# 14 Services for people with disability

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| Attachment tables |
| Attachment tables are identified in references throughout this chapter by a ‘14A’ prefix (for example, table 14A.1). A full list of attachment tables is provided at the end of this chapter, and the attachment tables are available from the website at www.pc.gov.au/rogs/2016. |
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The disability policy and service delivery environment has changed significantly in recent years, most markedly with the introduction and staged implementation of the National Disability Insurance Scheme (NDIS) from 2013. Currently, assistance is provided by governments to people with disability and their carers, through specialist disability services provided under the National Disability Agreement (NDA) and through the NDIS.

This chapter provides information on services provided under the NDA, and reports NDA data from 2009‑10 to 2013‑14, a combination of NDA and Commonwealth–State/Territory Disability Agreement (CSTDA) data for 2008‑09, and CSTDA data for earlier years. Data on the specialist disability services provided under the NDA are collected in the Disability Services National Minimum Data Set (DS NMDS). Data on NDIS participation for both 2013‑14 and 2014‑15 are currently included in this Report as contextual information only. Data are collected by the National Disability Insurance Agency (NDIA). Access to NDIS data will be sought for reporting against the framework in future.

Improvements in the reporting of services for people with disability in this edition include:

* additional contextual information on the number of NDA service users who have transitioned to the NDIS and the number of ‘existing’ NDIS State/Territory service users, plus an NDIS rollout timetable
* NDA open employment services (Disability Management Services) data which previously lagged by one year are now reported for both 2013-14 and 2014-15
* existing contextual Basic Community Care (BCC) data reported with a general population denominator to assist with cross-jurisdictional comparisons of service use.

All abbreviations used in this Report are available in a complete list in volume A: Approach to performance reporting.

## 14.1 Profile of disability services

### Roles and responsibilities

#### Policy context

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. Box 14.1 provides an overview of the NDA.

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| Box 14.1 National Disability Agreement |
| The focus of the NDA is on the provision of specialist disability services. However, the NDA acknowledges that specialist disability services are complemented by mainstream services and income support measures. In the agreement, governments strive towards creating a disability services system that is effective, efficient and equitable, and has a focus on: early intervention; timely, person‑centred approaches; and lifelong planning. Five priority areas underpin the policy directions:   * build the evidence base for disability policies and strategies * enhance family and carer capacity * develop strategies for increased choice, control and self‑directed decision making * maintain innovative and flexible support models for people with high and complex needs * develop employment opportunities for people with disability. |
| *Source*: Council of Australian Governments ((COAG) 2012a). |
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The NDIS was established under the *National Disability Insurance Scheme Act 2013* (the NDIS Act). Trials of the NDIS have commenced in most jurisdictions. In September 2015, NSW and Victoria became the first jurisdictions to sign bilateral agreements with the Australian Government for the full roll out of the NDIS commencing from July 2016 (see table 14A.150 for details). The objectives of the NDIS align with the objectives and outcomes of the NDA (COAG 2012b). The NDIS will largely replace the current provision of services provided under the NDA. Nationally, most users of disability services are still receiving support under the NDA. As the NDIS continues to be implemented, more NDA service users will transition to the NDIS (see table 14A.150). Box 14.2 provides an overview of the NDIS.

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| Box 14.2 National Disability Insurance Scheme |
| The NDIS is an insurance scheme that assists people with disability to access mainstream and community supports, helps support informal care and funds reasonable and necessary supports, including early intervention supports, for its participants.  The NDIS was established under the *National Disability Insurance Scheme Act 2013* (the NDIS Act). The NDIS Act also established the NDIA as the administering agency for the scheme.  The objectives of the NDIS as outlined under the Act include:   * supporting people with disability to pursue their goals and maximise their independence and social and economic participation * developing the capacity of people with disability to participate in the community and in employment * providing reasonable and necessary supports, including early intervention supports, for Scheme participants * supporting people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports * building a sustainable Scheme which is based on insurance principles. |
| *Source*: National Disability Insurance Agency (NDIA) (2014). |
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The National Disability Strategy 2010–2020 was endorsed by COAG in 2011. The Strategy is designed to guide 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.

#### Australian, State and Territory governments

The Australian, State and Territory governments aim to ensure that people with disability and their carers have an enhanced quality of life and participate as valued members of the community. During transition to the NDIS, all governments will continue to exercise their roles and responsibilities as detailed below.

Currently under the NDA, the Australian Government is responsible for:

* provision of employment services for people with disability (which includes regulation, service quality and assurance, assessment, policy development, service planning, and workforce and sector development)
* provision of income support targeted to the needs of people with disability, their families and carers
* provision of funds to states and territories to contribute to the achievement of the NDA objectives and outcomes
* ensuring that Commonwealth legislation and regulations are aligned with the national policy reform directions and the United Nations Convention on the Rights of Persons with Disabilities.

State and Territory governments are responsible for:

* the provision of specialist disability services, except disability employment services
* ensuring that State and Territory legislation and regulations are aligned with the national policy and reform directions.

Australian, State and Territory governments are jointly responsible for:

* development of national policy and reform directions to meet the agreed objectives and outcomes of the NDA
* funding and pursuing research that provides an evidence base for national policy and reform directions
* developing and implementing reforms to improve outcomes for Aboriginal and Torres Strait Islander people with disability
* where appropriate, investing in initiatives to support nationally agreed policy priorities
* the provision of data, including a commitment to providing data for the DS NMDS and a commitment to the improvement of data quality.

Under the NDIS, responsibility for the scheme’s policy, funding and governance is shared by all governments. The key governance arrangements are:

* the scheme is administered by the NDIA and is governed by a Board
* the COAG Disability Reform Council makes the policy decisions relating to the NDIS
* the NDIA manages scheme funds, administers access to the scheme, approves the payment of individualised support packages and will hold all funds contributed by the Commonwealth, states and territories in a single pool
* the Commonwealth Minister is responsible for administering the NDIS Act, and exercises statutory powers with the agreement of states and territories, including power to make the NDIS Rules and direct the NDIA.

### Service overview

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

#### Specialist disability services

Specialist disability services are designed to meet the needs of people with disability. These services tend to be targeted at those who have profound or severe core activity limitations (see section 14.6 for definitions). The seven broad categories of specialist disability services are outlined below:

* *accommodation support services*, which provide support to people with disability in accommodation settings (hostels, institutions and group homes) and in their own homes (including attendant/personal care, in home support and alternative family placements)
* *community support services*, which provide the support needed for a person with disability to live in a non‑institutional setting — including therapy support, counselling and early childhood intervention
* *community access services*, which provide opportunities for people with disability to gain and use their abilities to enjoy their full potential for social independence — including learning and life skills development and recreation/holiday programs
* *respite care services*, which provide a short‑term and time‑limited break for families and other voluntary caregivers of people with disability, to assist in supporting and maintaining the primary care‑giving relationship, while providing a positive experience for the person with disability
* *employment services* for people with disability, which provide:
* open employment services — assistance in obtaining and/or retaining paid employment in the open labour market
* supported employment services — support and employment within the same organisation
* *advocacy, information and alternative forms of communication*, which provide:
* advocacy services to enable people with disability to increase their control over their lives by representing their interests and views in the community
* information services to assist people with disability, their carers, families and related professionals accessing information about disabilities, specific and mainstream services and equipment; and promote the development of community awareness
* alternative forms of communication for people who are, by reason of their disability, unable to access information provided in standard formats
* *other support services*, which include research and evaluation, and training and development projects.

#### National Disability Insurance Scheme

From 1 July 2013, people with disability can access the scheme if they are in a NDIS location, are the eligible age for that location and meet either the disability or early intervention requirements. Disability requirements include people who have a significant and permanent disability and who need assistance with everyday activities. This includes people whose disability is attributed to intellectual, cognitive, neurological, sensory, or physical impairment, or a psychiatric condition. Early intervention requirements include people who have a permanent impairment or are aged under six years with a developmental delay.

With the gradual roll‑out of the NDIS across Australia, it is expected that most existing NDA service users will transition to the NDIS and exit therefore from the DS NMDS collection over time. By 2019‑20, it is anticipated that all eligible Australians under the age of 65 will be covered by the NDIS (except for WA residents).[[1]](#footnote-2)

In 2013‑14, 4051 people who used disability support services under the NDA, transitioned to the NDIS. As at 30 June 2014, there were 4883 NDIS participants who were existing State/Territory service users (that is, had transferred at some time from NDA services) (table 14.1). A number of factors affect the comparability of these data. For example:

* NDIS data are captured at a point in time and DS NMDS data (used for reporting against the NDA) are for a full financial year
* NDIS data are self‑reported and some participants may have been incorrectly identified as existing NDA users when they may be new service users
* some NDA service users may no longer be receiving services under the NDA, but this has not yet been recorded in the DS NMDS (see table 14.1 for further caveats).

As at 30 June 2015, 17 303 NDIS participants had an approved plan. Participant numbers varied by State and Territory, with 4605 in NSW, 4392 in Victoria, 1199 in WA, 4660 in SA, 959 in Tasmania, 1427 in the ACT and 61 in the NT. People identifying as Aboriginal or Torres Strait Islander or classified as Culturally and Linguistically Diverse (CaLD) each made up 4 per cent of participants. Additional information on NDIS participants’ access to mainstream services and client/carer satisfaction can be found in tables 14A.151‑152.

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| Table 14.1 Users of NDA specialist disability services who ‘exited to NDIS’ in 2013‑14 and NDIS participants who were ‘existing service users’ as at 30 June 2014 |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total | | NDA service users who exited to NDIA | | | |  |  |  |  |  |  |  | | NDIS main reason for ceasing servicesa, b | no | 1 329 | 1 752 | 2 | 3 | 403 | 576 | **–** | **–** | 4 051 | | Total number of NDA service users | no | 93 451 | 89 628 | 52 274 | 25 484 | 30 131 | 9 258 | 7 030 | 2 999 | 308 120 | | **Proportion of service users exited to the NDIS** | **%** | 1.4 | 2.0 | **–** | **–** | 1.3 | 6.2 | **–** | **–** | 1.3 | | NDIS participants ― existing State/ Territory service user | | | | | | | | | | | | Existing service usersc | no. | 1 468 | 2 140 | .. | .. | 752 | 523 | .. | .. | 4 883 | | New service usersd | no. | 800 | 767 | .. | .. | 603 | 263 | .. | .. | 2 433 | | All NDIS participants with approved plans | no. | 2 268 | 2 907 | .. | .. | 1 355 | 786 | .. | .. | 7 316 | | **Proportion of NDIS participants who were existing service users** | **%** | **64.7** | **73.6** | **na** | **na** | **55.5** | **66.5** | **..** | **..** | **66.7** | |
| aData represent people who were reported in the DS NMDS who then transitioned to the NDIS and may not represent all service users who have transitioned to the NDIS. b Service users may appear as transitioned to the NDIS in jurisdictions in which there are no NDIS trial sites. This is because a service user identified as transitioning to the NDIS has moved between jurisdictions during the 12‑month period. c Data represents people who participated in the NDIS and reported receiving funded supports from Commonwealth and State/Territory disability programs. d There were 19 active participants with approved plans for whom there was no information on whether they were previously accessing existing disability programs. **na** Not available .. Not applicable – Nil or rounded to zero. |
| *Source*: Australian Institute of Health and Welfare (AIHW, 2015a) *Disability support services: services provided under the National Disability Agreement 2013‑14 — Appendix*. Cat. no. AUS 192; NDIA (published and unpublished), NDIA data collection. |
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#### Mainstream services

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

#### Income support and allowances

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

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| Box 14.3 Australian Government supplementary and income support arrangements |
| Outlays on income support payments and allowances to people with disability and their carers in 2014‑15 (on an accrual basis) amounted to $ 24.1 billion, comprising $16.5 billion for the Disability Support Pension, $4.6 billion for the Carer Payment, $2.1 billion for the Carer Allowance, $105.9 million for the Sickness Allowance, $155.4 million for the Mobility Allowance, $171.0 million for the Child Disability Assistance Payment and $551.7 million for the Carer Supplement.  At June 2015, there were around 814 400 recipients of the Disability Support Pension, 255 500 recipients of the Carer Payment, 622 300 recipients of the Carer Allowance (including Health Care Card only recipients), 62 000 recipients of the Mobility Allowance, 7900 recipients of the Sickness Allowance, 150 800 recipients of the Child Disability Assistance Payment and 614 800 recipients of the Carer Supplement. |
| *Source*: Australian Government (unpublished); table 14A.1. |
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### Funding

Australian, State and Territory governments fund both government and   
non‑government providers of specialist disability services under the NDA including employment services. Commonwealth funding to the State and Territory governments is provided through the National Disability Services Specific Purpose Payment, associated with the NDA. Both the Australian Government and host jurisdictions are responsible for the cost of the NDIS (COAG 2012b). See section 14.3 for details on the inclusion of cash and in‑kind payments to the NDIS in this Report.

