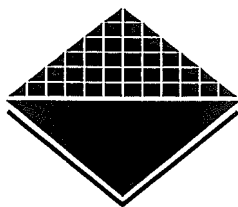**WELFARE DIVISION WORKING PAPER**
Number 10

# NATIONAL DATA ON ACCOMMODATION AND RELATED SERVICES FOR PEOPLE WITH A DISABILITY: AN EXPLORATION

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# Glossary

| | |
|---|---|
| ABS | Australian Bureau of Statistics |
| ACAT | Aged Care Assessment Teams |
| AGPS | Australian Government Publishing Service |
| AIFS | Australian Institute of Family Studies |
| AIHW | Australian Institute of Health and Welfare |
| ANU | Australian National University Social Sciences Data Archives |
| CGC | Commonwealth Grants Commission |
| CHP | Community Housing Program |
| CSDA | Commonwealth/State Disability Agreement |
| CSHA | Commonwealth-State Housing Agreement |
| CRS | Commonwealth Rehabilitation Service |
| DEET | Department of Education, Employment and Training |
| DHSH | Department of Human Services and Health |
| DHRD | Department of Housing and Regional Development |
| DSS | Department of Social Security |
| DSSC | Disability Services Sub Committee of the Standing Committee of Community Service and Income Security Administrators |
| DVA | Department of Veterans' Affairs |
| GPC | Government Purpose Classification |
| HACC | Home and Community Care |
| LGCHP | Local Government and Community Housing Program |
| NIMS | National Management Information Systems for Open Employment Services for people with a disability |
| NHMRC | National Health and Medical Research Council |
| NGO | Non government organisation |
| NHS | National Housing Strategy |
| NMDS | National Minimum Data Set |
| OECD | Organisation for Economic and Cultural Development |
| SAAP | Supported Accommodation Assistance Program |
| SPRC | Social Policy Research Centre, University of NSW |

# 1. Introduction

## 1.1 Why undertake this study?

The term 'accommodation and related services' as used in this working paper, encompasses three broad groupings as follows:

- accommodation — involving building, management and maintenance of accommodation;

- accommodation services — involving helping people obtain access to accommodation; and

- accommodation support services — involving helping people maintain a place in accommodation.

Nursing homes, hostels, hospitals, home and community care, community living support, boarding houses, refuges, public housing in its various forms, group homes — are all examples of accommodation and related services of relevance for people with a disability. Many of these are known to be services of significant expenditure.

Accommodation and related services are of vital importance to people with a disability, and are an area of significant expenditure and rapid change, involving a broad range of community organisations and government portfolios. Changing trends in the provision and use of disability services underpin many debates in the field, particularly in relation to gaps in service provision. Yet there is an acknowledged paucity of national data on service provision or use, and consequently of national data which would provide the basis for monitoring change.

The data on accommodation and related services are particularly weak for monitoring patterns of use which cross service boundaries. This lack makes it difficult to monitor policy changes. For instance, it is difficult to investigate claims that de-institutionalisation, or the closure of a substantial number of large residential establishments for people with developmental disabilities and psychiatric disabilities, is occurring on a large scale without commensurate increase in service provision in the community.

The report of the Human Rights and Equal Opportunity Commission's National Inquiry into the Human Rights of People with Mental Illness (1993) highlighted the shortcomings of accommodation related services for people with mental illness and psychiatric disabilities as well as the lack of intensive inpatient care and treatment for people with dual or multiple disabilities.

There is also concern about the need to assess and plan the linkages in provision of an array of health, housing and community services to meet the needs of individuals with certain characteristics.

People with a disability live in various arrangements. Those aged 0-64 years numbered over 2.0 million in 1993, of whom about 368,300 (5-64 years) had a profound or severe 'handicap', defined by the Australian Bureau of Statistics (ABS) as needing help or supervision with self care, mobility or verbal communication. The vast majority of people with a disability live in households, though 1.4 per cent (or 7 times the percentage applying to all

Australians) live in establishments (as defined by the ABS). Those people with a disability living in households may live in arrangements not common to many Australians, such as group homes or special dwellings, and these arrangements can be provided by various organisations. However, living 'at home' with family members is the option used by the majority. Accommodation for some people with a disability is provided and funded as specialised disability services under the Commonwealth/State Disability Agreement. Consumers of accommodation and related services funded under the CSDA numbered 21,173 in 1994 (Table 4.7).

This study attempts to place these specialised disability services into a service framework, along with the income support and mainstream services available to people with a disability, including those provided through housing authorities. An exploration of related national data sources is undertaken and some current data presented.

### DSSC interest in data on disability services

The Disability Services Sub Committee (DSSC) of the Standing Committee of Income Security and Community Services Administrators, in December 1993, expressed interest in acquiring data on accommodation and related services, in particular, expenditure data. The need to ensure that data were not distorted by attempting to collate non-comparable items was of concern. The DSSC was interested to be able to:

- identify in each jurisdiction the scope of accommodation types of relevance to people with a disability (beyond the borders of the CSDA).
- specify how these services may be defined and identified (for instance what defines a boarding house and under what administrative arrangement eg. licensing, could it be identified); and
- identify existing relevant data.

In supporting this study, the DSSC nominated officers from the relevant departments of each State and Territory as contacts for the collection of research materials.

### Issues which could benefit from better data collection

In the long term, some of the issues about which data may need to be collected include:

- access to accommodation and related services;
- provision of housing plus support, including staffing;
- performance of accommodation and related services;
- demand for accommodation and related services;
- allocating funding to meet quantified demand for redevelopment of services and for new services; and
- monitoring of changes in administrative responsibility.

These issues were suggested by State and Territory liaison contacts questioned during the course of this study. Appendix 1 contains a more detailed list of the issues obtained from their responses.

## 1.2 Goals of the study

This study was undertaken in order to investigate the feasibility of collating national data on accommodation and related services for people with a disability. The goals for this study are:

1.  to describe significant existing accommodation and related services and identify relevant existing data sources;

2.  to develop a preliminary framework and common language to describe accommodation and related services, and potentially, to enable the collation of national data from various sources;

3.  to provide some preliminary national data on expenditure on accommodation and related services, if possible; and

4.  to gauge the potential to achieve the long-term goals, that is, to aid the Institute in working out the most achievable and useful way in which it may advise on and undertake future national data collation.

While the descriptive work necessary for the first and third goals of the study was being undertaken, it became apparent that the second goal must be met, since there was found to be considerable disparity in the definitions applied to specific accommodation service types, eg. group homes, among States/ Territories and authorities providing similar services.

### Study definition and planning

This working paper reports on the research undertaken for each of the goals. The main methods of the research were: a search for literature from Australian sources; discussions with a number of State and Territory Government officers and representatives of national peak bodies (a list of these and other people providing assistance is given in the acknowledgments); and obtaining responses to a structured set of questions (Appendix 2) from people nominated by the DSSC from each State and Territory. The questions sought information on service types and definitions and data holdings in October/November 1994.

This study is a descriptive, fact-finding assessment of the situation regarding existing data holdings on service types and provision levels, expenditure, and consumer characteristics. It goes beyond the borders of the CSDA and its associated Minimum Data Set (MDS) collection (see Black and Madden, 1995) to examine the relevance of data holdings from any level of government or from non-government organisations, whether mainstream or whether targeted at people with a disability.

The study required work to:

*   delineate the types of services considered as accommodation and related services by asking:
    -   'where do people with a disability live';
    -   'what services give them access to this accommodation; and
    -   'what types of support services do they use within, or require, in order to stay in that accommodation?'

    Care was taken to be inclusive of all accommodation and related service options which people with a disability might use or require.

*   delineate the issues of current importance in the area;

- identify relevant literature which may contain data of interest;

- develop a structured approach to seeking information from contact people nominated by the DSSC and from people from other government program areas and non-government organisations with an interest in data holdings on accommodation services affecting people with a disability; and

- collate as much existing data as possible, in particular relating to expenditure (as requested by DSSC).

## 1.3 Structure of this working paper

Following this introductory section, Section 2 provides an overview of the scope of accommodation and related services considered in this working paper (Goal 1) and places them into three groups, broadly defined. Funders and providers of services, and the government authorities involved, are discussed generally. Some of the issues which are often identified in the literature as being important for accommodation and related services for people with a disability are outlined.

Section 3 extends the discussion of issues and describes the process of development of a preliminary framework (Goal 2). It also outlines the current developments with classifications of disability services and community services which are of importance to the framework and to future prospects for data availability.

Section 4 presents an inventory of data sources which have proved or may prove useful in describing existing accommodation and related services (Goals 1 and 3). Some data from national sources are presented, with a view to, where possible, identifying where people with a disability live and their level of support needs.

Section 5 discusses the current availability of national expenditure data for disability services. Some data from national sources are presented (Goal 3).

Section 6 broadly considers the main outputs of this study — a preliminary framework and an inventory of data sources — and the possibilities for future Institute work in this area (Goal 4).

The study represents a broad look at accommodation and related services for people with a disability. Neither of the two main outputs — the framework and the data inventory — are intended to be definitive, but rather to assist discussion and understanding in the field. It is hoped that the study will:

- contribute to the understanding of the scope and nature of accommodation and related services for people with a disability;

- provide a resource for people working on frameworks and classifications in the community services field;

- provide a first draft inventory of national data in the area of accommodation and related services for people with a disability; and

- present a selection of these data.

# 2. An overview of accommodation and related services

This Section provides definitions of accommodation and related services and gives an overview of funding and provision arrangements for these services.

## 2.1 Accommodation and related services

People with a disability live in probably a wider range of housing and accommodation types than people without a disability. Services which assist them to obtain accommodation, to gain access to and remain in, a particular type of accommodation, may involve 'mainstream' and disability-specific services.

For this study, all these services have been collectively termed 'accommodation and related services' and have been split into three broad groupings as follows:

- accommodation — involving building, management and maintenance of accommodation;
- accommodation services — involving helping people access accommodation; and
- accommodation support services — involving helping people maintaining a place in accommodation.

Each is described, and a definition attempted, in Sections 2.1.1 - 2.1.3.

### 2.1.1 Accommodation

Accommodation is defined as:

- *building of accommodation;*
- *routine management of accommodation; and*
- *maintenance of accommodation.*

Many public housing authorities provide these kinds of services for the community or for special groups. No distinction is drawn in this working paper, since 'accommodation' is being used as a broad term, embracing all accommodation types in which people may live.

**Accommodation types** in general include:

- family homes
- group shared homes
- group homes or community residential units/houses
- half-way houses
- hostels
- boarding/rooming houses
- refuges/night shelters
- retirement villages
- private hotels
- nursing homes

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- institutions for people with a psychiatric or intellectual disability or with multiple disabilities
- hospitals (acute care and psychiatric)

The building, management or maintenance of any of these through public housing authorities or other government authorities, or privately through non-government or individual means, are considered within the scope of this working paper.

Further definition of these accommodation types was found to be necessary, due to a lack of clarity found among government policy documents as to whether references to the same type were in fact the same or different. (See also Section 3.5 indicating the range of terms and definitions in use.)

Prisons, remand centres, juvenile justice centres, and secure living units for disabled people (for example, Kingsbury Training Centre, Victoria), and other correctional or custodial types have not been considered.

### 2.1.2 Accommodation services

Services that provide access to accommodation are important to people with a disability. Some of these service types may be provided by non-government organisations, either for-profit or not-for-profit.

**Accommodation services** are defined, for the purposes of this working paper, as:

> *services relating to accommodation placement or access to accommodation.*

**Accommodation service types** include:

- assessment for and/or admission to accommodation;
- processing of applications for bonds, mortgages;
- assistance, including funding arrangements, to organisations maintaining current, or generating new, accommodation places (that is, an indirect service — a transaction between service providers which supports the provision of direct services);
- housing/tenancy advice;
- maintaining the quality of accommodation through defining or monitoring standards; and
- rent assistance.

Particular accommodation service types, for instance assessment processes, may be tied to particular types of accommodation.

Rent assistance is included since it is often integral to gaining access to accommodation.

### 2.1.3 Accommodation support services

**Accommodation support services** are defined, for the purposes of this working paper, as:

> *services used within, and/or in order to remain in, accommodation (including personal or family homes) .*

Defining an 'accommodation support service' is complex because of changes over time and among jurisdictions. Further, problems exist at the borders of

programs; for instance, the Home and Community Care Program provides services to younger people with disabilities as well as to the older population. Some States do not regard respite care as an accommodation support service, but it is included here as it may assist people with a disability to maintain long-term stable accommodation arrangements.

**Accommodation support service types** include:

- home help, including personal care or meal preparation
- domiciliary nursing care
- attendant care
- carer support (including the domiciliary nursing care benefit)
- in-home respite care
- respite accommodation and care away from home, provided as an additional support for people other than at their usual residence.
- independent living training
- community living support
- foster care, either in home or in supported accommodation
- services and care within hostels or boarding houses

—as well as aids and appliances, tenancy support, residential health care (non-acute) in nursing homes, services and care within hospitals, rent relief, and concessions for land or water rates.

Note: Day programs and recreation services have not been included here since they are, arguably, not used specifically in order to enable a person with a disability to stay at their usual place of residence.

These support services vary in their relative importance in sustaining people with a disability in the various types of accommodation. Also some support services may be an important form of accommodation support, but may have other additional functions — aids and appliances are a good example. The importance of the Home and Community Care Program and CSDA-funded services can be seen in this listing of service types, though there are also a number of other services provided from health and housing sectors.

With some exceptions, these services are not tied to specific accommodation types — rather, services may relate to people in several different accommodation types. Nonetheless, sometimes restrictions are placed on the accommodation type into which an accommodation support service is provided. For example, some Home and Community Care services are reputedly not provided by some service providers, to people with a disability who are living in retirement villages.

## 2.1.4 Disability targeted services

Some accommodation-related services target only people with a disability, such as the specialised institutions and group homes for people with intellectual disability or multiple disabilities, independent living training and the community living support. Many accommodation support services target both people with a disability and frail aged people jointly, notably home and community care services, meal preparation and delivery services, home help services.

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### 2.1.5 Mainstream services

Mainstream services, such as domiciliary nursing care, are open to any Australian resident, including people with a disability. There are also specialised services, designed for people from recognised groups other than people with a disability, which are also accessible to people with a disability, for instance emergency short-term accommodation services.

Access to mainstream services may or may not be gained by people with a disability, depending on the degree to which the particular services are tailored to their special requirements. Public housing programs typically make efforts to modify or construct housing which will satisfy the needs of people with a physical — usually mobility — disability. However they have been criticised for not catering well for the needs of people with a psychiatric disability (Human Rights and Equal Opportunity Commission 1993). Hospitals and refuges, which are generally not intended as long-stay residential settings, nonetheless sometimes become such, due to lack of alternatives at specific times. They are generally not suited to the provision of long term support.

Mainstream accommodation types, such as privately purchased homes, flats or retirement village units are not generally tailored to the requirements of people with a disability, though greater emphasis is now being placed on the design of new generic accommodation types which will be suitable for people with a physical disability. These imperatives also come from the need to build accommodation suited to aged people.

## 2.2 Funding of accommodation and related services

### 2.2.1 Funding of accommodation

The capital funds to build or renovate accommodation for people with a disability come from a variety of, and often multiple, sources. As for the general population of Australians, a major source is individual or family resources.

Another source is the funding dispensed through State/Territory Government housing authorities, mainly under the Housing Assistance Act 1989 and the associated Commonwealth-State Housing Agreement. This Agreement includes funding programs such as the Home Purchase Assistance Program, the Rental Housing Assistance Program, the Aboriginal Rental Housing Assistance Program, the Community Housing Program (formerly the Local Government and Community Housing Program), the Mortgage and Rent Assistance Program (formerly the Mortgage and Rent Relief Scheme) and the Crisis Accommodation Program (a specific capital funding program associated with the provision of refuges for homeless people). Subsidies are available through Commonwealth health authorities to build nursing homes or add beds.

Further sources of funding are through charitable organisations, service organisations (eg. Lions, Rotary) and private for-profit companies. Although the public, private or individual/family source of the larger proportion of funds may be established, and indeed traditional, for most accommodation types, there is a trend towards using mixed funding sources.

### 2.2.2 Funding of accommodation services

These are generally funded by the service provider, either government or non-government — non-profit or for-profit, though the source of funds may be difficult to establish.

Assessment and admission services and housing/tenancy advice services are usually funded by the organisation managing the accommodation setting, for example, housing authorities in the case of admission to public housing, or crisis accommodation managers. Aged Care Assessment Teams are publicly funded teams that assess people for admission to Commonwealth subsidised nursing homes and hostels.

Assistance to organisations maintaining current or generating new accommodation places may include assistance through the provision of funds from capital funding programs, such as the Crisis Accommodation Program.

Rent assistance is funded through the DSS and DVA and is a public outlay.

### 2.2.3 Funding of accommodation support services

The source of funds for provision of accommodation support services is complicated and fragmented. Substantial public outlays occur for all of the listed service types (Section 2.1.3) through specific government programs. Other outlays are either from non-government organisations, often with an element of public fund raising, or are borne by people with a disability from their private resources.

All levels of government fund accommodation support services. Agreements between levels of government sometimes determine which level, or levels jointly, will fund specific service types and set the extent of allocations, for example, the CSDA and CSHA. Transfers of funding between levels of government for specific service types occur under specific tied grants arrangements, for example, for public hospital services. Public funds are provided to non-government organisations by Commonwealth, State/Territory and local governments through specific grant funding programs, for example, for providing respite care services.

For State and Commonwealth government programs, funding of specific service types can involve direct service provision, transfers between government departments or authorities to provide services and grant funding of other non government organisations.

Public funding routes for specific service types often vary according to:

- particular target groups: for example, war veterans may receive home modifications through a completely different funding source to aged people;.

- disability types: for example a person with a psychiatric disability may receive independent living training from a completely different funding source to a person with an intellectual disability;

- cause of disability: for example, the same disability received via injury in a workplace or at home might involve funding of accommodation support services through different sources; and

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- different accommodation settings: for example, personal care in a nursing home (that is, care other than nursing care) is funded differently to personal care at home.

