Disability support services provided under the Commonwealth/State Disability Agreement: first national data, 1995

Ken Black

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February 1997

Australian Institute of Health and Welfare Canberra

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Preface

The publication for the first time of national data on clients of CSDA disability support services is an exciting milestone for the Australian Institute of Health and Welfare. It is particularly timely to have an overview of client characteristics and services provided at a time when the Commonwealth/State Disability Agreement is being renegotiated.

Inevitably, the first publication suffers from some gaps, notably Western Australian data on State services. It is to be hoped that these deficiencies can be overcome for the second publication (1996 data).

I am delighted with the information now being released, and hope it contributes to services provided for people with disabilities in Australia.

Richard Madden Director

Outline

This report describes, and presents data from, the first full collection from services directly provided by government, or funded by government, under the umbrella of the Commonwealth/State Disability Agreement (CSDA). The collection was conducted in the second half of 1995, and covered all State, Territory and Commonwealth CSDA services.

Chapter 1 briefly describes the history of the development of the data collection, describes changes introduced as a result of the 1994 pilot testing process, details how the collection is conducted and acknowledges those persons involved in the 1995 collection.

Chapter 2 gives a detailed description of the results of the 1995 data collection, concentrating mainly on the national perspective. Data are supplied on both the services provided and the users of the services from a 'snapshot day' perspective. Western Australian State data have not been included due to insurmountable problems discovered with the data.

There were a total of 4,219 CSDA services which responded to the 1995 CSDA Minimum Data Set (MDS) collection (excluding Western Australian State data), a response rate of 93%. Of these services:

- 2,752 (66%) were provided under a non-government auspice, and 1,453 (34%) under a government auspice;
- 1,763 of all services offered accommodation services, 859 community support services, 483 community access services and 308 respite services; 772 offered employment services.

Data were collected from 63,530 consumer forms, representing people receiving services on the snapshot day (excluding those in Western Australia); a consumer can receive more than one service on the snapshot day. Of service consumers in 1995, 59% were male and 67.7% were reported to have intellectual disability as the primary disability type. Over 75% of consumers needed support in activities of daily living and almost as many needed social and emotional support. Data on other disabilities, country of birth, Aboriginal or Torres Strait Islander origin, language, income source and living arrangements are detailed in Chapter 2.

Chapter 3 outlines the changes which resulted from the 1995 collection, which will be included in the 1996 collection. The chapter also contains a discussion of the data quality of the 1995 collection. There are a range of policy and administrative issues likely to impact on future collections, and the uses to which the data are put.

The CSDA MDS service type classification, data collection forms and data guide as used in the 1995 collection are reproduced as Attachments 1 to 4 respectively.

1 Introduction

This paper reports on the first full national collection of data relating to services provided or funded in 1995 by Commonwealth, State and Territory governments under the Commonwealth/State Disability Agreement (CSDA) of 1991. It constitutes the third report on the Institute's work in relation to the Minimum Data Set (MDS) collection for these services.

1.1 Brief history of the CSDA Minimum Data Set

The Institute's involvement with the CSDA MDS was a result of an invitation from the Disability Services Subcommittee (DSSC) of the Standing Committee of Community Services and Income Security Administrators. DSSC comprises the heads of government of disability services throughout Australia. The purpose of the CSDA MDS was to facilitate the exchange of information between jurisdictions by the design and use of standard core data items and agreed definitions.

Earlier reports described the development and testing of the collection, and presented data from the pilot collections. The Institute's first report was released in 1994 as a working paper—*The Commonwealth/State Disability Agreement National Minimum Data Set: Progress Report on Development* (Welfare Division Working Paper No. 4, AIHW 1994). The second report on the Institute's work in this area was released in 1995—*Commonwealth/State Disability Agreement National Minimum Data Set: Report on the 1994 Full-Scale Pilot Test.*

Two of the key recommendations arising from the 1994 full-scale pilot test were:

- for the data collection to continue on an annual basis from 1995; and
- for the existing data steering committee (comprising representatives from each of the Commonwealth, Victoria, Queensland and the Institute) to be replaced by a MDS Management, Implementation and Development Committee (MID), with all jurisdictions and the Institute represented.

1.2 CSDA—the base and interstate differences

The 'CSDA base' is the term used to describe the services which fall under the umbrella of the Agreement. Service types covered fall under the broad headings of accommodation, community support, community access, respite, employment and other—see Attachment 1 for a full list of service types used for the 1995 data collection. Under the Agreement, the Commonwealth took administrative responsibility for employment services, with the States and Territories taking responsibility for accommodation and other support services; both levels of government retained some responsibility for advocacy and research.

In practice, the CSDA base varies between jurisdictions in a number of key areas. These variations are important considerations when interpreting the CSDA MDS data.

From information supplied by Commonwealth, State and Territory contacts, the CSDA base is generally agreed to consist of:

- those services for people with a disability that were transferred between the Commonwealth, States and Territories under the CSDA;
- those services for people with a disability that were funded or provided by the 'disability program area' of each State and Territory before the CSDA (other than employment services transferred to the Commonwealth);
- services provided or funded with CSDA dollars since the signing of the CSDA.

Neither psychiatric services nor early childhood intervention services are included in every State or Territory, and there are other exceptions or 'grey areas':

- In New South Wales, psychiatric disability services were transferred to the New South Wales Department of Health, after CSDA transfer from the Commonwealth, and other disability services were transferred directly to the Department of Community Services.
- In Victoria, early intervention may have been included in the base but has since been transferred to another division within the Department of Human Services.
- In Queensland, the base included psychiatric disability services funded and provided by the Mental Health Branch of Queensland Health. The base excluded services funded under the 'Gaming Machine Community Benefit Fund'.
- In the Northern Territory, mental health services were included.
- In the Australian Capital Territory, some mental health services were included in the base.
- Therapy services are not included in all States, and can be a component within other service types.

1.3 First full collection

The 1995 data collection is the first annual CSDA MDS collection. It is also the first collection covering CSDA government services directly provided in all States, as well as those provided in the funded non-government sector.

The data contained in this report are the first full national presentation* of CSDA service provision, and of the users of these services.

1.4 Changes from the 1994 collection

The pilot test conducted in the second half of 1994 covered all States and Territories, and all CSDA-funded non-government services. Directly provided government CSDA services were also included with the exception of New South Wales, Victoria and Queensland.

^{*} Problems with Western Australian 1995 data have led to the exclusion of Western Australian State data from most tables.

Results from the 1994 pilot test, comments received from service providers and discussions held at the February 1995 meeting of the CSDA MID committee resulted in a number of recommendations for change.

These recommendations, where agreed to by the CSDA MID committee, were presented to the DSSC and were subsequently endorsed for inclusion in the 1995 collection.

The key changes for 1995 were:

- as previously agreed, all directly provided government services included;
- service type classification was reviewed and coding categories expanded;
- 'staff hours' were required for each staffing category, instead of the previous requirement for services to calculate a 'full-time equivalent' figure;
- the service income source categories were collapsed; 1995 data would identify only the government sectors and 'all other';
- the data item 'estimate of average daily consumers' was changed to 'estimate of consumers on a typical operating day';
- data items were included on the service form for 'days of operation per week' and 'hours of operation per day';
- both second- and third-person wording were used in consumer form questions;
- a category of 'developmental delay' was added to the disability type data item, to allow for younger children (aged 0–5 years) for whom a more specific categorisation is not always possible or desirable;
- the data item 'episodic nature of the condition' was deleted;
- the second data item used in the Victorian and Queensland phase of the 1994 pilot test, relating to support required in the areas of social and emotional support, was included in the ongoing data collection; and
- the data item 'preferred language' was changed to 'preferred effective language'.

There was also a series of recommendations adopted for minor changes to clarify the wording in both the collection forms and the Data Guide, and for enhancements to the layout of the collection forms.

1.5 How the collection is conducted

The CSDA MDS data collection is conducted each year by the Commonwealth, State and Territory departments responsible for funding or providing services under the Commonwealth/State Disability Agreement.

In February or March each year, a meeting of the CSDA Management, Implementation and Development (MID) committee discusses the previous year's data collection. Recommendations are made for changes, additions or deletions of data items, and response categories and protocols are agreed to for the next collection. The snapshot day(s) are agreed to by the jurisdictions.

Endorsement is sought from DSSC for the recommended changes.

After DSSC endorsement, the Australian Institute of Health and Welfare drafts Service Forms, Consumer Forms and Data Guides based on the agreed formats and definitions. These are circulated for comment and changes as needed. Because of the earlier date of their data collection, Western Australia produce their own forms based on the agreed format.

Each jurisdiction notifies service providers of the forthcoming collection and, where deemed necessary, conducts training sessions for staff and/or service providers.

Forms are distributed to services, by each jurisdiction, at least two weeks before the collection date. 'Help-lines' or contact phone numbers are identified to provide assistance to services.

On the selected 'snapshot day', services complete the Service Form, as well as Consumer Forms for all consumers receiving an active service on the day.

Completed forms are returned to the funding departments for data entry and editing. The Institute provides each jurisdiction with data item and edit specifications to help ensure uniform and good data quality.

Edited data are forwarded by each jurisdiction to the Institute. Final edits are applied and the data collated to a national data set for analysis and dissemination.

For Commonwealth-funded open employment services, the consumer data are not collected in the above format. The data are obtained from a separate, ongoing data collection managed by AIHW—the National Information Management System for open employment services (NIMS), which contains the CSDA MDS data items as a sub-set. Data from NIMS are added to that obtained from the Commonwealth's Disability Service Program Census to provide a full picture of Commonwealth CSDA service provision, although it is important to note that the NIMS data do not relate to a specific snapshot day, but to service provision over the 9 months up to and including 30 September 1995.

1.6 Acknowledgements

Thanks are due to the contact people in each funding department:

- Ageing & Disability Department (NSW)
 Neil Harris and Proshanta Dey
- Department of Human Services (Vic) Maarten Post and Brendan Fogarty
- Department of Families, Youth and Community Care (Qld)
 Alison Crisp, Sharyn Stack, Richard Lennon and Del Han
- Disability Services Commission (WA)
 Mike Williams and Amanda McStay
- Health Commission (SA)
 Chris Ellershaw and Tania Siviour
- Department of Community and Health Services (Tas) Steve Webber
- Department of Health and Community Care (ACT) John Grosse

- Department of Health and Community Services (NT) Loretta Cannon
- Department of Health and Family Services (Commonwealth)
 Paul McGlew and Carolyn Brown

The project owes much to all the service providers who completed questionnaires and provided comments; to all departments, organisations, peak bodies and individuals who provided suggestions or comments; and to the staff in the disability services funding departments who conducted the mail-out, help-lines, collection, compilation and editing of questionnaires and data at the Commonwealth, State and Territory level.

Thanks also to staff at the Institute for their support and comments—in particular, to Dr Ching Choi, head of the Welfare Division, for his valuable advice and support throughout the project, and to Ros Madden, head of the Disability Services Unit, without whose support, encouragement and gentle reminders this report could not have been produced.

2. Data

2.1 Overview

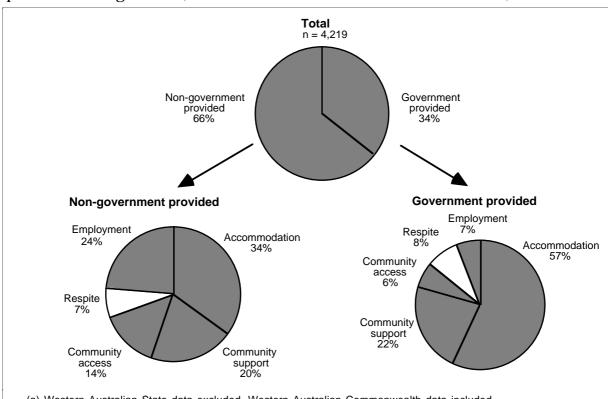
Services

There were 4,219 CSDA-funded services which responded to the 1995 CSDA MDS collection (excluding Western Australian data), a 93% response rate (see Table 2.2).

Of these 4,219 services, 257 were classified to a service type resulting in no consumer data being required; these service types were advocacy, information, print disability and other. The consumer data therefore relate to the remaining 3,962 services, and the service data relate to all 4,219 services.

Care should be used when interpreting the data presented. All jurisdictions are moving to implement an 'outlet level' collection, but this has not been fully achieved to date. This means that a 'service' as reported may be a single outlet, or may be an aggregation of data for two or more outlets for an organisation.

The proportional distribution of service auspice, between government-provided and non-government provided services, and further by broad service type, is presented in Figure 2.1 (for more detail and discussion see Table 2.8).



(a) Western Australian State data excluded, Western Australian Commonwealth data included.

Figure 2.1: All services, auspice and service type, Commonwealth, States and Territories (excluding Western Australia ^(a)), 1995

Consumers

Three separate counts of consumer numbers are collected from CSDA services—the number actually receiving a service on the collection 'snapshot day', the number on a typical operating day and the number of individuals over the financial year. (*Note*: NIMS consumer data covers the 9 months up to and including 30 September 1995.)

The number of consumers receiving services on the selected snapshot day is broadly similar to that reported as receiving services on a typical operating day (see Table 2.1). Community support, community access and respite services show a greater level of variation from the typical day than do the other service types—employment and accommodation. They also have a larger number of consumers over the year than on any one day, indicating a less fixed consumer base. For all broad service type categories, the number of consumers over the year is greater in the non-government sector than in the directly provided government sector.