In 2014‑15, total government expenditure on these services was $8.0 billion — a real increase of 5.1 per cent from 2013‑14 (table 14A.6). State and Territory governments funded the majority of this expenditure (70.3 per cent, or $5.6 billion). The Australian Government funded the remainder (29.7 per cent, or $2.4 billion), which included $1.4 billion in transfer payments to states and territories and $0.9 billion for disability employment services and other disability services (tables 14A.7‑8). Table 14A.9 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 $7.5 billion in 2014‑15 (table 14A.10). The main areas of government expenditure were accommodation support services (51.3 per cent of total direct service expenditure) and community support (17.3 per cent of total direct service expenditure). Employment services were the main area of Australian Government expenditure (82.6 per cent) (figure 14.1).

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| Figure 14.1 Direct expenditure on NDA specialist disability services, by service type, 2014‑15**a** |
| |  | | --- | | Figure 14.1 Direct expenditure on NDA specialist disability services, by service type, 2014-15  More details can be found within the text surrounding this image. | |
| a See table 14A.10 for detailed definitions, footnotes and caveats. |
| *Source*: Australian, State and Territory governments (unpublished); table 14A.11. |
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Both the Australian Government and host jurisdictions are responsible for the cost of the NDIS trial sites in accordance with Intergovernmental Agreement for the National Disability Insurance Scheme (NDIS) Launch (COAG 2012b). Total funding committed to the NDIS for 2014‑15 was $456.9 million, including cash and in‑kind contributions. The average annualised package cost at 30 June 2015 was approximately $38 423. This includes the costs of a concentration of high needs participants in Large Residential Centres (LRC) in NSW and Victoria. When LRCs are excluded, the average annualised package cost is $33 597(NDIA 2015).[[2]](#footnote-3)

### Size and scope

Definitions of disability are provided in box 14.4.

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| Box 14.4 Definitions of disability |
| The United Nation’s Convention on the Rights of Persons with Disabilities, ratified by Australia on 17 July 2008, defines ‘persons with disabilities’ as those who have  long‑term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.  The World Health Organisation (WHO) defines ‘disabilities’ as impairments, activity limitations and participation restrictions: an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; and a participation restriction is a problem experienced by an individual in involvement in life situations (WHO 2009).  The third CSTDA (2003, p. 9) defined ‘people with disabilities’ as those whose disability manifests itself before the age of 65 years and for which they require significant ongoing and/or long‑term episodic support. For these people, the disability will be attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following: self‑care/management; mobility; communication. The NDA does not include a specific definition of ‘people with disability’.  The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) defines ‘disability’ as a limitation, restriction or impairment, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities. Examples range from hearing loss that requires the use of a hearing aid, to difficulty dressing due to arthritis, to advanced dementia requiring constant help and supervision. The SDAC reports on the spectrum of disability experiences using three main ‘categories’ of disability:   * with a core activity limitation (mild, moderate, severe or profound) * with a schooling or employment restriction * with a disability, but without a specific limitation or restriction — includes people who need assistance with health care, cognition and emotion, paperwork, transport, housework, property maintenance or meal preparation.   Self‑care, mobility and communication are defined as core activities. The ABS defines levels of core activity limitation as:   * mild — where a person does not need assistance and has no difficulty with self‑care, mobility and/or communication, but uses aids or equipment. They may also not be able to easily walk 200m, walk up and down stairs without a handrail, bend to pick up objects from the floor or use public transport easily or without help or supervision * moderate — where a person does not need assistance, but has difficulty with self‑care, mobility and/or communication   (continued next page) |
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| Box 14.4 (continued) |
| * severe — where a person sometimes needs assistance with self‑care, mobility and/or communication tasks; has difficulty understanding or being understood by family or friends; or can communicate more easily using sign language or other non‑spoken forms of communication * profound — where a person is unable, or always needs assistance, to perform self‑care, mobility and/or communication tasks. |
| *Source*: CSTDA (2003); WHO (2009); ABS (2013). |
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#### Disability prevalence

The ABS estimates that 4.2 million Australians, or 18.5 per cent of the population had a disability in 2012 (ABS 2013), the same proportion as in 2009 (ABS 2011a). Of the total population in 2012, an estimated 6.1 per cent had a profound or severe core activity limitation (ABS 2013) compared with 5.8 per cent in 2009 (ABS 2011a). Tables 14A.12 and 14A.13 contain additional information on disability prevalence, and table 14A.14 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.

Males and females are similarly affected by disability (18 per cent and 19 per cent respectively), but this changes with age and severity of disability (figure 14.2).

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| Figure 14.2 Disability prevalence, people with profound or severe core activity limitation, by sex, by age, 2012 |
| |  | | --- | | Figure 14.2 Disability prevalence, people with profound or severe core activity limitation, by sex, by age, 2012  More details can be found within the text surrounding this image. | |
| *Source*: Australian Bureau of Statistics (ABS) (unpublished) Survey of Disability, Ageing and Carers, 2012*.* |
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Aboriginal and Torres Strait Islander people experience significantly higher rates of disability than non‑Indigenous people. Nationally in 2012, after adjusting for differences in population age structures, the SDAC shows that 8.4 per cent of Aboriginal and Torres Strait Islander people reported a profound or severe core activity limitation, around 1.7 times the rate for non‑Indigenous people (4.9 per cent). The disparity between Aboriginal and Torres Strait Islander and non‑Indigenous people is consistent across age groups (figure 14.3). Data from the 2011–13 Australian Health Survey, whilst not directly comparable, show similar trends.

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| Figure 14.3 Disability prevalence, by Indigenous status, by age, 2012**a** |
| |  | | --- | | Figure 14.3 Disability prevalence, by Indigenous status, by age, 2012  More details can be found within the text surrounding this image. | |
| AS = Age standardised. a The SDAC does not survey people in very remote areas. |
| *Source*: ABS (unpublished) Survey of Disability, Ageing and Carers. |
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##### Potential population

The potential population is an estimate, derived using a range of data sources, of the number of people with the potential to require disability support services, including individuals who meet the service eligibility criteria but who do not demand services. Results are reported as rates, which are the proportion of potential service users that are actually using the service. This allows better comparison between people in special needs groups with people outside those groups. For open employment services, the potential population is not used; instead, an estimate of all people aged 15–64 years with disability and who have an employment restriction is used. Further information on deriving potential populations for special needs groups for the 2016 Report can be found in section 14.5.

#### 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. Support services that assist people with disability to live in the community, such as in‑home accommodation support and community support, often complement and are contingent on the availability of informal care. In turn, the provision of informal care may rely on access to formal support services, including carer respite services and a range of services for the person with disability.

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

* the SDAC defines an informal 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)
* the DS NMDS defines an informal carer as someone, such as a family member, friend or neighbour, who is identified as providing regular and sustained care and assistance to a person with disability (see section 14.6 for further details). Informal carers who provide assistance with core activities (self‑care, mobility and communication) are defined as primary carers.

An estimated 576 400 informal primary carers aged 15–64 years provided the majority of assistance with self‑care, mobility and communication for people with disability, including older people, in 2012 (ABS 2013), similar to 2009 (ABS 2011a). In 2013‑14, of the 308 120 people with disability who accessed NDA specialist disability services, 44.4 per cent reported having an informal carer and 31.5 per cent reported having an informal carer who was a primary carer, with these proportions higher for people in very remote areas (54.3 per cent and 44.6 per cent respectively) (table 14A.2). Table 14A.4 provides data on the proportions of informal primary carers who are in different age groups, by location.

#### Use of NDA specialist disability services

In 2013‑14, 192 915 people were reported as using specialist disability services administered by State and Territory governments under the NDA (excluding service users who received specialist psychiatric disability services only). Nationally, this is 33.8 per cent of the estimated potential population. Service use varied across service types with the largest number of users in 2013‑14 reported for community support (142 159 users) and employment services (132 169 users), followed by community access (49 562 users), respite services (37 316 users) and accommodation support (37 065 users) (table 14A.15).

In 2013‑14, the most commonly reported disability of NDA service users was an intellectual disability (32.3 per cent of service users, including 26.6 per cent who reported it as their primary disability) (figure 14.4). Data on users of NDA specialist disability services for people aged 0–64 years as a proportion of the estimated potential population by sex and by age are also available (table 14A.18) and in the AIHW’s publication *Disability support services: Services provided under the National Disability Agreement 2013‑14* (AIHW 2015a).

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| Figure 14.4 NDA specialist disability service users, by disability group, 2013‑14**a** |
| |  | | --- | | Figure 14.4 NDA specialist disability service users, by disability group, 2013-14  More details can be found within the text surrounding this image. | |
| DL = Delayed development; Intellect = Intellectual disability; SL = Specific learning; ABI = Acquired brain injury; DB = Deafblind; Psych = Psychiatric; Neuro = Neurological. a See tables 14A.16‑17 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) DS NMDS 2013‑14; tables 14A.16‑17. |
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#### Basic Community Care

Basic Community Care (BCC) services are provided under the NDA to assist people with disability to live independently and to actively participate and engage in their community. BCC services include basic maintenance and support services, including 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 care and respite care, social support, meals, home modification, linen service, goods and equipment, and transport.

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). Further information on these services can be found in sector overview F.

Nationally in 2014‑15, there were 10 service users per 1000 population (non‑Indigenous people under the age of 65 years and Aboriginal and Torres Strait Islander people under the age of 50 years) receiving BCC services (table 14.2).

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| Table 14.2 Users of Basic Community Care services, 2014‑15**a** |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Aboriginal and Torres Strait Islander people aged 49 years and under | | | | | | | | | | | Numerator | 3 018 | 1 136 | 1 405 | 554 | 716 | 165 | 49 | 142 | 7 185 | | Denominator (‘000) | 186.6 | 43.8 | 175.8 | 80.8 | 34.1 | 21.7 | 5.9 | 62.1 | 610.8 | | **Rate per 1000 population** | **16.2** | **25.9** | **8.0** | **6.9** | **21.0** | **7.6** | **8.3** | **2.3** | **11.8** | | People born in non‑English speaking countries aged 64 years and under | | | | | | | | | | | Numerator | 7 217 | 10 070 | 2 164 | 1 209 | 1 743 | 173 | 503 | 17 | 23 096 | | Denominator (‘000) | 12 13.7 | 957.2 | 390.4 | 319.6 | 167.2 | 20.2 | 56.0 | 24.5 | 3 148.8 | | **Rate per 1000 population** | **5.9** | **10.5** | **5.5** | **3.8** | **10.4** | **8.6** | **9.0** | **0.7** | **7.3** | | All people aged 64 years and under and Aboriginal and Torres Strait Islander people aged 49 years and under | | | | | | | | | | | Numerator | 49 744 | 69 506 | 37 203 | 14 063 | 19 474 | 5 846 | 3 465 | 233 | 199 534 | | Denominator (‘000) | 6 330.5 | 4 971.4 | 4 042.4 | 2 236.1 | 1 393.9 | 420.3 | 340.0 | 221.5 | 19 956.0 | | **Rate per 1000 population** | **7.9** | **14.0** | **9.2** | **6.3** | **14.0** | **13.9** | **10.2** | **1.1** | **10.0** | |
| a See table 14A.149 for detailed definitions, footnotes and caveats. |
| *Source*: DSS (unpublished) HACC MDS 2014‑15; table 14A.149. |
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Data on BCC services received by people aged under 65 years and Aboriginal and Torres Strait Islander people aged under 50 years are also available by geographical location (tables 14A.143−148).