## 2.3 Providers of accommodation related services

### 2.3.1 Providers of accommodation

Most people with disabilities provide their own accommodation (or their family may be the provider) by purchasing or renting separate homes and medium density housing from the market of existing or newly built stocks (Tables 4.2 & 4.3).

State housing authorities are a major provider of homes with similar domestic architecture. Traditionally, they have catered for the needs of aged and low income people. Most authorities also have been providing modifications to housing stocks for people with mobility related physical disabilities. Construction of new housing stock for people with a disability has been more limited. In recent times however, State housing authorities have been more involved in establishing group homes for people with disabilities, either in association with specific disability associations or community housing cooperatives and/or local government organisations. Other State government Departments have also being very involved in the provision of group homes and special institutions for people with a psychiatric or intellectual disability, although several are currently devolving group homes to State housing authorities and encouraging the "de-institutionalisation" of the latter.

Public acute care hospital or psychiatric hospital facilities are operated by State/Territory government health and/or mental health authorities. Generally the trend has been to decentralise health services from public hospitals, to find more appropriate accommodation for people requiring longer term nursing care and to discharge all those who can receive rehabilitation and non-nursing care elsewhere.

There has been some growth in the provision of boarding house, refuge, nursing home and hostel accommodation recently (DHSH 1995). Providers are government organisations and non-government — for profit and not for profit organisations. The Commonwealth Government has policies controlling the availability of beds in nursing homes and hostels under its Aged Care Program.

### 2.3.2 Providers of accommodation support services

Providers of support services are listed in Box 2.1 according to service types (which were outlined in Section 2.1.3). Most of these services are provided by paid staff, some requiring staff with specific qualifications.

> **Box 2.1:** *Providers of accommodation support services*
>
> The major providers of accommodation support are listed according to the type of services offered:
>
> - home help - funded under the Home and Community Care Program, private home help services
> - domiciliary nursing care - community nursing services funded through community health services, private nursing services, public services funded under the Home and Community Care Program
> - aids and appliances - Program of Aids for Disabled People (and similar), services funded through State/Territory community services
> - concessions for land and water rates - provided through State/Territory community services departments
> - meal preparation - "Meals on Wheels" services (partially) funded through the Home and community Care program
> - attendant care - funded under the Attendant Care Scheme, private attendant care services
> - carer support - funded under Commonwealth Respite for Carers Program
> - respite accommodation - funded under the CSDA
> - independent living training - funded under the CSDA
> - community living support - funded under the CSDA
> - tenancy support - funded under the CSDA and through housing authorities
> - social support/visiting - provided by volunteers and (partially and sometimes) funded under Commonwealth Community Visitors Scheme (note: the term Community Visitors Scheme has a specific and different meaning in some States)
> - supported accommodation in refuges - provided by refuge staff under the Supported Accommodation Assistance Program
> - supported accommodation in group homes - funded under the CSDA
> - foster care (in home) - provided by 'volunteer' families and funded through State/Territory community services departments
> - foster care in supported accommodation - provided by and funded through State/Territory community services departments
> - residential health care (non-acute) in nursing homes - provided by a variety of different public and private organisational types, involving the use of qualified nursing staff, subsidised under the Commonwealth Nursing Homes Assistance Act
> - services and care within hospitals - provided by qualified medical, nursing, paramedical, and other staff and funded through State/Territory health departments.
> - services and care within hostels - provided by a variety of different public and private organisational types subsidised under the Commonwealth Nursing Homes Assistance Act
> - services and care within boarding houses - generally not substantial and funded on a private or user pays basis.
> - rent relief - provided and funded through State housing authorities.
> - domiciliary nursing care benefit - administered by the Commonwealth Department of Human Services and Health.

## 2.4 Government authorities involved with accommodation related services

The service types considered in Section 2.1 involve not only those government organisations with a specific mandate to provide disability services, but a number of other service provision, funding or regulation authorities including:

- housing authorities;
- hostel, nursing home and hospital authorities;

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- supported (and/or emergency) accommodation assistance authorities;
- boarding/rooming house/hostel licensing authorities;
- mental health authorities;
- Home and Community Care program authorities;
- home help organisations;
- disability services authorities;
- foster care authorities;
- organisations supporting people in personal or family accommodation;
- repatriation authorities (Department of Veterans' Affairs);
- Aboriginal hostel authorities; and
- authorities responsible for retirement villages.

Appendix 3 lists some of the government authorities involved in the provision and/or funding of accommodation and related services, as reported by State/Territory disability authorities.

Disability services authorities face a complex task in planning for the overall needs of people with a disability. Queensland is attempting to solve this problem through establishment of a 13 member inter-departmental committee to coordinate approaches. Other States have attempted to condense responsibility for as many disability services as possible into one authority, with a strategic planning function.

## 2.5 Changing issues for accommodation related services

Rapid development in the provision of disability services in recent years, particularly with the shift from institutional care to group home accommodation with supports, has resulted in the introduction of new services to cater for individual needs. Additional changes which may be agreed as necessary to provide support for people with disabilities living in boarding houses, or to provide housing for people with a psychiatric disability, could also see the development of new service types, such as 24 hour call crisis centres, or networks of volunteers offering friendship and support. Hence there is, to some degree, a 'moving target', in terms of the types of accommodation and related services being provided for people with a disability.

Recognition of an individual's right to choice of accommodation settings and co-habitants, choice of provider or carer, and control over provider, has become more prominent over the last decade. Accommodation support services which enable people to live inclusively (within the community), where the accommodation settings and the support services provided to maintain people in them, are not linked and where co-habitants are not determined by the accommodation manager, are seen to be particularly important as they provide for a greater degree of choice by the individual.

Those accommodation support services that are 'packaged', or where the accommodation itself, the support services and the co-habitants are all chosen or controlled by the management, are seen as not providing the same degree of individual choice but rather as retaining the features of an 'institution'. This may be true of large scale institutions, and also of smaller scale 'segregated,

congregate care settings' or 'micro institutions', whether 'in the community' or not and whether 'special purpose' or not. Most of these terms are very poorly defined. Some 'group homes' provide a package of support services with little flexibility of choice for the person with a disability.

The practice of 'de-institutionalisation' has, in some circumstances, involved a break being made between accommodation and accommodation support services. In some cases it is suspected that this may have led to a reduction in the availability of accommodation and/or accommodation support (see Human Rights and Equal Opportunity Commission (HREOC) 1993).

# 3. Service attributes and definitions — outlining a framework

## 3.1 Important attributes of accommodation and related service types

From the discussion in Section 2 the following are important attributes of accommodation and related services:

- architectural style, ownership, funding and management of accommodation;
- the degree of targeting and specialisation of mainstream services (see Sections 2.1.4 and 2.1.5);
- intended long-term or short-term nature of tenure;
- choice of accommodation and co-habitants;
- support service purpose (in terms of support need addressed);
- provider and funder of support service;
- targeting of support service and specialisation of mainstream support service; and
- choice of provider/carer, and control over provider.

In order to try to examine national data on accommodation and related services, these attributes were organised into a broad framework to describe accommodation and related services (a first draft is at Appendix 4). The range of accommodation support service types available to people with a disability have been considered very generally as occurring within, though not necessarily 'packaged' with, a particular accommodation type. The framework arose:

- to clarify a complex area;
- to work towards a more 'common' language' than now exists to describe accommodation and related services[1];
- to elicit the most broadly useable terms and attributes relevant to accommodation and related services with a view to developing and refining a categorisation of types and making them nationally applicable; and
- as a first step towards a framework which might enable to collation of national data.

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[1] It is perhaps relevant to note the experience under the Commonwealth State Housing Agreement relating to data collation from State housing authorities on housing modifications provided for people with a disability. The CSHA 'data package' specifies two tables with data to be supplied annually to the Commonwealth Department of Housing and Regional Development. The tables are not published because of uncertainty about exactly what is being counted by different States in the cells of the tables. (Appendix 5 shows the tables with data removed.) While the framework does not provide the data all may want, a common language is an essential precursor.

## 3.2 Draft framework and response

Late in 1994, the draft preliminary framework outlined in 3.1 above (details, Appendix 4), along with a set of questions (Appendix 2), was forwarded to contact people working in disability services authorities in each State/Territory. Some of the questions related to whether the accommodation and related services available in each State and Territory appeared to fit into the framework and whether other attributes were of greater or additional importance in describing accommodation and related services.

Contacts in State disability services authorities were also asked to comment on the draft preliminary framework (Appendix 4).

Most States appeared to agree that the accommodation and related services provided in their State fitted within the framework and appeared generally to accept the value of a framework. Reservations expressed included:

* queries about the purpose of the framework;

* doubts about the mutual exclusiveness of the broad categories; and

* concerns about the complexity of collecting data across the full range of services reflected in the framework.

The second question posed of State contacts relating to the framework sought their opinion on improvements which could be made on the draft framework. These suggestions included:

* inclusion of shared care arrangements whereby a person with a disability spends some time living with their natural family or living with a foster type family;

* inclusion of 'host family' to family home category;

* use of the term 'personal support' instead of 'attendant care';

* use of the term 'people with a psychiatric or intellectual disability';

* inclusion of 'provision of day support to maintain the placement' in the group homes category;

* making the accommodation types broader to eliminate confusion about where to place a service, eg. group homes and community residential units should be together, group shared and housing cooperatives should be together; and

* adjusting the accommodation types to
    - family living,
    - supported community living,
    - independent living,
    - community residential,
    - hostel,
    - nursing home,
    - hospital, and
    - large institution.

All these except the last, which may need more discussion in relation to important attributes and the proposed classifications of community services

(Section 3.5), have been included in a revised preliminary framework (Table 3.1).

A further point made about the draft preliminary framework (Appendix 4) was that the link between accommodation types, accommodation services, and accommodation support services is not as strong as implied by the framework. The vast majority of accommodation support service types could be provided in all accommodation types, and indeed the vast majority are, or could be, provided in all settings, were the informal care sector to be included, or were funding programs to permit them to be delivered in all settings. The separation of the framework into two classifications — of accommodation types and accommodation support services — was suggested. As discussed later in relation to the development of classifications for community services, this separation appears to have support (Section 3.5).

## 3.3 Attributes important in describing accommodation and related services

Attributes were proposed in Section 3.1 as being important in characterising accommodation and related services and gave structure to the draft preliminary framework (Appendix 4). Responses from State contacts about definitions, groupings and attributes in use for accommodation and related services (Appendix 6) seemed to be in general agreement about the importance of most of the attributes selected, with the possible exception of 'control over provider/carer', which seemed to be considered of lesser importance than 'choice over provider/carer'. A substantial number of additional attributes emerged. These additional attributes, even if not incorporated into a new draft framework, would be useful in searching assorted data collections for their ability to provide information relevant to accommodation and related services for people with a disability. The attributes or data items nominated are listed in Box 3.1.

**Table 3.1:** *Preliminary framework for describing types of accommodation related services for people with a disability*

| Accommodation types — style | Accommodation services to obtain entry to accommodation type — who funds/owns /manages type | Support initiator, funder and provider — needs; extent of 'packaging' | Support services: to maintain person in setting | Control/Choice of setting/carers/co-habitants | Disability targeted and/or other special purpose | Intended as long / short term |
|---|---|---|---|---|---|---|
| Family home (incl. a person living alone) — domestic, separate house, medium density, high rise | Public housing rental, rent assistance, bond, mortgage applications; CSHA funding of new homes — Funder is a family member, though rent may be partially rent assistance / rent relief / foster payments, owner / manager is family member; maintenance may be via HACC or public housing authority | Person / family initiated services funded by govt. / person / family; Family / friends / foster carers or hosts, staff of support service provider; — Food, ADL, IADL, mobility, respite, communication and housekeeping needs; | Personal support; All HACC service types esp. home help, paramedical, respite care, meal preparation; Home modifications; Foster care; DNCB; Aids; Community living support; | Person/family has control/choice | Not targeted or special purpose (ie. generic); within community | Long |
| Group shared home (co-habitant initiated) — domestic, separate house, medium density, usually purpose built/ modified | Public housing assessment for funding of new homes; CSHA funding of new homes — Funder is govt. and/or person(s) or housing co-operative; owner is govt. and/or person(s), manager is person(s), with govt. regulation of building only: maintenance may be via HACC or public housing authority | Person / family initiated services (possibly with pooling between persons) funded by govt. / family; Family / friends, staff of support service provider; — Food, IADL, mobility, communication, tenancy, independent living, and housekeeping needs | Personal support; Many HACC service types esp. home help, paramedical; Tenancy support; Aids; Community living support; Financial transaction support | Family /person has control/choice | Targeted by individual's choice but not special purpose; within community | Long |

cont...

Table 3.1: *Preliminary framework for describing types of accommodation related services for people with a disability (cont.)*

| Accommodation types — style | Accommodation services to obtain entry to accommodation type — who funds/owns /manages type | Support initiator, funder and provider — needs; extent of 'packaging' | Support services: to maintain person in setting | Control/Choice of setting/carers/co-habitants | Disability targeted and/or other special purpose | Intended as long / short term |
|---|---|---|---|---|---|---|
| Group home or community (residential) unit/ house (organisation initiated) — domestic, separate/ house, medium density, cluster/villa, usually purpose built/ modified | Public housing, health or community services depts. or local govt. assessment for funding of new homes / places; assessment of NGO by housing associations; assessment for admission of person by manager; — Funder is govt. and/or NGO, owner is govt. and/or NGO and housing associations; manager is govt or NGO with govt. regulation through disability program funding if applicable (and of building, if there is govt. equity); maintenance by manager | Organisation initiated services, often as a package, funded by govt. / family / other sources; May occur on/off site; (Resident) support staff / volunteers; co-habitants; — needs as for group shared home, except tenancy support | Personal support, Many HAAC service types esp. home help, paramedical, meal preparation; Aids; Community living support; Day support, Independent living training; Financial transaction support | Person/family has limited control/choice of co-habitants; Organisation has control/choice of setting and carers; packaged services; | Targeted by organisation's choice but not special purpose; within community | Long |
| Half-way house — as for group home | As for group home | As for group home | Paramedical; Independent living training; Community living support; | As for group home | As for group home | Short |
| Hostel — domestic or non-domestic, usually individual room with communal facilities | Health or community services depts. assessment for funding of new places; assessment for admission of person by manager (if privately funded or other than aged care funding - DVA, ATSIC, disability) or ACATs; payment of Personal Care and Hostel Subsidies; monitoring of service standards; — Funder is govt. and/or NGO. owner is govt. and/or NGO; manager is govt or NGO with govt. regulation through disability or aged care program funding if applicable (and of building, if there is govt. equity); maintenance by manager | Organisation initiated services often as a package funded by govt. / family / other sources; Family; on-site support staff; — non-acute care, food and housekeeping needs | Personal care; Many HAAC service types esp. home help, paramedical, meal preparation; | Person/family has no control/choice; | Targeted by organisation's choice but not special purpose; within community; | Long |

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**Table 3.1:** *Preliminary framework for describing types of accommodation related services for people with a disability (cont.)*

| Accommodation types — style | Accommodation services to obtain entry to accommodation type — who funds/owns /manages type | Support initiator, funder and provider — needs; extent of 'packaging' | Support services: to maintain person in setting | Control/Choice of setting/carers/co-habitants | Disability targeted and/or other special purpose | Intended as long / short term |
|---|---|---|---|---|---|---|
| Boarding / rooming house — domestic or non-domestic; usually individual room with communal facilities | Public housing (CHP) assessment for funding of new places; assessment for admission of person by manager; — Funder is NGO and/or govt., owner is NGO (often for profit) or govt., manager is NGO or govt. with govt. regulation through licensing in some States only; maintenance by manager | Person / family initiated services funded by person; Family / friends — Food and some housekeeping needs; | Home help, meal preparation | Person/family has no control/choice; | Not targeted or special purpose, but Vic. has some special purpose; within community; | Long |
| Refuge/ night shelter — domestic or non-domestic, usually communal room with communal facilities | Public housing (CAP) assessment for new places; assessment for access to other settings by manager — Funder is NGO and/or govt.., owner is NGO or govt., manager is NGO or govt.. with regulation through SAAP program funding; maintenance by manager | Organisation initiated services funded by govt. (SAAP); On-site staff; — housing and various other needs; | Tenancy advice, referral to various services as needed; | Person has no control/choice; | Not targeted but is special purpose; within community; | Short |
| Retirement village — domestic, medium density, cluster/villa often with some communal facilities | Assessment for admission of person by manager; — Funder is NGO, owner is NGO (often for profit), manager is NGO with govt. regulation through licensing in some States only; maintenance by manager | Person / organisation initiated services funded by person / govt. Family / friends, staff of support service provider; on-site staff; — Food, mobility, and housekeeping needs; | Many HAAC service types esp. home help, paramedical, meal preparation; Aids, | Person/family has no control/choice; | Not targeted or special purpose; within community; | Long |
| Private hotel — non-domestic with some communal facilities | Assessment for admission of person by manager; — Funder / owner/ manager is private person or company; maintenance by manager | As for boarding / rooming house | As for boarding / rooming house | Person/family has no control/choice; | Not targeted or specials purpose; within community; | Long/ short |

