# 15 Services for people with disability

CONTENTS

15.1 Profile of disability services 15.1

15.2 Framework of performance indicators 15.7

15.3 Key performance indicator results 15.9

15.4 Definitions of key terms 15.34

15.5 References 15.39

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| Attachment tables |
| Attachment tables are identified in references throughout this chapter by a ‘15A’ prefix (for example, table 15A.1) and are available from the website at www.pc.gov.au/rogs/2018. |
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This chapter reports on the Australian, State and Territory governments’ assistance provided to people with disability and their carers. Performance reporting currently focuses on assistance provided by governments through specialist disability services under the National Disability Agreement (NDA) (COAG 2012) as well as the broad social and economic outcomes of people with disability. Performance information on the National Disability Insurance Scheme (NDIS) will be developed for future reports.

Further information on the Report on Government Services including other reported service areas, the glossary and list of abbreviations is available at www.pc.gov.au/rogs/2018.

## 15.1 Profile of disability services

The disability service delivery environment is in a state of transition. The NDIS is being introduced progressively across Australia with full implementation expected by 1 July 2019 (except WA[[1]](#footnote-1)) (table 15A.1). The NDIS will largely replace the existing system of disability care and support provided under the NDA. However, not all existing NDA service users will be eligible for the NDIS and not all specialist disability services will be rolled into the NDIS (in particular, open employment services). Governments have agreed that existing service users will not be disadvantaged during the transition under ‘continuity of support’ arrangements (NDIA 2016).

Nationally, most users of disability services are still receiving support under the NDA. In 2015‑16[[2]](#footnote-2), 3519 people who used disability support services under the NDA were identified as transitioning to the NDIS. As at 30 June 2016, there were 15 041 NDIS participants who were previously State/Territory service users (that is, had transferred at some time from NDA services) (figure 15.1). A number of factors affect the comparability of these data (see table 15A.2).

| Figure 15.1 NDA and NDIS transitions, as at 30 June 2016**a, b, c, d** |
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| | More details can be found within the text surrounding this image. | | --- | |
| a Data are captured at a point in time (30 June 2016) unless otherwise stated. b See table 15A.2 for detailed definitions, footnotes and caveats. c Does not show numbers for those who leave NDA services but do not transition to the NDIS. d Data from the Disability Services National Minimum Data Set (DS NMDS) lag the NDIS data by one year and 30 June 2017 data were not available for the Report. Accordingly, NDIS data for 30 June 2016 are used for comparison purposes in this figure. |
| *Source*: Australian Institute of Health and Welfare (AIHW) (unpublished) DS NMDS; NDIA (published and unpublished), *Quarterly Report to COAG Disability Reform Council, 30 June 2016*; table 15A.2. |
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### Service overview

Currently assistance is provided by governments to people with disability and their carers through both specialist disability services provided under the NDA as well as the NDIS.

The NDA, effective from 1 January 2009 and revised in 2012, provides the national framework and key areas of reform for the provision of government support and services for people with disability. Specialist disability services funded and provided under the NDA include:

* accommodation support services, community support services, community access services, respite care services, employment services, advocacy, information and alternative forms of communication, and other support services. These services tend to be targeted at those who have profound or severe core activity limitations (see section 15.4 for definitions)
* Basic Community Care (BCC) services funded under the NDA[[3]](#footnote-3) assist people with disability to live independently and to actively participate and engage in their community. BCC services include basic maintenance and support services such as allied health care, assessment, case management and client care coordination, centre based day care, counselling, support, information and advocacy, domestic assistance, home maintenance, nursing, personal and respite care, social support, meals, home modification, linen service, goods and equipment and transport.

The NDIS provides reasonable and necessary supports to people with a permanent and significant disability and who need assistance with everyday activities. The scheme is underpinned by an insurance model and each individual seeking access is assessed according to a common set of criteria. Individuals who are deemed eligible receive a package of funding to purchase the supports identified in their individualised plan. The NDIS was established under the *National Disability Insurance Scheme Act 2013.*

People with disability can also access mainstream services provided to the community as a whole. The *National Disability Strategy 2010–2020* guides public policy across governments and aims to bring about changes to all mainstream services and programs, as well as community infrastructure, to ensure they are accessible and responsive to the needs of people with disability. Some mainstream services give priority to people with disability (for example, social housing) or have programs to meet the special needs of people with disability (for example, school education). Data on the participation of people with disability in various government services can be found in other chapters of this Report (chapters 3, 4, 5, 14, 18, 19 and sector overview G).

### Roles and responsibilities

The Australian, State and Territory governments have different but complementary roles and responsibilities:

* State and Territory governments are responsible for the provision of specialist disability services provided under the NDA, except disability employment services. States and territories have full financial and operational responsibility for BCC services for people with disability aged under 65 years (and Aboriginal and Torres Strait Islander people aged under 50 years)[[4]](#footnote-4).
* The Australian Government is responsible for the oversight and funding of employment services for people with disability and the provision of income support. The Australian Government also funds State and Territory governments to contribute to the achievement of the NDA objectives and outcomes.
* All governments share responsibility for NDIS policy, funding and governance (NDIA 2016).

### Funding

In 2016‑17, total government expenditure on specialist disability services provided under the NDA was $7.8 billion — a real decrease of 9.7 per cent from 2015‑16 (table 15A.3). Data are available by source of funding in table 15A.4 (proportions in table 15A.5), but due to differences in funding information provided across jurisdictions for 2015‑16 (impacted in large part by the NDIS transition) meaningful comparisons cannot be made. Table 15A.6 provides data on total government expenditure including and excluding payroll tax.

Direct government expenditure on specialist disability services under the NDA (excluding expenditure on administration) was $7.3 billion in 2016‑17 (table 15A.7). The main areas of government expenditure were accommodation support services (51.1 per cent of total direct service expenditure) and community support (16.8 per cent of total direct service expenditure). Employment services were the main area of Australian Government expenditure (81.7 per cent) (table 15A.8).

Total committed support[[5]](#footnote-5) to the NDIS for 2016‑17 was $3.2 billion (NDIA 2017).

Outlays on income support payments and allowances to people with disability and their carers in 2016‑17 (on an accrual basis) amounted to $24.5 billion, comprising $16.3 billion for the Disability Support Pension, $5.1 billion for the Carer Payment, $2.2 billion for the Carer Allowance, $95.8 million for the Sickness Allowance, $135.5 million for the Mobility Allowance, $180.5 million for the Child Disability Assistance Payment and $578.9 million for the Carer Supplement (Australian Government 2017).