## 14.2 Framework of performance indicators

The framework of performance indicators reflects governments’ shared objectives and priorities under the NDA (box 14.5).

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| Box 14.5 Objectives of government funded services for people with disability |
| The long‑term objective under the NDA is that:  People with disability and their carers have an enhanced quality of life and participate as valued members of the community.  All aspects of the NDA contribute to or measure progress towards this objective. The objective is enhanced by three specific outcomes as well as a set of revised priority reform areas (outlined in box 14.1). The outcomes are that:   * people with disability achieve economic participation and social inclusion * people with disability enjoy choice, wellbeing and the opportunity to live as independently as possible * families and carers are well supported.   In support of the agreed NDA outcomes, governments will contribute to the following outputs:   * services that provide skills and support to people with disability to enable them to live as independently as possible * services that assist people with disability to live in stable and sustainable living arrangements * income support for people with disability and their carers * services that assist families and carers in their caring role |
| *Source*:COAG (2012a). |
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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 14.5). The performance indicator framework shows which data are complete and comparable in the 2016 Report. For data that are not considered directly comparable, text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability and data completeness from a Report‑wide perspective (section 1.6).

In addition to section 14.1, the Report’s statistical context chapter contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics (chapter 2).

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| Figure 14.5 Services for people with disability performance indicator framework |
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## 14.3 Key performance indicator results

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

Data quality information (DQI) is included where available for performance indicators in this Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators, in addition to material in the chapter or sector overview and attachment tables. All DQI for the 2016 Report can be found at www.pc.gov.au/rogs/2016.

### 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, section 1.5). Output information is also critical for equitable, efficient and effective management of government services.

### Equity and effectiveness

#### Access to appropriate services on the basis of relative need – Access to NDA specialist disability services

‘Access to NDA specialist disability services’ is an indicator of governments’ objective to provide access to government funded services, including specialist disability services, on the basis of relative need and available resources (box 14.6).

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| Box 14.6 Access to National Disability Agreement specialist disability services |
| ‘Access to NDA 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. 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 sections 14.5 and 14.6.  Measures of services are reported for accommodation support, community support, community access, respite services and employment services (open and supported). ‘Access to NDA 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. The potential population is an estimate of the number of people with the potential to require specialist disability services at some time.  Measures of services are reported for accommodation support, community support, community access, respite services and employment services (open and supported).  (continued next page) |
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| Box 14.6 (continued) |
| 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 aged 15–64 years with a disability and who have an employment restriction is used.  In previous Reports, the numerator of an access measure included service users of all ages, unlike NDA reporting, where the numerator excludes users aged 65 years and over. For this report, the numerators of the access measures have been aligned with the age scope of the NDA and backcast to 2004‑05.  A high or increasing proportion of the relevant estimated potential population using a particular NDA 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 measure are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2013‑14 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2016. |
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Nationally in 2013‑14, of the estimated potential population:

* 5.8 per cent were using NDA accommodation support services (figure 14.6)
* 23.2 per cent were using NDA community support (figure 14.7)
* 7.7 per cent were using NDA community access (figure 14.8)
* 16.4 per cent who reported having a primary carer were using NDA respite services (figure 14.9).

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| Figure 14.6 Users of NDA accommodation support services as a proportion of the estimated potential population**a** |
| Figure 14.6 Users of NDA accommodation support services as a proportion of the estimated potential population  More details can be found within the text surrounding this image. |
| a See box 14.6 and table 14A.19 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 14A.19. |
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| Figure 14.7 Users of NDA community support services as a proportion of the estimated potential population**a** |
| |  | | --- | | Figure 14.7 Users of NDA community support services as a proportion of the estimated potential population  More details can be found within the text surrounding this image. | |
| a See box 14.6 and table 14A.20 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 14A.20. |
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| Figure 14.8 Users of NDA community access services as a proportion of the estimated potential population**a** |
| |  | | --- | | Figure 14.8 Users of NDA community access services as a proportion of the estimated potential population    More details can be found within the text surrounding this image. | |
| a See box 14.6 and table 14A.21 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 14A.21. |
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| Figure 14.9 Users of NDA respite services as a proportion of the estimated potential population for respite services**a** |
| |  | | --- | | Figure 14.9 Users of NDA respite services as a proportion of the estimated potential population for respite services  More details can be found within the text surrounding this image. | |
| a See box 14.6 and table 14A.22 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 14A.22. |
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Nationally in 2013‑14, for people aged 15–64 years with disability with an employment restriction:

* 7.5 per cent were using NDA open employment services (Employment Support Services (ESS)) (figure 14.10)
* 8.0 per cent were using NDA open employment services (Disability Management Services (DMS)) (figure 14.11).

Nationally in 2013‑14, the number of people with disability who used NDA supported employment services as a proportion of the potential population (aged 15–64 years) was 6.9 per cent (figure 14.12).

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| Figure 14.10 Users of NDA open employment services (Employment Support Services) aged 15–64 years as a proportion of the estimated number of people with an employment restriction**a** |
| |  | | --- | | Figure 14.10 Users of NDA open employment services (Employment Support Services) aged 15–64 years as a proportion of the estimated number of people with an employment restriction  More details can be found within the text surrounding this image. | |
| a See box 14.6 and table 14A.23 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 14A.23. |
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| Figure 14.11 Users of NDA open employment services (Disability Management Services) aged 15–64 years as a proportion of the estimated number of people with an employment restriction**a** |
| |  | | --- | | Figure 14.11 Users of NDA open employment services (Disability Management Services) aged 15–64 years as a proportion of the estimated number of people with an employment restriction  More details can be found within the text surrounding this image. | |
| a See box 14.6 and table 14A.24 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 14A.24. |
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| Figure 14.12 Users of NDA supported employment services aged 15–64 years as a proportion of the total estimated potential population for supported employment services**a** |
| |  | | --- | | Figure 14.12 Users of NDA supported employment services aged 15–64 years as a proportion of the total estimated potential population for supported employment services  More details can be found within the text surrounding this image. | |
| a See box 14.6 and table 14A.25 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 14A.25. |
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#### Access to appropriate services on the basis of relative need – Service use by severity of disability

‘Service use by severity of disability’ is an indicator of governments’ objective to use available resources to provide services to people on the basis of relative need (box 14.7). This indicator provides additional information for interpreting the access to NDA services measures reported above.

Data on the need for assistance (a proxy measure of relative need) are derived using information on whether support is needed in one or more of the following support areas:

* activities of daily living (ADL) — self‑care, mobility, and communication (the core support areas) (conceptually similar to the core activity limitations identified in the SDAC)
* activities of independent living (AIL) — interpersonal interactions and relationships, learning, applying knowledge and general tasks and demands; and domestic life
* or activities of work, education and community living (AWEC) — education, community (civic) and economic life; and work.

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| Box 14.7 Service use by severity of disability |
| ‘Service use by severity of disability’ is defined as the proportion of people who access NDA specialist disability services, by need for help with ADL, AIL, AWEC. Four categories are reported:   * need help with ADL * need help with AIL or AWEC but not ADL * does not need assistance or information on ADL, AIL or AWEC * not stated/collected.   Measures are reported for accommodation support, community support, community access, respite and employment services.  A high or increasing proportion of people using a particular service type who need help with ADL suggests greater access for those with the greatest level of need.  This indicator does not provide information on whether services are appropriate for the needs of the people receiving them or appropriately targeted based on relative need taking into account access to other formal and informal support.  The concept of severity of disability is associated with data on whether people need help with ADL, or AIL, or AWEC, but these data only provide a proxy measure of severity.  The need for services is assumed to vary according to the need for help with ADL, or AIL, or AWEC. Data on ADL, AIL and AWEC are self/carer identified, not based on formal clinical assessments of individual limitations. Other factors may also be important in determining relative need, such as the complexity of a service user’s needs in other activity areas.  Data reported for this measure are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2013‑14 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2016. |
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Nationally, in 2013‑14:

* users of NDA services needing help with ADL was highest for accommodation services (84.3 per cent) and respite services (82.7 per cent), followed by community access services and community support services (73.4 per cent and 72.8 per cent respectively) and lowest for employment services (44.4 per cent)
* between 5‑10 per cent of users of NDA services required assistance with AIL or AWEC but not with ADL, with the exception of users of employment services (32.6 per cent)
* less than 3 per cent of users of NDA services did not report any need for assistance in major life areas (except for employment services, with 15.3 per cent not reporting any need for assistance) (figure 14.13).

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| Figure 14.13 Users of NDA specialist disability services, by need for help with activities 2013‑14**a** |
| |  | | --- | | Figure 14.13 Users of NDA specialist disability services, by need for help with activities 2013-14  (a) Accommodation support  More details can be found within the text surrounding this image. Figure 14.13 Users of NDA specialist disability services, by need for help with activities 2013-14  (b) Community support  More details can be found within the text surrounding this image. Figure 14.13 Users of NDA specialist disability services, by need for help with activities 2013-14  (c) Community access  More details can be found within the text surrounding this image. Figure 14.13 Users of NDA specialist disability services, by need for help with activities 2013-14  (d)  Respite  More details can be found within the text surrounding this image. Figure 14.13 Users of NDA specialist disability services, by need for help with activities 2013-14  (e) Employment  More details can be found within the text surrounding this image. Legend to Figure 14.13 Users of NDA specialist disability services, by need for help with activities 2013-14  More details can be found within the text surrounding this image. | |
| a See box 14.7 and tables 14A.27, 14A.28, 14A.29, 14A.30 and 14A.31 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) DS NMDS; tables 14A.27, 14A.28, 14A.29, 14A.30 and 14A.31. |
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Tables on users of NDA employment services for people aged 15–64 years as a proportion of the estimated potential population for 2007‑08 to 2013‑14 are also available (14A.32‑33).

#### Access to appropriate services on the basis of relative need — 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 14.8). This indicator compares access for people from special needs groups with access for people from outside the special needs group.

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| Box 14.8 Service use by special needs groups |
| ‘Service use by special needs groups’ is defined by two measures:   * the proportion of service users per 1000 population (people aged 0‑64 years) in a particular special needs group, compared with the proportion of service users per 1000 population (people aged 0‑64 years) outside the special needs group * 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 the special needs group.   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 who were born in a non‑English speaking country.   Both measures are reported for accommodation support, community support, community access and employment services. For respite services, data are reported  per 1000 population only, due to data limitations.  For both measures, 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. For the measure that compares access per 1000 population, significant differences in access can also reflect the special needs group having a higher/lower prevalence of disability.  This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted on the basis of relative need. The indicator does not take into account differences in the level of informal assistance that is available for people in special needs groups and outside the special needs groups. Results for outer regional and remote/very remote users of accommodation support services, for example, should be considered with care, because alternatives to government funded accommodation support services are likely to be more readily available in these areas. This is because 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.  (continued next page) |
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| Box 14.8 (continued) |
| 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 2013‑14 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2016. |
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##### Service use by special needs groups — people in outer regional and remote/very remote areas

Nationally in 2013‑14, the proportion of the outer regional and remote/very remote population who used NDA services was slightly lower than the proportion of the major cities/inner regional population:

* for accommodation support services, 1.7 compared to 1.9 service users per 1000 people
* for community support services, 7.0 compared to 7.1 service users per 1000 people
* for community access services, 2.1 compared to 2.5 service users per 1000 people
* for respite services, 1.8 compared to 1.9 service users per 1000 people (figure 14.14).

Service use as a proportion of the potential population followed a similar pattern, with the proportion of the outer regional and remote/very remote potential population who used NDA services lower than that of the major cities and inner regional potential population who used these services:

* for accommodation support services, 53.4 compared to 65.8 service users per 1000 potential population
* for community support services, 218.2 compared to 248.9 service users per 1000 potential population
* for community access services, 66.8 compared to 86.5 service users per 1000 potential population (figure 14.15).