Community support was the category with the greatest variation in reported consumer numbers between a typical operating day and estimated annual numbers. The services contained within this category generally had a high level of consumer turnover.

Table 2.1: Number of consumers (a), service type (b) by auspice by time period, Commonwealth, States and Territories (excluding Western Australia (c)), 1995

	G	overnment	Non-government				
Service type	Snapshot day	Typical day	Annual estimate	Snapshot day	Typical day	Annual estimate	
Accommodation	6,733	6,999	15,572	7,921	8,267	43,456	
Community support	4,827	5,707	48,445	3,744	5,083	103,535	
Community access	2,226	2,294	4,954	6,511	7,291	72,032	
Respite	582	639	4,031	909	1,256	17,000	
Employment	1,844	1,981	4,562	15,759	17,023	35,743	

⁽a) Consumer numbers are not added other than within service types due to an unknown level of double counting, arising because individuals may receive more than one service type on the snapshot day.

Data have been collated from 63,530 consumer forms, representing the number of people receiving CSDA MDS services on the snapshot day excluding Western Australia (NIMS consumer data covers the 9 months up to and including 30 September 1995) in 1995—1 September in Tasmania; 8 September in Queensland, South Australia, Northern Territory and the Australian Capital Territory; 15 September in New South Wales and Victoria, and 18 October for the Commonwealth (all Thursdays).

Care should be used when interpreting the data presented:

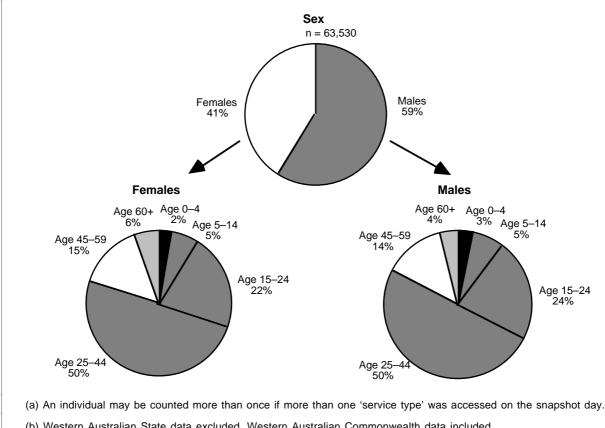
Where consumer data are presented, there is no way of identifying the extent to which individual consumers appear in more than one 'service type' category on the snapshot day. As a result of this unknown level of double counting, only data on consumers within specific service types can be treated as representing separate persons.

⁽b) Consumer data not collected for service types of advocacy, print disability, research and development, information or other.

⁽c) Western Australian State data excluded, Western Australian Commonwealth data included.

The distribution of snapshot-day service recipients is represented in Figure 2.2 according to sex, and further by broad age group.

Males were the most common service recipients in 1995 (59%). Overall there was little difference in age-group distribution between the sexes, although differences did exist when service types and disability types are examined in detail (for more detail and description see Table 2.13).



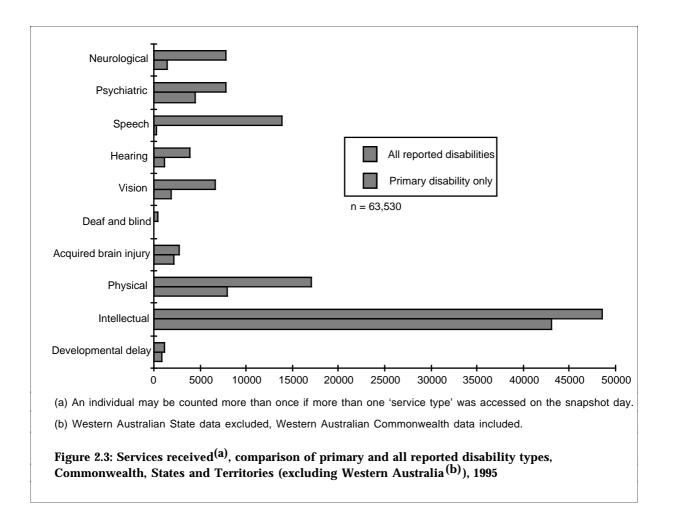
(b) Western Australian State data excluded, Western Australian Commonwealth data included.

Figure 2.2: Services received^(a), sex and age distribution, Commonwealth, States and Territories (excluding Western Australia^(b)), 1995

Figure 2.3 shows the distribution of reported disability types. A comparison is provided between reported primary disability type and all reported disability types for snapshot-day service recipients.

When all reported disabilities are considered, the multiple disability of many service users becomes apparent. The disability type categories which showed the greatest proportional increases are speech (from 0.4% to 21.8%) and neurological (from 2.3% to 12.4%). This indicates that speech disability in particular was associated with other disability types reported as primary for the service users.

By recording data on all significant disability types of each service user, not only that recorded as primary, a more detailed picture of disability can be obtained (for more detail and discussion see Tables 2.15 and 2.16).



2.2 Service response rates

The overall response rate of services for each State and Territory is presented in Table 2.2, with the national response rate being 93%.

Table 2.2: Response rate by States, Territories and Commonwealth (%) (excluding Western Australia), 1995

	NSW	Vic (a)	Qld	SA	Tas	ACT	NT	Commonwealth	Total
Response rate	94	80	96	94	88	99	67	99	93

(a) Estimate only, due to incomplete regional records.

Missing and 'not known' data are described in Tables 2.3 and 2.4, with the proportion of missing and not known responses being presented for each data item, by Commonwealth, State and Territory. The proportion of missing responses was quite low for most data items across most States and Territories.*

^{*} Even though Western Australia was not able to supply revised data for the 1995 collection, it is worthwhile noting that Western Australia initially reported that the proportion of missing responses were significantly higher for some data items than in other jurisdictions. This may be as a result of data being collected for all consumers over the 12-month period to 30 June 1995 in the Western Australian collection, and the description of some data items as 'optional' for some services.

Table 2.3: Missing responses as proportion of total responses for each data item, by Commonwealth, State and Territory (excluding Western Australia) (a), 1995

Data item	NSW	Vic	Qld (b)	SA	Tas	ACT	NT	Commonwealth
Staff hours	0.8	1.2	1.7	2.1	9.9	0.0	13.0	1.8
Service income sources	0.5	1.2	1.7	0.7	2.9	0.0	0.0	1.0
Service operating days per week	0.1	0.8	0.0	5.5	2.9	0.0	4.3	0.0
Service operating hours per day	0.5	0.9	0.3	6.2	2.9	0.0	8.7	0.0
Typical daily consumer numbers	0.7	3.5	1.7	3.4	3.0	0.0	4.3	1.0
Annual consumer numbers	0.4	2.6	2.3	2.1	3.0	0.0	8.7	1.0
Age	0.8	1.2	0.4	1.1	0.8	0.0	0.5	0.0
Sex	1.8	1.1	0.1	0.7	0.7	0.0	0.5	0.0
Country of birth	0.0	1.6	0.1	1.9	0.1	0.0	0.0	0.0
Aboriginal/Torres Strait Islander origin (c)	2.0	10.8	18.2	10.9	1.8	0.5	0.0	0.0
Preferred effective communication	0.0	5.8	0.3	3.1	0.1	0.0	0.0	0.0
Primary disability	0.2	0.6	0.0	0.0	0.2	0.0	0.0	0.0
Other significant disabilities	0.1	2.5	0.4	0.1	0.2	0.0	0.0	0.0
Frequency of support needed—activities of daily living	0.5	1.2	0.1	1.5	1.0	0.0	0.5	0.0
Frequency of support needed—social and emotional (d)	0.6	1.8	0.5	1.7	1.2	0.0	0.5	0.0
Main income source	0.0	1.1	0.0	2.0	0.7	0.0	0.0	0.0
Living arrangement/accommodation type	0.0	1.0	0.0	2.0	0.9	0.0	0.0	0.0

⁽a) Western Australian State data excluded, Western Australian Commonwealth data included.

Aboriginal or Torres Strait Islander origin is the consumer form data item with the highest overall 'not known' or missing response rate (see Tables 2.3 and 2.4). This may arise from a reluctance on the part of some service providers to ask for this information. The two Territories were the only jurisdictions where the combined missing and not known responses were less than 10% of the total for the item.

The combined rate of 44% in Queensland State data is of particular concern, given the number of people with Aboriginal or Torres Strait Islander origin identified in the 1991 ABS population census (2.4%).

The data item 'main income source', for children aged less than 16 years, sought only to identify whether the parent or guardian received the Child Disability Allowance—this information would appear to have been difficult to obtain, or there was a reluctance to obtain it. The 'not known' response was over 20% in most jurisdictions. The reasons for this will have to be examined, and this component of the data item reviewed.

Queensland (17.3%) had a higher level of 'not known' response to the data item 'country of birth' than did the other States and Territories. These high levels of

⁽b) Excludes Queensland 'IDS' direct services.

⁽c) High Queensland figure related to high level of 'not known' response for the country of birth data item—only persons with Australia as country of birth were asked about Aboriginal or Torres Strait Islander origin.

⁽d) Data item not in NIMS (Commonwealth-funded open employment services).

'not known' will need to be reduced if issues of access are to be examined at the State level.

Table 2.4: 'Unknown' responses as proportion of total for each data item, by Commonwealth, State and Territory (excluding Western Australia^(a)), 1995

Data item	NSW	Vic	Qld (b)	SA	Tas	ACT	NT	Commonwealth
Country of birth	1.9	2.5	17.3	1.9	1.6	0.4	0.0	5.2
Aboriginal/Torres Strait Islander origin	12.4	1.6	25.8	3.6	20.9	0.7	1.1	9.5 ^(c)
Preferred effective communication	2.1	0.3	0.4	0.5	1.1	0.0	1.1	0.2
Main income source—age under 16 years	26.5	29.2	21.4	21.1	20.6	72.1	6.8	na
Main income source—age 16 years or more	2.1	3.7	9.4	3.8	2.3	1.0	8.2	2.3
Living arrangement/accommodation type	0.7	0.3	0.3	0.6	0.2	0.0	0.0	2.9

⁽a) Western Australian State data excluded, Western Australian Commonwealth data included.

2.3 State distribution

Commonwealth-funded services

The distribution of reported Commonwealth-funded CSDA services, by service type, by State and Territory, is shown in Table 2.5.

Of the 772 employment services reported, sheltered employment accounted for 320 (41%).

Table 2.5: Number of Commonwealth-funded CSDA services, service type by State and Territory, 1995

Service type	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Total
Competitive Employment Training and Placement	56	43	40	19	5	5	3	1	172
Individual Supported Job	43	22	11	2	3	3	1	4	89
Supported employment	69	64	12	7	14	7	1	3	177
Sheltered employment	134	54	42	30	41	12	3	4	320
Employment—other, not stated	1	8	4	0	1	0	0	0	14
Total employment services	303	191	109	58	64	27	8	12	772
Advocacy	19	25	6	8	6	3	2	6	75
Information/referral	2	0	0	0	1	0	0	1	4
Print disability	4	4	1	2	1	1	0	1	14
Total other than employment	25	29	7	10	8	4	2	8	93
Total all Commonwealth-funded	328	220	116	68	72	31	10	20	865

Note: A service may be a single outlet, or an aggregation of two or more outlets of the same service type, for an organisation.

⁽b) Excludes Queensland direct services (Intellectual Disability Services (IDS)).

⁽c) Queensland 32.9%.

Two service types focused on employment in the open labour market in 1995—Competitive Employment Training and Placement (CETP) services (172 reported) and Individual Supported Job (ISJ) services (89 reported).

Under the CSDA the only service types, other than employment, for which the Commonwealth has responsibility are those with shared jurisdictional responsibility—advocacy, information, print disability and research.

Of the 93 non-employment Commonwealth-funded services reported, advocacy accounted for 75 (81%).

There were 14 print disability services identified, with New South Wales and Victoria each reporting four.

State- and Territory-funded services

Table 2.6 provides a description of the 3,354 State- or Territory-funded CSDA services, according to service type.

The majority of State or Territory services reported in 1995 were contained within the broad 'accommodation' grouping, accounting for 1,763 (53%) of all services. Of these accommodation services, 1,218 (69%) were group homes, with outreach or other in-home support next with 263 services reported.

The remaining 1,591 services reported were spread widely across the service types with 766 in the broad category of community support, 483 in community access, 308 in respite and 34 reported as 'other' or the service type was not stated.

Interstate comparison of the relative distribution of services is of interest. A relatively high proportion of 'outreach/other in-home support' services were recorded in Victoria (126, or 48% of the national total). The number of reported therapy and advocacy services was also comparatively high in Victoria. These differences may be partly due to the inclusion of a number of psychiatric services in the CSDA base in Victoria.

The category of 'resource teams/regional teams' has been used mainly to cover direct services provided by the New South Wales department—representing small multi-purpose teams which could not logically be assigned to any other single service type category.

It should be kept in mind that not all jurisdictions have been able to move to a full outlet level collection (Section 2.1). When an outlet level collection is in place, an even more detailed comparison of interstate differences between CSDA services can be made.