### Size and scope of sector

The ABS estimates that 4.3 million Australians or 18.3 per cent of the population had a disability in 2015 (for those aged under 65 years, this was 2.5 million Australians or   
12.5 per cent of this age group), and an estimated 5.8 per cent had a profound or severe core activity limitation (for those aged under 65 years this was 3.6 per cent) — these results are similar to 2012 and 2009 (ABS 2016, 2013, 2011a). Males and females are similarly affected by disability (for all ages, 18.0 per cent and 18.6 per cent respectively; for those aged under 65 years, 12.8 per cent and 12.4 per cent respectively), but this changes with age and severity of disability (ABS 2016).

Aboriginal and Torres Strait Islander people experience higher rates of disability than non‑Indigenous people. In 2015, 7.3 per cent of all Aboriginal and Torres Strait Islander Australians had a profound or severe core activity limitation — around 1.5 times the proportion for non‑Indigenous Australians (ABS 2016). Table 15A.9 contains additional information on disability prevalence.

#### Use of NDA specialist disability services

In 2015‑16[[6]](#footnote-6), 322 579 people were reported as using NDA disability services.

* 192 517 people reported as using specialist disability services administered by State and Territory governments under the NDA (excluding BCC service users [except in the NT] and those who received specialist psychiatric disability services only). Service use varied across service types with the largest number of users reported for community support (142 383 users)
* 145 493 people reported as using employment services administered by the Australian Government, of which nearly all were provided by non‑government organisations (table 15A.10).

In 2015‑16, the most commonly reported disability of NDA service users was a physical disability (32.9 per cent) followed by intellectual disability (29.0 per cent) (table 15A.12). Information on NDA service users by primary disability group is in table 15A.12 and by need for help in life area is in table 15A.13.

An estimate of the population with the potential to require specialist disability services is referred to as the ‘potential population’ — the number of people aged 0–64 years who could most appropriately be supported by specialist disability services, require ongoing and/or long‑term episodic support, have a permanent or chronic impairment and substantially reduced capacity in one or more core activities (see section 15.4 for further information). In 2015‑16, 32.1 per cent of the estimated potential population were reported as using specialist disability services administered by State and Territory governments under the NDA (excludes service users in the ACT for whom data were not available) (table 15A.10). Data on users of NDA specialist disability services by sex and by age are in table 15A.14. Further information is available from the Disability Support Services report (AIHW 2017).

#### Basic Community Care

For 2016‑17, BCC data were available for all jurisdictions except Victoria and the NT (for the NT, BCC data are included in the counts of NDA specialist disability service users), with data on the number of service users per 1000 population receiving BCC services in table 15A.15, and data on the number of services received in table 15A.16. The quality of the BCC data reported varies across jurisdictions and comparisons should be made with caution.

#### National Disability Insurance Scheme participants

Nationally, as at 30 June 2017, 89 610 NDIS participants had an approved plan (table 15A.2)[[7]](#footnote-7). People identifying as Aboriginal or Torres Strait Islander made up 5 per cent of participants (NDIA 2017). Additional information on NDIS participants’ access to mainstream services and satisfaction with the NDIS can be found in tables 15A.17–18.

#### Income support and allowances

At June 2017, there were around 758 900 recipients of the Disability Support Pension, 263 900 recipients of the Carer Payment, 627 000 recipients of the Carer Allowance, 640 000 recipients of the Carer Supplement (paid to Carer Payment and Carer Allowance recipients), 158 600 recipients of the Child Disability Assistance Payment, 45 200 recipients of the Mobility Allowance and 6300 recipients of the Sickness Allowance (table 15A.19).

#### Informal carers

Family and friends provide most of the help and/or care that people with disability receive. Information about informal carers enables governments to plan ahead for the future demand for services that support carers and the people they assist (see section 15.4 for different definitions of informal carers across collections).

In 2015, an estimated 855 900 informal primary carers (of which 621 600 were aged less than 65 years) provided the majority of assistance with self‑care, mobility and communication for people with disability (ABS 2016). In 2015‑16, of the 322 579 people with disability who accessed NDA specialist disability services, 41.2 per cent reported having an informal carer and 29.1 per cent reported having an informal carer who was a primary carer, with these proportions higher for people in very remote areas (59.3 per cent and 48.9 per cent respectively) (table 15A.20).

## 15.2 Framework of performance indicators

Box 15.1 describes the vision and objectives for the disability services system. The vision and objectives align with the NDA and the NDIS.

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| Box 15.1 Objectives of government funded services for people with disability |
| Disability services aim to help people with disability and their carers have an enhanced quality of life, enjoy choice and wellbeing, achieve independence, social and economic participation, and full inclusion in the community.  For services funded under the NDA, governments aim to achieve this objective by providing access to disability services:   * that meet the individual needs of people with disability and their carers * that provide skills and support to people with disability to enable them to live as independently as possible * that meet a particular standard of quality * on the basis of relative need * that assist families and carers in their caring role.   Under the NDIS, governments aim to achieve this objective through the provision of an NDIS which:   * enables people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports * provides reasonable and necessary supports including early intervention supports * promotes the provision of high quality and innovative supports.   Governments aim for services for people with disability to meet these objectives in an equitable and efficient manner.  Performance reporting in this chapter focuses on services funded under the NDA. Performance reporting on the NDIS will be developed and progressively introduced into future editions of this Report. |
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The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of services for people with disability (figure 15.2).

The performance indicator framework shows which data are complete and comparable in the 2018 Report. For data that are not considered directly comparable, text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability, data completeness and information on data quality from a Report wide perspective. In addition to section 15.1, the Report’s statistical context chapter (chapter 2) contains data that may assist in interpreting the performance indicators presented in this chapter. Chapters 1 and 2 are available from the website at www.pc.gov.au/rogs/2018.

Improvements to performance reporting for services for people with disability are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

| Figure 15.2 Services for people with disability performance indicator framework |
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| | More details can be found within the text surrounding this image. | | --- | |
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## 15.3 Key performance indicator results

Different delivery contexts, locations and types of clients may affect the effectiveness and efficiency of services for people with disability.

### Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1). Output information is critical for equitable, efficient and effective management of government services.

### Equity

#### Access — Service use by special needs groups

‘Service use by special needs groups’ is an indicator of governments’ objective to provide disability services in an equitable manner (box 15.2).

