

2 Introduction

2.1 CSDA MDS collections

This publication reports on the second collection of data relating to services provided or funded in 1996 by the Commonwealth Government and the State and Territory Governments under the Commonwealth/State Disability Agreement (CSDA) of 1991. It relates to data about people receiving a service from a service provider on a 'snapshot' day, that is, on a single day, in 1996 and data about service providers funded under the CSDA during 1996.

Following an invitation by the Disability Services Subcommittee (DSSC) of the Standing Committee of Community Services and Income Security Administrators, the Australian Institute of Health and Welfare (AIHW) began its involvement with this collection, initially by developing a Minimum Data Set (MDS). 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. From this beginning an annual national collection is growing.

Information about the development and testing process for these collections, including data from its pilot tests and the 1995 collection, can be read in three earlier papers by the AIHW. They are listed in Appendix 1.

2.2 How the collection was conducted

The AIHW provides standard versions of a Service, a Consumer Form and a Data Guide each year.

The data items collected on the 1996 Consumer Form included some information about:

- personal details of age, sex, ethnic origin;
- disability type, both primary and other significant disabilities;
- method of communication;
- support or assistance needed;
- income source; and
- living arrangement/accommodation type.

The data items collected on the 1996 Service Form included some information about:

- service type provided (covering 31 specific service types, within service type groupings such as accommodation support, community support, community access, respite, employment);
- hours worked by staff and volunteers;
- income sources and annual funding from specific sources;
- times of operation (hours per day, days per week, weeks per year); and
- number of recipients receiving a service from the provider.

Jurisdictions may choose to use these directly or to use them as the agreed basis for their own collection instruments. Variations, usually additions, are agreed with AIHW to preserve consistency. All jurisdictions which collected in 1996 used these instruments with the exception of Western Australia (see Section 2.3), where a more detailed ongoing data collection is undertaken to meet both Annual Report and CSDA MDS data requirements from the one collection.

The collection occurred on a 'snapshot' day(s) which were agreed to by the jurisdictions. These were:

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|------------------------------|--|
| New South Wales | Thursday, 15 August, 1996 |
| Victoria | Thursday, 19 September, 1996 |
| Queensland | Thursday, 5 September, 1996 (but see Section 2.3) |
| Western Australia | Thursday, 27 June, 1996 (but see Section 2.3) |
| South Australia | Thursday, 15 August, 1996 |
| Tasmania | Thursday, 15 August, 1996 |
| Australian Capital Territory | Did not participate in the 1996 collection |
| Northern Territory | Thursday, 5 September, 1996 |
| Commonwealth | A 'snapshot' day was approximated for data supplied routinely on open employment. The Commonwealth did not provide consumer data in the 1996 collection for its other services, largely supported employment services (see Section 2.3). |

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

Forms were distributed to services, by each jurisdiction, at least a fortnight before the collection date. 'Help-lines' or contact phone numbers were identified to provide assistance to services. On the selected 'snapshot' day, services completed the Service Form, as well as Consumer Forms for all consumers receiving an active service on the day.

Completed forms were returned to the funding departments in each jurisdiction for data entry and editing. The AIHW provided each jurisdiction with data item and edit specifications to help ensure uniform and good data quality. Edited data were forwarded by each jurisdiction to AIHW. Final edits were applied by AIHW and the data collated to a full data set for analysis and dissemination.

CSDA services funded by the Commonwealth were not treated in the same manner. Data for open labour market employment services (CEPT and ISJ services) were obtained from a separate, ongoing data collection managed by AIHW– the National Information Management System for open employment services (NIMS), which includes all the CSDA MDS data items. These data were checked with data from the Commonwealth's DISCUS database. NIMS data were not for a specific 'snapshot' day, but relate to consumers over the quarter ending 30 September 1996.

Data for all other Commonwealth-funded CSDA services (that is, supported employment, sheltered employment, advocacy, information/referral and print disability services) were not collected in 1996, with the exception of data on numbers and funding under the CSDA for each service type. This, and the absence of 1996 data for the Australian Capital Territory, are significant gaps in the 1996 collection (see Section 2.3).

2.3 Scope and limitations of the collection

There are some important considerations relevant to the interpretation of data from the 1996 CSDA MDS collection.

Scope

The collection covers only disability support services receiving some funding under the CSDA and the recipients of those services. Some disability support services may not receive CSDA funding— particularly in the areas of rehabilitation, hearing services, aids and appliances— or may be funded solely through the Home and Community Care Program or other funding relevant to nursing homes, hostels and hospitals. Some may receive no government funding.