**Table 3.1:** *Preliminary framework for describing types of accommodation related services for people with a disability (cont.)*

| Accommodation types — style | Accommodation services to obtain entry to accommodation type — who funds/owns /manages type | Support initiator, funder and provider — needs; extent of 'packaging' | Support services: to maintain person in setting | Control/Choice of setting/carers/co-habitants | Disability targeted and/or other special purpose | Intended as long / short term |
|---|---|---|---|---|---|---|
| Nursing home — non-domestic with some communal facilities | Health or community services depts. assessment for funding of new places; assessment for admission of person by manager(if privately funded or other than aged care funding - disability) or ACATs; payment of Nursing Care Subsidy; monitoring of service standards incl. staff numbers; — Funder is govt. and/or NGO. owner is govt. and/or NGO; manager is govt or NGO with govt. regulation through disability or aged care program funding if applicable (and of building, if there is govt. equity); maintenance by manager | Organisation initiated care package; Person / family initiated other services; Family/friends, on-site staff esp. nurses staff of service providers; — non-acute nursing care, food, ADL, IADL, visiting services and housekeeping needs; | Personal support; Nursing care; Many HACC service types esp. home help, paramedical, meal preparation Aids; Social support / visiting; Financial transaction support | Person/family has no control/choice; packaged services; | Targeted and special purpose; outside community; | Long |
| Institution for people with a psychiatric or intellectual disability or with multiple disabilities — non-domestic with some communal facilities | Assessment for admission of person by manager; — Funder is NGO and/or govt., owner is NGO and/or govt., manager is NGO and/or govt. with govt. regulation through health or disability program funding if applicable (and of building, if there is govt. equity) maintenance by manager | As for nursing homes | As for nursing homes | Person/family has no control/choice; packaged services; | Targeted and special purpose; outside community; | Long |
| Hospital — non-domestic | Health depts. assessment for funding of new places; assessment for admission of person by doctors; monitoring of service standards incl. staff numbers; — Funder is govt. and/or NGO. owner is govt. and/or NGO; manager is govt or NGO with govt. regulation through hospital program funding and access requirements if applicable; maintenance by manager; | Organisation initiated care package; On-site nursing and medical staff; Family / friends; — Acute care (esp. treatment and nursing), food, ADL, and housekeeping needs; | Acute medical treatment and nursing care; Many HACC service types esp. home help, paramedical, meal preparation Aids; Social support / visiting; | Person/family has no control/choice; packaged services; | Targeted and special purpose; outside community; | Short |

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**Box 3.1:** *Attributes important in describing accommodation related services for people with a disability (whether or not used in framework of Table 3.1)*

**Accommodation types**

- accommodation type
- size : number of residents living together (excl. staff) - actual and/or potential, particularly for congregate care types
- modifications made to accommodation, particularly private dwelling types
- aids and equipment provided in the accommodation relevant to self care, mobility or verbal communication
- relationships of residents living in the accommodation
- controller of residential access to the accommodation
- preference for change in accommodation setting including timing, setting type, location, financial nature of occupancy, cohabitants
- reason for need to change accommodation
- type of organisation/person who owns the accommodation
- type of organisation/person funding the routine activities in the accommodation
- type of organisation/person managing the routine activities in the accommodation
- target group to which the accommodation caters
- primary disability type (and other significant disability types) to which the accommodation caters
- long-term or short-term nature of tenure to which the accommodation caters
- location of accommodation

**Accommodation services permitting access by a person to an accommodation type**

- type of organisation/person who funded the building/purchase of the accommodation
- type of organisation/person who managed the building/purchase of the accommodation
- sources of funding to build/purchase the accommodation
- form of assessment for residential access to the accommodation
- financial nature of occupancy of the accommodation

**Accommodation support services within an accommodation type**

- support needs for which the support service caters, ie. support service type
- type of accommodation where support service provided, including respite care services
- paid and unpaid staff/carers/foster carers providing direct and indirect support
- long or short-term nature of support to which the support service caters
- individualised support options provided by support service
- whether support service provides support tailored to the person
- target group to which the support service caters
- primary disability type (and other significant disability types) to which the support service caters
- type of organisation/person funding the routine activities of the support service
- type of organisation/person providing the routine activities of the support service
- location of accommodation where support service provided
- sources of income used to provide the routine activities of the support service
- income from each source used to provide the routine activities of the support service
- number of people provided with a support service
- number of hours of direct and indirect support provided by support service
- conduct of reviews of suitability of support service type (or support service) and person's wishes
- whether level of functional support required determines the number of hours of support provided

## 3.4 The framework and other relevant classification systems

Further development of this framework should occur alongside other developments such as the CSDA MDS (see e.g. Black and Madden 1995) and should allow for possible inclusion of the proposed national community services classifications.

## 3.5 Service definitions in use

The questions posed to State and Territory liaison contacts (Appendix 2) did not provide a comprehensive national picture of relevant definitions used by disability services administrations (Appendix 6), and the questions were not asked of administrators from a wider range of other government departments.

As an illustration of the range of perspectives which exists, a list of relevant service type definitions from a variety of sources has been compiled as Appendix 6. Appendix 6 is split into sections according to whether the definition is relevant to types of accommodation, accommodation services or accommodation support services, or is generally relevant to understanding the preceding definitions themselves.

In general, definitions of accommodation types are easier to find than accommodation services or accommodation support services. Accepted national definitions exist for some of the health-related types of accommodation, but not for settings or services existing primarily in the community services sector. The proposed national classification of community services may alter this situation.

The ABS uses accommodation type to differentiate between and among establishments, special dwellings and households, when conducting social surveys. In the 1993 Disability, Ageing and Carers Survey households and special dwellings were sampled at random and the accommodation type identified (in terms of architecture) by the interviewer administering the survey. Group houses are not separately identified in the survey, unlike many other accommodation types. 'Establishments' refers to health-related establishments only and are sampled from a list of hospitals, nursing homes and hostels which identify themselves as such in telephone listings and other annual directories.

# 4. Overview of data available

National data collections are somewhat patchy in the area of accommodation and related services for people with a disability. The Australian Bureau of Statistics, in its 1981, 1988 and 1993 surveys of people with a disability, sampled households and special dwellings, asking some questions on housing and need for support services. Most government collections are the administrative by-product of specific programs which cover accommodation and related services or special surveyprograms. Some of these are national, but most are specific to a particular State or Territory. Few cover only accommodation and related services to the exclusion of other areas of service. Few cover only services to people with a disability. Most cover the mainstream population or other targeted group and rarely separately identify the group or groups of people with a disability within the collection. If there is some way of separately identifying such groups, it is done in a variety of differing ways.

With its responsibility to collate and develop a national statistical picture of disability services, the Institute is a major participant in the development of specifications for a national Minimum Data Set for CSDA-funded Services. A pilot test to collect data was undertaken in 1994 and some data on accommodation service types and consumer living arrangements is now available for these CSDA funded services. These CSDA funded service do not however encompass the range of accommodation related services relevant to people with a disability. Therefore, there is a need for data complementary to those which will become available under future CSDA MDS collections.

Few data collections cover a full range of types of data relevant to service provision, which might include information on the:

- purpose of the service (as related to the 'well being' of people with a disability);
- type of service (provided, used, outputs);
- service setting (facility for service delivery, spatial location of services);
- service providers (type of organisation, staff numbers and occupations or qualifications);
- service users (eligibility criteria, characteristics of clients);
- resources: funds, capital, allocated from government sources, obtained from other sources, available, used and source of funds); and
- resources: human (labour force and its training) (adapted from Vaughan 1993).

## 4.1 Data holdings covering accommodation and related services

This study has attempted to locate and, where possible, examine relevant existing data sources. Four avenues were pursued in order to achieve this, as follows.

- In 1992-93, the Institute surveyed State, Territory and Commonwealth Government departments relevant to its, at that time new, welfare services

function. Information on data holdings was sought with a view to compiling an inventory.

- As part of the set of questions posed in October 1994 to disability services authorities in each State and Territory, responses were sent on data sources relevant to accommodation related services.

- Some annual reports of disability services and housing authorities were examined for references to data holdings.

- Tasmania and Queensland have produced inventories of their State government collections. Queensland also has an as yet unpublished inventory specific to collections relating to people with a disability.

From these compilations of survey responses and reported information, data holdings were selected which:

- directly deal with aspects of accommodation and related services for people with a disability;

- include data items which pertain or may pertain to accommodation and related services for people with a disability; or

- are relevant to accommodation and related services for all Australians and may, or perhaps ideally should, contain data pertaining to people with a disability.

They are listed in Table 4.1. The selected data holdings appear to include many of the relevant holdings of Commonwealth and State/Territory government agencies.

The holdings have been separated according to whether they appear to:

- be ongoing in a continuous or regular manner over time, for example whether annual updates or 5 yearly collections are undertaken; and

- cover all or defined areas of Australia, for example whether national or state coverage is undertaken.

Within these sections, data holdings are grouped according to either the agency responsible for collection, or the general area/purpose of the holding.

As a note of caution, not all data holdings given will be able to provide relevant information as they currently exist, or provide information to the level of specificity which might be needed for the purposes of examining need, provision and unmet need of accommodation related services for people with a disability. Some work remains to be done to assess the value of some of the data holdings in these terms.

It is expected that a proposed forthcoming AIHW publication, 'National directory of data collections in health, welfare and housing assistance' will contain a short description of most of these holdings. Subsequently, an Institute database may be able to provide further details. Some health-related descriptions have already been published in an AIHW monograph (van Ommeren, Merton & Short, 1991).

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**Table 4.1:** *Data holdings on accommodation related services for people with a disability*

| Data holding | Note | Data items to be found or issue covered |
|---|---|---|
| **Data holdings which are ongoing and national (or with such potential)** | | |
| *Australian Bureau of Statistics* | | |
| Surveys of Disability, Ageing and Carers, 1981, 1988 and 1993 (ABS) | extensive | |
| National Health Survey (ABS), five yearly | # | recent illness, chronic illness, accidents and health services |
| *Department of Human Services and Health* | | |
| Aged Care Assessment Team National Minimum Data Set Collection (DHSH) | extensive | |
| Disability Information System for Comprehensive User Support (DHSH) | # @ | accommodation services (prior to CSDA changes of 1994) |
| Management of Expenditure and Resident Linked Information Network (DHSH) | * | |
| Commonwealth Hostel Information and Payment System (DHSH) | * | |
| Nursing Home Staffing Collection (annual reconciliation) 1988–89 (DHSH) | * | hours worked weekly and NGO status |
| Domiciliary Nursing Care Benefits (DHSH) | | |
| Disabilities Program Management System Database (DHSH) *(do not distribute details)* | # | |
| Nursing Home Payment System (DHSH) | * | resident classification |
| Census of Child Care Services (DHSH), annual | | children and parents with a disability |
| Community Options Projects Client Characteristics Survey, 1992, 1993, 1994 | # | census of clients of aged care within projects |
| Community Options Projects Project Survey, 1992, 1993, 1994 | # | services provided, client load, referral patterns, costs |
| *Department of Social Security* | | |
| Invalid pensioners data collection (DSS) | # | assets, home ownership |
| Blind pensioners data collection (DSS) | # | assets, home ownership |
| *Department of Education, Employment and Training* | | |
| Australian Longitudinal Survey (DEET) | | housing, disability |
| Education income support — Austudy, Abstudy, Assistance for Isolated Children (DEET) | | academic institution, disability |
| *Department of Housing and Regional Development* | | |
| Supported Accommodation Assistance Program — Two week census (DHRD) | * | |
| Supported Accommodation Assistance Program — One night census (DHRD) | * | pre-SAAP accommodation |

**Table 4.1:** *Data holdings on accommodation related services for people with a disability (cont.)*

| Data holding | Note | Data items to be found or issue covered |
|---|---|---|
| Supported Accommodation Assistance Program — Management and reporting system (DHRD) | * | |
| First Home Owners Scheme (DHRD) | * | |
| Commonwealth State Housing Agreement — Financial data pack (DHRD) | * | expenditure |
| Commonwealth State Housing Agreement — Dwellings and clients data pack (DHRD) | * | dwelling type, clients |
| *Department of Veterans' Affairs* | | |
| Nursing Homes Collection (DVA) *(do not distribute details)* | | |
| *Australian Institute of Family Studies* | | |
| Family Formation Survey (AIFS) | * | housing |
| *Australian Institute of Health and Welfare* | | |
| Institutional Health Services (AIHW) | | hospitals, nursing homes, others |
| Services under the CSDA using the National Minimum Data Set for CSDA funded services | extensive | |
| National Management Information Systems (NIMS) for disability employment services | | |
| *Non Government Organisation* | | |
| Not for Profit Aged Care Service Provider Collection (NGO) | | beds, places |
| **Data holdings which are not ongoing but are national** | | |
| *Australian Bureau of Statistics* | | |
| Family Survey, 1992 (ABS) | | living arrangements, housing, personal care/home help |
| Time Use Survey, 1992 (ABS) | * | |
| National Aboriginal and Torres Strait Islander Survey 1994 | | disability |
| *Department of Human Services and Health* | | |
| Disability Services Program Censuses, 1986 and 1991 (DHSH) | | |
| Health and outlook of older Australians, 1984 (DHSH) | | living arrangements, sampled private dwellings, hostels, nursing homes |
| Dependency survey of State government nursing homes, 1989 (DHSH) | | disability |
| Community Options Projects in Australia, 1990–91 (DHSH) | * | clients |
| Quality, staffing & standards in Commonwealth subsidised hostels for the aged, 1985-86 (DHSH) | | disability in 60+ years |

**Table 4.1:** *Data holdings on accommodation related services for people with a disability (cont.)*

| Data holding | Note | Data items to be found or issue covered |
|---|---|---|
| Trial of resident's classification instrument, 1987 (DHSH) | | |
| *Department of Community Services NSW* | | |
| Younger people with a disability in nursing homes for the aged (1994) | | primary and other disability types in <60 year olds, assessments, support needed |
| *Department of Social Security* | | |
| Morbidity surveys of invalid pensioners, 1979 and 1988 (DSS) | # | |
| Surveys of Family Allowance Supplement recipients, 1989–90 (DSS) | * | |
| Rent Assistance Reform 1989-1990 — Evaluation of housing affordability, 1992 (DSS) | * | housing stress |
| *Department of Housing and Regional Development* | | |
| Supported Accom. Assistance Program — Non-accommodation services survey 1992 (DHRD) | * | personal care |
| **Data holdings which are ongoing, State wide and with similar purposes** | | |
| *Client registers* | | |
| Disability Client Data Base (NSW) (directly provided services) | | |
| Intellectual Disability Services Client Information System (Victoria) | | |
| Physical and Sensory Disability Services Data Collection (Victoria) | # | |
| Central Register Entry (Queensland) | | type of register, service type |
| Eligibility and Medical Diagnostic Information (Western Australia) | + | |
| Willow Court Centre Client Information Database (Tasmania) | + | |
| *Services registers* | | |
| Service supply database (NSW) (in development) | + | |
| Key Information Data System (Victoria) (funded services) @ | | |
| Funded services collection (agency, location, funded hours) (Victoria) @ | + | |
| Direct services collection (location, type, staff, expenditure) (Victoria) | + | |
| MK1 (Disability Services) (Queensland) (funded services) | # | type of service and type of service organisation |
| Service agreement data on CSDA services (South Australia) (not a computer-based data holding) | + | |
| Annual MDS and other data collection (funded services) (Western Australia) | + | |

**Table 4.1:** *Data holdings on accommodation related services for people with a disability (cont.)*

| Data holding | Note | Data items to be found or issue covered |
|---|---|---|
| Disability Services Grants Administration System (Tasmania) | + | |
| Regional Service Provision Info. Collections (Tasmania) (not a computer-based data holding) | + | |
| *Public housing applicants* | | |
| Housing Applicants Data Base (SA) | | |
| Housing Assistance Programs — Rental housing (NT) | * | disabilities |
| *Public housing tenants* | | |
| Public Housing Data Base (Queensland) | * | type of dwelling |
| Rent/Rent Assessment — Tenant maintenance (SA) | * | |
| Tenants allocated to public housing (SA) | * | previous housing type |
| State Housing Advanced Rental Property System — Tenancy subsystem (WA) | | disabilities |
| Occupant Account System (Tasmania) | * | |
| Housing Assistance Programs — Rental housing (NT) | * | |
| *Rent or bond assistance* | | |
| Bond Loan Program Data Base (Queensland) | * | |
| Rent and Mortgage Relief (SA) | * | |
| Rental Support and Bond Assistance System (WA) | * | |
| Mortgage/Rental Assistance Program (Tasmania) | * | |
| Housing Assistance Programs — Specific purpose (NT) | * | |
| *Home purchase* | | |
| Home Ownership Data Base (Queensland) | * | |
| Persons Purchasing Public Housing (SA) | * | type of dwelling sold |
| Home Ownership Assistance Program (Tasmania) | * | type of dwelling sold |
| Housing Assistance Programs — Home purchase (NT) | * | |
| *Supported Accommodation Assistance Program* | | |
| Supported Accommodation Assistance Program (NSW) | * | |

Table 4.1: *Data holdings on accommodation related services for people with a disability (cont.)*

| Data holding | Note | Data items to be found or issue covered |
|---|---|---|
| Supported Accommodation Assistance Program (Queensland) | | accommodation type |
| Management and Reporting System (Tasmania) | * | |
| *Hospital use and costs* | | |
| Finance, activity and staffing of hospitals, nursing homes and nursing posts (WA) | * | |
| *Home and Community Care* | | |
| HACC Service User Characteristics Survey, annual in several States, national for 1990 | # | clients of HACC services over 4 weeks |
| HACC Service Provision Data Collection, biannual in several States, national of 1991 and 1992 | # | |
| **Other data holdings which are ongoing and State wide** | | |
| *New South Wales* | | |
| Major Residential Care (Care and Protection) Data Collection (NSW) | * | children, large residential or campus type |
| Census of long-stay inpatients (NSW) | | hospital, nursing homes, (group homes), type of facility |
| Census of mental health inpatients and group home/hostel residents (NSW) | | facility |
| Census of community mental health clients (NSW) | | facility |
| *Victoria* | | |
| Surveys on use of respite places in CRU/CLSS facilities(Victoria) | | |
| Evaluation of Aged Care Assessment Teams (Victoria) | | usual living arrangements, housing tenure, disability levels |
| *Queensland* | | |
| Disability Information Awareness Line (Queensland) | # | disability type, service type |
| Child Protection Register (Queensland) | * | dwelling type, nature of tenure |
| *South Australia* | | |
| Low care residential facilities and hospitals inventory (SA) | | hospitals, rest homes, nursing homes, hostels, rehabilitation centres, services centres, independent living units |
| Private Rental and Support Services (SA) | * | emergency, current accommodation, type of accommodation |
| IDSC accommodation use and need data (not a computer-based statistical data holding) | + | |
| *Western Australia* | | |
| . | | |