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| Box 15.2 Service use by special needs groups |
| ‘Service use by special needs groups’ is defined as the proportion of service users per 1000 potential population in a particular special needs group, compared with the proportion of service users per 1000 potential population outside that special needs group.  The potential population is an estimate of the number of people with the potential to require specialist disability services at some time. Further details on the potential population can be found in in section 15.4.  Data are reported for three special needs groups:   * People from outer regional and remote/very remote areas * People identified as Aboriginal and Torres Strait Islander Australians * People from culturally and linguistically diverse backgrounds (defined as people who were born in a non‑English speaking country).   Data are reported for accommodation support, community support, community access and employment services. Data per 1000 population are also in tables 15A.23–32 and 15A.36–40.  While a lower proportion within the special needs group relative to outside the special needs group can indicate reduced access, it can also represent strong alternative informal support networks (and a consequent lower level of otherwise unmet need), or a lower tendency of people in a special needs group to choose to access NDA specialist disability services. Similarly, a higher proportion can suggest poor service targeting, the lack of alternative informal support networks or a greater tendency of people in a special needs group to choose to access NDA specialist disability services. |
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| Box 15.2 (continued) |
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| This indicator does not provide information on whether the services were appropriate for the needs of the people receiving them, or correctly targeted on the basis of relative need. The indicator does not take into account differences in the level of informal assistance that is available for people in special needs groups and outside the special needs groups.  Data reported for these measures are:   * comparable (subject to caveats) across jurisdictions and over time * not complete (subject to caveats) for the current reporting period. Service use data were not available for the ACT for 2015‑16 with the exception of employment services.   Data on service access by special needs groups for people supported through the NDIS are under development. |
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##### Service use by special needs groups — people in outer regional and remote/very remote areas

Nationally in 2015‑16, the proportion of the potential population in outer regional and remote/very remote areas who used NDA services was lower than the proportion in major cities/inner regional population for accommodation support, community support, community access and respite services (figure 15.3).

| Figure 15.3 Users of NDA specialist disability services, by geographic location, 2015‑16**a, b, c** |
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| | (a) Accommodation support  More details can be found within the text surrounding this image. (b) Community support  More details can be found within the text surrounding this image.  (c) Community access  More details can be found within the text surrounding this image. (d) Respite  More details can be found within the text surrounding this image.  Legend to Figure 15.3  Blue: Major cities and inner regional Green: Outer regional and remote/very remote  More details can be found within the text surrounding this image. | | --- | |
| a See box 15.2 and tables 15A.23–26 for detailed definitions, footnotes and caveats b Tasmania does not have major cities. The ACT does not have outer regional or remote/very remote areas. The NT does not have major cities/ inner regional areas. c Data are not available for the ACT for 2015‑16. Australian totals exclude ACT service users. |
| *Source*: AIHW (unpublished) DS NMDS; AIHW (unpublished), AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; tables 15A.23–26. |
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Nationally in 2015‑16, the proportion of the potential population in outer regional and remote/very remote areas who used NDA employment services (429.1 service users per 1000 potential population) was lower than that for major cities and inner regional areas (488.4 service users per 1000 potential population) (figure 15.4).

| Figure 15.4 Users of NDA employment services, by geographic location, 2015‑16**a, b** |
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| | More details can be found within the text surrounding this image. | | --- | |
| a See box 15.2 and table 15A.27 for detailed definitions, footnotes and caveats. b Tasmania does not have major cities. The ACT does not have outer regional and remote/very remote areas. The NT does not have major cities or inner regional areas. |
| *Source*: AIHW (unpublished) DS NMDS 2014‑15; AIHW (unpublished), AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; table 15A.27. |
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##### Service use by special needs groups — Aboriginal and Torres Strait Islander people

Nationally in 2015‑16, the proportion of the potential population of Aboriginal and Torres Strait Islander Australians who used NDA services was lower than the proportion for non‑Indigenous Australians for accommodation support, community access services and respite services, but similar for community support (figure 15.5).

| Figure 15.5 Users of NDA specialist disability services, by Indigenous status, 2015‑16**a, b** |
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| | (a) Accommodation support  More details can be found within the text surrounding this image. (b) Community support  More details can be found within the text surrounding this image. (c) Community access  More details can be found within the text surrounding this image. (d) Respite  More details can be found within the text surrounding this image. Legend to Figure 15.5  Blue: Aboriginal and Torres Strait Islander Green: Non-Indigenous  More details can be found within the text surrounding this image. | | --- | |
| a See box 15.2 and tables 15A.28–31 for detailed definitions, footnotes and caveats. b Data are not available for the ACT. Australian totals exclude ACT service users. |
| *Source*: AIHW (unpublished) DS NMDS; AIHW (unpublished), AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; tables 15A.28–31. |
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Nationally in 2015‑16, the Aboriginal and Torres Strait Islander potential population who used NDA employment services (349.2 service users per 1000 potential population) was lower than that of the non‑Indigenous potential population (488.3 service users per 1000 potential population) (figure 15.6).

| Figure 15.6 Users of NDA employment services, by Indigenous status, 2015‑16**a** |
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| | More details can be found within the text surrounding this image. | | --- | |
| a See box 15.2 and table 15A.32 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) DS NMDS; AIHW (unpublished), AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; table 15A.32. |
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Data for Aboriginal and Torres Strait Islander service users for 2008‑09 to 2015‑16 are available in table 15A.41 (specialist disability services) and by age group in tables 15A.33−35 (employment services).

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

Nationally in 2015‑16, the proportion of the potential population born in a non‑English speaking country who used NDA services was lower than that of the potential population born in an English speaking country, for all service types (figure 15.7).

| Figure 15.7 Users of State and Territory administered NDA specialist disability services, by country of birth, 2015‑16**a, b, c** |
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| | (a) Accommodation support  More details can be found within the text surrounding this image. (b) Community support  More details can be found within the text surrounding this image. (c) Community access  More details can be found within the text surrounding this image. (d) Respite  More details can be found within the text surrounding this image. More details can be found within the text surrounding this image. | | --- | |
| a See box 15.2 and tables 15A.36–39 for detailed definitions, footnotes and caveats. b Data are not available for the ACT for 2015‑16. Australian totals exclude ACT service users. c There were no users of respite services in Tasmania in 2015‑16 who were born in a non-English speaking country. |
| *Source*: AIHW (unpublished) DS NMDS 2014‑15; AIHW (unpublished), AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; tables 15A.36–39. |
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Nationally in 2015‑16, the proportion of the potential population of people born in a non‑English speaking country who used NDA employment services (453.1 service users per 1000 potential population) was lower than that of the potential population of people born in an English speaking country (484.9 service users per 1000 potential population) (figure 15.8).

| Figure 15.8 Users of NDA employment services, by country of birth, 2015‑16**a** |
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| a See box 15.2 and table 15A.40 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) DS NMDS; AIHW (unpublished), AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; table 15A.40. |
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### Effectiveness

#### Access — Access to specialist disability services

‘Access to NDA specialist disability services’ is an indicator of governments’ objective to provide access to disability services on the basis of relative need (box 15.3).