Table 2.6: Number of State- or Territory-funded CSDA services, service type by State and Territory (excluding Western Australia ^(a)), 1995

Service type	NSW	Vic	Qld	SA	Tas	NT	ACT	Total
Institution	34	9	8	3	4	0	0	58
Hostel	31	15	19	3	5	0	2	75
Group house	440	429	247	25	27	6	44	1,218
Attendant care	24	22	11	14	5	2	4	82
Outreach support/other in-home	57	126	64	10	2	2	2	263
Accommodation—other/not-	45	10	10	1	1	0	0	67
Total accommodation	631	611	359	56	44	10	52	1,763
Advocacy	8	29	1	6	1	0	1	46
Information/referral	18	39	11	8	6	0	2	84
Early childhood intervention	70	48	16	1	0	0	0	135
Recreation/holiday programs	30	34	12	4	7	1	4	92
Therapy (PT OT ST)	19	48	23	5	8	0	1	104
Family/individual case practice	6	55	25	14	2	0	0	102
Behaviour/specialist intervention	16	12	0	0	2	0	1	31
Counselling— individual/family/group	1	3	1	4	0	0	0	9
Brokerage/direct funding	3	1	0	0	0	0	0	4
Mutual support/self-help groups	4	0	0	0	0	0	0	4
Print disability	4	0	3	1	2	0	0	10
Resource teams/regional teams	87	0	7	0	1	1	0	96
Community support—other/not stated	6	8	31	2	2	0	0	49
Total community support	272	277	130	45	31	2	9	766
Continuing education/ independent living training/ adult training centre	104	88	41	16	12	1	4	266
Post-school options/ social and community support/ community access	66	48	16	4	5	1	3	143
Community access and day programs—other/not stated	5	53	7	4	3	1	1	74
Total community access	175	189	64	24	20	3	8	483
Respite—own home	0	16	8	2	0	1	1	28
Respite—centre-based/respite house	55	26	29	10	3	1	3	127
Respite—host family/peer	13	1	40	1	4	1	0	60
Respite—other/not stated	34	24	25	6	1	3	0	93
Total respite	102	67	102	19	8	6	4	308
Other services	9	14	5	2	2	2	0	34
Total all services	1,189	1,158	660	146	105	23	73	3,354

⁽a) Western Australian State data excluded, Western Australian Commonwealth data included.

Note: A service may be a single outlet, or an aggregation of two or more outlets of the same service type, for an organisation.

2.4 Service profile

The wide range of service types and service delivery methods contained within the CSDA base is very apparent when the patterns of service operating periods are examined. The number of days per week and hours per day of operation vary greatly, although two broad groupings were commonly reported in the data. These groupings were 7 to 8 hours a day for 5 days a week (1,653 or 39% services), and 24 hours a day for 7 days a week (1,361 or 32% of services) (see Table 2.7).

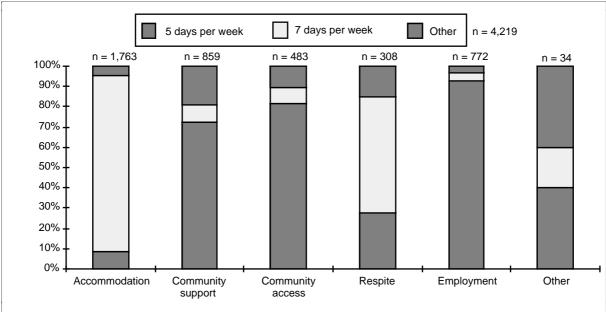
Table 2.7: CSDA-funded services, number of services by period of operation, Commonwealth, States and Territories (excluding Western Australia (a)), 1995

	Hours of service operation per day									
Days of			Greater than		No fixed	Operating				
operation per	Less than 7	7 to 8	8 but less		number of	hours not				
week	hours hour		than 24	24 hours	hours	stated	Total			
			hours							
5 days	114	1,653	181	22	43	0	2,013			
7 days	41	58	261	1,361	114	10	1,845			
Other	102	110	28	14	43	22	319			
No fixed days	1	1	1	1	38	0	42			
Total	258	1,822	471	1,398	238	32	4,219			

⁽a) Western Australian State data excluded, Western Australian Commonwealth data included.

Note: A service may be a single outlet, or an aggregation of two or more outlets of the same service type, for an organisation.

When the pattern of days per week of service operation is examined by broad service type (Figure 2.4), it can be seen that accommodation services generally fitted a 7-days-per-week pattern (88%), employment services 5 days a week (93%), with the other categories being more varied.



(a) Western Australian State data excluded, Western Australian Commonwealth data included.

Figure 2.4: CSDA-funded services, service type by operating period (%), Commonwealth, States and Territories (excluding Western Australia (a)), 1995

Of the 4,219 services reported, 1,453 (34%) were auspiced (generally provided directly) by government with the vast majority of these (1,290) coming from State or Territory governments (see Table 2.8).

The service types where government-auspiced services outnumbered non-government-auspiced services were: institutional accommodation (30 to 28), group homes (696 to 522), case management services (53 to 48), behaviour intervention services (30 to 1), resource teams (81 to 15) and host family respite (37 to 23).

Local government was relatively more likely to be represented in attendant care, recreation and respite care services.

The funded non-government sector predominated in all other service types, with a 'charitable or religious' auspice accounting for 1,262 (46%) of the 2,752 services reported for this sector. In the funded non-government sector, services under a 'charitable or religious' auspice predominated in the service types: institution, group home, counselling, print disability, continuing education, centre-based respite, and supported and sheltered employment.

Further information on service auspice, related to service income and State and Territory distribution, is contained in Section 2.5.

It should be noted that service auspice appears to have been misinterpreted in some instances, particularly in respect to Commonwealth employment services where the reported number of Commonwealth or State government-auspiced services (87, see Table 2.8) is significantly over the figure known to department staff who stated that there would be 'only a few' government-auspiced services.

Table 2.8: Number of services, service type by auspice, Commonwealth, States and Territories (excluding Western Australia $^{(a)}$), 1995

		Governm	nent		Non-go				
	State/		Total	Charitable/	Not				
Service type	C'wealth	Territory	Local	govt	religious	Other	govt	stated	Total
Institution	0	30	0	30	18	10	28	0	58
Hostel	0	17	0	17	26	32	58	0	75
Group house	1	683	12	696	324	198	522	0	1,218
Attendant care	0	0	3	3	25	52	77	2	82
Outreach support/other in-home	0	55	2	57	81	124	205	1	263
Accommodation—other/not stated	0	19	0	19	30	18	48	0	67
Total accommodation	1	804	17	822	504	434	938	3	1,763
Advocacy	14	2	0	16	18	85	103	2	121
Information/referral	1	4	1	6	17	65	82	0	88
Early childhood intervention	4	28	2	34	33	68	101	0	135
Recreation/holiday programs	0	6	15	21	18	53	71	0	92
Therapy (PT OT ST)	0	40	0	40	10	53	63	1	104
Family/individual case practice	0	53	0	53	12	36	48	1	102
Behaviour/specialist intervention	0	30	0	30	0	1	1	0	31
Counselling—individual/ family/ group	0	1	0	1	5	3	8	0	9
Brokerage/direct funding	0	0	1	1	0	3	3	0	4
Mutual support/self-help groups	0	0	0	0	0	4	4	0	4
Print disability	0	0	0	0	18	6	24	0	24
Resource teams/regional teams	0	80	1	81	12	3	15	0	96
Community support—other/not stated	0	37	0	37	1	11	12	0	49
Total community support	19	281	20	320	144	391	535	4	859
Continuing education/ independent living training/ adult training centre	3	51	0	54	113	97	210	2	266
Post-school options/ social and community support/ community access	1	25	7	33	44	66	110	0	143
Community access and day programs—other/ not stated	0	2	2	4	13	57	70	0	74
Total community access	4	78	9	91	170	220	390	2	483
Respite—own home	0	3	3	6	2	20	22	0	28
Respite—centre-based/respite house	1	59	3	63	30	34	64	0	127
Respite—host family/peer support	0	37	0	37	9	14	23	0	60
Respite—other/not stated	0	6	6	12	20	60	80	1	93
Total respite	1	105	12	118	61	128	189	1	308
Competitive Employment Training and Placement	17	0	4	21	58	93	151	0	172
Individual Supported Job	8	1	1	10	36	43	79	0	89
Supported employment	24	9	3	36	94	47	141	0	177
Sheltered employment	17	7	3	27	188	105	293	0	320
Employment support	2	1	0	3	2	0	2	0	5
Other employment	0	1	0	1	2	6	8	0	9
Total employment	68	19	11	98	380	294	674	0	772
Total other support	0	3	1	4	5	21	26	4	34
Total	93	1,290	70	1,453	1,262	1,488	2,752	14	4,219

⁽a) Western Australian State data excluded, Western Australian Commonwealth data included.

Note: A service may be a single outlet, or an aggregation of two or more outlets of the same service type, for an organisation.

2.5 Service funding and income

Total service income from all sources is shown in Table 2.9, disaggregated by service type, for each State and Territory. Data on 'service income source' were obtained only in relation to services which had operated for the full 1994–95 financial year. (It should be noted when interpreting these data that a number of services may have understated total income, as in a number of instances (48%) income other than that from government grants was not reported. MDS service income data for 1995 should not be used for planning purposes, but as a guide to the type of data which will be available once accuracy has been improved.)

The total of \$1.24 billion for the 1994–95 financial year, for services receiving at least some of their income from CSDA sources, reveals a significant industry.

In all States and Territories much of this money was reported for services providing accommodation or accommodation support—\$607 million (49%) of total reported service income (or 67% of State- or Territory-funded services).

Total income for employment services was the next largest in dollar terms with \$319 million (26%) or 95% of Commonwealth-funded services. Sheltered employment was the largest of the employment service types with total reported service income of \$196 million (61% of the employment services' income).

Income from non-government sources contributed \$226 million (18%) of total service income (see Table 2.12), although this figure may be an underestimate. This proportion of non-government-sourced income varied considerably among the service types. Sheltered employment services were, on the reported data, the least reliant on government income, with 63% of reported service income coming from non-government sources (\$124 million of \$196 million). Employment services overall had 46% of total reported service income from non-government sources.

The proportion of income from non-government sources for the other major service type categories were: accommodation 8%, community support 11%, community access 11% and respite services 5% (calculated from Table 2.12). The majority of service income reported comes from government sources—\$1,015.7 million (or 82%) of the total (Table 2.12). The source of the funding could include programs other than the CSDA, e.g. HACC, Health etc.

Reported service income from all government sources, when examined by broad auspice (government vs non-government), reveals some interesting differences (Table 2.10). For most States and Territories the bulk of services reported were in the non-government sector, 1,902 (61%) of the total 3,135 State-funded services (see Table 2.10).

Even though the greatest number of services reported were in the non-government sector, overall total government-sourced income was higher for government-provided services (\$458 million) than for non-government-provided services (\$342 million).

For State- or Territory-funded CSDA services, the average government-sourced income was \$264,500. This figure was much higher (\$397,100) for the 1,222 of these which were government-provided services (calculated from Table 2.10).

Table 2.9: Service income ^(a) by service type, Commonwealth, States and Territories (excluding Western Australia^(b)), 1995 (§'000)

Service type	NSW	Vic	Qld	WA (b)	SA	Tas	NT	ACT	Total
Institution	105,312	40,810	30,472	na	68,145	12,966	0	0	257,705
Hostel	10,259	10,600	167	na	1,763	1,758	0	2,174	26,722
Group house	89,381	74,106	48,116	na	19,316	10,854	4,990	7,198	253,961
Attendant care	1,758	6,842	2,656	na	3,225	693	136	423	15,733
Outreach support/other in-home	9,091	11,812	11,974	na	3,988	278	222	92	37,457
Accommodation—other/not-stated	10,081	4,193	1,172	na	220	0	0	0	15,665
Total accommodation	225,882	148,363	94,557	na	96,657	26,549	5,348	9,887	607,243
Advocacy	3,996	6,490	766	734	2,556	511	197	759	16,008
Information/referral	1,705	3,745	1,498	na	2,181	335	0	512	9,976
Early childhood intervention	9,732	7,419	146	na	0	0	0	0	17,298
Recreation/holiday programs	2,038	3,621	1,758	na	1,543	584	144	389	10,077
Therapy (PT OT ST)	5,517	9,008	78	na	6,689	503	0	584	22,380
Family/individual case practice	912	8,696	700	na	10,006	579	0	0	20,893
Behaviour/specialist intervention	2,586	1,725	0	na	0	76	0	743	5,129
Counselling—individual/family/group	56	511	25	na	556	0	0	0	1,148
Brokerage/direct funding	661	0	0	na	0	0	0	0	661
Mutual support/self-help groups	97	0	0	na	0	0	0	0	97
Print disability	3,038	1,769	263	530	443	480	0	5	6,527
Resource teams/regional teams	18,686	0	0	na	0	0	82	0	18,768
Community support—other/not stated	404	1,711	129	na	2318	14	0	0	4,576
Total community support	49,428	44,695	5,363	1,264	26,292	3,082	423	2,992	133,538
Continuing education/ independent living training/ adult training centre	33,086	30,477	3,738	na	1,960	2,271	37	485	72,054
Post-school options/social and community support/community access	5,213	26,669	1,354	na	4,082	523	176	635	38,652
Community access and day programs—other/not stated	922	11,053	1,331	na	847	276	539	118	15,085
Total community access	39,221	68,199	6,423	na	6,889	3,070	752	1,238	125,791
Respite—own home	0	1,592	975	na	189	0	248	290	3,293
Respite—centre-based/respite house	15,500	4,976	2,889	na	6,048	1,350	46	1,008	31,817
Respite—host family/peer support	2,027	25	163	na	117	95	0	0	2,427
Respite—other/not stated	2,771	1,588	3,309	na	993	70	309	0	9,040
Total respite	20,298	8,181	7,336	na	7,347	1,515	603	1,298	46,577
Competitive Employment Training and Placement	11,560	12,497	19,644	6,038	1,532	609	1,004	469	53,354
Individual Supported Job	6,862	8,009	3,199	706	1,367	42	74	974	21,232
Supported employment	17,213	15,811	2,198	3,934	4,247	1,623	0	1,184	46,209
Sheltered employment	61,967	30,377	18,162	39,214	29,243	11,811	1,579	3,211	195,564
Other employment	79	1037	1,214	0	60	0	0	0	2,390
Total employment	97,681	67,731	44,417	49,892	36,449	14,085	2,657	5,838	318,749
Other services	1,626	1,755	494	0	5,827	52	462	0	10,217
Total services	434,136	338,922	158,591	51,156	179,460	48,353	10,244	21,253	1,242,115

⁽a) Data available only from those services operating for the full 1994-95 financial year.