**Table 4.1:** *Data holdings on accommodation related services for people with a disability (cont.)*

| Data holding | Note | Data items to be found or issue covered |
|---|---|---|
| Accommodation type data (provided services) | + | |
| Service use and serious need data (in development) | + | |
| **Data holdings which are neither ongoing nor national** | | |
| *New South Wales* | | |
| Non-institutionalised aged in Sydney, 1981 (ANU) | | housing |
| Emergency Assistance Applicants Survey, 1983, NSW (ANU) | | |
| Time Use Pilot Survey — Sydney Statistical Division, 1987 (ABS) | # | |
| Hostel dementia study, 1990-1991, NSW (La Trobe University) | | |
| Community Options Evaluation Data, yyyy, NSW (SPRC) | | clients |
| *Victoria* | | |
| Domiciliary support in private dwellings, 1986, Victoria (ABS) | | |
| Housing Survey: Housing Costs, 1988, Victoria (ABS) | * | private dwellings |
| Regional Geriatric Team settings and development, 1989–90, Victoria (La Trobe University) | | institutional settings |
| Hostel population profile, 1990, Victoria (La Trobe University) | | population characteristics?, disability? |
| Hostel dementia study, 1989-1990, Victoria (La Trobe University) | | |
| Hostel dementia study, 1990-1992, Victoria (La Trobe University) | | |
| Commonwealth/State Disability Agreement — Financial and service information, yyyy (Victoria) | # | |
| *Queensland* | | |
| Usage of health facilities, 1980, Queensland (ABS) | * | |
| Nursing homes patient census, 1981 (Queensland) | # | care of the aged |
| Care for the aged at home, 1983 (Queensland) | | private dwellings, support services |
| Health and welfare establishments, annual to 1991–92, Queensland (ABS) | * | |
| *South Australia* | | |
| Nursing home census, 1981 (SA) | | accommodation type/residence (not nursing homes for people with disabilities) |
| Survey of nursing home residents, 1985 (SA) | | (not nursing homes for people with disabilities) |

**Table 4.1:** *Data holdings on accommodation related services for people with a disability (cont.)*

| Data holding | Note | Data items to be found or issue covered |
|---|---|---|
| *Western Australia* | | |
| Access by younger people with disabilities to HACC funded services, 1988 (WA) | # | |
| *Australian Capital Territory* | | |
| Canberra Interview for the Elderly, 1990–91, 1994–95 (NHMRC) | # | |
| *Several States or Territories* | | |
| The Australian Living Standards Study, 1991–93 (AIFS) | * | housing, use of services |
| Ethno-specific services for the aged in Melbourne and Sydney, 1985 (ANU) | | nursing homes, in the community |
| Ethnic aged in Melbourne and Sydney, 1984 (ANU) | | private dwellings, housing |
| Older people at home in Melbourne and Adelaide, 1981 (ANU) | # | |
| Nursing home regulation in action, 1987–92 (ANU) | | |
| National Housing and Community Infrastructure Needs Survey, 1992 (ATSIC) | * | housing stock |
| Evaluation of March 1993 changes to rent assistance, 1993 (DSS) | * | housing type |
| Behavioural responses of rent assistance recipients to changes in payment levels, 1992 (DSS) | * | housing type |
| Quality of life/care in non-government nursing homes, 1988–1990, several States (Deakin Univ.) | | |
| Supported Accommodation Assistance Program — Special characteristics survey, 1992 (DHRD) | | disability |
| Supported Accommodation Assistance Program — Special client one night census, 1992 (DHRD) | * | |
| Housing and Location Choice Survey, yyyy (DHRD) | * | housing |
| Aged tenants in public housing, 1988–89 (La Trobe University) | * | housing |

*Notes:*

\# indicates a need for further investigation of the data items within the current data holding to assess its relevance to accommodation related services.

\* indicates a need for further investigation about whether the current data holding contains any data items which indicate or relate to disability in some way, such as identifying Disability Support Pension recipients from among all mainstream service users.

\+ indicates the holding information was derived from responses by disability services authorities

@ These two collections may not be different..

The compilation of data holdings in Table 4.1 is not comprehensive. With respect to collections known to be currently active, there are absences in areas as follows.

- Rent assistance provided to service pensioners by DVA.

- Workers' compensation collections — a national minimum data set is supplied to Worksafe by workers' compensation agencies; this covers employer and employee descriptions, injury occurrence, and outcome, etc. Most state workers' compensation authorities also have collections.

- Mental health accommodation statistics — some states have collections on hospital and clinic attendances. NSW has some collections for other facilities. WA has extensive data by patient.

- CRS collections — data on numbers and expenditure are collected on vocational and social rehabilitation programs provided to people of working age with a disability.

- Correctional establishments — collections which exist covering people with disabilities housed in gaols, etc. have not been canvassed.

- Local government collections — the existence of collations of data from local government sources has not been canvassed.

- Community nursing collection — a 28 item minimum data set relating to patient contacts with community nurses is being piloted.

The compilation also excludes any reference to collections prior to 1981 and may not cover the decade of the 1980s well. It does not cover collections held by many non-government organisations which may provide at least state-wide coverage.

## 4.2 Content of data holdings

The ability to identify a long list of data holdings gives the impression that there must be substantial amounts of data relating to where and how people with a disability live and the services provided to them. This in fact is not the case, at least for the national, ongoing data holdings which have been investigated thus far (Section 4.4).

Further work would be needed to describe in detail, or extract, any available information from the listed data holdings. Some data items known to exist in some of these data holdings, which have potential relevance to accommodation-related services for people with a disability, are listed in Table 4.1.

The ABS Surveys of Disability, Ageing and Carers (1981, 1988 and 1993) are the only surveys which indicate broad demand for, and receipt of, services at a national level.

Most of the ongoing holdings listed in Table 4.1 are administrative collections for specific purposes relating to payments or grants programs. They assume a recipient population based on the definitions used in the legislation setting up the particular payment or grant program. To the extent that programs often focus on specific accommodation types, collections often also focus on accommodation types.

Many of the data holdings which are national, are collected by Commonwealth government departments and have a community services focus. However, in

some areas, several States have collections covering broadly similar purposes. Many of these feed data through to national collections. Information on public housing applicants, tenants, rental assistance and purchase of accommodation appear in CSHA collections held by DHRD. Information on refuges funded under the Supported Accommodation Assistance Scheme also appear in DHRD collections. Hospital Use and Costs information is collated by the Institute nationally, as are data on Institutional Health Services (hospital separations data). On the other hand, information from disability client registers and services collections are not extensively collated at national level.

Holdings which are not ongoing are generally more likely to be survey-based and are often aimed at examining specific questions of, for example, effectiveness of payments, review of services, evaluation of new services, etc.; for instance, the survey on access by younger people with disabilities to HACC-funded services, 1988.

Data holdings are often limited in their ability to separately identify people with a disability, as a whole or as subgroups. Indeed, some program managers argue that, for privacy reasons, it is neither necessary nor desirable to identify anyone in a data holding as having a disability or as having received a related service.

Also, there appears to have been little consideration of the relatability of data items between holdings, either in identifying people with a disability or when using specific data items, even those which have standard forms as developed by the ABS. Consequently, gaining information from more than one holding which would relate to the same population of people with a disability or even to the same accommodation type, would be difficult. The exception would be where one of the holdings was an ABS collection or the CSDA NMDS collection. The Australian Longitudinal Survey also seems to be a potential source of information on accommodation and related services for people with a disability. DEET has maintained this collection, though future collections will be performed by the Australian Council for Research in Education.

Individual client data are rare in most of the ongoing national collections and usually occur as basic demographic data only. Data on disability type, severity of disability, services received and needed are rarer still.

Several further tasks could be undertaken to improve the inventory of collections above, including:

- reducing omissions from the inventory;
- identifying which holdings are unit records;
- verifying the relevance of the holdings;
- identifying holdings providing relevant national data which can be analysed; and
- identifying holdings suitable for examination of relevant state data with possibilities for national collation.

## 4.3 Data gaps

There are a number of notable data gaps relating to accommodation settings and people with a disability. Some solutions which have been previously canvassed, are also mentioned below.

### 4.3.1 Boarding houses

Few data exist about boarding houses and the people living in them. The ABS has conducted a pilot test of a proposed Boarding House Survey in Brisbane and Sydney. Such a survey would complement the ABS Housing Survey and produce important information about people living in boarding houses and about the adequacy and conditions of such housing. Data from the survey could inform housing policy debates around this particular part of the private rental market, homelessness, deinstitutionalisation and the situation of people with a mental illness. However this may not proceed further due to difficulties encountered during the pilot survey. Further, it was proposed that boarding houses with fewer than 15 rooms be excluded from the survey.

### 4.3.2 Services under the CSHA

Public housing essentially includes self-contained dwellings that have been funded under the CSHA, which has been in existence now for 50 years. In 1992-93, $3,108.2 million was allocated via the CSHA, mostly from Commonwealth and State grants. Examining published national data on CSHA programs in annual reports of the Commonwealth Housing Assistance Act, reveals that programs under the Act, most of which are available to people with a disability, do not appear to have associated data specific to people with a disability and which permits analysis. In view of the magnitude of program funding, the nationally available data seems particularly limited.

A recent report on public housing notes that data on the number of people with a disability living in public housing are not available (Foard et al 1994). The report also notes that few data are available on specific purpose public housing in general. It is not known how many dwellings are allocated to the aged or to people with a disability. Information on units built or modified for people with a disability is collected through the CSHA (Appendix 5). However, it is not reported by all States nor is it published in the Housing Assistance Act annual reports because of recording differences between the States resulting from a lack of detailed definitions. For example, it is not known whether houses built for the aged with mobility problems would (or should) be included as dwellings for people with a disability by all States.

Particular examples of data not currently available but which could be collected by State housing authorities, were nominated in the report including:

- detailed data on the application of housing assistance funds by States, using consistent definitions;
- dwellings data on specific purpose units, in terms of number of units, dwelling structure, and modifications carried out to suit the specific purpose; and
- additional data on the characteristics of people in specific purpose units and of all households on waiting lists for public housing (Foard et al 1994).

### 4.3.3 National Housing Strategy

The National Housing Strategy (NHS) was established by the Federal Government in June 1990 to undertake the first comprehensive examination of Australia's housing needs and housing policy for over four decades. The NHS released a discussion paper 'The housing needs of people with disabilities' (Sach & Associates 1991) which suggested the development of a national standardised and integrated disability housing and accommodation support data base. The discussion paper underwent a community consultation process, the responses to which were summarised (NHS, no date). The suggestion received responses which are often generated by similar database development activities, that is, that the costs would be too high, that it would be of limited value and should not use up funds that would more properly be directed to services, and that there were privacy implications (related to specifying disability and health records). The suggestion was accorded a low priority and appears not to have proceeded further.

Alternative suggestions made were that service providers, both generic and mainstream, should collect data about tenure type in order to ensure equitable service delivery across tenure types and that a 'data bank' be developed incorporating information about existing modified housing stock.

## 4.4 Data from selected holdings

This section describes data from several selected holdings in more detail, as follows:

- ABS Disability, Ageing and Carers Survey 1993
- Services under the CSDA - accommodation support, independent living training, respite care, living arrangements
- Special purpose services under the CSHA - Community Housing Program
- Services under SAAP - refuges and emergency housing
- Services to children under care and protection orders
- Rent assistance paid by DSS

Section 5 presents some expenditure data relevant to aged care programs as well as from some of the above sources.

### 4.4.1 ABS Disability, Ageing and Carers Survey 1993

Substantial information can be obtained from this source, though it has limitations due to sample size for those under 65 years, even at national level. A selection of data is presented below.

Accommodation settings used by people with a disability indicated by this survey are given in Table 4.2. People under 15 years are not included in the table as the data obtained appear to reflect responses from, and relating to, their parents.

Fewer (81.4%) people aged 15-64 years with a disability live in separate houses compared with 85.1% for other Australians (Table 4.2). About 14.3% live in medium density dwellings compared with 12.4% for others. About 1.4% live in health related establishments.

Table 4.2: *People aged 15–64 years with a handicap, disability or neither: type of household dwelling or establishment of residence, Australia 1993*[1]

| | People with a handicap | People with a disability | People with neither a disability nor handicap | Total with and without a disability |
|---|---|---|---|---|
| | Number | | | |
| **Household dwellings** | | | | |
| Separate houses | 1,054,364 | 1,436,085 | 8,477,241 | 9,913,326 |
| Medium density [2] | 185,276 | 253,122 | 1,239,029 | 1,492,151 |
| High rise | 8,084 | 12,400 | 69,091 | 81,491 |
| Other[3] | 9,016 | 15,310 | 94,967 | 110,277 |
| Special[4] | 17,994 | 22,505 | 85,809 | 108,314 |
| *Subtotal* | 1,274,734 | 1,739,422 | 9,966,137 | 11,705,559 |
| **Establishments[5]** | | | | |
| General hospitals | 2,437 | 3,015 | very small | 3,015 |
| Psychiatric hospitals | 7,744 | 9,311 | very small | 9,357 |
| Homes for the aged | 5,022 | 5,643 | very small | 5,736 |
| Homes - other | 5,064 | 6,019 | very small | 6,488 |
| Retirement villages | small | small | very small | small |
| *Subtotal* | 21,040 | 24,870 | small | 25,728 |
| **Total** | 1,295,774 | 1,764,292 | 9,966,994 | 11,731,287 |
| | Per cent | | | |
| **Household dwellings** | | | | |
| Separate houses | 81.4 | 81.4 | 85.1 | 84.5 |
| Medium density [2] | 14.3 | 14.3 | 12.4 | 12.7 |
| Other households | 2.7 | 2.8 | 2.5 | 2.6 |
| **Establishments[5]** | 1.6 | 1.4 | small | 0.2 |
| **Total** | 100.0 | 100.0 | 100.0 | 100.0 |

*Notes:*

1. Values < 8,000 are subject to high relative standard errors (RSE) and hence should be interpreted as indicative only. Values <1,900 have RSE's of over 50% and are shown as being 'small' or 'very small'. Generally this includes people living in particular types of establishments.

2. Medium density dwellings are semi-detached/row/terrace/town houses; flats units or apartments (not attached to a house or shop) of up to three storeys; or dwellings in retirement villages included in the household part of the survey.

3. Other dwellings are flats attached to houses or shops; caravans not in caravan parks; dwellings in long stay caravan parks; houseboats; or improvised homes/camps.

4. Special dwellings are hotels, motels, boarding houses, educational and religious institutions, construction camps, caravan parks, etc.

5. Occupants of establishments were taken as those resident from Feb. 8 to April 3 1993 (ie. about seven weeks).

*Source:* ABS 1993 Disability, Ageing and Carers Survey, unpublished data

Those with a disability living in households, have 'household' occupancy groupings similar to other Australians. About three fifths own, or are buying, their homes, one quarter rent, less than one tenth board, and less than one tenth live rent free in a home occupied by others (Table 4.3). These patterns remain similar for people with a handicap, though there is a slight shift towards renting.

Table 4.3: *People aged 15–64 years living in households: nature of occupancy and living arrangement by severity of handicap and disability status as a percentage, Australia, 1993*

| | Severity of handicap | | | | | | Total with a disability | Total with and without a disability |
| | Profound | Severe | Moderate | Mild | Other[1] | Total with a handicap | | |
|---|---|---|---|---|---|---|---|---|
| **Nature of occupancy** | | | | | | | | |
| Owners/purchasers | 44.6 | 57.4 | 64.8 | 63.3 | 57.6 | 60.2 | 61.8 | 60.9 |
| Renters | 27.3 | 30.3 | 26.6 | 25.8 | 29.2 | 27.4 | 26.7 | 24.1 |
| Boarders | 18.5 | 5.6 | 4.5 | 5.7 | 6.0 | 6.5 | 5.7 | 7.1 |
| Lives here rent free | 9.5 | 4.8 | 2.7 | 3.3 | 6.1 | 4.4 | 4.3 | 6.8 |
| Total[2] | 100.0 | 98.0 | 98.7 | 98.1 | 98.9 | 98.5 | 98.6 | 98.8 |
| **Living arrangements** | | | | | | | | |
| Lives alone | 5.7 | 9.8 | 17.8 | 14.9 | 17.6 | 14.5 | 13.6 | 6.8 |
| Lives with other people | 94.3 | 90.2 | 82.2 | 85.1 | 82.4 | 85.5 | 86.4 | 93.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

*Notes:*
1.   These people had a schooling or employment limitation only and severity of handicap was 'not determined'.
2.   Total less than 100% as not asked of persons in 'special dwellings'.
*Source:* ABS 1993 Disability, Ageing and Carers Survey, unpublished data.

People with a profound or severe handicap are less likely, and those with a mild or moderate handicap more likely, to be owner/purchasers. People with a profound handicap are very much more likely, and those with a mild or moderate handicap less likely, either to board or to live rent free. Little difference in occupancy has occurred since 1988, except that people with a profound or severe handicap appear to rent more often and to own/purchase less often in 1993. For all Australians, both renting and owning/purchasing is more common than other types of occupancy (Table 4.3 *cf.* AIHW 1993, Table 6.7).

Unmet need for accommodation settings was measured in terms of people on a waiting list to move to public housing, a self care unit or an aged persons' hostel/nursing home. People with a handicap aged 15-64 years who were on waiting lists for State/Territory government housing, numbered 17,160, of whom 5,015 had a profound or severe handicap. (The last value is subject to a high relative standard error.) Values obtained for the other two accommodation types are smaller in magnitude.

The major source of assistance to people with a disability who are living in households, are informal providers, most of whom are co-resident. Services provided by these carers are equivalent to many accommodation and related services (AIHW 1993, Table 6.25).

People with a disability are twice as likely to be living alone than are other working age Australians, particularly those with a moderate handicap (Table 4.3).

