity limitation reported 'sometimes needing support' in one or more of these areas • moderate to no core activity limitations reported needing 'no support' (including needing no support but using aids) in all of these areas.
Severe core activity limitation	Sometimes needing assistance to perform a core activity task (as per the ABS SDAC 2003).
Users of CSTDA accommodation support services	People using one or more accommodation support services that correspond to the following CSTDA NMDS service types: 1.01 large residential/institutions (more than 20 places); 1.02 small residential/institutions (7–20 places); 1.03 hostels; 1.04 group homes (less than seven places); 1.05 attendant care/personal care; 1.06 in-home accommodation support; 1.07 alternative family placement; and 1.08 other accommodation support.
Users of CSTDA community access services	People using one or more services that correspond to the following CSTDA NMDS service types: 3.01 learning and life skills development; 3.02 recreation/holiday programs; and 3.03 other community access. See AIHW (2007) for more information on service types 3.01–3.03.
Users of CSTDA community support services	People using one or more services that correspond to the following CSTDA NMDS service types: 2.01 therapy support for individuals; 2.02 early childhood intervention; 2.03 behaviour/specialist intervention; 2.04 counselling; 2.05 regional resource and support teams; 2.06 case management, local coordination and development; and 2.07 other community support. See AIHW (2008) for more information on service types 2.01–2.07.

**Users of CSTDA
employment services**

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

**Users of CSTDA respite
services**

People using one or more services that correspond to the following CSTDA NMDS service types: 4.01 own home respite; 4.02 centre-based respite/respite homes; 4.03 host family respite/peer support respite; 4.04 flexible/combination respite; and 4.05 other respite. See AIHW (2008) for more information on service types 4.01–4.05.

14.8 Attachment tables

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

Table 14A.1	Users of CSTDA-funded services, existence of an informal/primary carer, by geographic location
Table 14A.2	Users of CSTDA-funded services, age of primary carers, by geographic location
Table 14A.3	Users of Commonwealth State/Territory Disability Agreement (CSTDA) government and non-government provided services, by service type
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