Note: Service income data not yet considered accurate enough for planning purposes.

⁽b) Western Australian data relates to Commonwealth-funded services only.

Table 2.10: State-funded CSDA services^(a), total funding reported by services, from all government sources, by broad auspice^(b), States and Territories (excluding Western Australia), 1995

	Government	(direct)	Non-governme	nt (funded)	Total		
State/Territory	Number of services	\$'000	Number of services	\$'000	Number of services	\$'000	
NSW	487	215,194	662	90,789	1,149	305,983	
Vic	404	108,546	691	135,675	1,099	244,829	
Qld	241	59,201	327	43,985	568	103,186	
SA	43	79,269	98	45,073	141	124,342	
Tas	12	13,084	77	17,173	95	30,711	
NT	3	312	15	6,048	19	6,822	
ACT	32	9,678	32	3,756	64	13,434	
Total	1,222	485,284	1,902	342,497	3,135	829,306	

- (a) Data available only from those services operating for the full 1994–95 financial year.
- (b) Service auspice not recorded for 4 Victorian, 6 Tasmanian and 1 Northern Territory service (total of \$1,524,000).

Notes

- 1. Service income data not yet considered accurate enough for planning purposes.
- 2. A service may be a single outlet, or an aggregation of two or more outlets of the same service type, for an organisation.

For Commonwealth-funded CSDA services, which are primarily employment services (see Table 2.5), the bulk of services reported were in the non-government sector, 704 (or 87%) of the 812 Commonwealth-funded services.

The average government-sourced income for the 812 reported services was \$229,583. This figure was higher (\$276,538) for the 106 of these which were government directly provided services, although the relative difference was not as high as that for the State- or Territory-funded CSDA services.

Table 2.11: Commonwealth-funded CSDA services^(a), total government-sourced funding reported by services, by broad auspice^(b), State and Territory, 1995

	Government	(direct)	Non-governme	ent (funded)	Total		
State/Territory	Number of services	\$'000	Number of services	\$'000	Number of services	\$'000	
NSW	16	3,685	293	49,957	309	53,642	
Vic	36	7,150	175	43,607	212	50,835	
Qld	15	2,270	88	29,868	103	32,137	
WA	5	2,343	59	21,305	64	23,648	
SA	15	3,305	53	13,398	68	16,703	
Tas	12	1,983	14	1,612	27	3,758	
NT	4	567	5	1,391	9	1,958	
ACT	3	699	17	3,039	20	3,738	
Total	106	22,003	704	164,176	812	186,421	

- (a) Data available only from those services operating for the full 1994-95 financial year.
- (b) Service auspice not recorded for 1 Victorian and 1 Tasmanian service (total \$242,000).

Notes

- 1. Service income data not yet considered accurate enough for planning purposes.
- 2. A service may be a single outlet, or an aggregation of two or more outlets of the same service type, for an organisation.

For the State and Territory CSDA-funded services, reported funding from Commonwealth sources was still significant (Table 2.12). It will be interesting to examine the same data for the 1996 MDS collection which has a separate response category for HACC funding. From comments received, it would seem that services varied in how HACC funds were recorded in the 1995 collection, and it may be that some of the Commonwealth-sourced income reported was actually HACC funding (which is joint Commonwealth and State funding).

Commonwealth and State and Territory governments were reported as significant funders of the jointly funded service types under the CSDA: advocacy, information/referral, and print disability services.

Table 2.12: Income reported by services $^{(a)}$ (\$'000s), service type by Commonwealth, States and Territories (excluding Western Australia $^{(b)}$), 1995

	Gover	nment-sourced				
Service type	Commonwealt	State	Local	Non-govt	Total income	
Institution	4,917	237,328	0	15,460	257,705	
Hostel	839	20,230	2	5,650	26,722	
Group house	3,511	230,825	385	19,240	253,961	
Attendant care	1,332	12,767	0	1,634	15,733	
Outreach support	779	33,097	20	3,561	37,457	
Other accommodation	237	13,166	184	2,079	15,665	
Total accommodation support	11,615	547,413	591	47,624	607,243	
Advocacy	10,488	4,265	30	1,225	16,008	
Information/referral	1,169	6,684	28	2,095	9,976	
Early childhood intervention	2,568	11,858	209	2,662	17,298	
Recreation	911	7,249	88	1,829	10,077	
Therapy (PT OT ST)	3,216	17,845	6	1,314	22,380	
Family/individual case	53	20,396	0	444	20,893	
Behaviour intervention	0	5,122	0	7	5,129	
Counselling	127	926	0	95	1,148	
Brokerage/direct funding	0	660	0	1	661	
Mutual support/self-help groups	0	52	6	39	97	
Print disability	1,681	1,433	115	3,298	6,527	
Resource teams	34	18,089	8	637	18,768	
Other community support	277	3,010	0	1,289	4,576	
Total community support	20,524	97,589	490	14,935	133,538	
Continuing education	3,612	59,381	86	8,975	72,054	
Post-school options	1,188	33,417	386	3,661	38,652	
Other community access	895	12,273	44	1,871	15,085	
Total community access	5,695	105,071	516	14,507	125,791	
Own home respite	327	2,645	172	149	3,293	
Centre-based respite	2,173	27,508	389	1,747	31,817	
Host family respite	604	1,747	3	72	2,427	
Other respite	1,067	7,312	92	569	9,040	
Total respite	4,171	39,212	656	2,537	46,577	
Competitive Employment Training and Placement	51,496	132	1	1,725	53,354	
Individual Supported Job	20,252	5	10	965	21,232	
Supported employment	26,435	779	30	18,965	46,209	
Sheltered employment	69,789	1,667	46	124,063	195,564	
Other employment	1,807	490	0	93	2,390	
Total employment	169,779	3,073	87	145,811	318,749	
Total other support	498	8,737	12	971	10,217	
Total	212,283	801,092	2,353	226,388	1,242,115	

⁽a) Data available only from those services operating for the full 1994-95 financial year.

Note: Service income data not yet considered accurate enough for planning purposes.

⁽b) Western Australian State data excluded, Western Australian Commonwealth data included.

Box 2.1: Please note carefully

In the following tables and figures, where data about consumers are presented, care must be exercised when interpreting the data. There is no way of identifying the extent to which individual consumers appear in more than one 'service type' on the snapshot day of collection.

As a result of the unknown level of double counting of individuals across service types, only data on consumers within specific service types can be treated as representing separate persons. For all other tables and figures, where data are presented for aggregated service types, the counts should be interpreted as representing the characteristics of service provision, not the characteristics of individuals. 'Services received' will represent the aggregated consumer characteristics of all instances of consumer access to service types.

This problem is not likely to be as large within the broader categories of accommodation and employment due to their more mutually exclusive sub-categories compared with those in community support and community access, and the relatively lower levels of service user turnover.

Consumer data from the Commonwealth's Disability Service Program Census excludes those consumers identified as 'not receiving a service' on 18 October 1995, the snapshot day.

2.6 Disability type

Disability type was recorded in the data collection in two formats—the disability type identified as 'primary' for the service user, and 'all other significant disability types'. The use of the two concepts enables comparison with a wider range of other data collections, and provides a more detailed picture of the 'multiple disability' of many service users.

Of the 63,530 service recipients on the snapshot day 43,033 (67.7%) were reported as having a primary disability type of 'intellectual/learning' (Table 2.13). This proportion was consistent across the sexes (males 67.4% and females 68.4%).

The next most frequently reported primary disability types were physical (12.4%), psychiatric (7.1%) and acquired brain injury (3.3%). The category of 'deaf and blind' was the least frequently reported for 162 (0.3%) service recipients.

These primary disability types do show differences between the sexes. There was a higher proportion of males with a reported primary disability type of acquired brain injury (4.0% of males and 2.2% of females), and psychiatric (males 7.8% and females 6.2%). Females had a higher reported proportion of physical disability (males 11.9% and females 13.3%).

The distribution of reported primary disability type also varied between age groups. Developmental delay was recorded as primary for 752 (46.3%) of those service recipients aged 0 to 4 years, and for 70 (2.1%) of those aged 5 to 14 (this category was intended only to apply to 0–5-year-olds, and made up less than 0.2% of older age groups).

For those service users aged 15 years or more, the proportion with a primary disability type of 'intellectual/learning' decreased with increasing age (from 74.9% of 15–24-year-olds to 43.6% of those service users aged 60 years or more). Corresponding increases occur in the categories of physical disability (from 11.6% to 18.9%), and vision (from 1.9% to 18.0%). Psychiatric disability had a reported peak in the 25–44 and 45–59 age groups.

Table 2.13 Service recipients ^(a), sex by primary disability type by age, Commonwealth, States and Territories (excluding Western Australia ^(b)), 1995

Primary disability			Α	ge (perso	ns)				
type	0-4	5–14	15–24	25-44	45-59	60+	na	Total	%
Males									
Developmental delay	447	53	14	18	6	6	5	549	1.5
Intellectual/learning	230	1,227	6,676	13,117	3,261	687	59	25,257	67.4
Physical	135	506	949	1,886	725	235	24	4,460	11.9
Acquired brain injury	15	42	288	766	300	83	6	1,500	4.0
Deaf and blind	2	2	17	49	6	7	0	83	0.2
Vision	23	37	170	373	180	214	11	1,008	2.7
Hearing	36	37	142	262	98	60	3	638	1.7
Speech	44	27	26	46	14	6	2	165	0.4
Psychiatric	10	7	379	1,893	495	102	19	2,905	7.8
Neurological	38	71	213	378	135	38	2	875	2.3
Not stated	1	3	7	23	2	4	5	45	0.1
Total males	981	2,012	8,881	18,811	5,222	1,442	136	37,485	100.0
% in age group	2.6	5.4	23.7	50.2	13.9	3.8	0.4	100.0	
Females									
Developmental delay	296	17	4	10	5	0	5	337	1.3
Intellectual/learning	135	639	4,292	9,475	2,413	560	39	17,553	68.4
Physical	89	414	747	1,269	561	301	22	3,403	13.3
Acquired brain injury	10	35	121	267	96	47	2	578	2.2
Deaf and blind	1	5	19	38	7	6	0	76	0.3
Vision	14	30	107	276	134	301	10	872	3.4
Hearing	24	36	140	195	68	66	3	532	2.1
Speech	19	18	12	22	11	1	1	84	0.3
Psychiatric	3	1	187	959	349	79	3	1,581	6.2
Neurological	28	48	122	251	98	53	8	608	2.4
Not stated	0	0	4	11	6	2	5	28	0.1
Total females	619	1,243	5,755	12,773	3,748	1,416	98	25,652	100.0
% in age group	2.4	4.9	22.4	49.8	14.6	5.5	0.4	100.0	
All persons									
Developmental delay	752	70	18	31	12	6	13	902	1.4
Intellectual/learning	371	1,890	11,000	22,682	5,698	1,260	132	43,033	67.7
Physical	225	925	1,706	3,170	1,295	545	55	7,921	12.4
Acquired brain injury	25	78	411	1,039	399	131	13	2,096	3.3
Deaf and blind	3	7	36	88	14	13	1	162	0.3
Vision	37	68	277	649	315	520	22	1,888	3.0
Hearing	62	76	282	457	166	126	11	1,180	1.9
Speech	65	47	38	68	25	7	3	253	0.4
Psychiatric	15	8	568	2,856	846	181	22	4,496	7.1
Neurological	66	120	336	630	233	91	12	1,488	2.3
Not stated	2	3	12	37	8	7	42	111	0.2
Total	1,623	3,292	14,684	31,707	9,011	2,887	326	63,530	100.0
% in age group	2.6	5.2	23.1	49.9	14.2	4.5	0.5	100.0	

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

⁽b) Western Australian State data excluded, Western Australian Commonwealth data included.