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| Figure 14.14 Users of NDA specialist disability services per 1000 people, by geographic location, 2013‑14**a, b** |
| |  | | --- | | Figure 14.14 Users of NDA specialist disability services per 1000 people, by geographic location, 2013-14   (a) Accommodation support  More details can be found within the text surrounding this image. Figure 14.14 Users of NDA specialist disability services per 1000 people, by geographic location, 2013-14   (b) Community support  More details can be found within the text surrounding this image. | | Figure 14.14 Users of NDA specialist disability services per 1000 people, by geographic location, 2013-14   (c) Community access   More details can be found within the text surrounding this image. Figure 14.14 Users of NDA specialist disability services per 1000 people, by geographic location, 2013-14   (d) Respite  More details can be found within the text surrounding this image. | | Legend to Figure 14.14 Users of NDA specialist disability services per 1000 people, by geographic location, 2013-14   More details can be found within the text surrounding this image. | |
| a See box 14.8 and tables 14A.34–37 for detailed definitions, footnotes and caveats. b The NT does not have major cities and inner regional areas. The ACT does not have outer regional or remote/very remote areas. |
| *Source*: AIHW (unpublished) DS NMDS; AIHW (unpublished), AIHW analysis of the ABS June ERP; tables 14A.34–37. |
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| Figure 14.15 Users of NDA specialist disability services per 1000 potential population, by geographic location, 2013‑14**a, b, c** |
| |  | | --- | | Figure 14.15 Users of NDA specialist disability services per 1000 potential population, by geographic location, 2013-14  (a) Accommodation support  More details can be found within the text surrounding this image. Figure 14.15 Users of NDA specialist disability services per 1000 potential population, by geographic location, 2013-14  (a) Community support  More details can be found within the text surrounding this image. Figure 14.15 Users of NDA specialist disability services per 1000 potential population, by geographic location, 2013-14  (c) Community access  More details can be found within the text surrounding this image.  Legend to Figure 14.15 Users of NDA specialist disability services per 1000 potential population, by geographic location, 2013-14  More details can be found within the text surrounding this image. | |
| a See box 14.8 and tables 14A.34–36 for detailed definitions, footnotes and caveats b The ACT does not have outer regional or remote/very remote areas. The NT does not have major cities and inner regional areas. c Some data for Tasmania, ACT and NT community access services are not published due to privacy reasons (see table 14A.36). |
| *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 14A.34–36. |
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Nationally in 2013‑14, the proportion of the outer regional and remote/very remote population who used NDA employment services (8.7 service users per 1000 population) was higher than that of the major cities and inner regional population (8.6 service users per 1000 population) (figure 14.16). However, as a proportion of the potential population, the results reflected the direction for other NDA services, with the proportion of the outer regional and remote/very remote potential population who used NDA employment services (383.0 service users per 1000 potential population) lower than that of the major cities and inner regional potential population (449.1 service users per 1000 potential population) (figure 14.16).

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| Figure 14.16 Users of NDA employment services, by geographic location, 2013‑14**a, b** |
| Figure 14.16 Users of NDA employment services, by geographic location, 2013-14   Users/1000 people  More details can be found within the text surrounding this image. Figure 14.16 Users of NDA employment services, by geographic location, 2013-14   Users/1000 potential population  More details can be found within the text surrounding this image. Legend to Figure 14.16 Users of NDA employment services, by geographic location, 2013-14   More details can be found within the text surrounding this image. |
| a See box 14.8 and table 14A.38 for detailed definitions, footnotes and caveats. b 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 2013‑14; AIHW (unpublished), AIHW analysis of the ABS estimated resident population (ERP) June 2013, ABS Census of Population and Housing and the ABS SDAC; table 14A.38. |
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##### Service use by special needs groups — Aboriginal and Torres Strait Islander people

Nationally in 2013‑14, the proportion of the Aboriginal and Torres Strait Islander population who used NDA services was higher than the proportion of the non‑Indigenous population:

* for accommodation support services, 3.1 compared to 1.8 service users per 1000 people
* for community support services, 14.9 compared to 6.7 service users per 1000 people
* for community access services, 3.4 compared to 2.3 service users per 1000 people
* for respite services, 3.0 compared to 1.8 service users per 1000 people (figure 14.17).

Service use as a proportion of the potential population showed different results, with the proportion of the Aboriginal and Torres Strait Islander potential population who used NDA services lower than that of the non‑Indigenous potential population who used these services:

* for accommodation support services, 51.5 compared to 64.7 service users per 1000 potential population
* for community support services, 250.2 compared to 239.7 service users per 1000 potential population
* for community access services, 57.3 compared to 83.5 service users per 1000 potential population (figure 14.18).

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| Figure 14.17 Users of NDA specialist disability services per 1000 people, by Indigenous status, 2013‑14**a** |
| |  | | --- | | Figure 14.17 Users of NDA specialist disability services per 1000 people, by Indigenous status, 2013-14  (a) Accommodation support  More details can be found within the text surrounding this image. Figure 14.17 Users of NDA specialist disability services per 1000 people, by Indigenous status, 2013-14  (b) Community support  More details can be found within the text surrounding this image. Figure 14.17 Users of NDA specialist disability services per 1000 people, by Indigenous status, 2013-14  (c) Community access  More details can be found within the text surrounding this image. Figure 14.17 Users of NDA specialist disability services per 1000 people, by Indigenous status, 2013-14  (d) Respite  More details can be found within the text surrounding this image. | | Legend to Figure 14.17 Users of NDA specialist disability services per 1000 people, by Indigenous status, 2013-14  More details can be found within the text surrounding this image. | |
| a See box 14.8 and tables 14A.40–43 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; tables 14A.40–43. |
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| Figure 14.18 Users of NDA specialist disability services per 1000 potential population, by Indigenous status, 2013‑14**a** |
| |  | | --- | | Figure 14.18 Users of NDA specialist disability services per 1000 potential population, by Indigenous status, 2013-14  (a) Accommodation support  More details can be found within the text surrounding this image. Figure 14.18 Users of NDA specialist disability services per 1000 potential population, by Indigenous status, 2013-14  (b) Community support  More details can be found within the text surrounding this image. Figure 14.18 Users of NDA specialist disability services per 1000 potential population, by Indigenous status, 2013-14  (c) Community access  More details can be found within the text surrounding this image. | | Legend to Figure 14.18 Users of NDA specialist disability services per 1000 potential population, by Indigenous status, 2013-14  More details can be found within the text surrounding this image. | |
| a See box 14.8 and tables 14A.40–42 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; tables 14A.40–42. |
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Data on users of NDA specialist disability support services as a proportion of the Aboriginal and Torres Strait Islander estimated potential population for 2008‑09 to   
2013‑14 are also available (table 14A.39).

Nationally in 2013‑14, the proportion of the Aboriginal and Torres Strait Islander population who used NDA employment services (13.9 service users per 1000 population) was higher than that of the non‑Indigenous population (8.4 service users per 1000 population) (figure 14.19). The proportion of the Aboriginal and Torres Strait Islander potential population who used NDA employment services (304.7 service users per 1000 potential population) was lower than that of the non‑Indigenous potential population (448.7 service users per 1000 potential population) (figure 14.19). Data on users of NDA open and supported employment services as a proportion of the Aboriginal and Torres Strait Islander potential population are also available disaggregated by age (tables 14A.45−47), from 2008‑09 to 2013‑14 for open (ESS) and supported services and from 2010‑11 to 2014‑15 for open (DMS) employment services.

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| Figure 14.19 Users of NDA employment services, by Indigenous status, 2013‑14**a** |
| Figure 14.19 Users of NDA employment services, by Indigenous status, 2013-14  Users/1000 people  More details can be found within the text surrounding this image. Figure 14.19 Users of NDA employment services, by Indigenous status, 2013-14  Users/1000 potential population  More details can be found within the text surrounding this image. Legend to Figure 14.19 Users of NDA employment services, by Indigenous status, 2013-14  More details can be found within the text surrounding this image. |
| a See box 14.8 and table 14A.44 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 14A.44. |
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##### Service use by special needs groups — people born in a non‑English speaking country

Nationally in 2013‑14, the proportion of people born in a non‑English speaking country who used NDA services was lower than the proportion born in an English speaking country:

* for accommodation support services, 0.5 compared to 2.1 service users per 1000 people
* for community support services, 2.1 compared to 7.8 service users per 1000 people
* for community access services, 1.0 compared to 2.6 service users per 1000 people
* for respite services, 0.5 compared to 2.1 service users per 1000 people (figure 14.20).

Service use as a proportion of the potential population followed a similar pattern, with the proportion of the potential population born in a non‑English speaking country who used NDA services lower than that of the potential population born in an English speaking country:

* for accommodation support services, 25.8 compared to 68.3 service users per 1000 potential population
* for community support services, 113.3 compared to 253.0 service users per 1000 potential population
* for community access services, 51.5 compared to 83.9 service users per 1000 potential population (figure 14.21).

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| Figure 14.20 Users of NDA specialist disability services per 1000 people, by country of birth, 2013‑14**a** |
| |  | | --- | | Figure 14.20 Users of NDA specialist disability services per 1000 people, by country of birth, 2013-14  (a) Accommodation support  More details can be found within the text surrounding this image. Figure 14.20 Users of NDA specialist disability services per 1000 people, by country of birth, 2013-14  (b) Accommodation support  More details can be found within the text surrounding this image. | | Figure 14.20 Users of NDA specialist disability services per 1000 people, by country of birth, 2013-14  (c) Community access  More details can be found within the text surrounding this image. Figure 14.20 Users of NDA specialist disability services per 1000 people, by country of birth, 2013-14  (d) Respite  More details can be found within the text surrounding this image. |   Legend to Figure 14.20 Users of NDA specialist disability services per 1000 people, by country of birth, 2013-14  More details can be found within the text surrounding this image. |
| a See box 14.8 and tables 14A.48–51 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; tables 14A.48–51. |
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| Figure 14.21 Users of State and Territory administered NDA specialist disability services per 1000 potential population, by country of birth, 2013‑14**a** |
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| a See box 14.8 and tables 14A.48–50 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) DS NMDS 2013‑14; AIHW (unpublished), AIHW analysis of the ABS June ERP, ABS Census of Population and Housing and the ABS SDAC ; tables 14A.48–50. |
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Nationally in 2013‑14, the proportion of people born in a non‑English speaking country who used NDA employment services (6.1 service users per 1000 population) was lower than that of people born in an English speaking country (9.1 service users per 1000 population) (figure 14.22). The proportion of the potential population of people born in a non‑English speaking country who used NDA employment services (441.6 service users per 1000 potential population) was lower than that of the potential population of people born in an English speaking country (438.8 service users per 1000 potential population) (figure 14.22).

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| Figure 14.22 Users of NDA employment services, by country of birth,  2013‑14**a** |
| Figure 14.22 Users of NDA employment services, by country of birth, 2013-14  Users/1000 people  More details can be found within the text surrounding this image. Figure 14.22 Users of NDA employment services, by country of birth, 2013-14  Users/1000 potential population  More details can be found within the text surrounding this image. Legend to Figure 14.22 Users of NDA employment services, by country of birth, 2013-14  More details can be found within the text surrounding this image. |
| a See box 14.8 and table 14A.52 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 14A.52. |
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#### Access to appropriate services on the basis of relative need – Access to community accommodation and care services

‘Access to community accommodation and care services’ is an indicator of governments’ objective to assist people with disability to live as valued and participating members of the community (box 14.9). Governments provide or fund accommodation support services to people with disability in institutional/residential settings and through community accommodation and care services. Institutional or residential accommodation support services are provided in both institutions and hostels. Community accommodation and care services are provided in group homes and other community settings. The services provided in other community settings are attendant care/personal care, in home accommodation support, alternative family placement and other accommodation support.