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| Box 15.3 Access to specialist disability services |
| ‘Access to specialist disability services’ is defined as the number of people using a particular NDA specialist disability service divided by the potential population for that service (see section 15.4 for further information on the potential population). Data are reported for NDA accommodation support, community support, community access, respite services and employment services (open and supported).  A high or increasing proportion of the relevant estimated potential population using a particular service (the potential population can differ across service types – see section 15.4 for further details) suggests greater access to that service. However, not all people in the estimated potential population will need the service or seek to access the service in the relevant period.  Differences in access between service types may reflect differences in the intensity of a service (for example, it is expected that use of community support services (low intensity) will be higher than accommodation support services (high intensity)).  (continued next page) |
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| Box 15.3 (continued) |
| Information on the proportion of the potential population and the proportion of primary carers who report a need for more formal assistance are available in tables 15A.42–45. 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 measure are:   * comparable (subject to caveats) across jurisdictions and over time * not complete (subject to caveats) for the current reporting period. Service use data were not available for the ACT for 2015‑16 with the exception of employment services.   Data on service access by people supported through the NDIS are under development. |
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Nationally in 2015‑16, the proportion of the estimated potential population using NDA specialist disability services was highest for community support services (22.0 per cent) (figure 15.9) and respite services (13.9 per cent) (figure 15.10), followed by community access services (7.7 per cent) (table 15A.48) and accommodation support services (5.5 per cent) (table 15A.46).

| Figure 15.9 Users of NDA community support services as a proportion of the estimated potential population**a, b** |
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| | More details can be found within the text surrounding this image. | | --- | |
| a See box 15.3 and table 15A.47 for detailed definitions, footnotes and caveats. b Data are not available for the ACT for 2015‑16. The Australian total for 2015-16 excludes ACT service users. |
| *Source*: AIHW (unpublished), DS NMDS, AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; table 15A.47. |
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| Figure 15.10 Users of NDA respite services as a proportion of the estimated potential population**a, b** |
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| | More details can be found within the text surrounding this image. | | --- | |
| a See box 15.3 and table 15A.49 for detailed definitions, footnotes and caveats. b Data are not available for the ACT for 2015‑16. The Australian total for 2015-16 excludes ACT service users. |
| *Source*: AIHW (unpublished) DS NMDS, AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; table 15A.49. |
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Nationally in 2015‑16, for people aged 15–64 years with disability with an employment restriction, 8.8 per cent were using NDA open employment services (Employment Support Services (ESS)) — an increase from 7.5 per cent in 2011‑12 (figure 15.11).

Nationally in 2016‑17, for people aged 15–64 years with disability with an employment restriction, 8.8 per cent were using NDA open employment services (Disability Management Services (DMS)) — similar to 8.4 per cent in 2012‑13 (figure 15.12).

| Figure 15.11 Users of NDA open employment services (ESS) aged 15–64 years as a proportion of the estimated number of people with an employment restriction**a** |
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| | More details can be found within the text surrounding this image. | | --- | |
| a See box 15.3 and table 15A.50 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished), DS NMDS, AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; table 15A.50. |
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| Figure 15.12 Users of NDA open employment services (DMS) aged 15–64 years as a proportion of the estimated number of people with an employment restriction**a** |
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| a See box 15.3 and table 15A.51 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) DS NMDS; DEEWR (unpublished) administrative IT system; DSS (unpublished) administrative IT system; AIHW analysis of the ABS June ERP; ABS Census of Population and Housing and the ABS SDAC; table 15A.51. |
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Nationally in 2015‑16, the number of people with disability who used NDA supported employment services as a proportion of the potential population (aged 15–64 years) was 6.4 per cent — a decrease from 7.7 per cent in 2011‑12 (figure 15.13).

| Figure 15.13 Users of NDA supported employment services aged 15–64 years as a proportion of the total estimated potential population for supported employment services**a** |
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| | More details can be found within the text surrounding this image. | | --- | |
| a See box 15.3 and table 15A.52 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished), DS NMDS; AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC; table 15A.52. |
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#### Access — Younger people with disability in residential aged care

‘Younger people with disability in residential aged care’ is an indicator of governments’ objective to provide access to disability services on the basis of relative need; and through the NDIS, to provide reasonable and necessary supports, including early intervention supports (box 15.4).

| Box 15.4 Younger people with disability in residential aged care |
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| ‘Younger people with disability in residential aged care’ is defined as the rate of non‑Indigenous persons aged 0–64 years and Aboriginal and Torres Strait Islander persons aged 0–49 years admitted to permanent residential aged care per 10 000 potential population. Further details on the potential population can be found in in section 15.4.  These data should be interpreted with care, as some younger people choose to remain in residential aged care for a variety of reasons, such as:   * their physical and nursing needs can be best met in residential aged care |
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| Box 15.4 (continued) |
| * they are satisfied with their current living situation (that is, it is their preferred facility) * the facility is located close to family and friends * it is a familiar home environment.   Data reported for these measures are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2016‑17 data are available for all jurisdictions.   Data by disability status are not available. Further work is required to record disability status for young people entering, receiving or exiting residential aged care. |
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Nationally in 2016‑17, the rate of people aged 0–64 years admitted to permanent residential aged care was 32.8 per 10 000 potential population — around 90 per cent were aged 50 years or over (table 15A.53). Data on the number of younger people receiving and separating from residential aged care to return to home/family are available in tables 15A.54–55. Data on the number of younger people receiving residential aged care by Indigenous status are available in table 15A.56. State and Territory government expenditure for younger people with disability in residential aged care is reported in table 14A.3, chapter 14.

#### Appropriateness — Choice and control

‘Choice and control’ is an indicator of governments’ objective under the NDIS to enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports (box 15.5).

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| Box 15.5 Choice and control |
| ‘Choice and control’ is defined as the proportion of NDIS participants with an active plan in place, who experience independence, and choice and control over their care.  High or increasing proportions of NDIS participants with an active plan in place, who experienced independence and control of their care, is desirable.  Data on NDIS plan activation, client experience of choice and control and assistance to exercise and implement choice and control are being investigated for future reports. |
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#### Quality ― Client and carer satisfaction

‘Client and carer satisfaction’ is an indicator of governments’ objective to provide access to disability services that meet a particular standard of quality; and under the NDIS, to promote the provision of high quality and innovative supports (box 15.6).

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| Box 15.6 Client and carer satisfaction |
| ‘Client and carer satisfaction’ is defined by four measures:   * the proportion of people with disability aged 15–64 years who are satisfied with the quality of assistance received from organised and formal services in the last six months * the proportion of people with disability aged 15–64 years who are satisfied with the range of organised and formal service options available * the proportion of primary carers (of people with disability aged 0–64 years) who are satisfied with the quality of assistance received from formal services, by the person with disability and by the carer in the last six months * the proportion of primary carers (of people with disability aged 0–64 years), who are satisfied with the range of formal service options available to help them in their caring role.   A high or increasing proportion of clients and carers who are satisfied is desirable as it suggests that the service received was of a higher quality.  Data reported for this measure are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2015 data are available for all jurisdictions. |
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Nationally in 2015, of people aged 15–64 years with disability who received formal services in the previous six months, 78.7 per cent were satisfied with the *quality* of assistance they received (table 15A.57), and 49.2 per cent were satisfied with the *range* of services received (table 15A.62). These figures were not significantly different from 2012 (tables 15A.57 and 15A.62).