CSDA services are generally agreed to consist of:

- 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, and which were considered to be of a type to be included in the base;
- those services for people with a disability that were transferred between the Commonwealth, States and Territories at the start of the CSDA; and
- services provided or funded with CSDA dollars since the signing of the CSDA.

However, there is known to be some variation between jurisdictions in the services included under the CSDA. This is notable in a number of key areas. Therapy services are not included separately in the 1996 collection by all jurisdictions, although some therapy services may be included as a component within other service types. Not every State or Territory includes psychiatric services or early childhood intervention services.

- 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 Queensland, psychiatric disability services funded and provided by the Mental Health Branch of Queensland Health are included in the CSDA MDS collections, but services funded under the 'Gaming Machine Community Benefit Fund' are not.
- In the Northern Territory, mental health services are included.
- In the Australian Capital Territory, only some mental health services are included in the CSDA MDS collections.
- In Victoria, early childhood intervention services were included under the CSDA and hence are included in this collection.

Gaps in this 'national' collection

The lack of data on most CSDA services funded by the Commonwealth, and on all CSDA services funded by the Australian Capital Territory, is significant both in itself, and also for purposes of comparability from the 1995 collection.

Service recipient counts

The use of a 'snapshot' day permits the counts of recipients to apply only to a point in time for most of the Consumer Form data items. To the extent that the 'snapshot' day was not an average day, then counts of these data items may differ from a real average. This is likely to be more significant for data applying to some service types, such as recreation and respite services. Estimates of the number of consumers on a typical 1995–96 operating day and estimates of the total number of consumers provided with a service during the 1995–96 financial year were obtained from estimates provided by services on the Service Form. These provide some guidance as to the representativeness of the 'snapshot' day count.

Open labour market employment services (that is, NIMS data) were not collected for a single 'snapshot' day. Rather, they were collected for the financial quarter closest to the 'snapshot' day. The other counts of consumer numbers (that is, the estimates by service providers) were not available from data for these 876 (largely) open labour market employment services supplied from the NIMS database.

Western Australian data were collected for a full-year period to June 30, 1996. Consumer data were estimated for a 'snapshot' day by the addition of a question about whether the consumer received a service on Thursday June 27, 1996. However this question appears to have yielded a high number of 'don't know' responses (see Section 6.2), and has been revised for the 1997 collection.

Queensland data for some of its directly provided 'Intellectual Disability Services' were collected for a fortnightly period close to the time of its 'snapshot' day on 5 September 1996. These services were those 'Intellectual Disability Services' with a service type of early childhood intervention, recreation/holiday programs, behaviour/specialist intervention, resource teams/regional teams and own home respite.

The data about service recipients in this collection are, effectively, counts of services provided, on one day, by providers who receive at least some CSDA funding. They are not counts of consumers since a consumer may have received a service from more than one provider on the day and hence may be counted more than once.

The level of double counting is unknown. It is likely to be negligible within most service types, for example, 'institution/large residential', where an individual is unlikely to receive two services of that type on one day. The level of double counting could be higher between service types, for example, one person may use a counselling service and a mutual support service on the same day.

Double counting may occur most often between service types which are in different service type groupings, for example one person is quite likely to use a group house service (an 'accommodation support' service) and an Individual Supported Job service (an 'employment' service) on the same day. For this reason, only counts which are within service type groupings, such as 'accommodation support' and 'employment support', should be considered as approximating counts of consumers. They contain service types which are more mutually exclusive (a person is unlikely to be receiving service from a 'group home' as well as a 'hostel' on the one day) and have lower levels of consumer turnover than service type groupings, such as 'community support' and 'community access'.

On the other hand, a group home service providing respite utilising vacant bedspace may have only five people at any one time, but be actually providing the respite service needs for many more people, as each person is there for only a short time.

It is not advisable to sum data from service type groupings together and to describe them as a total number of consumers.

In general, it is important to consider the counts as representing the characteristics of service recipients on a particular day, not the characteristics of an 'average' consumer.

Consumer Forms were not collected for some service types. These were advocacy, information, print disability/alternative formats of communication, service evaluation and training, peak bodies, and research and development. For many services of these types there may be no direct contact with individual people with a disability, or contact with consumers is transient, for example giving a telephone referral, and hence data collection in the format used here could have been problematic.

Service counts

Data are intended to be collected at 'outlet level'; however, this has not been fully achieved in all jurisdictions. A 'service' as counted here may in fact be a single outlet, or may be two or more outlets of the same service type funded from a single service provider from which only grouped outlet data are available.

A single service provider organisation may be providing several 'services' as counted here. A Service Form was completed for each of the service types provided. An organisation funded to provide CSDA disability support services of several different CSDA service types as defined here, will be counted several times.

Response rates

Response rates were generally good for this collection. They are considered further in Section 6.2.