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| Box 14.9 Access to community accommodation and care services |
| ‘Access to community accommodation and care services’ is defined as the number of people using a NDA community accommodation and care service divided by the total number of people using NDA accommodation support services (excluding people who use specialist psychiatric disability services only).  A higher or increasing proportion of people accessing NDA community accommodation and care services might provide better opportunities for people with disability (who need accommodation support) to be involved in their community.  NDA specialist disability services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them or correctly targeted on the basis of relative need.  Data reported for this measure are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2013‑14 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2016 |
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Nationally in 2013‑14, 92.3 per cent of users of NDA accommodation support services received community accommodation and care services, an increase from 88.4 per cent in 2009‑10 (figure 14.23) and 83.2 per cent since 2004‑05 (table 14A.56).

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| Figure 14.23 Users of community accommodation and care services as a proportion of all NDA accommodation support service users**a** |
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| a See box 14.9 and table14A.56 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) DS NMDS; table 14A.56. |
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#### Access to appropriate services on the basis of relative need – Assistance for younger people with disability in, or at risk of entering, residential aged care

‘Assistance for younger people with disability in, or at risk of entering, residential aged care’ is an indicator of governments’ objective to provide access to services to people with disability that are appropriate to their needs (box 14.10).

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| Box 14.10 Assistance for younger people with disability in, or at risk of entering, residential aged care |
| ‘Assistance for younger people in, or at risk of entering, residential aged care’ is defined by two measures:   * the percentage change in numbers of younger people in residential aged care * the percentage change in numbers of younger people admitted to residential aged care.   This indicator is considered relevant to disability service provision because, under the NDA, all governments have agreed to maintain innovative and flexible support models for people with high and complex needs, including options for younger people in, or at risk of entry to, residential aged care.  In 2006, all governments jointly funded a five‑year Younger People in Residential Aged Care (YPIRAC) initiative to reduce the number of younger people with disability living in or at risk of entering residential aged care. The proportion of service users in the YPIRAC initiative, who achieved program objectives, was included in the 2013 Report and earlier editions.  In 2011, the Australian Government funding for the YPIRAC program was added to the base National Disability Specific Purpose Payment funding provided to the State and Territory governments for specialist disability services for the NDA. The YPIRAC initiative ended on 30 June 2011 and data for the program are no longer collected. However, there are still younger people living in residential aged care and the YPIRAC initiative objectives remain as agreed in the previous bilateral agreements. Data on these younger people are reported against this indicator.  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 2014‑15 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2016. |
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Nationally on 30 June 2015, there were 555 people under the age of 50 years living in permanent residential aged care (table 14A.57). This is a 44.9 per cent decrease on the number of people under the age of 50 years living in permanent residential aged care on 30 June 2006 (figure 14.24).

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| Figure 14.24 Percentage change in numbers of younger people in residential aged care between 2006 and 2015, by age group**a** |
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| a See box 14.10 and table 14A.57 for detailed definitions, footnotes and caveats. |
| *Source:* DSS (unpublished) Aged care data warehouse, table 14A.57. |
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Nationally in 2014‑15, the number of people under the age of 50 years admitted to permanent residential aged care was 196 (table 14A.58). This is 16.2 per cent lower than the number of people under the age of 50 years admitted to permanent resident aged care in 2006‑07 (figure 14.25).

Nationally in 2014‑15, the number of younger people under the age of 50 years who separated from permanent residential aged care to return to home or family was 32. This is 28 per cent higher than in 2007‑08 (table 14A.59). 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
* 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.

Additional information on younger people in residential aged care, including the number of people receiving residential aged care, the rate of admission to and the separation from residential aged care, from 2006‑07 to 2014‑15, are available in the attachment tables (see tables 14A.60–65).

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| Figure 14.25 Percentage change in numbers of younger people admitted to permanent residential aged care between 2006‑07 and  2014‑15, by age group**a** |
| |  | | --- | | Figure 14.25 Percentage change in numbers of younger people admitted to permanent residential aged care between 2006-07 and 2014-15, by age group  More details can be found within the text surrounding this image. | |
| a See box 14.10 and table 14A.58 for detailed definitions, footnotes and caveats. |
| *Source*: DSS (unpublished) Aged care data warehouse, table 14A.58. |
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#### Quality of services ― Quality assurance processes

‘Quality assurance processes’ is related to governments’ objective to deliver and fund disability services that meet a particular standard of quality (box 14.11).

A revised set of six National Standards for Disability Services (National Standards) were endorsed by the Australian Government and all State and Territory governments in December 2013 (box 14.12). The Australian Government and all State and Territory governments agreed to implement these minimum standards or to map jurisdictional standards to them. All State and Territory governments have developed, or are in the process of developing or re‑developing, mechanisms for assessing compliance with the standards (tables 14A.66–74).

Quality assurance processes differ across jurisdictions. Most processes include some form of self‑assessment. Many include, or are working toward implementing, an external third party audit/certification process. Data on quality assurance processes in 2014‑15 are reported in box 14.13. These results should be interpreted with reference to tables   
14A.66–74, which contain information on the legislation under which jurisdictions implement standards, the relevant disability service standards and how quality is monitored.

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| Box 14.11 Quality assurance processes |
| ‘Quality assurance processes’ is defined as the proportion of NDA  disability service outlets that have been assessed (either by an external agency or through a self‑assessment process) against service standards.  A high or increasing proportion of disability service outlets that have been assessed against the standards (and are found to be compliant) suggests an improvement in the quality of government delivered or funded specialist disability services.  This indicator does not provide information on whether the standards or the quality assurance processes are appropriate. In addition, service outlets that are not quality assessed do not necessarily deliver services of lower quality.  Data reported for this measure are:   * comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions * complete (subject to caveats) for the current reporting period. All required 2014‑15 data are available for all jurisdictions.   Data quality information for this indicator is under development. |
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| Box 14.12 National Disability Service Standards |
| **Standard One — Rights**  The service promotes individual rights to freedom of expression, self‑determination and decision‑making and actively prevents abuse, harm, neglect and violence.  **Standard Two — Participation and Inclusion**  The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.  **Standard Three — Individual Outcomes**  Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.  **Standard Four — Feedback and Complaints**  Regular feedback is sought and used to inform individual and organisation‑wide service reviews and improvement.  **Standard Five — Service Access**  The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.  **Standard Six — Service Management**  The service has effective and accountable service management and leadership to maximise outcomes for individuals. |
| *Source*: DSS (2013) National Standards for Disability Services. |
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| Box 14.13 Quality assurance processes for NDA specialist disability services 2014–15 |
| Australian Government  At 30 June 2015, the Australian Government funded a total of 325 disability employment organisations comprising a total of 3371 outlets across Australia. Of these:   * Disability Employment Services (DES) made up 139 (43 per cent) of the organisations, with 3076 (91 per cent) of total outlets * Australian Disability Enterprises (ADE) made up 186 (57 per cent) of the organisations, with 295 (9 per cent) of total outlets * 44 (14 per cent) of the organisations operated as dual funded (both DES and ADE) employment services.   In 2014‑15:   * a total of 258 quality assurance audits were performed at 80 DES organisations, 138 ADE organisations and 40 dual funded organisations * the Department of Social Services (DSS) paid a total of $1.7 million towards the cost of these quality assurance audits * of the 80 audits performed at DES organisations, 23 were certification audits and 57 were surveillance audits * of the 138 audits performed at ADE organisations, 17 were certification audits and 121 were surveillance audits * of the 40 audits performed at dual organisations, 7 were certification audits and 33 were surveillance audits.   State and Territory governments  Different quality assurance processes were in place in states and territories 2014‑15. The evaluation processes related to both government and non‑government service outlets, although, in some jurisdictions, the requirements were different across service sectors.  NSW  From 1 July 2012, Ageing, Disability and Home Care (ADHC) within the Department of Family and Community Services has implemented a Quality Framework which requires funded service providers to implement a range of quality requirements, including:   * implementing a quality management system * undertaking third party verification to demonstrate compliance against the NSW Disability Service Standards (NSW DSS).   At 30 June 2015, 98 per cent of disability funded service providers had achieved third party verification against the NSW DSS. Service providers are required to report on progress in achieving the milestones which are fundamental to the implementation of the quality requirements of ADHC.  (continued next page) |
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| Box 14.13 (continued) |
| To reduce the administrative burden faced by providers in submitting reporting requirements, an online form has been developed for the submission of Quality Framework reporting. In  2014‑15 100 per cent of disability funded service providers had reported on their progress to meet the quality requirements.  NSW continues the implementation of the Quality Framework with funded service providers through the terms and conditions of the 2015–18 Funding Agreement and the ADHC Quality Policy. All disability funded service providers are required to again achieve third party verification against the NSW DSS during the term of the new funding agreement, by 30 June 2018. Community Care Support Program (CCSP) funded providers were required to meet the Home Care Standards until 30 June 2015. From 1 July 2015, CCSP funded providers will need to achieve third party verification against the NSW DSS once during the term of their 2015–18 Funding Agreement, by 30 June 2018.  ADHC continues to support the sector’s readiness for the NDIS transition through a range of initiatives, including:   * training for service providers on the NSW DSS Standards in action manual and safeguard policy obligations in the NDIS trial site, including tailored training of Aboriginal providers * implementation of the Feedback and Complaints Management Log to drive organisational policy development and continuous improvement by supporting providers to record and analyse complaints * implementation of the Quality Framework Report to assist organisations to review service performance and progress in implementing quality requirements * implementation of Quality Assurance and Safeguards Working Arrangements for the trial of the NDIS in NSW as agreed between the NSW and Australian governments including complaints management and serious incident reporting protocol * extension of the Quality Assurance and Safeguards Working Arrangements for early transition to the NDIS for Children and Young People in the Nepean Blue Mountains Area of NSW.   *Victoria*  On 1 July 2012, the Department of Human Services Standards (the Standards) were implemented. The Standards were developed to support quality services and, in response to the assessment by service providers, so that the department’s previous approach of using program based standards affects the amount of time staff could work with clients and that the approach to standards and quality reviews could be improved. The standards are summarised as:   * empowerment — people’s rights are promoted and upheld * access and engagement — people’s right to access transparent, equitable and integrated services is promoted and upheld * wellbeing — people’s right to wellbeing and safety is promoted and upheld   (continued next page) |
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| Box 14.13 (continued) |
| * participation — people’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld service provider’s governance and management systems will also be reviewed using the standards of the independent review body.   The Standards and the associated review processes replaced the Homelessness Assistance Service Standards, Standards for Disability Services in Victoria (which incorporated the National Disability Service Standards) and the Registration Standards for Community Service Organisations.  The Standards help to ensure a consistent quality of service no matter which departmentally funded service people access. Compliance with the Standards is an obligation of the Service Agreement, as well as a requirement of registration for those agencies registered either under the Children, Youth and Families Act 2005 or the Disability Act 2006. The Standards and independent review requirements apply to both internally and externally delivered services.  The first full three year cycle of implementation has just been completed. Almost all registered disability service providers have now undertaken an independent accreditation process against the Standards. Across the three year accreditation period, 99 per cent of the disability service providers successfully achieved accreditation against the Standards. Only 1 per cent failed to achieve or maintain their accreditation.  A small number of providers were exempt from independent review due to funding thresholds. Those organisations are required to complete regular self–assessments against the Standards in order to demonstrate their compliance.  Queensland  Queensland has a robust quality assurance and safeguarding framework requiring organisations funded by the Department of Communities, Child Safety and Disability services to comply with the Human Services Quality Standards (standards). The standards address the core elements of human services such as governance and management; service access, responding to individual need; safety, wellbeing and rights; feedback, complaints and appeals; and human resources.  Disability service providers are assessed for compliance with the standards and evidence requirements by Joint Accreditation System of Australia/New Zealand accredited certification bodies over a three year certification cycle. This includes a mid‑cycle maintenance audit at 18 months to ensure continued compliance with the standards. The framework’s goal is to provide consistency in service quality and enable continuous improvement of human services through a streamlined client focused approach.  In 2014‑15, 265 recurrently funded disability service providers met their obligations to achieve and maintain certification against the standards. Of these, 37 (13.9 per cent) were required to develop and implement improvement actions to ensure ongoing compliance with the standards. One organisation had their certification temporarily suspended to enable improvement actions to be implemented and embedded. All other providers addressed the required improvement actions within appropriate timeframes.  (continued next page) |
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| Box 14.13 (continued) |
| *WA*  The Disability Services Commission’s enhanced Quality System commenced on 1 July 2014, replacing the Quality Management Framework. The Quality System applies to all services delivered or funded by the Commission and is underpinned by the updated National Standards for Disability Services. Through the Quality System, the Commission evaluates service quality to ensure supports and services make a difference to the lives of service users, and:   * support individuals’ stated goals * comply with the National Standards for Disability Services.   The Quality System evaluates service quality through annual self‑assessment and external quality evaluation. The self‑assessment enables organisations to review their policies and procedures and report on progress towards implementing the National Standards for Disability Services. The self‑assessment is undertaken every April (commenced 2015). Quality evaluations incorporate external evaluation of organisations’ compliance with the National Standards for Disability Services.  National Disability Services (WA) was contracted by the Commission to provide training to organisations on the revised National Standards for Disability Services and the WA Quality System. Training was delivered across the State from January 2015 to May 2015 and included information sessions and full day group training sessions.  SA  There are currently 154 organisations registered on the Disability Services Provider Panel, however only 131 received funding to provide NDA specialist services from Disability SA. Of the 131 organisations required to be engaged with an approved quality improvement program 127 (97 per cent) have completed accreditation with 4 engaged with a quality improvement program working towards accreditation.  Tasmania  The Quality and Safety Framework for Tasmania’s Department of Health and Human Services (DHHS) Funded Community Sector (the Framework) requires funded community sector organisations to undertake quality and safety activities against recognised standards, have systems and processes in place to record and monitor improvement activities, and to ensure that feedback and learnings from incidents contribute towards enhancing service delivery.  The DHHS monitors compliance with the Framework through an annual meeting with the funded community sector organisation, discussing performance against contractual requirements, and a three yearly quality and safety review. The quality and safety review includes a site visit to view the organisation’s documentation, systems and processes, and to obtain feedback from consumers, staff, volunteers and management including Board or Committee members.  For the period 2014‑15, 11 per cent of DHHS’ disability funded community sector organisations participated in a quality and safety review as per the three year cycle. All eight organisations demonstrated engagement with, and commitment to, the Framework; 63 per cent, or five of the eight organisations, evidenced compliance with all requirements of the Framework.  (continued next page) |
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| Box 14.13 (continued) |
| ACT  In 2014‑15, the ACT continued implementation of the quality improvement measures for all services delivered by government and community sector service providers.  All organisations are required to undertake an annual baseline self‑assessment against the National Disability Service Standards, with quality improvement action plans being developed and implemented on the basis of any identified issues.  On 1 July 2014, the National Disability Insurance Scheme (NDIS) trial began in the ACT. More than 160 organisations are now registered with the National Disability Insurance Agency (NDIA) to provide services in the ACT.  The ACT Government has developed and delivered a sector development program focussing on the capability needs of community organisations, such as governance, financial management, collaboration and strategic risk planning.  Existing safeguards will continue through the trial period. To ensure that safeguards currently in contracts apply whether or not a contract is in place, they have been placed into legislation. The Disability Services Act 1991 empowers the ACT Government to monitor and respond to breaches of safeguards. Oversight is being administered by the Human Services Registrar.  NT  Disability services funded through the NT Government Department of Health’s Office of Disability are assessed against the National Standards for Disability Services and/or the NT Disability Services at least once every three years.  The review process involves a desktop review of the relevant policies and procedures associated with the service; site visits; and interviews with clients, guardians, service staff, coordinators and management. Performance against the service standards is either rated as ‘met’, ‘partially met’ or ‘not met’. Where performance is rated as either partially met or not met, recommendations for service improvement are made.  A Service Improvement Plan is developed by the service provider and its implementation is monitored on a regular basis. A site visit is then conducted to monitor the service and assess whether the services provided meet the standards. Review officers may also liaise with service stakeholders such as guardians, clients, support workers, advocates and management. During the reporting period two reviews were conducted against the Northern Territory Disability Service Standards.  Service Improvement Plans have been developed and actions taken so far have resulted in significant improvements in the service quality. It is anticipated that follow up reviews will be conducted on these services in the next reporting period.  The Office of Disability has engaged the National Disability Service (NDS) to work with service providers to ensure all providers can demonstrate their compliance with the National Disability Standards. The department will provide software to assist organisations to achieve this and to meet third party verification of their practices |
| *Source*: Australian, NSW, Victorian, Queensland, WA, SA, Tasmanian, ACT and NT governments (unpublished). |
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#### Quality of services ― Client and carer satisfaction