Table 2.14: Service recipients $^{(a)}$, service type by primary disability, Commonwealth, States and Territories (excluding Western Australia $^{(b)}$), 1995

	Developm delay		Intelled learni		Physi	cal	Acquii brain in		Deaf a		Visio	on
Service type	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Accommodation support												
Institution	12	0.2	4,191	78.9	575	10.8	288	5.4	1	0.0	8	0.1
Hostel	20	1.9	602	58.5	249	24.2	37	3.6	4	0.4	22	2.1
Group house	18	0.3	5,659	83.9	604	8.9	107	1.6	38	0.6	52	3.0
Attendant care	0	0.0	86	12.2	535	75.8	46	6.5	1	0.1	4	0.6
Outreach support/other in-home	15	0.6	1,241	49.4	502	20.0	79	3.1	2	0.1	30	1.2
Accommodation—other/not stated	2	0.4	247	53.6	111	24.1	35	7.6	1	0.2	7	1.5
Community support												
Early childhood intervention	424	40.3	276	26.2	150	14.3	15	1.4	0	0.0	26	2.5
Recreation/holiday programs	5	0.3	955	67.1	149	10.5	77	5.4	12	8.0	71	5.0
Therapy (PT OT ST)	59	3.3	717	39.7	640	35.5	115	6.4	11	0.6	96	5.3
Family/individual case practice	42	3.4	569	46.1	205	16.6	115	9.3	4	0.3	187	15.2
Behaviour/specialist intervention	3	1.3	201	88.9	6	2.7	0	0.0	0	0.0	1	0.4
Counselling—individual/ family/ group	2	3.0	6	9.1	8	12.1	0	0.0	3	4.6	21	31.8
Brokerage/direct funding	0	0.0	12	38.7	10	32.3	3	9.7	0	0.0	0	0.0
Resource teams/regional teams	188	14.6	900	69.8	100	7.8	17	1.3	2	0.2	11	3.0
Community support—other/ not stated	37	3.4	840	78.0	106	9.9	5	0.5	4	0.4	1	0.1
Community access												
Continuing education/ independent living training/ adult training centre	10	0.2	4,447	79.3	384	6.9	160	2.9	11	0.2	339	6.0
Post-school options/ social and community support/ community access	1	0.0	1,803	87.5	173	8.4	33	1.6	2	0.1	6	0.3
Community access and day programs—other/not stated	0	0.0	270	20.9	300	23.3	48	3.7	3	0.2	28	2.2
Respite												
Respite—own home	6	2.0	164	53.8	83	27.2	16	5.3	4	1.3	8	2.6
Respite—centre-based/ respite house	13	1.7	469	61.6	184	24.2	43	5.6	3	0.4	5	0.7
Respite—host family/peer support	6	4.7	75	59.1	32	25.2	4	3.1	0	0.0	1	8.0
Respite—other/not stated	15	3.4	186	42.5	134	30.6	25	5.7	5	1.1	37	8.5
Employment												
Competitive Employment Training and Placement	0	0	5,842	56.5	1,261	12.2	310	3.0	27	0.3	634	6.1
Individual Supported Job	0	0	1,962	54.9	441	12.3	181	5.1	1	0.0	55	1.5
Supported employment	0	0	2,084	79.3	244	9.3	47	1.8	5	0.2	30	1.1
Sheltered employment	0	0	9,008	81.5	712	6.4	279	2.5	18	0.2	205	1.9
Employment support	0	0	11	37.9	10	34.5	1	3.4	0	0.0	1	3.4
Employment—other/not stated	0	0	169	69.5	8	3.3	6	2.5	0	0.0	1	0.4
Not stated	24	21.1	41	36.0	5	4.4	4	3.5	0	0.0	1	0.9
Total all services	902	1.4	43,033	67.7	7,921	12.4	2,096	3.3	162	0.3	1,888	3.0

(continued)

Table 2.14 (continued): Service recipients $^{(a)}$, service type by primary disability, Commonwealth, States and Territories (excluding Western Australia $^{(b)}$), 1995

	Hearin	ng	Spee	ch	Psychia	atric	Neurolo	gical	Not stated		Total	
Service type	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Accommodation support												
Institution	23	0.4	3	0.1	26	0.5	177	3.3	8	0.2	5,312	100.0
Hostel	20	1.9	3	0.3	60	5.8	9	0.9	4	0.4	1,030	100.0
Group house	64	0.9	15	0.2	128	1.9	59	0.9	3	0.0	6,747	100.0
Attendant care	2	0.3	0	0.0	6	0.9	19	2.7	7	1.0	706	100.0
Outreach support/other in- home	8	0.3	4	0.2	559	22.2	65	2.6	8	0.3	2,513	100.0
Accommodation—other/not stated	4	0.9	1	0.2	16	3.5	36	7.8	1	0.2	461	100.0
Community support												
Early childhood intervention	45	4.3	63	6.0	3	0.3	47	4.5	3	0.3	1,052	100.0
Recreation/holiday programs	13	0.9	2	0.1	101	7.1	24	1.7	14	1.0	1,423	100.0
Therapy (PT OT ST)	57	3.2	20	1.1	11	0.6	78	4.3	1	0.1	1,805	100.0
Family/individual case practice	16	1.3	2	0.2	14	1.1	77	6.2	3	0.2	1,234	100.0
Behaviour/specialist intervention	0	0.0	0	0.0	12	5.3	3	1.3	0	0.0	226	100.0
Counselling—individual/ family/ group	24	36.4	1	1.5	0	0.0	1	1.5	0	0.0	66	100.0
Brokerage/direct funding	0	0.0	0	0.0	5	16.1	1	3.2	0	0.0	31	100.0
Resource teams/regional teams	12	0.9	15	1.2	19	1.5	24	1.9	2	0.2	1,290	100.0
Community support—other/ not stated	52	4.8	7	0.6	9	0.8	14	1.3	2	0.2	1,077	100.0
Community access												
Continuing education/ independent living training/ adult training centre	95	1.7	9	0.2	58	1.0	72	1.3	23	0.4	5,608	100.0
Post-school options/ social and community support/ community access	2	0.1	1	0.0	12	0.6	20	1.0	7	0.3	2,060	100.0
Community access and day programs—other/not stated	23	1.8	5	0.4	569	44.2	28	2.2	14	1.1	1,288	100.0
Respite												
Respite—own home	2	0.7	0	0.0	0	0.0	22	7.2	0	0.0	305	100.0
Respite—centre-based/ respite house	10	1.3	1	0.1	12	1.6	21	2.8	1	0.1	762	100.0
Respite—host family/peer support	2	1.6	1	8.0	0	0.0	6	4.7	0	0.0	127	100.0
Respite—other/not stated	3	0.7	1	0.2	21	4.8	11	2.5	0	0.0	438	100.0
Employment												
Competitive Employment Training and Placement	507	4.9	42	0.4	1,375	13.3	330	3.2	7	0.1	10,335	100.0
Individual Supported Job	69	1.9	7	0.2	763	21.3	94	2.6	1	0.0	3,574	100.0
Supported employment	20	0.8	5	0.2	137	5.2	55	2.1	0	0.0	2,627	100.0
Sheltered employment	99	0.9	39	0.4	504	4.6	183	1.7	0	0.0	11,047	100.0
Employment support	0	0.0	0	0.0	0	0.0	6	20.7	0	0.0	29	100.0
Employment—other/not stated	6	2.5	0	0.0	48	19.8	4	1.6	1	0.4	243	100.0
Not stated	17	10.6	6	3.7	28	17.4	2	1.2	13	8.1	161	100.0
Total all services	1,180	1.9	253	0.4	4,496	7.1	1,488	2.3	111	0.2	63,530	100.0

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

⁽b) Western Australian State data excluded, Western Australian Commonwealth data included.

Intellectual/learning is the most frequently reported primary disability type across most service types, with behaviour/specialist intervention services having the highest proportion in this category (88.9%), followed by post-school options/social and community support/community access (87.5%). The main exceptions were attendant care (75.8% of service users had physical disability as the primary type reported), and counselling (vision primary for 31.8% and hearing for 36.4%). Of the Commonwealth-funded employment services, sheltered employment had the highest proportion of consumers with intellectual/learning disability as primary (81.5%), followed by supported employment (79.3%). Open employment services had much lower proportions in this category (CETP 56.5% and ISJ 54.9%), and were relatively more likely than the supported or sheltered employment services to have service recipients in the categories of physical (CETP 12.2% and ISJ 12.3% compared with sheltered employment 6.4%), or psychiatric disability (CETP 13.3% and ISJ 21.3% compared with sheltered employment 4.6%).

The proportion of service users in each disability type category changes significantly when all reported disability types are considered, rather than just the primary (Table 2.15). Many service users report multiple disability. The category 'intellectual/learning' stays the most frequently reported, increasing from 67.7% of service users to 76.4% when all disability types reported are considered. The proportion of service users with the category 'physical' more than doubles (from 12.5% to 26.9%), and the greatest relative increase is with the category 'speech' (from 0.4% of service users to 21.8%). The data indicate that speech and physical disability are often associated with another reported primary disability of service users.

Table 2.15: Service recipients^(a), disability type by primary and combined disability, Commonwealth, States and Territories (excluding Western Australia^(b)), 1995

Disability type	Consumers w primary disal		Consumers with this disability type as either 'primary' or 'other significant' (c) (%)			
	Number	%	Number	%		
Developmental delay	902	1.4	1,215	1.9		
Intellectual/learning	43,033	67.7	48,540	76.4		
Physical	7,921	12.5	17,065	26.9		
Acquired brain injury	2,096	3.3	2,735	4.3		
Deaf and blind	162	0.3	432	0.7		
Vision	1,888	3.0	6,647	10.5		
Hearing	1,180	1.9	3,878	6.1		
Speech	253	0.4	13,852	21.8		
Psychiatric	4,496	7.0	7,863	12.4		
Neurological	1,488	2.3	7,855	12.4		
Not stated	111	0.2				
Total ^(a)	63,530	100.0				

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

⁽b) Western Australian State data excluded, Western Australian Commonwealth data included.

⁽c) 'Other disability types' not collected in MDS format or Queensland directly provided IDS services, and the Commonwealth NIMS collection allowed for only one other disability type to be recorded.

The extent of reported multiple disability varies with reported primary disability type (see Table 2.16). Service users with acquired brain injury as a primary disability were the group most likely to report other disabilities (67.8%), followed by service users with neurological as primary (67.5%) and deaf and blind (66.7%), all significantly above the average across all primary disability types of 45.0%. Only 21.9% of service users with a reported primary disability type of psychiatric had other disability types recorded, and only 33.6% of service users with a reported primary disability types recorded.

The importance of examining multiple disability is further highlighted when data on the frequency of support required in the activities of daily living are examined. Figure 2.5 shows that frequency of need for support increases with increasing number of disability types reported. Of those service recipients with only one (the primary) disability reported, 33% were reported as having no need for help in the activities of daily living, and 14% were recorded as having a continual need. As the number of reported disability types for each individual increases, the proportion with no reported need decreases (to less than 1% for service users with 4 or more disability types reported), and the proportion with reported continual need increases to 82% for service users with 6 or more disability types reported. The proportion with occasional or frequent need reported also decreases as reported continual need increases with increasing number of disability types reported.

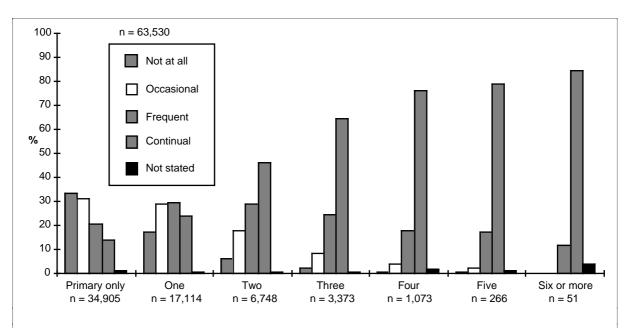
Table 2.16: Service recipients^(a), primary disability type by presence or absence of other significant disabilities^(b), Commonwealth, States and Territories (excluding Western Australia^(c)), 1995

	Other disal		No other disabilities reported	Other disabilities not stated/missing		
Primary disability type	Number	%	Number	Number	Total	
Developmental delay	525	58.2	370	7	902	
Intellectual/learning	19,083	44.3	21,916	2,034	43,033	
Physical	4,207	53.1	3,627	87	7,921	
Acquired brain injury	1,421	67.8	668	7	2,096	
Deaf and blind	108	66.7	52	2	162	
Vision	635	33.6	1,244	9	1,888	
Hearing	474	40.2	694	12	1,180	
Speech	147	58.1	105	1	253	
Psychiatric	986	21.9	3,466	44	4,496	
Neurological	1,005	67.5	472	11	1,488	
Not stated	14	12.6	39	58	111	
Total ^(a)	28,605	45.0	32,653	2,272	63,530	

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

⁽b) 'Other disability types' not collected in MDS format or Queensland directly provided IDS services, and the Commonwealth NIMS collection allowed for only one other disability type to be recorded.

⁽c) Western Australian State data excluded, Western Australian Commonwealth data included.



- a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.
- (b) 'Other disability types' not collected in MDS format or Queensland directly provided IDS services, and the Commonwealth NIMS collection allowed for only one other disability type to be recorded.
- (c) Western Australian State data excluded, Western Australian Commonwealth data included.

