

## 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 relating 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 reliability 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 ICDH). The Institute, as the Australian collaborating centre for the ICDH, 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).