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

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| Box 14.14 Client and carer satisfaction |
| ‘Client and carer satisfaction’ is defined as service users’ overall reported levels of satisfaction with services and satisfaction with individual services.  Results are reported from:   * State and Territory administered client and carer satisfaction surveys and expressed as percentages * the 2012 SDAC and are expressed as numbers and proportions.   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 and better met the needs and goals of the client or carer.  State and Territory data reported for this measure are:   * comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions * incomplete for the current reporting period. 2014‑15 data are only available for WA and the ACT. Data for earlier years for Queensland, WA, and the ACT were included in the 2014 Report (SCRGSP 2014, pp. 62–64).   SDAC data reported for this measure are:   * comparable across jurisdictions * complete (subject to caveats) for the current reporting period.   Data quality information for this indicator is available for 2012 SDAC data at www.pc.gov.au/rogs/2016. Data quality information for State and Territory data are under development. |
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Client and carer satisfaction’ data relating to NDA specialist disability services for WA and the ACT are reported in box 14.15.

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| Box 14.15 Client and carer satisfaction with specialist disability services |
| WA  WA conducted a carer and client satisfaction survey in March 2015. In this survey, a total of 735 structured telephone interviews were completed from a sample of 1627 individuals with disability or their carers. The sample was stratified to ensure that it contained individuals representing users across all services funded by the Disability Services Commission. Of the 735 respondents, 172 (23 per cent) were service users and 563 (77 per cent) were carers responding on behalf of service users.  Overall service user satisfaction was 81 per cent. For individual services, reported satisfaction was:   * 86 per cent for accommodation * 83 per cent for community focused supports (includes Disability Professional Services and Day Options) * 73 per cent for coordination and individual support * 83 per cent for family and carer support.   ACT  In 2014‑15, the ACT conducted a client satisfaction survey that measured client satisfaction with all disability services funded through Disability ACT, including government provided services as well as services provided through non‑government agencies.  This survey asked clients to rate their overall level of satisfaction with the quality of the main disability services they had received over the past 12 months. Overall, 80 per cent of respondents to the survey reported that they were satisfied or very satisfied with disability services funded through Disability ACT.  Clients of disability services were most satisfied with how their privacy and confidentiality was respected (90 per cent satisfied). Support from staff received the second highest satisfaction rating at 86 per cent satisfied. |
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Data on the satisfaction of clients and carers with the quality of formal services are available from the 2012 SDAC (tables 14A.76–83). SDAC data should not be compared to State and Territory administered client and carer satisfaction data as the definition of formal services in the SDAC is broader than the scope of specialist disability services as defined by the NDA.

Nationally in 2012, the proportion of people aged 15–64 years with a reported disability who were satisfied with the quality of assistance they received from organised and formal services (79.5 per cent) was higher than the proportion of primary carers who were satisfied with the quality of formal services received to help in their caring role (69.0 per cent) (figure 14.26).

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| Figure 14.26 Proportion of people with disability and primary carers who are satisfied with the quality of assistance received**a** |
| |  | | --- | | Figure 14.26 Proportion of people with disability and primary carers who are satisfied with the quality of assistance received  More details can be found within the text surrounding this image. | |
| a See box 14.15 and tables 14A.76 and 14A.80 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) SDAC; table 14A.76 and table 14A.80. |
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### Efficiency

#### Cost per output unit

This Report includes 2014‑15 expenditure data provided by Australian, State and Territory governments. However, as 2014‑15 service user data from the DS NMDS collection were not available for this Report, the cost per service user efficiency indicators are reported using expenditure and service use data for 2013‑14. Expenditure data in this Report might differ from information reported elsewhere (such as in departmental annual reports) because the financial counting rules and definitions used to calculate expenditure can differ and 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 1).

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 service use data collection (table 14A.75).

##### Financial data — cash and in‑kind payments to the NDIS.

Expenditure data in this Report for NSW, Victoria, SA and Tasmania for 2013‑14 are affected by the introduction of the NDIS. For those states 2013‑14 total government expenditure included ‘in‑kind’ funding to the NDIA, but excluded ‘cash’ contributions. For Victoria, total government expenditure included both ‘cash’ and ‘in‑kind’ funding. Care should be taken when comparing the efficiency indicators across jurisdictions and over time.

##### 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. Only direct recurrent expenditure on specific services is included (this may include administrative costs that can be directly attributed to a specific service/s). For the disability services system as a whole, 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 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 receive from the private sector and the general public are outside the scope of this Report.

#### 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 specialist disability services in an efficient manner (box 14.16).

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| Box 14.16 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 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).   Holding other factors 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. 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 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 for specific jurisdictions) * complete (subject to caveats) for the current reporting period. All required 2013‑14 data are available for all jurisdictions that provide the service.   Data quality information for this indicator is under development. Section 14.5 contains information on data quality issues. |
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##### Government contribution per user of non‑government provided services — accommodation support services in institutional/residential settings

Nationally in 2013‑14, estimated annual government funding of non‑government provided accommodation support services in institutional/residential settings was $63 479 per service user (figure 14.27).

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| Figure 14.27 Estimated annual government funding per user of  non‑government provided accommodation support services in institutional/residential settings (2013‑14 dollars)**a, b** |
| |  | | --- | | Figure 14.27 Estimated annual government funding per user of  non-government provided accommodation support services in institutional/residential settings (2013-14 dollars)  More details can be found within the text surrounding this image. | |
| a See box 14.16 and table 14A.84 for detailed definitions, footnotes and caveats. b There are no  non‑government provided accommodation support services in institutional/residential settings in the ACT or the NT. |
| *Source*: AIHW (unpublished) DS NMDS 2009‑10 to 2013‑14; State and Territory governments (unpublished); table 14A.84. |
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Estimated annual government funding per user of non‑government provided accommodation support services in group homes and other community settings from   
2004‑05 to 2013‑14 are reported in table 14A.84.

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

Nationally, for all employment services, estimated government expenditure per service user assisted was $4745 in 2013‑14 (figure 14.28). Nationally, estimated annual government expenditure per service user in 2013‑14, by employment service type, was $3657 on open services (employed or seeking employment in the open labour market) and $10 239 on supported services (employed by the service provider) (table 14A.86).

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| Figure 14.28 Government contribution per employment service user assisted (2013‑14 dollars)**a** |
| |  | | --- | | Figure 14.28 Government contribution per employment service user assisted (2013-14 dollars)  More details can be found within the text surrounding this image. | |
| a See box 14.16 and table 14A.85 for detailed definitions, footnotes and caveats. |
| *Source*: Australian Government (unpublished); AIHW (unpublished) DS NMDS 2009‑10 to 2013‑14; table 14A.85. |
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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 specialist disability services in an efficient manner (box 14.17).

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| Box 14.17 Cost per user of State and Territory administered services |
| ‘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 (data are reported separately for government expenditure net of payroll tax and for government expenditure including actual and/or imputed payroll tax) * cost per user of government provided accommodation support services in: * institutional/residential settings * group homes * other community settings.   Holding other factors 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 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. 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 measure are:   * comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions * complete (subject to caveats) for the current reporting period. All required 2013‑14 data are available for all jurisdictions that provide the service.   Data quality information for this indicator is under development. |
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Total estimated government expenditure per user of NDA State and Territory administered specialist disability services in 2013‑14 is reported both net of payroll tax and including actual or imputed payroll tax. Nationally, estimated expenditure per service user was $38 564 excluding payroll tax and $39 072 including actual and/or imputed payroll tax (figure 14.29).