Figure 2.5: Service recipients^(a, b), proportional distribution of number of disability types reported by frequency of support required in activities of daily living, Commonwealth, States and Territories (excluding Western Australia^(c)), 1995

2.7 Country of birth

Information on the country of birth of service recipients was recorded in the categories of: Australia, other English-speaking countries, and non-English-speaking countries. 'Other English-speaking countries' followed the ABS standard definition of: United Kingdom, Ireland, Canada, the United States of America, South Africa and New Zealand.

Data presented in Table 2.17 indicate that of the 63,530 service recipients reported, 54,898 (86.4%) were born in Australia, 1,383 (2.2%) in 'other English-speaking countries', 2,396 (3.8%) in 'non-English-speaking countries' and 4,853 (7.6%) 'not known'.

The distribution of reported primary disability type varies among country of birth groups. Intellectual/learning was primary for 67.7% of service recipients born in Australia, but for only 43.8% of those born in other English-speaking countries and 47.0% of those born in mainly non-English-speaking countries. Psychiatric, physical, acquired brain injury and vision disabilities were more likely to be reported for those service recipients born outside of Australia.

The health screening of people seeking to migrate to Australia is likely to have had an effect on lowering the overall prevalence of disability within the overseasborn population, and on the pattern of disability type. Disability types most likely to arise from conditions present at birth, or the early developmental period, could be expected to be less frequent for the overseas-born population.

Table 2.18 reflects that service users born outside Australia are more likely to be represented in the older age groupings. Of recipients 'born in Australia', 18.5% were aged 45 or over, compared with 34.0% of recipients born in 'other English-speaking countries' and 28.1% of recipients born in 'non-English-speaking countries'. This difference in age distribution may be a further reason for the greater representation of the overseas-born in psychiatric disability, acquired brain injury and vision disability observed in Table 2.17.

Table 2.17: Service recipients^(a), primary disability type by country of birth, Commonwealth, States and Territories (excluding Western Australia^(b)), 1995

	Austra	ılia	Other Eng speakir country	ng	Non-Eng speaki countr	ng	Country of not kno missin		
Primary disability type	Number	%	Number	%	Number	%	Number	%	Total
Developmental delay	867	1.6	6	0.4	16	0.7	13	0.3	902
Intellectual/learning	37,173	67.7	605	43.8	1,127	47.0	4,128	85.1	43,033
Physical	6,923	12.6	273	19.7	441	18.4	284	5.8	7,921
Acquired brain injury	1,796	3.3	87	6.3	134	5.6	79	1.6	2,096
Deaf and blind	142	0.3	7	0.5	8	0.3	5	0.1	162
Vision	1,588	2.9	96	6.9	127	5.3	77	1.6	1,888
Hearing	1,057	1.9	39	2.8	53	2.2	31	0.6	1,180
Speech	234	0.4	5	0.4	11	0.5	3	0.1	253
Psychiatric	3,754	6.8	206	14.9	408	17.0	128	2.6	4,496
Neurological	1,303	2.4	56	4.1	68	2.9	61	1.3	1,488
Not stated	61	0.1	3	0.2	3	0.1	44	0.9	111
Total	54,898	100	1,383	100	2,396	100	4,853	100	63,530

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

Table 2.18: Service recipients^(a), age by country of birth, Commonwealth, States and Territories (excluding Western Australia^(b)), 1995

	Austra	lia	Other Engl		Non-Engl speakii countr	ng	Country o not kno missi		
Age	Number	%	Number	%	Number	%	Number	%	Total
0–4	1,423	2.6	9	0.7	39	1.6	152	3.1	1,623
5–14	2,838	5.2	36	2.6	123	5.1	295	6.1	3,292
15–24	13,050	23.8	235	17.0	498	20.8	901	18.6	14,684
25–44	27,428	49.9	632	45.7	1,063	44.4	2,584	53.2	31,707
45–59	7,569	13.8	310	22.4	475	19.8	657	13.5	9,011
60+	2,355	4.3	147	10.6	183	7.7	202	4.2	2,887
Not stated	235	0.4	14	1.0	15	0.6	62	1.3	326
Total	54,898	100	1,383	100	2,396	100	4,853	100	63,530

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

⁽b) Western Australian State data excluded, Western Australian Commonwealth data included.

⁽b) Western Australian State data excluded, Western Australian Commonwealth data included.

2.8 Aboriginal or Torres Strait Islander origin

The reported proportion of service recipients of Aboriginal or Torres Strait Islander origin is shown in Table 2.19 for each State and Territory, separately for State- and Commonwealth-funded services. The distribution among the total State and Territory population is provided for comparison.

Service recipients of Aboriginal or Torres Strait Islander origin were more likely to be represented in State- or Territory-funded services than in the general population, with the exception of Tasmania where the proportions are very close. (e.g. 57.98% of Northern Territory service recipients compared with 26.2% of the Territory's general population). This trend is not as apparent for Commonwealth-funded services, where the variation from the State and Territory general populations is not as marked; in fact, in other than the three largest States, the trend is reversed.

Table 2.19: State distribution of service users ^(a) of Aboriginal or Torres Strait Islander origin, by sector and total population, by State and Territory (excluding Western Australia^(b)), 1995

State/territory	State-funded CSDA services, proportion of service users of Aboriginal or Torres Strait Islander origin	Commonwealth-funded CSDA services, proportion of service users of Aboriginal or Torres Strait Islander origin	Total population, proportion of Aboriginal or Torres Strait Islander origin
New South Wales	2.62	1.56	1.27
Victoria	0.90	0.76	0.40
Queensland	5.52	3.24	2.51
South Australia	2.22	1.14	1.19
Western Australia	na	2.40	2.69
Tasmania	2.01	1.86	2.03
Northern Territory	57.98	20.13	26.20
Australian Capital Territory	0.88	1.03	0.56

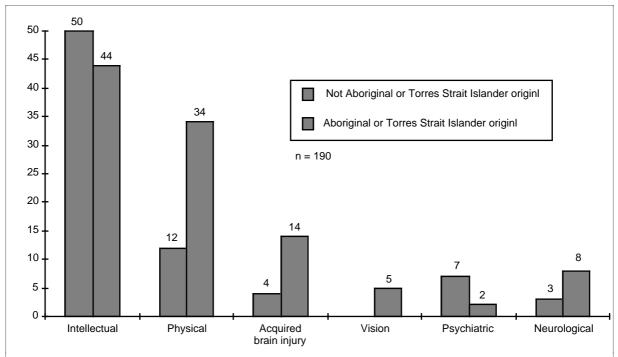
⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

With nearly 58% of Northern Territory service recipients being of Aboriginal or Torres Strait Islander origin, it is interesting to compare the distribution of reported primary disability type across this group with that of the rest of the Territory's service recipients.

Significant variation in reported primary disability type is shown in Figure 2.6. Service users of Aboriginal or Torres Strait Islander origin were relatively more likely to record the primary disability type categories of physical (33% compared with 12%), acquired brain injury (14% compared with 4%), vision (5% compared with less than 1%) and neurological (8% compared with 3%).

The reasons for the variation reported above are not able to be ascertained from the CSDA MDS collection; however, general evidence indicates a higher prevalence of accident, injury and substance abuse among the Northern Territory's Aboriginal population.

⁽b) Western Australian State data excluded, Western Australian Commonwealth data included.



(a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

Note: Origin was 'not known' for 2 service users, and other disability types not charted as they contained 2 or fewer persons.

Figure 2.6: Northern Territory service recipients ^(a), Aboriginal or Torres Strait Islander origin by reported primary disability type, 1995

2.9 Frequency of support

Data on the support needs of service recipients has been recorded in the CSDA MDS in relation to the person's general need, not just that within the service being received. To enable a comparison to be drawn between CSDA service recipients and the general population, the categories used by the ABS to categorise 'severity of handicap' have been used. These are the activities of daily living—self-care, mobility and verbal communication.

Table 2.20 indicates the variation in reported need for assistance in activities of daily living for the primary disability types reported. Service recipients with psychiatric disability as primary were the most likely to need no assistance in these areas (54.0% reporting no need). This contrasts with the categories of developmental delay (3.7% with no reported need) and deaf and blind (7.4% no reported need).

The primary disability categories with the highest proportion of service users reporting continual need in the activities of daily living were developmental delay (44.1%), physical (43.3%) and deaf and blind (40.7%). Only 5.3% of service users in the psychiatric category reported a continual need for assistance in one or more of the activity areas specified.

Table 2.20: Service recipients^(a), primary disability type by frequency of support required in activities of daily living^(b), Commonwealth, States and Territories (excluding Western Australia^(c)), 1995

	Not at all		Occas	Occasional		Frequent		nual	Not st	ated	Total	
Primary disability type	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Developmental delay	33	3.7	124	13.8	339	37.5	398	44.1	8	0.9	902	100
Intellectual/learning	10,031	23.3	12,425	28.9	10,519	24.4	9,718	22.6	340	0.8	43,033	100
Physical	1,112	14.0	1,471	18.6	1,875	23.7	3,429	43.3	34	0.4	7,921	100
Acquired brain injury	451	21.5	497	23.7	508	24.3	606	28.9	34	1.6	2,096	100
Deaf and blind	12	7.4	25	15.4	56	34.6	66	40.7	3	1.9	162	100
Vision	376	19.9	860	45.6	457	24.2	187	9.9	8	0.4	1,888	100
Hearing	334	28.3	395	33.5	274	23.2	167	14.2	10	0.8	1,180	100
Speech	36	14.2	77	30.4	102	40.3	37	14.6	1	0.5	253	100
Psychiatric	2,428	54.0	1,135	25.2	682	15.2	240	5.3	11	0.3	4,496	100
Neurological	325	21.8	351	23.6	347	23.3	459	30.9	6	0.4	1,488	100
Not stated	29	26.1	11	9.9	4	3.6	15	13.5	52	46.9	111	100
Total	15,167	23.9	17,371	27.3	15,163	23.9	15,322	24.1	507	0.8	63,530	100

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

A data item on the frequency of support required in social and emotional areas was added nationally for the 1995 collection (having been pilot tested in Victoria and Queensland in 1994). The consumer form recorded the highest frequency of support required in any of the areas of: self-confidence; managing emotions; personal relationships; problem solving/planning; and understanding the disability. These areas were suggested by advisers as more relevant to the disability types of psychiatric, acquired brain injury and intellectual disability than the data item on frequency of support required in activities of daily living, seen as more 'physically' focused.

Table 2.21 provides information on the frequency of support in 'social and emotional' areas by reported primary disability type. Service users with psychiatric disability as primary reported only 2.5% having no need for support in the areas of social and emotional support, with the bulk of these service users reporting occasional (21.9%) or frequent (22.4%) need for support. In comparison 54% reported no need for support in the activities of daily living (Table 2.20).

People with vision disability as the primary disability type were the most likely (15.0%) to report 'no need' for support in the social and emotional areas, followed by hearing (10.9%) and physical (9.4%).

People with a primary disability 'deaf and blind' were most likely to report the need for continual support in these areas; this was the group with one of the highest proportions reporting continual need in the activities of daily living examined previously.

⁽b) In areas of self-care, mobility and verbal communication only.

⁽c) Western Australian State data excluded, Western Australian Commonwealth data included.

Table 2.21: Service recipients^(a), primary disability type by frequency of support required in the areas of social and emotional support^(b), Commonwealth, States and Territories (excluding Western Australia^(c)), 1995

	Age	0–4	Not	at all	Occas	ional	Fred	quent	Cont	tinual	N state	ot ed(b)	To	otal
Primary disability	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Developmental delay	575	63.8	4	0.4	56	6.2	131	14.5	130	14.4	6	0.7	902	100
Intellectual/learning	251	0.6	1,093	2.5	10,617	24.7	12,42	28.9	10,51 5	24.4	8,134	18.9	43,03 3	100
Physical	170	2.1	741	9.4	1,828	23.1	1,546	19.5	1,803	22.8	1,833	23.1	7,921	100
Acquired brain injury	20	0.9	80	3.8	461	22.0	521	24.9	481	23.0	533	25.4	2,096	100
Deaf and blind	1	0.6	6	3.7	26	16.1	35	21.6	64	39.5	30	18.5	162	100
Vision	15	0.8	283	15.0	538	28.5	236	12.5	119	6.3	697	36.9	1,888	100
Hearing	48	4.1	128	10.9	201	17.0	132	11.2	84	7.1	587	49.7	1,180	100
Speech	53	20.9	12	4.7	47	18.6	60	23.7	30	11.9	51	20.2	253	100
Psychiatric	1	0.0	111	2.5	982	21.9	1,009	22.4	197	4.4	2,196	48.8	4,496	100
Neurological	61	4.1	86	5.8	280	18.8	289	19.4	296	19.9	476	32.0	1,488	100
Not stated	1	0.9	19	17.1	16	14.4	6	5.4	12	10.8	57	51.4	111	100
Total	1,196	1.9	2,563	4.0	15,052	23.7	16,388	25.8	13,731	21.6	14,600	23.0	63,530	100

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

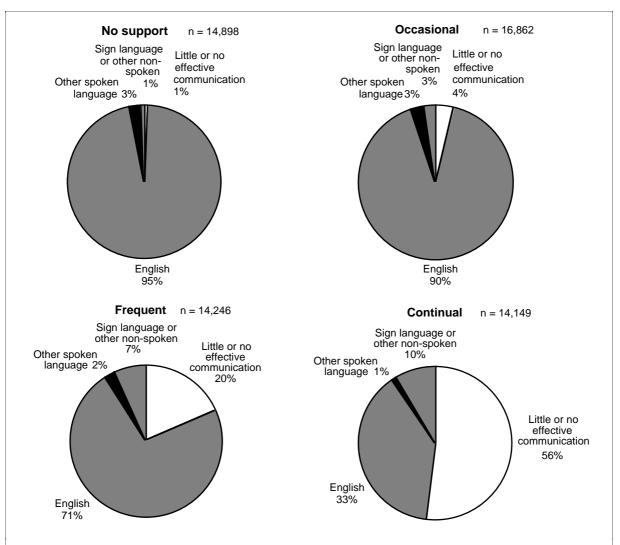
Figure 2.7 shows how the preferred effective communication of service users varies by the reported frequency of need for support in the activities of daily living.