Nationally, the proportion of primary carers who were satisfied with the *quality* of services received was 73.4 per cent in 2015 compared to 69.0 per cent in 2012 (figure 15.14), however there was no significant change in satisfaction with the *range* of services received (32.5 per cent in 2015) (table 15A.63).

Data disaggregated by special needs groups are available in tables 15A.59–61 and   
15A.63–65.

| Figure 15.14 Proportion of carers of people with disability who are satisfied with the quality of services received**a** |
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| a See box 15.6 and table 15A.58 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) SDAC; table 15A.58. |
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### Efficiency

This Report includes 2016‑17 expenditure data provided by Australian, State and Territory governments. However, as 2016‑17 service user data were not available for this Report, the cost per service user efficiency indicators are reported using expenditure and service use data for 2015‑16. Expenditure data in this Report might differ from information reported elsewhere (for example, data here exclude users of specialist psychiatric disability services only). Information on differences in calculating the reported efficiency indicators can be found in table 15A.66.

#### Cost per output unit ― 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 access to disability services in an efficient manner (box 15.7).

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| Box 15.7 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 divided by the number of users of non‑government provided NDA services. 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).   Assuming all other factors remain constant (such as service quality and accessibility), low or decreasing government expenditure per service user reflects a more efficient provision of this service.  Efficiency data are difficult to interpret. Although high or increasing expenditure per unit of output can reflect deteriorating efficiency, it can also reflect improvements in the quality or other attributes of the services provided, or an increase in the service needs of users. Similarly, low or declining expenditure per unit of output can reflect improving efficiency, or lower quality and less effective services.  Data reported for this measure are:   * comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions (see caveats in attachment tables). The transition of the NDIS impacts results for many jurisdictions * not complete (subject to caveats) for the current reporting period. Service use data for 2015‑16 were not available for the ACT (relevant to group homes and other community settings) and Australian totals do not include the ACT. |
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##### Government contribution per user of non‑government provided services — accommodation support services

Estimated annual government funding on non‑government provided accommodation support services in 2015‑16 was:

* $145 796 (excluding the ACT) per service user in group homes (figure 15.15)
* $76 672 per service user in institutional/residential settings
* $39 580 (excluding the ACT) per service user in other community settings (table 15A.67).

| Figure 15.15 Government contribution per user of non‑government provided accommodation support services in group homes (2015‑16 dollars)**a, b** |
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| a See box 15.7 and table 15A.67 for detailed definitions, footnotes and caveats. b The Australian total for 2015‑16 does not include the ACT, for which service use data were not available. |
| *Source*: AIHW (unpublished) DS NMDS 2011‑12 to 2015‑16; State and Territory governments (unpublished); table 15A.67. |
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Data on the cost per user of government provided accommodation support services, along with historical data on costs and contributions per user, are reported in table 15A.67.

##### Government contribution per user of non‑government provided services — employment services

Nationally, for all employment services, the estimated Australian Government contribution per service user assisted (non-government provided employment services) was $4628 in 2015‑16 (figure 15.16) — $3489 per user of open services (employed or seeking employment in the open labour market) and $11 921 per user of supported services (employed by the service provider) (table 15A.68).

| Figure 15.16 Australian Government contribution per user of non‑government provided employment services (2015‑16 dollars)**a** |
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| | More details can be found within the text surrounding this image. | | --- | |
| a See box 15.7 and table 15A.69 for detailed definitions, footnotes and caveats. |
| *Source*: Australian Government (unpublished); AIHW (unpublished) DS NMDS 2011‑12 to 2015‑16; table 15A.69. |
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#### Cost per output unit ― 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 access to disability services in an efficient manner (box 15.8).

| Box 15.8 Cost per user of State and Territory administered services |
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| ‘Cost per user of State and Territory administered services’ is defined as government expenditure on NDA State and Territory administered services per service user. Two measures are reported:   * Estimated government expenditure per user of NDA services. * Cost per user of government provided accommodation support services in: * institutional/residential settings * group homes * other community settings.   Assuming other factors were constant (such as service quality and accessibility), low or decreasing government expenditure per service user reflects a more efficient provision of this service. |
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| Box 15.8 (continued) |
| Efficiency data are difficult to interpret. Although high or increasing expenditure per unit of output can reflect deteriorating efficiency, it can also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of service users. Similarly, low or decreasing expenditure per unit of output can reflect improving efficiency, or lower quality and less effective services.  Data reported for these measures are:   * comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions. The transition of the NDIS impacts results for many jurisdictions * not complete (subject to caveats) for the current reporting period. Service use data for 2015‑16 were not available for the ACT (relevant to group homes and other community settings) and Australian totals do not include the ACT. |
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Nationally in 2015‑16 (excluding the ACT), estimated expenditure per NDA service user excluding payroll tax was $38 600 (table 15A.71).

| Table 15.1 Total estimated expenditure per NDA service user excluding actual payroll tax (2015-16 dollars)**a** |
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| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust  (excl. ACT) | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 43 174 | 28 504 | 47 352 | 47 573 | 37 878 | 31 065 | na | 35 513 | 38 600 | |
| a See box 15.8 and table 15A.71 for detailed definitions, footnotes and caveats. **na** Not available. |
| *Source*: AIHW (unpublished) DS NMDS; State and Territory government (unpublished); table 15A.71. |
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Estimated annual government expenditure on government-provided accommodation support services in 2015‑16 was:

* $333 724 per service user in institutional/residential settings
* $188 195 (excluding the ACT) per service user in group homes
* $15 390 (excluding the ACT) per service user in other community settings (table 15A.67).

Nationally in 2015‑16, 6.0 per cent of total recurrent expenditure (excluding payroll tax) was administrative (15A.70).

### Outcomes

Outcomes are the impact of services on the status of an individual or group (see chapter 1).

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

‘Labour force participation and employment of people with disability’ is an indicator of governments’ objective to help people with disability achieve economic participation (box 15.9).