For those with a moderate handicap, the likelihood of living alone has increased in recent years, as is shown by comparing the 1988 figure of 12.9%

(AIHW 1993, Table 6.7) with the 17.8% reported as living alone in 1993 (Table 4.3).

About 100,000 Australians with a profound or severe handicap live alone in household dwellings. About 25% of these are under 65 years (unpublished data, ABS 1993 Disability, Ageing and Carers Survey). In 1988, about 10,400 Australians with a disability aged 5-59 years, and 88,000 aged 60 or more years, reported that they needed and received home help from HACC-type services (AIHW, 1993, Tables 5.9 & 6.25). About 23,000 people with a profound or severe handicap used respite care services within the three months prior to the 1993 Disability, Ageing and Carers Survey. About 68% of these people were under 65 years and about 37% were using-in home respite care.

Home modifications have been made by about 240,000 people with handicaps. About 46% are under 65 years and 55% have profound or severe handicaps (ABS 1993 Disability, Ageing and Carers Survey, unpublished data).

### 4.4.2 Services under the CSDA

Under the CSDA, the Commonwealth and the State and Territory governments undertook to share data on the disability support service types provided and funded under the Agreement. The CSDA is being evaluated in 1995-96.

A full-scale pilot test of a NMDS was conducted in all States and Territories in 1994. Service types covered included 'accommodation', 'accommodation support', 'respite care', 'advocacy', 'recreation' and 'information'. The pilot test took place in Western Australia in June 1994, in Victoria and Queensland in October 1994, and in the other States and Territories in August, 1994. Client and service data on CSDA-funded services was supplied to the Institute for national analysis. A partial collection of data on services provided directly by governments (other than the Commonwealth, NSW, Victoria and Queensland) was also undertaken. A full report has been published in Black & Madden (1995). Agreement to continue the collection of this type of information on an annual ongoing basis has been achieved.

Some data from the collection are given below. Tables 4.4 to 4.6 are those published in Black & Madden (1995), modified to emphasise accommodation related services. There is some variation in the scope of the services which the different jurisdictions interpret as falling within the terms of the CSDA. Also, care is needed in interpreting 'service numbers', as a 'service' may be a single outlet, or a number of outlets aggregated for an organisation. Also, individual consumers may have appeared in more than one 'service type' category on the 'snapshot' day of collection. The categories of service type and accommodation type were not specifically defined for this collection and hence there could be some variation in interpretation of particular categories.

Table 4.4 sets out the number of services of different types which were funded or provided in late 1994 in Australian States and Territories under the CSDA. By far the most common service types were the 1,089 services in the accommodation services category, predominantly group homes (670) or private homes (68 attendant care and 137 other support in private home). The comparatively low number of group homes in Victoria and Queensland possibly reflects a large contribution of direct service provision (not included in

Table 4.4) in these States for this service type. A further 233 services provided respite care and 355 services provided independent living training/community access. Of the latter, 169 services were located in Victoria. The inclusion of psychiatric services in the Victorian data collection contributes to the large number of services in this service type.

Table 4.4: *Accommodation and related services funded under the Commonwealth/State Disability Agreement: by service type, States and Territories, 1994*[1]

| | NSW[2] | Vic | Qld | WA | SA | Tas | NT | ACT | Total[2] |
|---|---|---|---|---|---|---|---|---|---|
| Group homes | 86 (237) | 66 | 123 | 102 | 18 | 27 | 3 | 8 | 433 (670) |
| Other support in private home | 33 | 15 | 53 | 22 | 10 | 2 | 1 | 1 | 137 |
| Hostels | 21 (5) | 11 | 0 | 33 | 1 | 5 | 2 | 1 | 74 (79) |
| Attendant care | 6 | 26 | 10 | 3 | 13 | 3 | 2 | 5 | 68 |
| Nursing homes | 5 | 1 | 4 | 1 | 1 | 3 | 0 | 0 | 15 |
| Other accommodation service | 21 (49) | 39 | 3 | 0 | 5 | 2 | 0 | 1 | 71 (120) |
| **Sub-total: accommodation** | 172 (291) | 158 | 193 | 161 | 48 | 42 | 8 | 16 | 798 (1089) |
| Respite-own home/host family | 17 | 19 | 24 | 16 | 2 | 6 | 0 | 1 | 85 |
| Respite-house/ centre cottage | 7 (35) | 21 | 18 | 10 | 6 | 2 | 0 | 2 | 66 (101) |
| Respite-other or not specified | 15 | 13 | 12 | 0 | 2 | 0 | 5 | 0 | 47 |
| **Sub-total: respite** | 39 (35) | 53 | 54 | 26 | 10 | 8 | 5 | 3 | 198 (233) |
| Independent living training/ community access | 47 (52) | 169 | 24 | 14 | 14 | 23 | 4 | 8 | 303 (355) |
| **Sub-total: accom. related** | 258 (378) | 380 | 271 | 201 | 72 | 73 | 17 | 27 | 1299 (1677) |
| Non-accommodation related[3] | 112 (145) | 144 | 62 | 44 | 23 | 15 | 6 | 6 | 412 (557) |
| Other | 15 (13) | 44 | 12 | 1 | 1 | 5 | 0 | 2 | 80 (93) |
| Non NMDS codes[4] | 0 | 10 | 0 | 4 | 0 | 0 | 0 | 0 | 14 |
| **Total**[1] | 385 (536) | 578 | 345 | 250 | 96 | 93 | 23 | 35 | 1805 (2341) |

*Notes:*

1. CSDA funded services not included here are: those provided directly by the Vic. Govt. (other than to people with psychiatric disability); those provided directly by the Qld. Govt.; and those provided by the Commonwealth Govt. (all employment related).

2. Bracketed figures represent services provided directly by the NSW Government. The bracketed total is inclusive of these NSW direct services.

3. Non-accommodation related services include print disability; research and development; advocacy; recreation; information/referral advisory; activity therapy centre; early childhood intervention; and case management/direct funding. The bracketed NSW direct figure includes 'resource teams' providing a mix of some of these.

4. Some psychiatric services providing employment support or self help were coded separately.

*Source:* CSDA National Minimum Data Set Pilot Collection, August 1994 (modified from Black & Madden (1995))

Of the 2,341 services from which data were collected, 830 were provided directly by State or Territory governments, and 1,511 were provided by non-government organisations receiving funding from State or Territory governments under the CSDA umbrella (Table 4.5).

The government sector was found to be relatively more likely to provide attendant care, group homes and hostels than the non government sector. The relative contribution would have been even higher had direct services for Victoria and Queensland been included. Local government in particular is proportionally more strongly represented than other levels of government in

the provision of attendant care and respite care. In contrast, the non government sector is proportionally more strongly represented in the provision of other support in private home and independent living training/community access.

Table 4.5: *Accommodation and related services funded under the Commonwealth/State Disability Agreement: auspicing sector by service type, and total reported service income, States and Territories, 1994[1]*

| | Government direct | | | | | Funded non government | | | | Total | Total service income[4] ($'000) |
| | C'wlth | State[2] | Local | ns[3] | Total Govt. | Charitable /religious | Other | ns[3] | Total NGO | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Group homes | 0 | 36 (237) | 5 | 59 | 337 | 147 | 143 | 43 | 333 | 670 | 187,027 |
| Other support in private homes | 0 | 4 | 3 | 0 | 7 | 65 | 43 | 22 | 130 | 137 | 26,028 |
| Hostels | 0 | 4 (5) | 0 | 15 | 24 | 5 | 32 | 18 | 55 | 79 | 54,774 |
| Attendant care | 0 | 9 | 8 | 0 | 17 | 21 | 27 | 3 | 51 | 68 | 14,945 |
| Nursing homes | 0 | 1 | 0 | 0 | 1 | 6 | 7 | 1 | 14 | 15 | 49,735 |
| Other accom. serv. | 0 | 9 (49) | 0 | 0 | 58 | 16 | 46 | 0 | 62 | 120 | 202,888 |
| Respite care | 0 | 18 (35) | 14 | 0 | 67 | 65 | 75 | 26 | 166 | 233 | 44,669 |
| Indep. living training/ community access | 2 | 28 (52) | 6 | 0 | 88 | 76 | 177 | 14 | 267 | 355 | 86,878 |
| Sub-total: accom. related | 2 | 109 (378) | 36 | 74 | 599 | 401 | 550 | 127 | 1,078 | 1,677 | 666,944 |
| Non-accom. related[5] | 0 | 37 (145) | 22 | 1 | 205 | 120 | 189 | 43 | 352 | 557 | 100,242 |
| Other | 0 | 11 (13) | 0 | 0 | 24 | 20 | 48 | 1 | 69 | 93 | 16,018 |
| Non NMDS codes[6] | 0 | 2 | 0 | 0 | 2 | 2 | 6 | 4 | 12 | 14 | 1,181 |
| Total[1] | 2 | 159 (536) | 58 | 75 | 830 | 543 | 793 | 175 | 1,511 | 2,341 | 784,386 |

*Notes:*

1. Services not included are: those provided directly by the Vic. Govt. (other than to people with psychiatric disability); those provided directly by the Qld. Govt.; and those provided by the Commonwealth Govt. (all employment related).
2. Bracketed figures are for services provided directly by the NSW Govt. The Totals are inclusive of these services.
3. Not stated: Western Australian data was coded only to 'government' or 'non government'.
4. There was some non-response to the question on services income, particularly in Western Australia.
5. Non-accommodation related services include print disability; research and development; advocacy; recreation; information/referral advisory; activity therapy centre; early childhood intervention; and case management/direct funding. The bracketed State direct figure includes 'resource teams' in NSW which provide a mix of some of these.
6. Some psychiatric services providing employment support or self help were coded separately.
*Source:* CSDA National Minimum Data Set Pilot Collection, August 1994 (modified from Black & Madden (1995))

Table 4.5 shows the reported total service income by service type. Income of $784,386,000 is understated because of the omission of direct service data from Victoria and Queensland. There was also some non-response to the question on service income, particularly in Western Australia. The bulk of service income was received by accommodation-related services particularly other accommodation services and group homes, followed by independent living training/community access, nursing homes and respite care.

Table 4.6 provides a breakdown of the income figures in Table 4.5 by the two major auspicing sectors. However, the figures for services provided by governments are further understated by the absence from Table 4.6, of NSW's directly provided services.

Table 4.6: *Accommodation and related services funded under the Commonwealth/State Disability Agreement: service type by income as CSDA grants, total income and total income per consumer ($) by auspicing sector, States and Territories, 1994[1,2,3]*

| | Government direct | | | Funded non government | | |
|---|---|---|---|---|---|---|
| | CSDA grants | Total income | Income per consumer | CSDA grants | Total income | Income per consumer |
| Group homes | 21,549,538 | 33,146,977 | 25,656 | 62,244,860 | 89,330,823 | 15,998 |
| Other support in private homes | 1,990,962 | 2,327,548 | 23,750 | 17,853,190 | 23,700,003 | 3,779 |
| Hostels | 3,033,191 | 16,816,435 | 11,271 | 13,420,470 | 35,058,253 | 15,157 |
| Attendant care | 2,719,650 | 2,836,225 | 10,663 | 11,132,174 | 12,108,313 | 16,363 |
| Nursing homes | 22,676,655 | 30,875,928 | 99,600 | 11,733,377 | 18,859,282 | 10,728 |
| Other accommodation services | 53,726,961 | 67,084,411 | 23,984 | 27,328,376 | 34,764,385 | 6,678 |
| Sub total: accommodation | 105,696,957 | 153,087,524 | 24,474 | 143,712,447 | 213,821,059 | 9,776 |
| Respite care | 4,443,519 | 5,385,575 | 1,100 | 17,722,751 | 37,807,514 | 3,020 |
| Independent living training/ community access | 4,279,528 | 4,912,673 | 3,871 | 56,339,819 | 73,788,699 | 1,269 |
| Sub-total: accom. related | 114,420,004 | 163,385,772 | 13,155 | 217,775,017 | 325,417,272 | 3,517 |
| Non-accommodation related[4] | 11,453,227 | 15.541,887 | na | 36,163,355 | 62,217,252 | na |
| Other | 3,569,134 | 3,543,05 | 1,717 | 11,188,380 | 11,417,887 | 13,287 |
| Non NMDS codes[5] | 41,287 | 41,287 | 4,587 | 494,662 | 1,139,945 | 1,232 |
| Total[1,3] | 130,737,652 | 182,512,551 | na | 265,621,414 | 400,192,356 | na |

*Notes:*
1. Services not included are: those provided directly by the Vic. Govt. (other than to people with psychiatric disability); those provided directly by the Qld. and NSW Govts.; and those provided by the Commonwealth Govt. (all employment related).
2. Estimated annual consumer numbers are used for the calculation of income per consumer.
3. There was some non-response to the question on service income, particularly in Western Australia.
4. Non-accommodation related services include print disability; research and development; advocacy; recreation; information/referral advisory; activity therapy centre; early childhood intervention; and case management/direct funding. The NSW direct figure includes 'resource teams' providing a mix of some of these.
5. Some psychiatric services providing employment support or self help were coded separately.
*Source:* CSDA National Minimum Data Set Pilot Collection, August 1994 (modified from Black & Madden (1995))

For the funded non-government sector, the bulk of service income was received by group homes and independent living training/community access, followed by respite care, hostels and other accommodation services. Accommodation-related services generally received a higher proportion of their income as CSDA grants than non-accommodation-related services. Attendant care received 92% of income as CSDA grants and hostels received 38% as grants. Some accommodation-related service types have high ratios of total service income to annual consumer numbers, with attendant care, group homes and hostels being the highest.

The collection also included data on the primary disability type, sex and age of service recipients on the snapshot day. 'Australia's welfare 1995: services and assistance (AIHW forthcoming) will present a summary of those data.

Table 4.7 sets out the numbers of consumers of different service types which were funded or provided in all States and Territories (except WA) under the CSDA, with reference to the consumers' type of accommodation or living arrangement. Accommodation related services were by far the most commonly used service types, predominantly independent living training/community access (6,317 consumers or 27.3% of total), group homes (3,962) and 'other' accommodation services (2,755). Accommodation services were being provided to 45.1% of consumers. A further 3.9% of consumers were provided with respite care.

Table 4.7: *Consumers of accommodation and related services funded under the Commonwealth/State Disability Agreement: service type by living arrangement/accommodation type, States and Territories, 1994[1,2]*

| | Private or public housing: living | | Community living | | Institutional living | | | ns | Total |
|---|---|---|---|---|---|---|---|---|---|
| | alone | with family | Special purpose | Other | Nursing home | Hospital | Other | | |
| Group homes | 158 | 238 | 2,991 | 410 | 4 | 3 | 130 | 28 | 3,962 |
| Other support in private homes | 306 | 579 | 216 | 295 | 4 | 1 | 18 | 31 | 1,450 |
| Hostels | 5 | 10 | 662 | 7 | 0 | 0 | 266 | 1 | 951 |
| Attendant care | 195 | 258 | 24 | 29 | 0 | 1 | 0 | 21 | 528 |
| Nursing homes | 21 | 60 | 3 | 23 | 614 | 2 | 57 | 1 | 781 |
| Other accommodation services | 118 | 167 | 599 | 401 | 25 | 46 | 1,357 | 42 | 2,755 |
| Sub total: accommodation | 803 | 1,312 | 4,495 | 1,165 | 647 | 53 | 1,828 | 124 | 10,427 |
| Respite-own home/host family | 24 | 391 | 7 | 12 | 1 | 0 | 1 | 4 | 440 |
| Respite-house/ centre cottage | 4 | 211 | 25 | 5 | 1 | 0 | 18 | 12 | 276 |
| Respite-other or not specified | 8 | 148 | 5 | 6 | 7 | 0 | 1 | 2 | 176 |
| Sub total: respite | 36 | 750 | 37 | 22 | 9 | 0 | 20 | 18 | 892 |
| Independent living training/ community access | 558 | 2,631 | 1965 | 467 | 54 | 11 | 536 | 95 | 6,317 |
| Non-accommodation related | 308 | 2466 | 928 | 223 | 41 | 19 | 182 | 113 | 4,280 |
| Case management/direct funding | 125 | 415 | 40 | 69 | 18 | 8 | 11 | 15 | 701 |
| Other | 66 | 308 | 61 | 12 | 21 | 3 | 3 | 9 | 483 |
| Non NMDS code/not specified | 10 | 10 | 1 | 0 | 0 | 0 | 0 | 0 | 21 |
| Total | 1,906 | 7,892 | 7,527 | 1,958 | 790 | 94 | 2,580 | 374 | 23,121 |

*Notes:* ns means not specified, not known or having no usual residence.

1. This table does not include WA services or services provided directly by the NSW, Qld or Vic governments (other than Victorian direct services for people with psychiatric disability).

2. A consumer may be recorded as using more than one service.

*Source:* CSDA National Minimum Data Set Pilot Collection, August 1994,

With respect to where these consumers live, 42.3% live in private or public housing (8.2% alone and 34.1% with family), 41.0% live 'in the community'

(32.6% in special purpose accommodation and 8.5% in other community living arrangements) and 12.3% live in institutions (11.2% in places other than nursing homes or hospitals). People living with their families comprised 84% of those provided with respite care, 42.0% of those using independent living training/community access services, and 12.6% of those using accommodation services. People living in special purpose accommodation comprised 4.1%, 31.1% and 43.1% respectively, of the users of the same services.

The frequency of functional support required by these consumers in the areas of self care, mobility or verbal communication is set out in Table 4.8. No support in these areas was needed by 15.7%, whereas 30.5% required it continuously. The frequency needed varied depending on where the consumers lived, or more likely, the accommodation type option available to the person was determined by the frequency of support needed. In institutions, continuous functional support was needed by over half (50.9%) of consumers. In private family arrangements, nearly a third (32.5%) need continuous support and in special purpose community accommodation, over a quarter (27.9%) needed it. Lower percentages occurred for people living privately alone (13.7%) or in other community accommodation (15.8%).