Spoken language was the preferred method for service users requiring no support in the activities of daily living specified (English 95% and other spoken languages 3%). The proportion with spoken language as the preferred method decreased as the reported need for support in the activities of daily living increased. For those service users with reported occasional need, spoken languages made up 93% (English 90% and other spoken languages 3%); for those with reported frequent need the corresponding figures were 71% English and 2% other spoken languages.

Only 34% of service users with a reported continual need recorded spoken languages as the preferred form of communication (English 33% and other spoken languages 1%). Little or no effective communication was indicated for 56% of service users with continual need in the activities of daily living, and 10% indicated sign language or other non-spoken methods of effective communication.

⁽b) This data item not collected in the Commonwealth's NIMS data collection.

⁽c) Western Australian State data excluded, Western Australian Commonwealth data included.



- (a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.
- (b) Excludes children aged 0 to 4 years, and service users where support or communication data was missing or 'not known'.
 - (c) Western Australian State data excluded, Western Australian Commonwealth data included.

Figure 2.7: Services received^(a), frequency of support needed in activities of daily living by preferred method of effective communication^(b), Commonwealth, States and Territories (excluding Western Australia^(c)), 1995

2.10 Income source and accommodation

The reported main income source of service users aged 16 years or more varies by reported primary disability type (Table 2.22). The Disability Support Pension is the main income source for most service recipients (80.5% overall), the exceptions being those with vision (36.3%) and hearing (42.4%) disabilities.

People with primary disability types of vision and hearing were the most likely to report 'other pensions' as the main income source (44.1% and 25.5% respectively). When all pensions are considered, people with a primary hearing disability were the only grouping with less than 70% with pensions as the reported main source of income. Other pensions could include the aged pension (hearing having the greatest proportion in the over 60 age group—520 of 1,888 or 27.5% (Table 2.13)) and the blind pension.

Service users with hearing as the reported primary disability type had the highest reported proportions with paid employment (18.3) and 'other income' (7.5%) as the reported main income sources.

Compensation income was the main source reported for 7.7% of service users with acquired brain injury as the primary disability type. This was by far the highest proportion of the primary disability groups, and constituted 150 (55%) of the 274 service users reporting compensation income as the main income source.

Table 2.22: Service recipients^(a, b), income source by primary disability, Commonwealth, States and Territories (excluding Western Australia^(c)), 1995

		bility pport		Other		Paid	Compens	ation	0	ther		Nil		Not		
	pe	nsion	pen	sion	employ	ment	inc	ome	inc	ome	inc	ome	kn	own		Total
Primary disability		۰,		۰,		۰,		۰,		0.1		•		0.1		۰,
type	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Developmental delay	57	67.1	4	4.7	0	0.0	1	1.2	0	0.0	4	4.7	19	22.4	85	100
Intellectual/learning	33,57	86.2	1,783	4.6	2,165	5.6	22	0.1	155	0.4	387	1.0	874	2.2	38,957	100
Physical	4,981	74.9	608	9.1	519	7.8	83	1.3	130	2.0	99	1.5	230	3.5	6,650	100
Acquired brain injury	1,385	71.2	162	8.3	101	5.2	150	7.7	35	1.8	28	1.4	84	4.3	1,945	100
Deaf and blind	105	71.9	26	17.8	5	3.4	1	0.7	1	0.7	8	5.5	0	0.0	146	100
Vision	643	36.3	781	44.1	227	12.8	1	0.1	43	2.4	22	1.2	56	3.2	1,773	100
Hearing	438	42.4	264	25.5	189	18.3	0	0.0	77	7.5	53	5.1	13	1.3	1,034	100
Speech	97	65.1	21	14.1	21	14.1	0	0.0	1	0.7	4	2.7	5	3.4	149	100
Psychiatric	3,349	74.8	649	14.5	284	6.3	7	0.2	65	1.4	99	2.2	23	0.5	4,476	100
Neurological	876	67.8	163	12.6	128	9.9	9	0.7	29	2.3	43	3.3	43	3.3	1,291	100
Not stated	27	61.9	13	9.5	8	4.8	0	0.0	3	9.5	0	0.0	14	14.3	65	100
Total	45,529	80.5	4,474	7.9	3,647	6.4	274	0.5	539	1.0	747	1.3	1,361	2.4	56,571	100

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

⁽b) Excludes individuals under 16 years of age and 'missing' income data.

⁽c) Western Australian State data excluded, Western Australian Commonwealth data included.

The 'living arrangement/accommodation type' of service users, related to the frequency of support in activities of daily living, is presented in Table 2.23.

Service users living alone were the group most likely to report no need, or only occasional need, for support in activities of daily living (42.9% reporting no need, and 32.9% occasional need). Next were service users living with family or in other community non-disability specific accommodation (30.5% and 30.0% no need, and 29.3% and 31.3% occasional need respectively), and service users with 'no usual residence' (26% reporting no need and 24.6% occasional need). Only 15.1% of service users in disability-specific community accommodation reported no need for support in activities of daily living, and service users in institutional accommodation had even lower rates still (nursing homes 4.2%, hospitals 3.5% and 'other institutional' 4.4%).

Of those service users reporting continual need, by far the highest proportions were in the institutional settings (77.0% of those in hospitals, 56.7% in nursing homes and 55.3% in 'other institutions' reporting continual need for support in activities of daily living). Next were service users in disability-specific community accommodation with 27.3% reporting continual need, those service users with no usual residence (23.4% continual need), those living in other community accommodation (16.4%), those living with family members (16.9%) and those living alone (only 7.5% needing continual support).

Service users with no usual residence were the only group to have a nearly equal distribution across the frequency of support categories, suggesting a very diverse make-up of this relatively small group.

Table 2.23: Service recipients^(a), frequency of support required in activities of daily living^(b) by 'living arrangement/accommodation type', Commonwealth, States and Territories (excluding Western Australia^(c)), 1995

	Not at	all	Occasi	Occasional		ent	Continual		Not stated		Total	
Living arrangement/ accommodation type	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Lives alone	2,690	42.9	2,058	32.9	1,030	16.5	470	7.5	15	0.2	6,263	100
Lives with family member/s and/or spouse	8,695	30.5	8,344	29.3	6,380	22.4	4,829	16.9	260	0.9	28,508	100
Special-purpose (disability) community accommodation	2,361	15.1	4,528	29.0	4,448	28.5	4,256	27.3	17	0.1	15,610	100
Other community	720	30.0	750	31.3	527	22.0	394	16.4	7	0.3	2,398	100
Nursing home	20	4.2	48	10.0	137	28.5	272	56.7	3	0.6	480	100
Hospital	7	3.5	8	4.0	29	14.5	154	77.0	2	1.0	200	100
Other institutional	391	4.4	1,217	13.8	2,314	26.2	4,877	55.3	24	0.3	8,823	100
No usual residence	20	26.0	19	24.6	20	26.0	18	23.4	0	0.0	77	100
Other/not stated	263	22.5	399	34.1	278	23.7	52	4.4	179	15.3	1,171	100
Total	15,167	23.9	17,371	27.3	15,163	23.9	15,322	24.1	507	0.8	63,530	100

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

⁽b) ABS categories of self-care, mobility and verbal communication.

⁽c) Western Australian State data excluded, Western Australian Commonwealth data included.

Living arrangement/accommodation type is presented against reported primary disability type in Table 2.24. People with a reported primary disability type of 'psychiatric' were the group most likely to report living alone (27.6%), followed by vision (20.4% living alone) and hearing (15.6% living alone).

People reporting developmental delay and speech were most likely to be living with family members (89.7% and 68.0% respectively), probably related to the young age of most people in these categories (see Table 2.13).

Special-purpose community accommodation was most frequently reported for service users reporting 'deaf and blind' (35.8%) and 'intellectual/learning' (29.2%) as the primary disability, and other community accommodation was most frequently reported for service users with 'psychiatric' as the primary disability type (8.1%).

People with the following primary disability types reported the highest proportions in institutional accommodation: acquired brain injury (24.8%, 22.9% in 'other institutional') and 'intellectual/learning' (17%, 16% in 'other institutional').

Table 2.24: Service recipients^(a), 'accommodation type/living arrangement' by primary disability type, Commonwealth, States and Territories (excluding Western Australia^(b)), 1995

	Lives a	alone	fami member and/	ly er(s) or	Speci purpo (disabi commu accon	se lity) inity	Othe		Nurs hom	•	Hosp	ital	Othe Institut	ional	Other,		Tota	ıl
Disability type	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No	. %	No.	%	No.	%
Developmental delay	6	0.7	809	89.7	40	4.4	13	1.4	3	0.3	2	0.2	16	1.8	13	1.4	902	100
Intellectual/ learning	2,993	7.0	18,123	42.1	12,559	29.2	1,571	3.6	247	0.6	170	0.4	6,897	16.0	473	1.0	43,033	100
Physical	954	12.0	4,174	52.7	1,361	17.2	226	2.8	117	1.5	7	0.1	914	11.5	168	2.0	7,921	100
Acquired brain injury	282	13.5	891	42.5	286	13.6	69	3.3	31	1.5	7	0.3	480	22.9	50	2.3	2,096	100
Deaf and blind	10	6.2	58	35.8	58	35.8	6	3.7	1	0.6	2	1.2	9	5.6	18	10.5	162	100
Vision	386	20.4	955	50.6	147	7.8	45	2.4	36	1.9	1	0.1	62	3.3	256	13.6	1,888	100
Hearing	184	15.6	786	66.6	91	7.7	40	3.4	2	0.2	0	0.0	32	2.7	45	3.6	1,180	100
Speech	23	9.1	172	68.0	36	14.2	5	2.0	1	0.4	0	0.0	12	4.7	4	1.6	253	100
Psychiatric	1,240	27.6	1,741	38.7	841	18.7	363	8.1	2	0.0	8	0.2	157	3.5	144	2.7	4,496	100
Neurological	174	11.7	773	51.9	184	12.4	54	3.6	40	2.7	3	0.2	232	15.6	28	1.7	1,488	100
Not stated	11	9.9	26	23.4	7	6.3	6	5.4	0	0.0	0	0.0	12	10.8	49	44.2	111	100
Total	6,263	9.8	28,508	44.9	15,610	24.6	2,398	3.8	480	0.7	200	0.3	8,823	13.9	1,248	2.0	63,530	100

⁽a) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.

⁽b) Western Australian State data excluded, Western Australian Commonwealth data included.

3 Implications for future collections

3.1 Changes already agreed to for the 1996 collection—major outcomes of the 1996 network meeting

The second annual meeting of the Management, Implementation and Development Committee for the CSDA MDS was held at the Institute on 14–15 March 1996, with all jurisdictions except Tasmania, Northern Territory and the ACT represented.

The major changes agreed to at the meeting, and endorsed by the DSSC, are as follows:

Service form 1996

The data item on service staff hours was given an extra category of 'contract staff', split by direct and indirect support.

A category of 'HACC funds' was added to the 'service income source' data item.

'Weeks of operation per year' was added as a data item, to complement the existing items 'hours per day' and 'days per week'.

Consumer form 1996

The data item 'Aboriginal, Torres Strait Islander or Australian South Sea Islander origin' was to be completed for all consumers, not just those born in Australia.

The data item 'preferred effective communication' was replaced by two new data items—'method of communication' and 'main language spoken at home' (where the person lives in disability-specific accommodation, e.g. a group home, the language spoken in the prior 'family' home is collected).

The response category of 'intellectual/learning', in the data item 'disability type', was split into three categories—'intellectual', 'specific learning' and 'autism'.

The two 'frequency of support' data items ('activities of daily living' and 'social and emotional' support) have been combined, and more categories added to give a full spectrum of activities for which support may be required. Separate recording of frequency of support is now required for each category, e.g. for 'self-care', 'mobility', 'communication', 'home living', etc. This will allow for a more detailed analysis of the variations in need between consumers with widely differing disability types and service usage patterns.

General

The Data Guide was further refined to assist standardisation of definitions and concepts, and definitions of 'service type' have been included.

The form layout was further simplified, and data items on the consumer form were cross-referenced to the appropriate page of the Data Guide.

3.2 Data quality of the 1995 collection and implications for 1997

The overall service response rate, and data item responses, for the 1995 collection were quite good, as indicated in Section 2.2, Tables 2.1 and 2.2. The main areas of concern relating to service response are for state data from Victoria (80% response) and Tasmania (88% response).

There were, however, a number of other areas of concern:

Western Australian State data unable to be included

• Western Australian State data were found to contain inconsistencies to the extent that they were unusable. The State department responsible for the supply of the data unfortunately could not reconstruct the data set; however, these problems have been rectified for the 1996 data collection.