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| Box 15.9 Labour force participation and employment of people with disability |
| ‘Labour force participation and employment of people with disability’ is defined by three measures (each by disability status):   * *Labour force participation rate* defined as the number of people with disability aged 15–64 years who are in the labour force (employed or unemployed) divided by the number of people with disability aged 15–64 years * *Employment–to–population ratio* defined as the number of people with disability aged 15–64 years who are employed divided by the number of people with disability aged 15–64 years * *Unemployment rate* defined as the number of people with disability aged 15–64 years who are unemployed divided by the number of people with disability aged 15–64 years who are in the labour force (employed or unemployed).   High or increasing labour force participation and employment rates and low or decreasing unemployment rates for people with disability are desirable.  This indicator does not specify whether the employment positions are appropriate or fulfilling. Data on underemployment (see section 15.4 for definition) can be found in table 15A.72.  Data reported for these measures are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2015 data are available for all jurisdictions. |
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For people aged 15–64 years with a profound or severe core activity limitation, the labour force participation rate and the employment‑to‑population ratio decreased from 2009 (31.3 per cent and 28.0 per cent respectively) to 2015 (25.0 per cent and 21.6 per cent respectively) — both by around 6 percentage points (figure 15.17).

The unemployment rate of those with a profound or severe core activity limitation was 13.7 per cent in 2015; not significantly different from 2009 (10.6 per cent) and 2012 (10.3 per cent) (table 15A.75).

| Figure 15.17 Labour force participation and employment of people with a profound or severe disability, by State/Territory**a** |
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| | Employment-to-population ratio for people with a profound or severe disability aged 15-64 years  More details can be found within the text surrounding this image. | | --- | |
| a See box 15.9 and table 15A.73 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) SDAC; table 15A.73–74. |
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Data by remoteness area and country of birth are available in tables 15A.76–79.

#### Labour force participation of primary carers of people with disability

‘Labour force participation of primary carers of people with disability’ is an indicator of governments’ objective to help carers of people with disability achieve economic participation (box 15.10).

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| Box 15.10 Labour force participation of primary carers of people with disability |
| ‘Labour force participation of primary carers of people with disability’ is defined by three measures:   * *Labour force participation rate* defined as the number of primary carers of people with disability aged 15–64 years who are in the labour force (employed or unemployed) divided by the number of primary carers of people with disability aged 15–64 years * *Employment–to–population ratio* defined as the number primary carers of people with disability aged 15–64 years who are employed divided by the number of primary carers of people with disability aged 15–64 years * *Unemployment rate* defined as the number of primary carers of people with disability aged 15–64 years who are unemployed divided by the number of primary carers of people with disability aged 15–64 years who are in the labour force (employed or unemployed).   High or increasing labour force participation and employment rates and low or decreasing unemployment rates for carers of people with disability are desirable.  This indicator does not provide information on whether the participation in the labour force is fulfilling. Information on the rate of underemployment can be found in table 15A.80 (see section 15.4 for definition).  Data reported for this measure are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2015 data are available for all jurisdictions. |
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Nationally in 2015, the labour force participation rate and employment–to–population ratio for primary carers of people with disability aged 15–64 years was 57.0 per cent and 51.4 per cent respectively; these proportions are not significantly different from 2012 (52.8 per cent and 47.6 per cent respectively) (figure 15.18).

Nationally, the unemployment rate for primary carers of people with disability aged 15–64 years was 10.5 per cent in 2015; similar to 2012 (9.2 per cent) (table 15A.88).

Additional data disaggregated by special needs groups are available in tables 15A.84–88.

| Figure 15.18 Labour force participation and employment for primary carers of people with disability aged 15–64 years, by State/Territory**a, b** |
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| | Labour force participation rate for primary carers  More details can be found within the text surrounding this image. | | --- | |
| a See box 15.10 and tables 15A.81–82 for detailed definitions, footnotes and caveats. b Results were not published for SA, Tasmania, the ACT and the NT for employment-to-population ratios in 2009 due to small numbers. |
| *Source*: ABS (unpublished) SDAC; tables 15A.81–82. |
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#### Social participation of people with disability

‘Social participation of people with disability’ is an indicator of governments’ objective to help people with disability achieve social participation (box 15.11).

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| Box 15.11 Social participation of people with disability |
| ‘Social participation of people with disability’ is defined by three measures:   * The proportion of people with disability aged 15–64 years who have had face‑to‑face contact with ex‑household family or friends in the previous week * The proportion of people with disability aged 15–64 years who travelled to a social activity in the last two weeks * The proportion of people with disability aged 5–64 years who report the main reason for not leaving home as often as they would like is their disability or condition.   A high or increasing proportion of people with disability who participate in social or community activities reflects greater inclusion in the community.  This indicator does not provide information on the degree to which the identified types of social or community activities contribute to people’s quality of life.  Data reported for this measure are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2015 data are available for all jurisdictions. |
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Social participation outcomes have worsened over time.

* Nationally, for people with disability aged 15–64 years, the proportion with a profound or severe core activity limitation:
* who had face‑to‑face contact with ex‑household family or friends in the previous week decreased from 72.5 per cent in 2009 to 67.9 per cent in 2015 (table 15A.89)
* who travelled to a social activity decreased from 88.2 per cent in 2009 to 82.4 per cent in 2015 (table 15A.90)
* Nationally, for people with disability aged 5–64 years, the proportion who reported the main reason for not leaving home as often as they would like is their disability or condition increased from 12.7 per cent in 2009 to 15.7 per cent in 2015 (table 15A.91).

Additional data disaggregated by special needs groups are available in tables 15A.92–97.

#### Use of mainstream services by people with disability

‘Use of mainstream services by people with disability’ is an indicator of governments’ objective that people with disability and their carers have an enhanced quality of life and enjoy choice and wellbeing (box 15.12).

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| Box 15.12 Use of mainstream services by people with disability |
| ‘Use of mainstream services by people with disability’ is defined as the proportion of people with disability who sought to access mainstream services and were able to do so confidently (that is without experiencing difficulty or discrimination).  High or increasing proportions of people with disability who wanted to access mainstream services, and were able to do so confidently, is desirable.  Data are under investigation for reporting against this indicator in future. |
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#### Carer health and wellbeing

‘Carer health and wellbeing’ is an indicator of governments’ objective that people with disability and their carers have an enhanced quality of life and enjoy choice and wellbeing (box 15.13).

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| Box 15.13 Carer health and wellbeing |
| ‘Carer health and wellbeing’ is defined using two measures:   * the proportion of primary carers of people with disability who feel satisfied with their caring role * the proportion of primary carers of people with disability who do not experience negative impacts on their wellbeing due to their caring role   A high or increasing rate of carers who feel satisfied with their caring role and who do not experience negative impacts on their wellbeing due to their caring role is desirable.  Data reported for this indicator are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2015 data are available for all jurisdictions. |
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Nationally in 2015, less than one-quarter of primary carers of people with disability were satisfied with their caring role (22.9 per cent and table 15A.21) and less than half of carers did not experience negative impacts on their wellbeing due to their caring role (44.4 per cent and table 15A.22). Rates of satisfaction and absence of negative impacts on wellbeing were higher for male carers compared to female carers (tables 15A.21–22).

