

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.

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