An examination of level of functional support in relation to living arrangement/accommodation type with respect to age groups, shows some differences in where people with a disability of differing age groups, live. Over 1,000 children aged 0-14 requiring continuous functional support, were living at home with family members; over 100 were in special purpose accommodation, and over 100 were in other institutional accommodation. For the 25-44 age group requiring continuous functional support, the figures for the same accommodation types respectively were over 600, over 1,000 and about 600. For the same age group requiring no functional support, the figures respectively were over 500, over 700 and about 50, with about 300 living alone at home and about 300 living in other community settings.

Table 4.8: *Consumers of accommodation and related services funded or provided under the Commonwealth/State Disability Agreement: level of functional support required by living arrangement/accommodation type, States and Territories, 1994*[1,2]

| | Private or public housing: living | | Community living | | Institutional living | | | ns | Total |
|---|---|---|---|---|---|---|---|---|---|
| | alone | with family | Special purpose | Other | Nursing home | Hospital | Other | | |
| Not at all | 601 | 1,127 | 1,155 | 564 | 8 | 15 | 126 | 29 | 3,625 |
| Occasionally | 659 | 2,149 | 2,123 | 608 | 94 | 8 | 461 | 46 | 6,148 |
| Frequently | 354 | 1,996 | 2,120 | 458 | 168 | 17 | 793 | 49 | 5,955 |
| Continually | 261 | 2,565 | 2,099 | 309 | 516 | 54 | 1,192 | 57 | 7,053 |
| Not specified or missing | 31 | 55 | 31 | 19 | 4 | 0 | 8 | 193 | 341 |
| Total | 1,906 | 7,892 | 7,528 | 1,958 | 790 | 94 | 2,580 | 374 | 23,122 |

*Notes:* ns means not specified, not known or having no usual residence.

1. Level of functional support required is defined as frequency of support required within one or more of the areas of self care (bathing, dressing, eating and/or toiletting), mobility (around or away from home) or verbal communication.

2. Data for Western Australia are not included in this table.

*Source:* CSDA National Minimum Data Set Pilot Collection, August 1994,

### 4.4.3 Specific purpose services under the CSHA

In 1992-93, $3,108.2 million was spent under the CSHA — $2,088.4 million from Commonwealth and State sources. The (Local Government and) Community Housing Program (CHP) under the Commonwealth-State Housing Agreement is one of six specific housing programs funded under the Agreement. By comparison with the funds allocated to other CSHA programs, it is a very small program (for instance, $24.4 million in 1989-90, $7.5 million in 1992-93). The CHP is aimed at involving local government and non-government organisations in the provision of housing, since they offer alternative management models to those of public housing authorities, and provide additional resources. The funds available under the CHP in 1992-93 were $19.8 million.

The LGCHP/CHP is the only CSHA program which provides any national data mentioning people with a disability. For some of the other programs, some data specifically relating to people receiving pensions/benefits are available, though it is not possible to isolate those people receiving invalid/disability support pensions from other pensioners/beneficiaries and the data are incomplete in terms of the ability of all States and Territories to provide it.

Some very limited national data on the projects funded under the LGCHP/CHP includes mention of projects targeted at people with a disability. During the period 1988-9 to 1992-93, 72 projects funded under the program, were targeted at people with disabilities (Table 4.9). The number of dwelling units provided as at June 1993 was 986 (excluding Victoria and WA), mainly as units/flats (Table 4.10). A total of 593 projects were funded involving approvals for 959 dwellings to be constructed and 919 to be purchased or renovated (Table 4.11).

Table 4.9: *Projects funded under the Local Government and Community Housing Program /Community Housing Program classified by assistance group, 1988-92 to 1992-93*

|  | NSW | Vic. | Qld. | WA | SA | Tas. | ACT | NT | Total |
|---|---|---|---|---|---|---|---|---|---|
| Aboriginals | 7 | 0 | 11 | 3 | 16 | 0 | 0 | 2 | 39 |
| Aged | 21 | 22 | 6 | 0 | 30 | 10 | 0 | 2 | 91 |
| Disabled | 12 | 16 | 3 | 7 | 27 | 1 | 3 | 3 | 72 |
| NESB | 9 | 1 | 4 | 2 | 11 | 1 | 0 | 0 | 28 |
| Singles, non youth | 3 | 2 | 3 | 7 | 5 | 0 | 3 | 0 | 23 |
| Single parents | 8 | 17 | 4 | 6 | 2 | 0 | 0 | 0 | 37 |
| Students | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| Youth | 26 | 19 | 26 | 16 | 19 | 5 | 3 | 2 | 116 |
| Other | 22 | 5 | 87 | 21 | 26 | 8 | 14 | 1 | 184 |
| **Total** | 109 | 83 | 145 | 62 | 136 | 25 | 23 | 10 | 593 |

*Source:* Housing Assistance Act 1989, Annual Reports 1988-89 to 1992-93

**Table 4.10:** *Stock of dwelling units provided under the Community Housing Program at 30 June 1993*

| | NSW | Vic. | Qld. | SA | WA | Tas. | ACT | NT | Total |
|---|---|---|---|---|---|---|---|---|---|
| Units/flats | 157 | n.s. | 238 | n.s. | 141 | 51 | 0 | 8 | 595 |
| Separate houses | 62 | n.s. | 114 | n.s. | n.s. | 13 | 2 | 5 | 196 |
| Boarding house/hostel units | 12 | n.s. | 75 | n.s. | 0 | 0 | 0 | 0 | 87 |
| Other | 107 | n.s. | 0 | n.s. | 0 | 0 | 0 | 1 | 108 |
| **Total** | **338** | **n.s.** | **427** | **n.s.** | **141** | **64** | **2** | **14** | **986** |

*Note:* ns means not specified, not known or having no usual residence.
*Source:* Housing Assistance Act 1989, Annual Report 1992-93

**Table 4.11:** *Dwelling unit approvals for purchase/renovation or construction under the Local Government and Community Housing Program /Community Housing Program, 1988-89 to 1992-93*

| | NSW | Vic. | Qld. | SA | WA | Tas. | ACT | NT | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Purchase/ renovate** | | | | | | | | | |
| 1988-89 | 14 | 100 | 37 | | 5 | 5 | 1 | 2 | 164 |
| 1989-90 | 35 | 166 | 38 | 3 | 3 | 4 | 5 | | 254 |
| 1990-91 | 49 | 195 | 21 | 5 | 2 | 11 | 2 | | 285 |
| 1991-92 | 34 | 1 | 27 | 7 | 8 | 3 | 2 | | 82 |
| 1992-93 | 31 | 1 | 40 | 22 | 26 | 10 | 2 | 2 | 134 |
| **Sub-total** | **163** | **463** | **163** | **37** | **44** | **33** | **12** | **4** | **919** |
| **Construction** | | | | | | | | | |
| 1988-89 | 35 | 59 | 57 | 13 | 28 | 11 | | | 203 |
| 1989-90 | 45 | 27 | 18 | 5 | 37 | 6 | | | 138 |
| 1990-91 | 64 | 36 | 34 | 6 | 29 | | | | 169 |
| 1991-92 | 64 | 55 | 22 | 21 | 30 | 10 | | 2 | 204 |
| 1992-93 | 67 | 60 | 56 | 22 | 26 | 14 | | | 245 |
| **Sub-total** | **275** | **237** | **187** | **67** | **150** | **41** | **0** | **2** | **959** |
| **Total** | **438** | **700** | **350** | **104** | **194** | **74** | **12** | **6** | **1878** |

*Source:* Housing Assistance Act 1989, Annual Reports 1988-89 to 1992-93

The volume of housing assistance provided by the CHP and 'off-budget' financing mechanisms has been the subject of further Institute work (Foard et al 1994).

### 4.4.4 Services under SAAP

An examination of national data from a number of the Supported Accommodation Assistance Program (SAAP) surveys was conducted by Merlo et al (1994a). Two of the SAAP client data sets available nationally identify people with a disability to some extent.

The SAAP Special Characteristics Survey was a 'snap-shot' survey, conducted on 5 November 1992, of SAAP funded refuges/outlets for the homeless. Outlets included those targeted toward young people, women escaping domestic violence, families and sole parents, single men and single women as well as those catering for a variety of homeless people. SAAP accommodation service providers in NSW, Queensland, Tasmania and the ACT were asked to complete

a form for each adult and unaccompanied young person accommodated on the night of the survey.

The number of participating outlets was 460 and responses were obtained for 4,316 clients. The sampling methodology did not permit consideration of the findings as more than an aggregate overview of the 3 States and the ACT.

The survey provided some data about people accommodated at SAAP outlets who had either a physical or intellectual disability or had a history of psychiatric illness (Table 4.12). The age of these people varied widely, but the median ages were 40 years and 37 years respectively.

Table 4.12: *People with a disability using Supported Accommodation Assistance Program services, November 5, 1992, several States and the ACT, by region, by presence in a service targeted at a specific group, and by various client attributes*

| Region or service or client attribute | All clients (N) | Physical or intellectual disability | Psychiatric history | Both physical or intellectual disability and a psychiatric history |
|---|---|---|---|---|
| New South Wales | 2,288 | 14.0 | 13.0 | 4.6 |
| Queensland | 1,313 | 6.9 | 10.7 | 1.9 |
| Tasmania | 269 | 8.6 | 20.5 | 4.5 |
| ACT | 431 | 8.8 | 18.8 | 3.3 |
| Syd, Bris, Hob, Can | 2,700 | 10.3 | 15.1 | 3.7 |
| Rest NSW, Qld, Tas | 1,551 | 12.3 | 10.5 | 3.6 |
| Single men | 1,069 | 20.2 | 19.3 | 8.2 |
| Multiple groups | 929 | 11.3 | 16.7 | 2.9 |
| Young people | 1,023 | 7.2 | 7.2 | 2.0 |
| Alcohol and/or drug dependent | 1,291 | 4.5 | 17.0 | 6.4 |
| Males | 2,430 | 15.0 | 15.5 | 5.4 |
| Females | 1,863 | 5.6 | 10.5 | 1.3 |

*Note:* Data are percentages of the number of clients with the attribute, given as N
*Source:* Australian Institute of Health and Welfare, unpublished data from the SAAP Special Characteristics Survey.

The National SAAP Client One Night Census was held in May and November each year until the planned commencement in 1996 of a new national collection. Merlo et al (1994) have analysed the census collection for May 1992. Data permit disaggregation of some information relevant to people with a disability from this collection. It is possible to obtain some information on people less than 65 years of age whose main source of income is Invalid/DSP/Sickness Pension. Data items of interest include: type of accommodation; region; age; sex; target group; type of outlet; ethnicity; duration of stay, and prior accommodation.

The National SAAP Client Two Week Census is held in April and September each year. It provides information about the demand for, and utilisation of, SAAP accommodation services. The census does not permit the disaggregation of only those individuals with a disability.

The SAAP Non-accommodation Services Survey was held on December 10, 1992. This survey was intended to enumerate the provision of assistance by SAAP outlets such as meals; information referral and advocacy; counselling; transport assistance; material and financial assistance; activities programs and personal care; outreach services, and other services. Problems with the administration of the survey and the inability to identify those individuals with a disability who are receiving services mean it has no usefulness for assessing accommodation support services received by people with a disability. It is not expected to be performed again in its current form.

The Special SAAP Client One Night Census (Exit/Entry Survey) was conducted in October 1992 in Victoria, WA and NT. It provided information on the reasons that clients request SAAP accommodation and/or assistance and whether or not that request was fulfilled, by assistance type. It was possible to calculate the number of services per client. The data set does not permit the disaggregation of details relating to only those individuals with a disability. However, requests received after individuals have been discharged from a psychiatric institution are enumerated; these constituted only 0.7% of 2,791 clients surveyed.

More detailed information, some of which separates people with psychiatric, intellectual and physical disability, is available for Victorian SAAP services in Merlo et al (1994b).

In its report of June 1995, the SAAP Data and Research Advisory Committee outlined an information framework and strategy to try to improve the quality and utility of data collected under the program. This strategy has been implemented in the new SAAP National Data Collection which is due to commence on 1 July 1996 under the management of the Institute.

### 4.4.5 Services to children under care and protection orders

The major national collection relating to children under care and protection orders is maintained by the Institute. There were 12,750 children under orders at 30 June 1994. Disability status of the children is not collected nationally. However a small proportion of children are known, or may be assumed, to have a disability because of the type of accommodation in which they have been placed. At 30 June 1994, 61 children under care and protection orders were living in residential care for children with disabilities (Table 4.13). States vary in the extent to which such placements are offered as opposed to other forms of placement eg. foster care, living with a parent or other relative, 'family' group home, etc.

### 4.4.6 Rent assistance paid by DSS

Rent assistance is a tax-free allowance paid to recipients of pensions, benefits and additional family payment who pay rent (other than to a public housing authority), lodging, board and lodging, or site rent or fees. On 30 June 1993, 971,507 people were receiving rent assistance. During 1992-93, recipients were paid $1,198.5 million.

Details of the number of DSS recipients of disability-related payments who also receive rent assistance, are provided in Table 4.14.

Similar data on home ownership for each pension type, are available from DSS. DVA also pay rent assistance to recipients of Veterans' Disability Pensions and other service-related payments.

Table 4.13: *Children under care and protection orders living in residential care for children with disabilities, hospitals or nursing homes or residential adult care, by State/Territory, at 30 June 1991 and 1994.*

| | Residential care for children with disabilities | | Hospitals or nursing homes | | Residential adult care | |
|---|---|---|---|---|---|---|
| | 1991 | 1994 | 1991 | 1994 | 1991 | 1994 |
| NSW | - | - | 14 | 16 | 1 | 3 |
| Vic. | 19 | 25 | 6 | 2 | - | - |
| Qld. | 18 | 12 | 6 | 2 | 10 | - |
| WA | 3 | 3 | - | - | - | - |
| SA | 24 | 17 | 1 | 1 | - | - |
| Tas. | 2 | 1 | - | - | - | 15 |
| ACT | - | 1 | - | - | - | - |
| NT | 3 | 2 | 1 | 1 | - | - |
| Total | 69 | 61 | 28 | 22 | 11 | 18 |

*Note:* Children in hospitals, nursing homes and residential adult care are likely to be children with disabilities; however exact circumstances are not known.
*Sources:* Angus and Wilkinson (1993) and Angus and Golley (1995)

Table 4.14: *Recipients of disability-related income support payments from the Department of Social Security by age, and rent assistance status, Australia, June 1994[1]*

| | With or without rent assistance | | | | With rent assistance | |
|---|---|---|---|---|---|---|
| | Age group (years) | | | | | |
| | <16 | 16-64 | 65+ | Total | Total | Percentage |
| Disability Support Pension | 17 | 432,362 | 3,855 | 436,234 | 114,069 | 26.1 |
| Child Disability Allowance | 72,136 | 4,325 | 0 | 76,461 | na | na |
| Mobility Allowance | no | no | no | 20,795 | na | na |
| Rehabilitation Allowance [2] | 0 | 198 | 0 | 198 | 63 | 31.8 |
| Sickness Allowance | 7 | 45,840 | 1 | 45,848[3] | 15,322 | 33.4 |
| Wife Pension (DSP) | 11 | 115,666 | 359 | 116,036 | 8,164 | 7.0 |
| Carer Pension (DSP) | 3 | 9,386 | 61 | 9,450 | 1,290 | 13.7 |
| Carer Pension (other) | 0 | 783 | 25 | 808 | 176 | 21.8 |
| Total | 72,167 | 562,720 | 4,300 | 705,830 | 139,084 | 22.9[4] |

*Notes:*

no = not obtained.
1. Data are as at 17 June 1994, except CDA (24 June 1994), MA (21 June 1994) and SA (20 May 1994).
2. Includes spouses.
3. 14,519 of these allowees had been recipients for over six months with 354 of those for over two years.
4. Excluding CDA and MA.
*Source:* DSS, unpublished data

# 5. Expenditure data

## 5.1 Disability services within welfare services

### 5.1.1 National social welfare expenditure data

National data holdings on social welfare expenditure in general are undeveloped relative to expenditures on health services and income security. This is perhaps related to the relative difference in proportion of total outlays from the three levels of Australian government combined, which are spent on welfare services, health services and social security. In 1992-93, the proportions were 2.9%, 13.6% and 21.6% respectively (ABS Cat. No. 5512.0, Table 2, p.16). The ABS and the Commonwealth Grants Commission (CGC) each have a national data holding covering welfare services expenditure. The Institute has reviewed these two holdings in order to document what is known about welfare services expenditure in Australia (Pinyopusarerk & Gibson, 1994). The ABS Government Purpose Classification data cover recurrent and capital expenditure and all three levels of government, while the CGC data cover only recurrent expenditure and only Commonwealth and State/Territory level governments (though Commonwealth expenditure paid directly to non-government organisations and individuals is excluded). Neither data holding contains much detailed information, since the available data are coded into extremely broad categories, which provide little information on the types of services, their costs or the characteristics of their clients. The CGC holding, compiled primarily by examining State/Territory Budget Papers, offers more detail than the ABS GPC data. However, the published information from both holdings groups together aged care services and services for people with a disability.

Included in the holdings are the following welfare services classifications pertaining to accommodation related services for people with disabilities. The housing and community amenities, and health classifications may also contain items on relevant expenditures.