## 15.4 Definitions of key terms

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| **Core activities as per the 2015 ABS SDAC** | Communication, mobility and self‑care. |
| **Disability** | The United Nation’s Convention on the Rights of Persons with Disabilities, ratified by Australia on 17 July 2008, defines ‘persons with disabilities’ as those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.  The World Health Organisation defines ‘disabilities’ as impairments, activity limitations, and participation restrictions: an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; and a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives (WHO 2009).  In the ABS SDAC 2015, a person has a disability if they ‘report they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes:   * 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, seizures, 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 being restricted * any other long term conditions resulting in a restriction.   The third CSTDA (2003, p. 9) defined ‘people with disabilities’ as those whose disability manifests itself before the age of 65 years and for which they require significant ongoing and/or long term episodic support. For these people, the disability will be attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following: self‑care/management, mobility and communication. |
| **Employment services** | Employment services comprise open employment services and supported employment services. Where users of employment services are described without further qualification, this includes people who use either or both open and supported employment services. |

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|  | All open employment services are now included in the Disability Employment Services (DES) program administered by the Department of Social Services (DSS). Disability Employment Services has two parts: Disability Management Services (DMS) is for job seekers with disability, injury or health condition who need assistance to find a job and occasional support to keep a job; and Employment Support Services (ESS) provides assistance to people with permanent disability and who need regular, ongoing support to keep a job. Supported employment services are administered by DSS (formerly FaHCSIA) under the Disability Employment Assistance activity as Australian Disability Enterprises. Australian Disability Enterprises are commercial businesses that provide employment for people with disability in a supportive environment. |
| **Funded agency** | An organisation that delivers one or more NDA service types (service type outlets). Funded agencies are usually legal entities. They are generally responsible for providing DS 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 Australian Statistical Geography Standard 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 2011b). The ‘outer regional and remote/very remote’ classification used in this Report was derived by adding outer regional, remote and very remote data. |
| **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 receive from the private sector and the general public are outside the scope of this Report. |
| **Informal carer** | *ABS informal carer*: a carer is a person of any age who provides any informal assistance, in terms of help or supervision, to persons with disability or older persons (i.e. aged 65 years and over). The 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 activities’, without specific information on the type of activity (ABS 2015).  *NDA Informal Carer:* See NDA primary carer.  *DS NMDS informal carer*: an informal carer is a person such as a family member, friend or neighbour who provides regular and sustained care and assistance to the person requiring support (AIHW 2012). This includes people who may receive a pension or benefit associated with their caring role, but does not include people, either paid or voluntary, whose services are arranged by a formal service organisation. Informal carers can be defined as primary if they help with one or more of the activities of daily living: self care, mobility or communication.  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. |

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|  | 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 people) * worked one hour or more without pay in a family business, or on a farm (excluding people 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. |
| **Mild core activity limitation** | The person needs no help and has no difficulty with any of the core activity tasks, but:   * uses aids or equipment, or has one or more of the following limitations * cannot easily walk 200 metres * cannot walk up and down stairs without a handrail * cannot easily bend to pick up an object from the floor * cannot use public transport * can use public transport, but needs help or supervision * needs no help or supervision, but has difficulty using public transport. (as per the 2015 SDAC). |
| **Moderate core activity limitation** | The person needs no help, but has difficulty with a core activity task (as per the 2015 SDAC). |
| **Payroll tax** | 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).  There are two forms of payroll tax reported:   * *actual* — payroll tax actually paid by non‑exempt services   *imputed* — 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** | 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. The potential population is the number of people aged 0–64 years (and Aboriginal and Torres Strait Islander people aged 0–49 years) who are most appropriately supported by disability services, require ongoing and/or long term episodic support, have a permanent or chronic impairment, and who have a substantially reduced capacity in one or more core activities.  For respite services, only those people with a primary carer are included. For supported employment services, only the potential population aged 15–64 years participating in the labour force are included. For open employment services, the potential population is not used; instead, an estimate of all people with a disability and an employment restriction aged 15–64 is used. Where combined employment services denominators or rates are presented, the supported employment potential population is used.  Potential populations have been estimated for each of the special needs groups (outer regional and remote/very remote areas, Aboriginal and Torres Strait Islander people 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). |

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|  | As Aboriginal and Torres Strait Islander people have significantly higher disability prevalence rates and greater representation in some NDA specialist disability services than non‑Indigenous people, and there are differences in the share of different jurisdictions’ populations who are Aboriginal and Torres Strait Islander, a further Aboriginal and Torres Strait Islander factor adjustment was undertaken. The Aboriginal and Torres Strait Islander factor was multiplied by the ‘expected current population estimate’ of people in the potential population in each jurisdiction to derive the ‘potential population’.  The potential populations for 2005‑06 to 2006‑07 were calculated using national age and sex specific rates of severe or profound core activity limitation from the ABS Survey of Disability, Ageing and Carers (SDAC) conducted in 2003. In 2011, the 2009 SDAC was released, and recalculation of the potential population has resulted in a break in series between the 2003 and 2009 surveys. In 2014, the 2012 SDAC was released, and recalculation of the potential population has resulted in a break in series between the 2009 and 2012 surveys. In 2016, the 2015 SDAC was released, and recalculation of the potential population has resulted in a break in series between the 2012 and 2015 surveys. For this report, the potential population was recalculated based on data from the 2015 SDAC, and has been backcast to the 2013‑14 year.  Data measuring the potential population is not available for each reported year and so has been estimated from several sources based on the following assumptions:   * a) for the purposes of calculation, it is assumed that age‑sex specific proportions of the potential population changed smoothly from 2009 to 2012 and then from 2012 to 2015. * b) the assumption that national age‑sex specific proportions of the potential population from SDAC 2009, SDAC 2012 and SDAC 2015 apply consistently across states/territories is untested.   For more information on the method of calculation of the potential population, see appendix A of SCRGSP 2013. |
| **Primary carer** | *ABS SDAC primary carer:* A primary carer is a person who provides the most informal assistance, in terms of help or supervision, to a person with disability with one or more of the core activities of mobility, self‑care or communication. The assistance has to be ongoing, or likely to be ongoing, for at least six months. In this survey, primary carers only include persons aged 15 years and over. Persons aged 15 to 17 years were only interviewed personally if parental permission was granted.  Where the primary carer has more than one recipient of care, the main recipient of care is the one receiving the most help or supervision. A sole recipient is also classed as a main recipient.  Where the care recipient lives in the same household, the assistance is for one or more of the following core and non‑core activities (cognition/emotion, communication, health care, household chores, meal preparation, mobility, property maintenance, reading or writing, self‑care, transport (ABS 2015).  *NDA primary carer*  The scope of primary carers is primary carers aged 15‑64 years with:   * a main recipient of care aged 0‑64 years, or * a non‑main recipient of care aged 0‑64 years with a profound or severe core activity limitation.   The SDAC collects limited information about non‑main recipients of care who do not co‑reside with the carer. As such, the data may exclude some carers who would have otherwise been in scope for the NDA definitions if the same information was available for all recipients of care.  *DS NMDS primary carer:* 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.  See also informal carer. |