Nationally, estimated annual government expenditure on accommodation support services in institutional/residential settings was $184 745 per service user in 2013‑14 (figure 14.30).

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| Figure 14.29 Estimated annual government expenditure per user of NDA State and Territory administered services, 2013‑14**a** |
| |  | | --- | | Figure 14.29 Estimated annual government expenditure per user of NDA State and Territory administered services, 2013-14  More details can be found within the text surrounding this image. | |
| a See box 14.17 and table 14A.87 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) DS NMDS; State and Territory governments (unpublished); table 14A.87. |
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| Figure 14.30 Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2013‑14 dollars)**a, b** |
| |  | | --- | | Figure 14.30 Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2013-14 dollars)  More details can be found within the text surrounding this image. | |
| a See box 14.17 and table 14A.84 for detailed definitions, footnotes and caveats. b No government provided accommodation support services in institutional/residential settings in Tasmania, ACT or the NT. |
| *Source*: AIHW (unpublished) DS NMDS; State and Territory governments (unpublished); table 14A.84. |
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Estimated annual government expenditure per user of government provided accommodation support services in group homes and other community settings from   
2004‑05 to 2013‑14 are reported in table 14A.84.

#### 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 14.18). The proportion of total expenditure on administration is not yet comparable across jurisdictions, as it is apportioned by jurisdictions using different methods (table 14A.88). However, administrative expenditure data can indicate trends within jurisdictions over time.

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| Box 14.18 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 NDA expenditure. Major capital grants to non‑government service providers are excluded to improve comparability across jurisdictions and over time.  Holding other factors constant (such as service quality and accessibility), lower or decreasing administrative expenditure as a proportion of total recurrent NDA expenditure might reflect an increase in administrative efficiency.  Efficiency data are difficult to interpret. Although high or increasing administrative expenditure as a proportion of total expenditure may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the administrative services provided. Similarly, low or decreasing administrative expenditure as a proportion of total expenditure may reflect improving efficiency, or lower quality and less effective administrative services. This may in turn affect service delivery effectiveness. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.  Data reported for this 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 for specific jurisdictions) * complete (subject to caveats) for the current reporting period. All required 2014‑15 data are available for all jurisdictions.   Data quality information for this indicator is under development. |
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Nationally, administrative expenditure as a proportion of total government expenditure on specialist disability services (excluding actual and imputed payroll tax) decreased from 6.6 per cent in 2013‑14 to 6.3 per cent in 2014‑15 (figure 14.31). When actual or imputed payroll tax is included, the average national administrative expenditure as a proportion of total NDA expenditure was 6.2 per cent in 2014‑15 (table 14A.88). Real total NDA expenditure is reported in table 14A.9, both excluding and including actual or imputed payroll tax amounts.

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| Figure 14.31 Administrative expenditure as a proportion of total recurrent expenditure (excluding payroll tax)**a** |
| |  | | --- | | Figure 14.31 Administrative expenditure as a proportion of total recurrent expenditure (excluding payroll tax)  More details can be found within the text surrounding this image. | |
| a See box 14.18 and table 14A.88 for detailed definitions, footnotes and caveats. |
| *Source*: Australian, State and Territory governments (unpublished); table 14A.88. |
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### Outcomes

Outcomes are the impact of services on the status of an individual or group (see chapter 1, section 1.5). For the outcome indicators reported using survey data, 95 per cent confidence intervals are presented. Information on the use of confidence intervals in the Report can be found in chapter 2.

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

‘Labour force participation and employment of people with disability’ is an indicator of governments’ objective of assisting people with disability to participate fully in the community (box 14.19). Participation in the labour force and employment is important to the overall wellbeing of people with disability, providing opportunities for personal development and financial independence.

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| Box 14.19 Labour force participation and employment of people with disability |
| ‘Labour force participation and employment of people with disability’ is defined as the labour force participation and employment rates of people aged 15–64 years with 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.  Two measures are reported:   * employment to population rate for people with disability aged 15–64 years, by disability status * unemployment rate for people with disability aged 15–64 years, all with reported disability, by disability status.   High or increasing labour force participation and employment rates for people with disability are desirable. Higher rates are likely to increase the quality of life of people with disability by providing greater opportunities for self‑development and for economic and social participation.  This indicator does not provide information on why people choose not to participate in the labour force and why people are not employed. It also does not provide information on whether the employment positions are appropriate or fulfilling.  Data for these measures include 95 per cent confidence intervals (in the form of error bars in figures and percentages in tables).  Data reported for these measures are:   * comparable across jurisdictions and over time * are complete (subject to caveats) for the current reporting period.   Data quality information for this indicator is at www.pc.gov.au/rogs/2016. |
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Nationally, in 2012, the estimated employment rate of people aged 15–64 years with a profound or severe core activity limitation (26.4 per cent) was lower than the rate for people with disability excluding those with a profound or severe core activity limitation (54.7 per cent) and the rate for people with no disability (78.5 per cent) (figure 14.32).

Detailed definitions of the employment rate and its calculation method are provided in section 14.6. Employment rates should be interpreted in conjunction with labour force participation rates. Other data on the employment of people with disability, including labour force participation rates are reported in tables 14A.89–99.

Nationally, in 2012, the estimated unemployment rate of people aged 15–64 years with a profound or severe core activity limitation (10.3 per cent) was similar to the rate for people with disability excluding those with a profound or severe core activity limitation (9.2 per cent), with both higher than the rate for people with no disability (4.9 per cent) (figure 14.33).

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| Figure 14.32 Employment rate for people aged 15–64 years, by disability status, 2012**a** |
| |  | | --- | | Figure 14.32 Employment rate for people aged 15–64 years, by disability status, 2012  More details can be found within the text surrounding this image. | |
| a See box 14.19 and table 14A.90 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) SDAC; table 14A.90. |
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| Figure 14.33 Unemployment rate of people aged 15–64 years, by disability status, 2012**a** |
| |  | | --- | | Figure 14.33 Unemployment rate of people aged 15–64 years, by disability status, 2012  More details can be found within the text surrounding this image. | |
| a See box 14.19 and 14A.92 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) SDAC; 14A.92. |
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#### 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 of assisting primary carers of people with disability to participate fully in the community (box 14.20). Participation in the labour force is important to the overall wellbeing of carers, providing opportunities for personal development and financial independence.

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| Box 14.20 Labour force participation of primary carers of people with disability |
| ‘Labour force participation of primary carers of people with disability’ is defined as the labour force participation rate for primary carers aged 15–64 years of people with disability.  Primary carer is defined as a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. A detailed definition is provided in section 14.6.  Higher or increasing labour force participation rates for primary carers of people with disability are desirable. Higher rates are likely to increase the quality of life of primary carers of people with disability by providing greater opportunities for self‑development.  This indicator does not provide information on why people choose not to participate in the labour force. It also does not provide information on whether the participation in the labour force is fulfilling.  Data for this measure include 95 per cent confidence intervals (in the form of error bars in figures and percentages in tables).  Data reported for this measure are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period.   Data quality information for this indicator is at www.pc.gov.au/rogs/2016. |
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Nationally in 2012, the estimated labour force participation rate for people aged 15–64 years of primary carers of people with disability (52.8 per cent) was less than both the estimated labour force participation rate for all carers (66.9 per cent) and the estimated labour force participation rate for non‑carers (79.7 per cent) (figure 14.34).

Detailed definitions of the labour force participation rate and its calculation method are provided in section 14.6. Other data on the labour force participation for primary carers of people with disability are reported in tables 14A.101–107.

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| Figure 14.34 Labour force participation rate for people aged 15–64 years by carer status, by State/Territory, 2012**a** |
| |  | | --- | | Figure 14.34 Labour force participation rate for people aged 15–64 years by carer status, by State/Territory, 2012  More details can be found within the text surrounding this image. | |
| a See box 14.20 and tables 14A.100 and 14A.102 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) SDAC*;* tables 14A.100 and 14A.102. |
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#### Social participation of people with disability

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

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| Box 14.21 Social participation of people with disability |
| ‘Social participation of people with disability’ is defined as the proportion of people who participate in selected social or community activities by disability status:   * profound or severe core activity limitation * other disability.   A high or increasing proportion of people with disability who participate in social or community activities reflects their greater inclusion in the community.  This indicator does not provide information on the degree to which the identified types of social or community activities contribute to people’s quality of life. It also does not provide information on why some people did not participate.  Data for this measure include 95 per cent confidence intervals (in the form of error bars in figures and percentages in tables).  Data reported for this measure are:   * comparable across jurisdictions and over time * complete (subject to caveats) for the current reporting period.   Data quality information for this indicator is at www.pc.gov.au/rogs/2016. |
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Nationally in 2012, the estimated proportion of people with disability aged 15–64 years with a profound or severe disability who had face‑to‑face contact with ex‑household family or friends in the previous week (70.6 per cent) was lower than the rate for people with disability without a profound or severe core activity limitation (75.4 per cent) (figure 14.35).

Nationally in 2012, the estimated proportion of people with disability aged 5–64 years with a profound or severe disability who reported the main reason for not leaving home as often as they would like is their disability or condition (31.4 per cent) was considerably higher than the rate for people with disability without a profound or severe core activity limitation (8.2 per cent) (figure 14.36).

Other data on participation of people with disability in selected social and community activities are reported in tables 14A.113–121.

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| Figure 14.35 People with disability aged 15–64 years who had face‑to‑face contact with ex‑household family or friends in the previous week, 2012**a** |
| |  | | --- | | Figure 14.35 People with disability aged 15–64 years who had face-to-face contact with ex-household family or friends in the previous week, 2012  More details can be found within the text surrounding this image. | |
| a See box 14.21 and table 14A.114 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) SDAC*;* table 14A.114. |
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| Figure 14.36 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, by disability status, 2012**a** |
| |  | | --- | | Figure 14.36 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, by disability status, 2012  More details can be found within the text surrounding this image. | |
| a See box 14.21 and table 14A.123 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) SDAC*;* table 14A.123. |
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#### Use of other services by people with disability

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

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| Box 14.22 Use of other services by people with disability |
| ‘Use of other services by people with disability’ is yet to be defined and reported on a consistent basis.  A higher or increasing proportion of people with disability who use mainstream government services suggests greater access to these services.  This indicator does not provide information on whether the service accessed is the most appropriate, or the degree to which the service contributes to people’s quality of life. It also does not provide information on why some people do not access mainstream services.  Data for this indicator were not available for the 2016 Report. |
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##### ‘Use of other services’ data reported elsewhere in this Report

Data on the participation of people with disability in various government services are incorporated in the performance indicator frameworks for other chapters of this Report. Participation is reported for early childhood education and care (chapter 3); VET (chapter 5); social, community and State owned and managed Indigenous housing (chapter 17) and Commonwealth Rent Assistance (sector overview G). In addition, the following chapters include data on services provided to people with disability:

* ‘School education’ (chapter 4) reports data on students with disability in the student body mix, disaggregated by sector
* ‘Mental health management’ (chapter 12) reports performance data on specialised mental health services
* ‘Aged care services’ (chapter 13) reports data on the age‑specific usage rates (including for younger people) of residential and home care services provided under the aged care program. Data are also reported on the use of HACC services, including those received by people with a profound, severe or moderate core activity limitation, for people aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years
* ‘Housing’ (chapter 17) reports data on people with disability for the ‘dwelling condition’, ‘amenity/location’ and ‘customer satisfaction’ indicators.

## 14.4 Future directions in performance reporting

### Scope for further improvements to reporting

The Steering Committee will continue to improve the appropriateness and completeness of the performance indicator framework. Future work on indicators will focus on:

* ensuring the DS NMDS remains relevant to informing the rollout of the NDIS
* seeking access to NDIS data to report against performance indicators in the framework.

Data developments in future reports may be influenced by:

* the continued implementation of the NDIS
* developments under the National Disability Strategy. The Strategy is designed to guide 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. Every two years, a high level progress report will track achievements under the Strategy and provide a picture of how people with disability are faring
* developments under the National Health Reform Agreement which was entered into by all states, territories and the Commonwealth in August 2011. The Agreement sets out the shared intention of the Australian, State and Territory governments to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the national health system. The reforms aim to help patients gain better access to services, improve local accountability and responsiveness to the needs of communities, and provide a stronger financial basis for our health system into the future.