**Aged and handicapped welfare ***

|  | ABS GPC | CGC |
|---|---|---|
| *Services delivered by residential institutions (little/no medical services)* | | |
| • villages and homes, eg. aged persons homes | x | x |
| • benevolent homes and hostels | x | x |
| *Other services* | | |
| • home visiting and housekeeping services | x | x |
| • delivered meals services | x | x |
| • services for the developmentally and intellectually disabled | | x |
| • transport of children and adults with disabilities other than on public transport | | x |

**Aged and handicapped welfare * (cont.)**

|  | ABS | GPC | CGC |
|---|---|---|---|
| • municipal rates and other concessions to pensioners | | | x |
| • programs financed from the Commonwealth specific-purpose grants for Home and Community Care, and Aboriginal Advancement | | | x |

**Welfare services not elsewhere classified ***

|  | ABS | GPC | CGC |
|---|---|---|---|
| • general casework services which lead to the determination of eligibility for income assistance or welfare | | x | x |
| • programs financed from the Commonwealth specific-purpose grants for Supported Accommodation Assistance and Aboriginal Advancement | | | x |

*Note:* * These are ABS titles. CGC uses 'Aged and disabled welfare' and 'other welfare services' respectively.
*Source:* Pinyopusarerk & Gibson (1994)

An examination of records entered under these classifications has concluded that the records contain insufficient information to enable greater disaggregation of welfare services expenditure beyond the two broad categories above. Sometimes an inability to extract details of revenue from the recorded items also reduces the quality of the data. Even a recode to make a split between welfare services expenditure on elderly people and welfare service expenditure on younger people with a disability, is not possible using the current form of ABS GPC and CGC holdings. Further, it is unlikely that either organisation will be attempting to improve this situation. Details of existing data on welfare services expenditure are available in AIHW (1995).

The ABS also uses two other relevant classifications. The Economic Transactions Framework deals with type of financial expenditure eg. recurrent, capital, grant, etc. It is useful for understanding financial flows between and within Commonwealth and State/Territory governments and in regard to private organisations. It is relatively complicated with 132 sub-groups and classes. The Australian and New Zealand Standard Industrial Classification deals with which organisation spends money eg. recognised hospital, nursing home, ambulance service.

### 5.1.2 OECD classification covering welfare services expenditure

Internationally, the OECD has developed a database for social statistics. The quality of welfare services expenditure data available for Australia to contribute to this data base has never been sufficient to go beyond an extremely high level of aggregation for the reasons given above and this situation is unlikely to improve in the near future. The format of the OECD classification is as follows.

**Services for the elderly and disabled**

    3.1   *Residential housing*

        3.1.1  to children

        3.1.2  to adults up to age 65

        3.1.3  to adults aged 65 and over

3.2 *Home help services*

    3.2.1  to children

    3.2.2  to adults up to age 65

    3.2.3  to adults aged 65 and over

3.3 *Other benefits in kind*

    3.3.1  to children

    3.3.2  to adults up to age 65

    3.3.3  to adults aged 65 and over

## Housing

12.2 *Housing services*

    12.2.1  to elderly

    12.2.3  to disabled persons

    12.2.3  to families

    12.2.4  to others

Some further details of data relating to this classification appear in the AIHW publication 'Australia's welfare 1995: services and assistance'.

Another international classification system which exists and which, like the GPC is functionally based, is the United Nations Department of International Economic and Social Affairs 'Classification of the Functions of Government'. This classification is presently being revised.

### 5.1.3 Proposed National Community Services Industry Study

At the Autumn 1993 Conference of the Standing Committee of Community Services and Income Security Administrators, it was proposed that a survey of the community services sector be conducted. The ABS was formally approached to plan and conduct the Proposed National Community Services Industry Survey.

Some of the aims of the study are to:

- determine the size and structure of the community services industry, including the non-profit sector;

- improve the quality of data within the community services sector;

- enable comparison of services and service outcomes between States/Territories, other services and other industries;

- provide a reference for policy development and planning for service provision and resource allocation;

- identify the source and application of funds and measure the efficiency of services; and

- collect information on service delivery in terms of types of service, costs, clients and delivery point.

The scope of the community services industry, for the purposes of this study, includes residential care services; non-residential care services and nursing homes. Services considered to be out of scope include psychiatric hospitals. (See also Section 3.5).

## 5.2 Disability services programs

### 5.2.1 Funding and operation of disability services

Prior to the implementation of the CSDA some preliminary data were compiled and published for the year 1989/90, detailing expenditure under Commonwealth, State and Territory disability support programs (Working Party of the Council of Social Welfare Ministers, 1990). Appendix 7 reproduces a selection of this data as it pertains to accommodation and related services, and Table 5.1 presents a summary.

The services identified at the time as 'accommodation services' constituted 70% of expenditure and expenditure was relatively concentrated to 46% of services. These figures are slightly greater if a wider definition of accommodation and related services, as used in this working paper, is applied to the available data, notably encompassing independent living training. Similar figures were found for supported accommodation and for other accommodation (excluding respite care), though there may be some differences in the definitions of these applied by some States. For example, for NSW other accommodation includes 'large institutions' and 'mini-institutions', yet for Victoria, supported accommodation includes 'institutions' funded by both the former departments of community services and of health .

Table 5.1: *Accommodation related services (as a proportion of all services) funded from disability support programs in 1989/90 (preliminary data)*

|  | Expenditure (%) | No. of services (%) |
|---|---|---|
| Supported accommodation | 34 | 21 |
| Respite care | 2 | 3 |
| Other accommodation | 34 | 22 |
| Subtotal: accommodation | 70 | 46 |
| Independent living training (ILT) | 5 | 1 |
| Other related (excl. ILT) | 2 | 7 |
| **Total: accommodation related** | **77** | **54** |

*Notes:* See Appendix 7 for more detailed data and for explanation of this table.
*Source:* Working Party of the Council of Social Welfare Ministers 1990.

More recent data of this nature has been published by Yeatman (1996) and in papers accompanying her interim report on the evaluation of the Commonwealth/State Disability Agreement. Administrators warn that these data need careful interpretation, in particular because of interstate differences as to which services actually fall under the CSDA umbrella.

### 5.2.2 NMDS Collection for CSDA-funded services

These broad, indicative data described in Section 5.2.1 remain the only available national data on expenditure relating to disability support programs. The MDS Collection for CSDA funded services, which was pilot tested in the second half of 1994 was not then able to replicate the 1989/90 data, because not all States surveyed their directly provided services. Section 4.4.2 of this working paper included some of these expenditure data. The 1995 and subsequent CSDA MDS collections will include data relating to these direct services.

Total expenditure on the CSDA under the Commonwealth's Disability Services Program in 1993-94 was $250.3 million (DHSH 1995).

### 5.2.3 State/Territory disability services programs

Appendix 8 collates responses to questions posed of disability services liaison contacts about whether its is possible to estimate the size of their programs in terms of numbers of clients and expenditure. The State/Territory data collections which would be used for this purpose are specified also. No data were collated for the purposes of this study.

## 5.3 Beyond disability services programs

### 5.3.1 Program for people with disabilities, NSW Budget '94-95

NSW is the only State which attempts to publish financial information regularly on programs which it provides for people with disabilities (Longley 1994). However, the data included are allocations. Appendix 9 provides a summary of the data for 1994-95 as it pertains to accommodation related services. There are substantial gaps in the data, particularly where large generic programs could not specify amounts they allocate for people with disabilities.

### 5.3.2 Aged care programs

National data on expenditure and number of recipients of services under aged care programs administered by the Commonwealth are published by DHSH (1995). The Institute has examined this and other aged care data in its publication 'Australia's welfare 1995: services and assistance'.

The DHSH published the following information for 1993-94:

- ACAT expenditure and number of services by State/Territory — $34.5m and 122 services in total;

- percentage of admissions approved by ACATs — this was all admissions;

- DNCB expenditure by State/Territory and recipients by age — $49.9m in total with 19.7 per cent of recipients under 60 years of age;

- HACC expenditure by State/Territory and service type — $583.2m recurrent and $22.8m capital with $371.0m from the Commonwealth and $240.8m from State/Territory sources;

- HACC recipients by State/Territory and service type — the HACC data collections do not permit a total number of recipients to be given;

- Commonwealth Respite for Carers expenditure by State/Territory — $7.8m in total;

- nursing home residents by age and sex — about 4,000 under age 65 (see also Table 5.2 for numbers of residents under age 60);

- hostel residents by age and sex — about 2,000 under age 65 (see also Table 5.3);

- nursing home residents (non-government only) by State/Territory and by service need (as classified by the Resident Classification Instrument) — 63,557 in total, with 4% being in the highest category of a 5-point scale (at 30 June 1994) (see also Table 5.2);

- hostel residents by service need (as classified by the Personal Care Assessment Instrument) — 50,937 in total with 9.6% being in the highest category of a 4-point scale (at 1 March 1994) (see also Table 5.3 );

- nursing home and hostel capital expenditure by State/Territory — $134.8m in total;

- nursing home recurrent expenditure and residents by State/Territory and by government or non-government homes — $1,704.0m in total with $187.8m to 216 government homes funding 10,777 people in 12,225 beds and $1,516,2m to 1,241 non-government homes funding 61,412 people in 62,011 beds;

- hostel recurrent funding (approved hostels only) and residents by State/Territory — $311.9m in total funding 52,098 people in 55,092 places with $290.4m to fund people classified by the Personal Care Assessment Instrument; and

- monitoring of standards of nursing homes and hostels by State/Territory (number of visits).

Table 5.2: *Residents aged under 60 years, of nursing homes funded under the Aged Care Program: relative level of need based on the Resident Classification Instrument, November 1994[1,2]*

|  | NSW | Vic. | Qld. | WA | SA | Tas. | ACT[3] | NT[3] | Total |
|---|---|---|---|---|---|---|---|---|---|
| Category 1 | 34 | 14 | 9 | 1 | 2 | 3 | na | na | 63 |
| Category 2 | 211 | 106 | 79 | 30 | 24 | 9 | na | na | 459 |
| Category 3 | 230 | 119 | 79 | 22 | 24 | 14 | na | na | 488 |
| Category 4 | 73 | 25 | 34 | 12 | 4 | 9 | na | na | 157 |
| Category 5 | 23 | 3 | 3 | 11 | 0 | 1 | na | na | 41 |
| Not stated | 15 | 6 | 6 | 2 | 1 | 8 | na | na | 38 |
| Total | 586 | 273 | 210 | 78 | 55 | 44 | na | na | 1,246 |

*Notes:*

na = not available

1. Data are from a national survey designed to encompass 55% of aged care nursing homes and 2,231 residents under 60 years. The response rates were 77% for homes and 68% for residents.
2. Category 1 requires the highest level of care and Category 5 the lowest.
3. At 30 June 1992, 23 and 30 people under 60 years were residents of ACT and NT homes respectively.
4. At 30 June 1992, the Australian total was 2,426 people under 60 years and 1,750 people 60-64 years.

*Source:* DCS NSW (1995); DHHLGCS (1993)

Table 5.3: *Residents aged under 65 years, of hostels funded under the Aged Care Program: relative level of need based on the Personal Care Assessment Instrument, Australia, 30 June 1994*

|  | NSW | Vic. | Qld. | WA | SA | Tas. | ACT | NT | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Personal care** |  |  |  |  |  |  |  |  |  |
| High | 61 | 52 | 61 | 14 | 11 | 4 | 2 | 4 | 209 |
| Intermediate | 161 | 150 | 84 | 50 | 22 | 11 | 4 | 15 | 497 |
| Low | 171 | 154 | 153 | 71 | 40 | 11 | 3 | 9 | 612 |
| **Hostel care** | 158 | 117 | 129 | 48 | 30 | 10 | 6 | 3 | 501 |
| Total | 551 | 473 | 427 | 183 | 103 | 36 | 15 | 31 | 1,819 |

*Note:* 50 respite hostel residents known to require personal care were excluded.

*Source:* AIHW unpublished data from the DHSH Hostel Residents Payment System database

Planning for new places in nursing homes and hostels is related to an established target that 100 places should be available for every 1,000 people aged 70 or more in the population. No such targets exist for those aged under 70 years.

### 5.3.3 Other specific purpose housing programs

Outside the discussion on mainstream public housing given in Section 4.4.3, are those specific purpose programs provided to Aboriginal people, a population with reported rates of severe handicap about 2.4 times higher than the total Australian population (Thomson and Snow, 1994)[4] . The Aboriginal Rental Housing Program of the CSHA allocated $91 million in 1992-93 for construction and purchase of rental housing for Aboriginal peoples in urban and remote rural areas. The Aboriginal and Torres Strait Islander Commission administers the Community Housing and Infrastructure Program, which directed $47.1 million to housing projects through Regional Councils, and the Home Ownership Program, which provided $37 million to Aboriginal peoples on low incomes in 1992-93.

Members of the Australian Defence Force who are discharged with a compensable disability are entitled to special provisions for access to subsidies paid under the Defence Homeowner Scheme. Subsidies paid in 1992-93 under the program totalled $0.6 million. The Defence Service Homes Scheme provided to existing or former service personnel involves the payment of a subsidy on home loans such that a reduced rate of interest is paid by the client. In 1992-93, subsidies on loans totalled $54.3 million.

Outside the CSHA, the Commonwealth's new Social Housing Subsidy Program aims to expand shared home ownership schemes and/or to provide rental housing for low to moderate income earners, but not necessarily in the public housing sector. It involves three rounds of funding, over a 20 year period, starting with $8 million in 1994-95. The development of funding mechanisms which will attract investment from private financial institutions in community housing and other affordable housing forms, including housing co-operatives and shared equity housing is a medium term objective of the program. Mechanisms might include subsidising the interest payments on borrowing used to provide community and shared equity housing for up to 20 years.

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[4] The proportion of Aboriginal people 5-years or more with a profound or severe handicap is 3.1% (ABS 1995: Table 2.1). This is less than the 4.4% reported for all Australians in the ABS Disability, Ageing and Carers Survey 1993. However, there is an age differential. Aboriginal people 5-14 and 15-24 years have lower proportions than for all Australians and those 25-44 and 45+ years have higher proportions.

# 6. Conclusion

This working paper has attempted to describe accommodation related services for people with a disability, to locate existing data sources, and to provide some data, perhaps particularly on expenditure—the first three goals of this study, as set out in Section 1.2.

Accommodation and related services have been considered broadly and inclusively as being either accommodation, accommodation services or accommodation support services. An overview was given in Section 2.

A preliminary framework to describe services has been developed and revised after comment by people listed in the acknowledgments. To ensure consistency, where necessary, the framework (Table 3.1) will need further consideration in the light of possible developments related to the proposed national classification of community services. Some emphasis has been given to attributes of particular service types which could be used to discriminate one service from another, or upon which national data would be useful. Appendix 6 outlines some of the definitions which are applied to service types and, though it is not exhaustive, it documents some of the differences that exist between data sources in the application of definitions and classification categories.

An inventory of existing data sources of definite or possible relevance to accommodation and related services for people with a disability has been produced (Table 4.1). The parts of the inventory covering data holdings which are ongoing and national, or which are ongoing, State wide and with similar purposes, are the most relevant for consideration of data sources which can, or could, provide national data. Several other 'one off' data collections have also been included. Further work is needed to understand fully the data in many of these collections.

A selection of these data sources has been examined and some relevant material presented (Section 4.4), particularly to gain a perspective on where people with a disability live and how many live in specific accommodation types. This examination of selected data sources was continued, more specifically for expenditure data, in Sections 5.2 and 5.3. Further work could be done with some of these and other data sources. The national collections on welfare services expenditure have been examined for their relevance to accommodation related services for people with a disability (Section 5.1).

## Data collection environment

The preliminary examination of existing data collections covering accommodation and related services for people with a disability, permitted some broad conclusions, including that:

- the 'service maze' discussed in Section 2, and to some extent delineated by the preliminary framework, is paralleled by a 'program maze' and a 'data maze';

- existing collections largely relate to programs and it is necessary to be well-informed about the operation of these programs in order to assess and interpret the data contained in them;

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- many programs have limited data collected about them and are fluid in the sense that they may be subsumed, changed or discontinued, making data collection and monitoring trends difficult, though necessary for policy development; and

- there are likely to be substantial gaps in information covered by the 'data maze' where collections do not exist or do not cover particular data types, including expenditure.

Good standard descriptors of consumers (including age, sex, disability type and an indicator of 'severity') associated with expenditure data would enable basic monitoring of issues, such as whether resources are 'dissipated' when services change, or whether some consumer groups receive fewer resources.

## Potential for longer term studies and monitoring

A fourth goal of the study was to gauge the potential for the Institute to be able to collate national data from relevant sources to monitor trends in the supply and use of services, and outcomes of service use.

The Institute could continue to examine existing data sources and collate relevant data depending on priorities and available resources. Future data development work which should be considered and which would need substantial consultation and/or involvement from outside the Institute covers three areas.

The first area could be the refinement and alignment existing definitions and the development of new definitions of service type and classifications. This would need to take into account the preliminary framework; the proposed national classification of community services; current State and Territory definitions in use; and other work, such as that on the definition of disability itself (Madden, Black & Wen 1995).

The second area could involve consulting with the ABS on the implications of further development of service type definitions and classifications for components of the next Disability, Ageing and Carers Survey in 1998.

The third area could involve developing a disability 'consumer module' (with age, sex, primary disability type and some indicator of 'severity' of disability, attempting to achieve comparability with CSDA MDS items) for use in data collections pertaining to accommodation related services — mainstream and disability specific — for people with a disability. The development of the module would enable the monitoring of shifts in service provision and use, such as are in question with the current policies of de-institutionalisation.

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## Appendixes

## Appendix 1: Issues which could benefit from better national data on accommodation related services for people with a disability

Responses to a question posed of State/Territory disability services authorities are collated below.