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| **Primary disability group** | Disability group that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person (overall difficulty in daily life, not just within the context of the support offered by a particular service). |
| **Profound core activity limitation** | The person is unable to do or always needs help with, a core activity task. (as per the 2015 SDAC). |
| **Real expenditure** | Actual expenditure (accrual) adjusted for changes in prices, using the General Government Final Consumption Expenditure (GGFCE) deflator, and expressed in terms of current year dollars. |
| **Schooling or employment restriction** | *Schooling restriction:* as a result of disability, being Unable to attend school, attends a special school, attends special classes at an ordinary school, needs at least one day a week off school on average, has difficulty at school.  *Employment restriction:* as a result of disability, permanently unable to work, restricted in the type of work they can or could do, need, or would need, at least one day a week off work on average, restricted in the number of hours they can, or could, work, requires special equipment, modified work environment or special arrangements, needs ongoing assistance or supervision, would find it difficult to change jobs or get a preferred job, needs assistance from a disability job placement program or agency. |
| **Service** | A service is a support activity provided to a service user, in accord with the NDA. Services within the scope of the collection are those for which funding has been provided during the specified period by a government organisation operating under the NDA. |
| **Service type** | The support activity that the service type outlet has been funded to provide under the NDA. The DS 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 alternative forms of communication; and other support services. Each of these categories has subcategories.  Service user data are not collected for the following NDA specialist disability service types: advocacy, information/referral, combined information/advocacy, mutual support/self‑help groups, print disability/alternative formats of communication, research and evaluation, training and development, peak bodies and other support services. In addition, some service types are not required to collect all service user data items. In particular:   * ‘recreation/holiday programs’ (service type 3.02) are required to collect only information related to the statistical linkage key (selected letters of name, date of birth, sex, commencement date and date of last service) * employment services (service types 5.01 and 5.02) are not required to collect selected informal carer information, including primary status (AIHW 2007). |
| **Service type outlet** | A service type outlet is the unit of the funded agency that delivers a particular NDA service type at or from a discrete location. If a funded agency provides, for example, both accommodation support and respite services, it is counted as two service type outlets. Similarly, if an agency is funded to provide more than one accommodation support service type (for example, group homes and attendant care), then it is providing (and is usually separately funded for) two different service types — that is, there are two service type outlets for the funded agency. |
| **Service user** | A service user is a person with disability who receives a NDA specialist disability service. A service user may receive more than one service over a period of time or on a single day. |
| **Severe core activity limitation** | The person sometimes needs help with a core activity task, and/or 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. (as per the SDAC 2015). |

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| **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 NDA specialist disability service types. In some jurisdictions (Victoria and Queensland), specialist psychiatric disability services are funded specifically to provide such support (AIHW 2015). Nationally in 2015‑16, 9238 people used only specialist psychiatric disability services (AIHW unpublished). Data for these services are included in other publications on the DS NMDS, such as AIHW (2017). Therefore, service user data for Victoria, Queensland, and Australia in this chapter will differ from other publications. |
| **Statistical linkage key** | For information on the DS NMDS statistical linkage key see the DS NMDS data quality statement http://meteor.aihw.gov.au/content/index.phtml/ itemId/518043 |
| **Underemployment** | Underemployed people are defined as persons with disability aged 15–64 years who are employed and usually work less than 35 hours per week, who wanted to work more hours and would be able to start work with more hours in the next 4 weeks. |
| **Users of NDA accommodation support services** | People using one or more accommodation support services that correspond to the following DS NMDS service types: 1.01 large residentials/institutions (more than 20 places); 1.02 small residentials/institutions (7–20 places); 1.03 hostels; 1.04 group homes (usually 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 NDA community access services** | People using one or more services that correspond to the following DS NMDS service types: 3.01 learning and life skills development; 3.02 recreation/holiday programs; and 3.03 other community access. |
| **Users of NDA community support services** | People using one or more services that correspond to the following DS 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. |
| **Users of NDA employment services** | People using one or more services that correspond to the following DS NMDS service types: 5.01 open employment and 5.02 supported employment. |
| **Users of NDA respite services** | People using one or more services that correspond to the following DS 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 |

## 15.5 References

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1. Both the National Disability Insurance Agency (NDIA) and WA Government operated trials in WA from 1 July 2014 until 30 June 2017 (this chapter includes the WA Government operated NDIS trial sites in the NDA service user and expenditure data). The bilateral agreement between WA and the Commonwealth Governments signed in January 2017 agreed to the WA Government rolling out the NDIS across WA from 1 July 2017. On 12 December 2017, the WA and Commonwealth Governments announced they had reached an agreement to bring Western Australia into the nationally-delivered National Disability Insurance Scheme (NDIS). This agreement replaces the agreement signed in January 2017 by the previous Western Australian Government. Under the new agreement the NDIA will assume responsibility for rolling out the NDIS in WA from 1 July 2018 with full roll out by 2020. [↑](#footnote-ref-1)
2. 2016-17 data were not available for this Report. [↑](#footnote-ref-2)
3. Except for WA, for which basic community care services continued to be delivered under HACC as a joint Australian and WA State governments’ funded program. The Victorian Government assumed full funding and management responsibilities from 1 July 2016 through the HACC Program for Younger People. [↑](#footnote-ref-3)
4. With the exception of WA. See footnote 3. [↑](#footnote-ref-4)
5. Committed support is the amount allocated to specific plans – not all committed support in a plan is used by a participant. Utilisation of committed support is not yet known for 2016-17, but the NDIA has indicated it is tracking lower than 2015-16 when it was 76 per cent (NDIA 2017). [↑](#footnote-ref-5)
6. These data differ to those reported in figure 15.1 as they are over the full financial year, rather than point in time as at 30 June 2016. 2016‑17 data were not available for this Report. [↑](#footnote-ref-6)
7. The 89 610 NDIS participants, as at 30 June 2017 with approved plans, includes only active participants. Inactive participants are those who have exited the Scheme. As at 30 June 2017, 1,028 participants with approved plans have exited the Scheme (NDIA 2017). [↑](#footnote-ref-7)