## 14.5 Service user data quality and other issues

### Data quality

Data quality considerations should be taken into account when interpreting the DS 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 participation rates
* service user participation rates
* ‘not stated’ response 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 2012).

‘Not stated’ rates for individual data items vary between jurisdictions (AIHW 2012). Reasons 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 DS 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 2012)
* changes in collection practices, such as data on communication and frequency of support needed for new users of open employment services not being collected in 2010‑11. This change resulted in high overall non‑response rates for these items and data not being strictly comparable with previous years.

### Other issues

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

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).

#### 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 2015b). Nationally in 2013‑14, 13 411 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 (2015a). Therefore, service user data for Victoria, Queensland, and Australia in this chapter will differ from 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 2014). 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 2015b).

#### 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, Aboriginal and Torres Strait Islander 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 use the services.

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

* deriving State/Territory based 10‑year age and sex specific proportions of people with A Core Activity Need for Assistance by geographic location and country of birth using the 2011 Census
* multiplying these State/Territory based 10‑year age and sex specific proportions by the 10‑year age specific estimates of the number of people in the potential population in each State/Territory
* summing the resultant 10‑year age and sex group counts to derive the total potential populations for the geographic locations, people born in Australia, people born in another English speaking country and people born in a non‑English speaking country. Summing the potential populations for people born in Australia and people born in another English speaking country to derive the total potential population for people born in an English speaking country
* for employment, repeating the above steps, but restricting the calculations to those people aged 15–64 years, then multiplying each State/Territory total by State/Territory specific labour force participation rates for people aged   
  15–64 years.

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

* deriving current State/Territory based 10‑year age and sex specific rate ratios of people with ASSNP by Indigenous status using the 2011 Census
* multiplying the current State/Territory Aboriginal and Torres Strait Islander and   
  non‑Indigenous 10‑year age and sex population estimates by national 10‑year age and sex specific rates of the potential population from the 2012 SDAC. Then multiplying the Aboriginal and Torres Strait Islander and non‑Indigenous counts for each 10‑year age and sex group by the 10‑year age and sex specific rate ratios of people with ASSNP to obtain an Aboriginal and Torres Strait Islander/non‑Indigenous potential population within each age and sex group
* summing the 10‑year age and sex group counts to derive a total Aboriginal and Torres Strait Islander and non‑Indigenous potential population for each State/Territory
* for employment, repeating the above steps, but restricting the calculations to those people aged 15–64 years, then multiplying each State/Territory total by State/Territory specific labour force participation rates for people aged 15–64 years.

Updated source data used in the calculation of the potential population were available for the 2015 Report. The potential population was recalculated based on data from the 2012 SDAC and 2011 Census, and was been backcast to the 2008‑09 year. New Aboriginal and Torres Strait Islander potential population estimates were calculated for people aged 0–49 using new 2011 Census‑based Indigenous Population Projections (previously calculated using 2006 Census‑based Indigenous Population Projections) and backcast to the 2008‑09 year.

#### Data quality issues

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

* The method used to estimate the potential populations assumes:
* that disability rates vary only by age and sex, and there is no effect of remoteness, disadvantage, or any other variable — this is likely to affect the reliability of comparisons across states and territories, however, it is currently not possible to detect the size or direction of any potential bias
* that age‑ and sex–specific disability rates do not change significantly over time.
* The rate ratio/proportion adjustments (that is, multiplication) assumes consistency between the rate ratio/proportion as calculated from the 2011 Census and the corresponding information if it were collected from the 2012 SDAC. Two points to note about this assumption are that:
* information about people with ASSNP is based on the self‑enumeration of four questions under the 2011 Census (although personal interviews were conducted in Aboriginal and Torres Strait Islander communities), whereas in SDAC 2012 people are deemed to be in the potential population on the basis of a comprehensive   
  interviewer–administered module of questions — although the two populations are different, they are conceptually related
* the special needs groups identification may not be the same between the   
  2011 Census and the 2012 SDAC (ABS research indicates, for example, that the Aboriginal and Torres Strait Islander identification rate differs between the Census and interviewer administered surveys).
* It is not known if the data collection instruments are culturally appropriate for all special needs groups; nor is it known how this, combined with different data collection methods, impacts on the accuracy of the estimated potential population
* There are a number of potential sources of error related to the Census that stem from failure to return a Census form or failure to answer every applicable question. 2011 Census data used in calculating the potential population exclude people for whom data is not stated. As with any collection, should the characteristics of interest (for example, ASSNP and/or special needs group status) of the people excluded differ from those people included, a potential for bias is introduced. In particular, for Aboriginal and Torres Strait Islander estimates, differential undercount of Aboriginal and Torres Strait Islander people across states and territories may introduce bias into the results that would affect the comparability of estimates across jurisdictions, if those missed by the Census had a different rate of disability status to those included.

## 14.6 Definitions of key terms

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| **Accommodation support service users receiving community accommodation and care services** | People using the following NDA accommodation support services: group homes; attendant care/personal care; in‑home accommodation support; alternative family placement and other accommodation support (types 1.04–1.08), as a proportion of all people using NDA accommodation support services (excludes service users of specialist psychiatric disability services only). See Australian Institute of Health and Welfare (AIHW) (2015b) 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. Excluding administration expenditure on a service that has been already counted in the direct expenditure on the service — divided by the denominator — total government expenditure on services for people with disability. Including expenditure on both programs and administration, direct expenditure and grants to government service providers, and government grants to non‑government service providers (except major capital grants). |
| **Comparability** | Data are considered comparable if (subject to caveats) they can be used to inform an assessment of comparative performance. Typically, data are considered comparable when they are collected in the same way and in accordance with the same definitions. For comparable indicators or measures, significant differences in reported results allow an assessment of differences in performance, rather than being the result of anomalies in the data. |
| **Completeness** | Data are considered complete if all required data are available for all jurisdictions that provide the service. |
| **Core activities as per the 2012 ABS SDAC** | Communication, mobility and self‑care |
| **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 DS 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 DS 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 (2015b) for more information on service types 1.01–1.03. |
| **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 2 009).  In the ABS SDAC 2012, 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.  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 Service 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 Service 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. |
| **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 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 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 DS 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 (2015b) 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 DS 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 DS 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 DS 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. |
| **Aboriginal and Torres Strait Islander factor** | The potential populations were estimated by applying the 2012 national age‑ and sex‑ specific rates of the potential population to the age and sex structure of each jurisdiction in the current year. 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 following steps were undertaken to estimate the Aboriginal and Torres Strait Islander factors:   * Data for all people (weighted) were calculated by multiplying the data for Aboriginal and Torres Strait Islander people by 2.4 and adding the data for non‑Indigenous people. Hence Aboriginal and Torres Strait Islander people are weighted at 2.4 and non‑Indigenous people at one * Data for all people (weighted per person) were calculated by dividing the all people (weighted) data by the sum of the Aboriginal and Torres Strait Islander people data and the non‑Indigenous people data   The Aboriginal and Torres Strait Islander 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. |
| * 1. **Informal carer** | * 1. *ABS informal carer:* A person of any age who provides any informal assistance, in terms of help or supervision, to people with disabilities or long‑term conditions, or older people (that is, aged 65 years and over). This assistance has to be ongoing, or likely to be ongoing, for at least 6 months. Assistance to a person in a different household relates to ‘everyday types of activities’, without specific information on the activities. Where the care recipient lives in the same household, the assistance is for one or more of the following activities: cognition or emotion, communication, health care, housework, meal preparation, mobility, paperwork, property maintenance, self‑care and transport (ABS 2011a).   *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.  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. |
| **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** | 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 2012 SDAC). |
| **Moderate core activity limitation** | The person needs no help, but has difficulty with a core activity task (as per the 2012 SDAC). |
| * 1. **Non‑English speaking country of birth** | People with a country of birth other than Australia and classified in English proficiency groups 2, 3 or 4 (DIMA 1999, 2003). For 2003‑04 and 2004‑05 data these countries include countries other than New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States. For 2005‑06 onwards, data include Zimbabwe as an English‑speaking country. |
| **Payroll tax** | 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** | Potential population estimates are used as the denominators for the performance measures reported under the indicator ‘access to NDA specialist disability services’.  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 who are most appropriately supported by disability services, require ongoing and/or long‑term episodic support, have a permanent or chronic impairment and with a substantially reduced capacity in one or more core activities. For respite services, only those people with a primary carer were 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.  The relatively high standard errors in the prevalence rates for smaller jurisdictions, as well as the need to adjust for the Aboriginal and Torres Strait Islander population necessitated the preparation of special estimates of the ‘potential population’ for specialist disability services.  Briefly, the potential population was estimated by applying the national age‑ and sex‑specific distribution of the potential population identified in the 2012 SDAC to the age and sex structure of each jurisdiction in the current year, to give an ‘expected current estimate’ of the potential population in that jurisdiction. These estimates were adjusted by the Aboriginal and Torres Strait Islander factor to account for differences in the proportion of jurisdictions’ populations who are Aboriginal and Torres Strait Islander. Aboriginal and Torres Strait Islander 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 NDA specialist disability services (AIHW 2006).   * 1. The potential populations for 2004‑05 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.   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.  (b) the assumption that national age‑sex specific proportions of the potential population from SDAC 2009 and SDAC 2012 apply consistently across states/territories is untested. |
| **Primary carer** | *ABS SDAC primary carer*: A primary carer is a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities, with one or more of the core activities of mobility, self‑care or communication. In this survey, primary carers only include people aged 15 years and over. People aged 15 to 17 years were only interviewed personally if parental permission was granted (ABS http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4430.0Glossary602012?opendocument&tabname=Notes&prodno=4430.0&issue=2012&num=&view=).  *DS NMDS primary carer*: an informal carer who assists the person requiring support, in one or more of the following ADL: self‑care, mobility or communication.  See also informal carer. |
| **Primary disability group** | Disability group that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person (overall difficulty in daily life, not just within the context of the support offered by a particular service). |
| **Profound core activity limitation** | The person is unable to do or always needs help with, a core activity task. (as per the 2012 SDAC). |
| **Real expenditure** | Actual expenditure (accrual) adjusted for changes in prices, using the Gross Domestic P(E) price deflator, and expressed in terms of current year dollars. |
| **Schooling or employment restriction** | *Schooling restriction*: as a result of disability, being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school.  *Employment restriction*: as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a preferred job. |
| **Service** | A service is a support activity provided to a service user, in accord with the 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 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. |
| **Service users with different levels of need for assistance with ADL** | Data on service users with different levels of need for assistance with ADL are derived using information on the level of support needed in one or more of the core support areas: self‑care, mobility, and communication. Service users who need help with ADL reported always/sometimes needing help in one or more of these areas (people who need help with ADL are ‘conceptually comparable’ with people who have a profound or severe core activity limitation). Service users who did not need help with ADL reported needing no support in all the core activity support areas. |
| **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 2012). |
| **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. |

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| **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. See AIHW (2014a) for more information on service types 3.01–3.03. |
| **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. See AIHW (2014a) for more information on service types 2.01–2.07. |
| **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. (For data prior to 2005‑06, people using service type 5.03 [combined open and supported] are also included.) |
| **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. See AIHW (2014a) for more information on service types 4.01–4.05. |

## 14.7 List of attachment tables

Attachment tables are identified in references throughout this chapter by a ‘14A’ prefix (for example, table 14A.1). Attachment tables are available on the Review website (www.pc.gov.au/rogs/2016).

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1. The Commonwealth and the Western Australian Government have not yet agreed to full roll-out. Rather, the State is running a comparative trial based on its ‘My Way’ program. [↑](#footnote-ref-2)
2. The average annualised package cost is not an appropriate measure of NDIS performance when considered in isolation. Consideration should be given to factors such as the number of scheme participants, the distribution of packages committed to these participants and actual payments for supports provided which contribute to the overall cost (NDIA 2015). [↑](#footnote-ref-3)