Variations from MDS data items and definitions

- Direct service provision data from Queensland were obtained from the Intellectual Disability Services' 'ISIS' database—no data relatable to MDS items and definitions were available for 1995 for: consumer's country of birth, method of communication, other significant disability types, or main income source.
- The Western Australian data collection took place on 30 June 1995, before finalisation of the 1995 Data Guide. The resulting Western Australian collection varied from the national in that no snapshot day indicator was included (the Western Australian collection covered all consumers over the previous twelve months), service auspice was split into government/non-government only, the 'frequency of support' data item did not fully match that of the MDS, and responses for many data items were relatively poor.
- Consumer data for Commonwealth-funded open employment services were obtained from the NIMS data collection. In this data collection only one 'other disability type' can be recorded, and the data item on frequency of support in the emotional and social areas is not included. It is also not currently possible in NIMS data to determine whether service users actually received an active 'service' on the nominated snapshot day, or just within the previous 9 months.

Items requiring significant follow-up

After editing and data transfer to the Institute, further editing takes place. A number of Service Form data items required follow-up calls to services by funding department staff to clarify the correct data. In particular:

- a number of services entered a calculated staff full-time equivalent, instead of the required staff hours in each staff response category;
- there were instances of services recording 'occasions of service' rather than 'number of individuals receiving a service' for the twelve months before the snapshot day; this would have resulted in a gross overestimate of the number of consumers in the year for those service types where consumers may access a service on a number of occasions during the year, e.g. respite, recreation, etc.: and
- a few services recorded 'hours of operation per week' instead of the requested 'hours of operation per day'.

Poor-quality or missing data

The data item with the most consistently poor quality was that from funded non-government services on service income source. There would appear to be a reluctance on the part of some service providers to record the existence of service income, other than direct government grants.

The other data item of concern, due to the relatively high level of 'not known' response, is Aboriginal or Torres Strait Islander origin. This may be partly due to an historical reluctance to ask this question. However, the data item is important to gauge access to CSDA services, and methods to improve response will have to be urgently pursued.

As a result of the Productivity Commission's work on performance indicators in the disability services field, there has been a more apparent need for relatability between data from collections such as the CSDA MDS and those published from other administrative sources.

3.3 Other issues affecting the 1997 collection

There are a number of issues which have the potential to impact on the CSDA MDS collection in the near future.

The CSDA renegotiation, occurring during 1996–97, may reshape Commonwealth and State responsibilities, and may change the scope and coverage of the CSDA base. The final report of the CSDA review (Yeatman A 1996. Getting real: the interim report of the review of the Commonwealth/State Disability Agreement. Canberra: AGPS) has been released, but the timing of any changes and their likely impact are not yet known.

The Productivity Commission is currently working with all jurisdictions to establish performance indicators for disability services, concentrating in the first instance on CSDA services, in particular CSDA accommodation services. The need for suitable, agreed performance indicators may necessitate some change or addition to the CSDA MDS items. The use of, and the potential for further use of, MDS data for exercises such as the Productivity Commission work highlights the need for these data sets to be timely and accurate, and to be capable of being related to other key sources of planning data.

The Institute is currently discussing with consultants from the Commonwealth Scientific and Industrial Research Organisation (CSIRO) possible means of quantifying the current multiple counting of consumers across service types, and of using the collection to provide some estimate of unmet demand.

An issue of importance for data collections, from the year 2000 onwards, is that the World Health Organization is in the process of revising the International Classification of Impairments, Disabilities and Handicaps (the ICIDH). The Institute, as the Australian collaborating centre for the ICIDH, is working with an expert group to assist this process. The final classification is scheduled for release in 1999 and may well reshape the definitions used for disability for a number of national disability data collections including the CSDA MDS.

3.4 Conclusion

The collection is now

- providing national data able to be used in, for example, the CSDA evaluation and the performance indicators for the Council Of Australian Governments (COAG) review of government service provision;
- seen as a valuable, sometimes primary, source of data in individual jurisdictions; and
- recognised as a valuable source of data by service providers and researchers interested in national data.

The CSDA MDS collection in 1995, the first full national collection covering services under the CSDA umbrella, has benefited greatly from the preceding development and testing. Continuing feedback and analysis may well suggest further improvements, and the ongoing reviews and renegotiations within the disability field may also help to shape future collections.

Section 3.1 has highlighted changes agreed to for the 1996 data collection, after the 1995 collection reported in this paper. Informal feedback to date has indicated that these changes have, in fact, resulted in a marked improvement in both form design and data item clarity.

Section 3.2 has indicated that there are still a number of procedures and data items where data quality or response rate is of concern.

Section 3.3 outlines other developments which have the potential to shape the collection in coming years.

The February 1997 meeting of the MDS Management, Implementation and Development Committee will be discussing the issues raised in this paper, as well as recommendations made by service providers and funding departments after the 1996 data collection. The aim of the committee is progressively to improve the collection, while maintaining as far as possible consistency over time of the data items and definitions.

The ability to achieve these aims will be enhanced by the ongoing quality input from the disability field. All comments and suggestions, either on this paper or the CSDA MDS collection in general, are welcome. Please contact Ken Black, Disability Services Unit, AIHW, GPO Box 570, Canberra ACT 2601, or phone on (06) 244 1178 (fax 06 244 1199).

Glossary

ABI Acquired brain injury

ABS Australian Bureau of Statistics

Institute/AIHW Australian Institute of Health and Welfare

ATC Activity Therapy Centre

CETP Competitive Employment Training and

Placement (employment service)

COAG Council of Australian Governments

CSDA Commonwealth/State Disability Agreement

of 1991

CSDA-funded organisation An organisation receiving funding from State

and/or Commonwealth Governments for a service or services covered by the CSDA

DHFS Dept of Health and Family Services (formerly the

Dept of Human Services and Health)

DSS Department of Social Security
DSSC Disability Services Subcommittee
ILT Independent Living Training

ISJ Individual Supported Job (employment service)

MDS Minimum Data Set

NESB Non-English-speaking background

NIMS National Information Management System SLA Statistical Local Area (an ABS geographic

classification)

Appendix

Table A.1: Consumers, all data items, frequency counts by State, Territory and Commonwealth (excluding Western Australia), 1995

Service type	NSW	Vic	Qld	SA	Tas	ACT	NT	C'wlth	Total
Age									
0–4	816	362	248	71	29	3	2	92	1,623
5–14	1,533	741	537	297	96	51	36	1	3,292
15–24	2,295	1,926	1,100	527	247	129	57	8,403	14,684
25–44	5,080	6,037	2,802	1,395	565	239	68	15,521	31,707
45–59	1,638	2,202	787	554	253	30	17	3,530	9,011
60+	589	1,224	231	404	124	9	9	297	2,887
Missing	97	156	14	37	10	0	1	11	326
Sex									
Male	6,825	6,900	3,265	1,834	707	269	96	17,589	37,485
Female	5,012	5,612	2,449	1,427	608	192	93	10,259	25,652
Missing	211	136	5	24	9	0	1	7	393
Country of birth (a)									
Australia	11,137	11,366	2,982	2,994	1,262	427	181	24,549	54,898
Other mainly English-speaking	228	263	84	87	25	19	4	673	1,383
Mainly non-English-speaking	457	495	160	82	16	13	5	1,168	2,396
Not known	226	316	2,491	61	20	2	0	1,462	4,578
Missing	0	208	2	61	1	0	0	3	275
Aboriginal or Torres Strait Islander origin									
Not Aboriginal or Torres Strait Islander origin	10,138	11,071	3,898	2,768	976	452	79	24,946	54,328
Aboriginal or Torres Strait Islander origin	273	101	215	63	20	4	109	438	1,223
Not known/missing	1,637	1,476	1,606	454	328	5	2	2,471	7,979
Preferred effective communication									
Child aged under 5 years	806	345	248	70	32	3	1	0	1,505
Little or no effective communication	4,162	2,745	2,105	1,003	320	140	85	1,185	11,745
English	5,846	7,607	2,761	1,844	868	267	64	25,062	44,319
Other spoken language	98	148	25	21	2	2	19	1,030	1,345
Sign language or other non-spoken communication	886	1,022	216	227	88	49	19	511	3,018
Not known	249	43	351	18	13	0	2	66	742
Missing	1	738	13	102	1	0	0	1	856
Primary disability type									
Developmental delay	590	202	28	41	36	3	2	0	902
Intellectual/learning	8,506	7,655	4,345	2,094	944	319	94	19,076	43,033
Physical	1,603	1,926	832	586	178	73	47	2,676	7,921
Acquired brain injury	401	400	152	231	47	22	19	824	2,096
Deaf and blind	32	60	10	7	1	0	1	51	162
Vision	195	551	46	135	30	0	5	926	1,888
Hearing	108	270	36	49	6	8	2	701	1,180
Speech	69	69	4	14	3	1	0	93	253
Psychiatric	197	1,262	154	16	17	14	9	2,827	4,496
Neurological	325	176	112	111	60	21	11	672	1,488
Missing	22	77	0	1	2	0	0	9	111
Presence of other significant disabilities ^(a)	(b)								
Yes	7,765	6,791	2,370	1,874	738	294	115	8,658	28,605
No	4,267	5,543	1,415	1,408	584	167	75	19,194	32,653
Missing	16	314	1,934	3	2	0	0	3	2,272
Other disability types reported (a)			-						,
Developmental delay	137	111	50	15	0	0	0	0	313

(continued)

 $Table\ A.1\ (continued):\ Consumers,\ all\ data\ items,\ frequency\ counts\ by\ State,\ Territory\ and\ Commonwealth\ (excluding\ Western\ Australia),\ 1995$

Data item	NSW	Vic	Qld (a)	SA	Tas	ACT	NT	C'wlth	Total
Other disability types reported (continued	d)			**	***				
Intellectual/learning	1,371	1,515	475	483	117	55	44	1,447	5,507
Physical	2,713	1,965	931	709	291	90	57	2,388	9,144
Acquired brain injury	164	176	88	33	15	7	7	149	639
Deaf and blind	99	74	12	23	12	1	7	42	270
Vision	1,418	1,146	568	329	100	56	15	1,127	4,759
Hearing	808	626	215	154	65	18	10	802	2,698
Speech	4,642	3,428	1,338	1,023	410	175	65	2,518	13,599
Psychiatric	1,140	854	172	222	80	32	10	857	3,367
Neurological	2,269	1,656	406	406	137	78	33	1,382	6,367
Frequency of support required in activitie	s of daily li	ving							
Not at all	974	2,301	722	334	179	58	15	10,584	15,167
Occasionally	2,370	3,312	1,109	756	354	110	35	9,325	17,371
Frequently	3,455	3,417	1,212	965	356	140	41	5,577	15,163
Continually	5,188	3,466	2,451	1,182	423	153	98	2,361	15,322
Missing	61	152	225	48	12	0	1	8	507
Frequency of support required in social a	nd emotion	al areas							
Child aged 0-4	634	213	245	70	29	3	2	0	1,196
Not at all	374	618	155	148	66	14	10	1,178	2,563
Occasionally	2,154	3,403	1,089	847	819	71	34	6,635	15,052
Frequently	3,679	4,477	1,913	1,073	395	215	45	4,591	16,388
Continually	5,137	3,711	2,212	1,092	0	158	98	1,323	13,731
Missing	70	226	105	55	15	0	1	14,128	14,600
Main income source, if aged under 16 year	rs ^(a)								
Child Disability Allowance received by parent/guardian	1,534	759	374	284	97	12	29	0	3,089
Child Disability Allowance not received by parent/guardian	285	73	29	32	19	5	12	0	455
Not known	655	344	110	81	29	44	3	0	1,266
Main income source, if aged 16 years or n	nore ^(a)								
Disability Support Pension	8,691	9,553	2,772	2,392	1,044	369	117	20,591	45,529
Other pension/benefit	409	869	113	229	65	9	9	2,771	4,474
Paid employment	122	218	43	24	17	3	2	3,218	3,647
Compensation income	64	52	23	35	7	3	4	86	274
Other income	51	162	15	23	11	6	2	269	539
Nil income	34	47	12	3	1	6	na	644	747
Not known	203	427	310	116	25	4	12	264	1,361
Missing (all ages)	0	144	1,918	66	9	0	0	12	2,149
Living arrangement/ accommodation type									
Lives alone	539	961	342	291	95	29	16	3,990	6,263
Lives with family members and/or spouse	3,895	4,293	1,883	794	371	140	57	17,075	28,508
Special-purpose (disability) community accommodation	3,296	4,488	2,195	723	535	246	111	4,016	15,610
Other community	519	561	164	102	60	38	4	950	2,398
Nursing home	95	118	40	37	98	0	1	91	480
Hospital	67	85	34	1	0	0	0	13	200
Other institutional	3,545	1,965	1,046	1,247	151	8	1	860	8,823
No usual residence	6	24	5	3	0	0	0	39	77
Not known	86	33	10	21	3	0	0	811	964
Missing	0	120	0	66	11	0	0	10	207

⁽a) Data on country of birth, other significant disability types and main source of income not recorded in MDS format for Queensland directly provided Intellectual Disability Services (IDS).

⁽b) Commonwealth NIMS data collection only allowed one 'other disability type' to be recorded.