**Question 1   What are the major policy and planning issues which you believe could benefit from better national data on accommodation related services?**

Performance of accommodation related services

- Comparison of performance and level of services with other States (Victoria)
- Development of benchmarks/performance indicators which address the quality and quantity of accommodation related services (Tasmania)
- Information on models and costings to assist benchmarking (SA)
- Efficiency via benchmarking and international comparisons (WA)
- Consistency in best practice (WA)
- Responsiveness of existing level and type of services provision to meet accommodation needs (Tasmania)
- Cost-effectiveness and equity of existing accommodation related services (Tasmania)

Provision of housing plus support

- Structure of the separation of care and accommodation (NSW)
- Rationalisation of roles and responsibilities for accommodation related services between State departments (Queensland)
- Development of innovative and individualised housing options, esp for people with moderate to high support needs (NSW)
- Housing options for older people (NSW)
- Institutional reform (Queensland)
- Aspects relating to integration of accommodation setting types on one geographic site (AIHW)
- The respite and future accommodation needs of people with a disability living at home with ageing carers (AIHW)
- Monitoring of progress towards deinstitutionalisation (AIHW)
- Aspects relating to deinstitutionalisation and community service provision (AIHW)
- The resourcing of deinstitutionalisation programs for people with psychiatric disabilities and whether their needs are being met in the community (AIHW)

Access to accommodation related services

- Access and barriers to mainstream accommodation related services and approaches to remove barriers (Tasmania)

- Key access features for special needs groups, for example, people of ATSI origin, people of NESB, people from rural and remote areas, people with severe challenging behaviours (NSW)
- Provision of public housing stock (NSW)
- Housing affordability (NSW)
- The access to funded services by people with psychiatric disability and Acquired Brain Injury (AIHW)

General

- Staffing and support structures (NSW)
- Licensing of boarding houses (Queensland)
- Scope of, and trends in, service delivery (WA)
- Demand for services (WA)
- Ability to allocate funding to meet quantified demand both for redevelopment and new services, including State comparisons (WA)
- Monitoring of changes in administrative responsibility, including reduction in administrative duplication and complexity of funding arrangements following CSDA transfers to States and Territories (AIHW)
- The progress of services defined under Section 13 of the Disability Services Act towards becoming services defined under Section 10 of the Act and relevant funding arrangements (AIHW)

## Accommodation Related Services for People with a Disability: A Feasibility Study on National Data

# Questions for Liaison Contacts

**Note:** Before providing responses to these questions, please read the outline of the proposed report to the Disability Services Sub-committee which describes the background to and goals of the feasibility study.

Please note that, <u>at this stage</u>, we are <u>not</u> asking for any data. We are seeking information which will help us to develop the study. We anticipate that there could be one further round of questions to complete the feasibility study, probably focussing on the area of expenditure.

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**Key definitions**

<u>Accommodation related services</u> include both of the following.

<u>Accommodation services</u> are services relating to housing/accommodation placement, or residency in physical buildings, and encompass public housing, 'community housing', group homes, hostels, boarding houses, nursing homes, hospitals, 'special purpose' accommodation, refuges, community houses, half-way houses, etc., that is, whatever settings in which people with a disability live, which are not provided using their personal or family resources (that is, which are not purchased/owned using private resources/loans).

<u>Accommodation support services</u> are services used within, and/or in order to stay in, physical accommodation settings (including personal or family homes) and encompass: personal care, home care, nursing care, supervisory care, foster care, assistance with instrumental activities of daily living, respite care, independent living training, rent relief, rent assistance, rates concessions, etc.

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## Major policy issues and national data

1. What are the major policy and planning issues which you believe could benefit from better national data on accommodation related services?

## Description of accommodation related services in your State or Territory

2. Which government and non-government organisations provide accommodation related services for people with disabilities in your State or Territory? These might include:
   - housing authorities;
   - hostel, nursing home and hospital authorities;
   - supported (and/or emergency) accommodation assistance authorities;
   - boarding/rooming house/hostel licensing authorities;
   - mental health authorities;
   - non-government disability organisations;
   - Home and Community Care program authorities;
   - home help organisations;
   - disability services authorities;
   - foster care authorities;
   - organisations supporting people in personal or family accommodation;
   - repatriation authorities (Department of Veterans' Affairs);
   - Aboriginal hostel authorities; and
   - authorities responsible for retirement villages.

3. Would you please supply a contact person from these organisations, particularly those who may be responsible for coordinating or collecting data, to whom we could direct similar questions about service descriptions, service identification and data holdings? In relation to non-government service providers, please select those likely to be undertaking substantive data collection.

4. If, in the next stage of the feasibility study, we wish to contact some of the people identified in Question 3 above, would you prefer us to communicate through you? Please let us know if there are particular protocols to be followed in contacting any of these organisations.

5. Are there any administrative or licensing arrangements which could be used to identify any of the accommodation related service types, eg. specific funding arrangements, licensing, etc.? Please supply details of any arrangements which have not already been encompassed.

6. Which of the non government organisations identified in Question 2 above do not receive government funding and/or are responsible for accommodation related services not included in data which could be supplied by government sources? This might include private enterprise organisations, eg. private-for-profit boarding houses.

## Identification of accommodation related service types

Note: One of the hazards in attempting to collate a national picture of accommodation related services is that the States and Territories use different terms to describe the services that they administer, and, of course, there are many real differences among these services. An attempt has been made to construct a nationally useable framework for describing accommodation related services, and your comments on the current draft would be valuable, particularly in terms of whether the answers you supply to Questions 7–8 can be allocated to, or do not fit, within the framework. *(Please see the attached draft preliminary framework.)*

7. What definitions and groupings do you use to describe the types of accommodation related services which people with disabilities receive?
   Note: 'Definition' may include a conceptual, operational or working definition which may not have been written down before. Please supply any definitions and groupings in use.

8. What attributes/characteristics are most important for describing types of accommodation related services for people with disabilities?
   Note: These might include: the physical setting, the type of organisation which pays for or manages the building, the support service received within it, the type of organisation which provides the services, the degree of targeting of people with a disability, the control available to residents over what happens within their accommodation and who lives with them, whether any or specific staff are provided to perform specific tasks, etc.

9. Can you suggest improvements to the framework, particularly to accommodate your existing service types and the important attributes which do not currently fit?

*Note: The next questions relate to your organisation.*

## Existing data and data sources on accommodation related services

10. What types of accommodation related services does your organisation fund, administer or deliver? (*Please specify which services are funded, delivered etc.*)

11a. Is it possible to estimate the size (in terms of <u>numbers of people assisted</u> and in terms of <u>expenditure</u>) of accommodation related services provided by your organisation or under specific programs funded or administered by your organisation? (*At this stage we are not asking for any data.*)

11b. If so, what data or data collections would be used to make these estimates and what assumptions or provisos would be inherent in them.

11c. If not, what limits this from being possible?

12a. Please describe the data (that is, apart from any data described in Question 11B) that your organisation collects relating to accommodation related services for people with a disability, particularly in the area of

expenditure on accommodation services?

Please supply as much basic information about these data sources as possible. The data sources might provide data on any of the following aspects:

- *Purpose of service* (as related to the 'well being' of people with a disability)
- *Type of service* (provided, used, outputs)
- *Service setting* (facility for service delivery, spatial location of services)
- *Service providers* (type of organisation, staff numbers and occupations or qualifications)
- *Service users* (eligibility criteria, characteristics of clients)
- *Resources: funds, capital, allocated* from government sources, obtained from other sources, available, used and source of funds)
- *Resources: human* (labour force and its training)

12b. Is the data collection ongoing?

12c. Is the data held in a computer based format?

13a. Please supply the data collection instruments used to collect data for your current or recent collections?

13b. How are the responses coded or grouped?

13c. Do you use coding guidelines or code books?

## Future data collection on accommodation related services

14a. For what purposes do you use your current data collections in the area of accommodation related services?

14b. Are you planning any new collections or developments to existing collections?

15. What policy or service changes, if any, are planned for people with disabilities, including, for example, those living in private-for-profit boarding houses?

16. Are there any other sources of data of national significance for accommodation related services for people with a disability which we have not asked you about?

## Other comments

17. Please comment on any aspect of current or future data collection in the area of accommodation related services for people with a disability.

This might include:

- a list of the issues that you believe need to be addressed in any national collection;
- a wish list of data items that you would like to be covered in such a collection;
- particular concerns about how it would be done;
- views about the scope of such a collection;
- concerns about the resources required to achieve a national collation; etc.

**Thank you for your effort in completing these questions.**

**Appendix 3: Government authorities involved in the provision and/or funding of accommodation related services**

Responses to.a question posed of State/Territory disability services authorities are collated below.

Question 2.  Which government and non-government organisations provide accommodation related services for people with disabilities in your State or Territory?

- **Housing authorities**

Ministry of Housing (New South Wales)

Dept. of Planning and Development (Victoria)

Dept. of Housing, Local Government and Planning (Queensland)

South Australian Housing Trust, Dept. of Housing and Urban Development

Homeswest (Western Australia)

Dept. of Community and Health Services (Tasmania)

Housing and Community Services Bureau (Australian Capital Territory)

Dept. of Lands, Housing and Local Government (Northern Territory)

- **Hostel, nursing home and hospital authorities**

Health Dept. (New South Wales)

Queensland Health
Dept. of Human Services and Health (Commonwealth in Queensland)

South Australian Health Commission
Dept. of Human Services and Health (Commonwealth in SA)

Health Dept. of Western Australia
Dept. of Human Services and Health (Commonwealth in Western Australia)

Dept. of Community and Health Services (Tasmania)

Dept. of Health (Australian Capital Territory)

- **Supported (and/or emergency) accommodation assistance authorities**

Dept. of Housing, Local Government and Planning (Queensland)
Dept. of Family Services and Aboriginal and Islander Affairs (Queensland)
Dept. of Human Services and Health (Commonwealth in Queensland)

South Australian Housing Trust, Dept. of Housing and Urban Development

Dept. of Community and Health Services (Tasmania)

- **Boarding/rooming house/hostel licensing authorities**

Dept. of Community Services (NSW)

Queensland Health
Dept. of Human Services and Health (Commonwealth in Queensland)

Local Government Association (SA)

Local government authorities (Western Australia)

ACT Dept. of Health

- **Mental health authorities**

Health Dept. (NSW)

Community Services Victoria

Queensland Health

South Australian Mental Health Services

Dept. of Community and Health Services (Tasmania)

- **Non-government disability organisations**

Queensland Health - funding of
Dept. of Housing, Local Government and Planning (Queensland) - funding of
Dept. of Family Services and Aboriginal and Islander Affairs (Queensland) -
funding of

Disability Services Office, South Australian Health Commission - funding of

- **Home and Community Care program authorities**

Dept. of Community Services (New South Wales)

Dept. of Health and Community Services (Victoria)

South Australian Health Commission

Dept. of Community and Health Services (Tasmania)

Queensland Health

- **Home help organisations**

Homecare of NSW

Queensland Health
Dept. of Housing, Local Government and Planning (Queensland) - for
modifications

South Australian Health Commission

- **Disability services authorities**

Dept. of Community Services (New South Wales)

Community Services Victoria

Dept. of Family Services and Aboriginal and Islander Affairs (Queensland)

Disability Services Office, South Australian Health Commission

Disability Services Commission (Western Australia)

Dept. of Community and Health Services (Tasmania)

ACT Housing and Community Services Bureau

Dept. of Health and Community Services (Northern Territory)

- **Foster care authorities**

Community Services Victoria

Dept. of Family Services and Aboriginal and Islander Affairs (Queensland)

Dept. of Family and Community Services (SA)

Dept. of Community and Health Services (Tasmania)

- **Organisations supporting people in personal/family accommodation**

Dept. of Family Services and Aboriginal and Islander Affairs (Queensland) - funding of
Queensland Health - funding of

- **Repatriation authorities**

Dept. of Human Services and Health (Commonwealth in Queensland)

Department of Veterans' Affairs (Commonwealth)

- **Aboriginal hostel authorities**

Queensland Health

Dept. of Housing, Local Government and Planning (Queensland)
Dept. of Human Services and Health (Commonwealth in Queensland)

Dept. of Aboriginal Affairs (Western Australia)

Aboriginal and Torres Strait Islander Commission (Commonwealth)

- **Authorities responsible for retirement villages**

Dept. of Human Services and Health (Commonwealth in Queensland)
Queensland Health
Local government authorities (Queensland)

Dept. of Community Development (Western Australia)

# Appendix 4: Draft preliminary framework for describing types of accommodation related services for people with a disability

| Accommodation placement settings | Accommodation services: support to obtain placement — who funds/owns/manages | Social support incl. support services — who provides needs | Support services: to maintain placement — what provided | Control/Choice of setting/carers/co-habitants | Disability targeted and/or other special purpose | Intended as long/short term |
|---|---|---|---|---|---|---|
| Family home (incl. an individual's home); Suburbs - domestic; | Public housing/rent assistance (ie. generic assist.); Owner occupied; rent (rent assistance/rent relief/foster payments) | Person/family initiated support services; Family/friends; Food, ADL, IADL, mobility, respite and housekeeping needs; | Attendant care; HACC; Home help; Community nurses; HACC; Respite care; ? | Person/family has control/choice | Not targeted or special purpose (ie. generic); within community | Long |
| Group shared home (co-habitant initiated) 'informal'; Suburbs - domestic; | Govt. and private personal funding; Regulation of building only; Group formed and controlled ie. resident managed; Purpose built/modified; | Person/family initiated support services — some pooling between co-habitants; Family/friends; Food, IADL, mobility, activity/ employment; independent living and housekeeping needs; | Attendant care; HACC; Home help; Community nurses; Tenant support; ? | Family /person has control/choice | Targeted by individual's choice but not special purpose; within community | Long |
| Housing co-operative | Resident managed; | As for group shared? | As for group shared? | As for group shared? | Targeted by individual's choice but not special purpose; within community | Long |
| Group home (organisation initiated); Separate/cluster/villa housing - domestic; | Housing authority and associations or other State Departments or Local Govt. subsidised or NGO funded; Ownership - housing authority, NGO, community equity; Regulation - by program funding | Family/other community funding sources/Govt.; (Resident) support workers/volunteers; Co-habitants; Needs as for group shared home plus independent living; | Organisation initiated support services package might include: ? May occur on/off site; | Person/family has limited control/choice of co-habitants; Organisation has control/choice of setting and carers; packaged services; | Targeted by organisation's choice but not special purpose; within community | Long |

| | | | | | | |
|---|---|---|---|---|---|---|
| Community (residential) units/houses; Separate/cluster/villa housing - domestic; | As for group home? | As for group home? | As for group home? | As for group home? | As for group home? | Long |
| Half-way house; physical style? | As for group home? | As for group home? | As for group home? | As for group home? | As for group home? | Short |
| Hostel; style? | Individual room, communal facilities; Regulation - by program funding Access restricted by generic assessment | Family; On-site staff; Non-acute care, food and housekeeping needs; | Organisation initiated support service package might include: Formal care; Information; Referral; ? | Person/family has no control/choice; | Targeted by organisation's choice but not special purpose; within community; | Long |
| Boarding/ Rooming house; style? | Individual room, communal facilities; Regulation - varies by State; Self-selecting residents - no generic access restrictions | Family; Other community sources?; Food and some housekeeping needs; | Organisation initiated voluntary services (if any) might include: Informal care; Information; Referral; ? | Person/family has no control/choice; | Not targeted or special purpose, but Vic. has some special purpose; Some 'ad hoc' owner orientation; within community; | Long |
| Refuge Night shelter style? | SAAP and NGO funding | On-site staff; Housing needs; | Organisation initiated voluntary, informal care might include: Information and referral services; ? | Person/family has no control/choice; | Not targeted but is special purpose; within community; | Short |
| Private hotels, Country public houses, Retirement villages; style? | Privately owned; Privately managed; | Not applicable | Organisation initiated voluntary services (if any) might include: - Informal care; ? | Person/family has no control/choice; | Not targeted or specific purpose; within community; - | Long |

| | | | | | | |
|---|---|---|---|---|---|---|
| Nursing homes - room; Non-domestic architecture; | C'wlth, S/T, NGO funding; Regulation of $ and access; High control (Govt.); Service standards specified incl. no. of qualified staff; | Family/friends; Nursing staff; Community based visiting services (activity); Non-acute nursing care, food, ADL, and housekeeping needs; | Organisation initiated care package might include: ?; Occurs onsite | Person/family has no control/choice; packaged services; | Targeted and special purpose; outside community; | Long |
| Institution for psychiatrically and intellectually disabled; Non-domestic architecture; | S/T funding; High control (Govt.); | Family; Staff (type?); Non-acute care, food, ADL, and housekeeping needs; | Organisation initiated care package might include: ?; Occurs on-site; | Person/family has no control/choice; packaged services; | Targeted and special purpose; outside community; | Long |
| Hospitals; Non-domestic architecture; | C'wlth, S/T, NGO funding; Regulation related to $ and access; High control (Govt.); Service standards specified incl. no. of qualified staff; | Family/friends; Nursing and medical staff; Acute care (esp. treatment and nursing), food, ADL, and housekeeping needs; | Organisation initiated care package might include: ?; Occurs onsite; | Person/family has no control/choice; packaged services; | Targeted and special purpose; outside community; | Short |

## Appendix 5: Definitions, groupings and attributes important for describing accommodation related services for people with a disability

Responses to two questions posed of State/Territory disability services authorities are collated below.

**Question 7. What definitions and groupings do you use to describe the types of accommodation related services which people with disabilities receive?**

**Question 8. What attributes/characteristics are most important for describing types of accommodation related services for people with disabilities?**

Note: These might include: the physical setting, the type of organisation which pays for or manages the building, the support service received within it, the type of organisation which provides the services, the degree of targeting of people with a disability, the control available to residents over what happens within their accommodation and who lives with them, whether any or specific staff are provided to perform specific tasks, etc.

**Dept. of Community Services (NSW)** uses five groupings to describe direct services and DSP, HACC and CSGP funded NGO services (ie. including accommodation related services). Sub-groupings are specified and each has some form of definition associated. The groupings/definitions may require amendment as services conform with the CSDA and the NSW DS Act.

1. Accommodation Support Services
- Accommodation options
- Attendant care
- Hostels
- Institutions
2. Day Programs - Access and Participation
- Independent living training/community access
- Adult training centres
- Post school options
3. Respite Care
- Community
- HACC community
- Centre-based
4. Community Support Services
- Recreation
- Information and advocacy
- Resource teams
- Therapy services
- Early intervention
- HACC and Home care
5. Other

Note: Respite services definition: HACC NSW groups day services as respite services.

Important attributes for accommodation related services are:

- location
- specific to people with disabilities
- whether level of disability is a determinant of level of service provided
- size of setting, eg. bed number groupings for congregate care facilities
- whether individualised options are provided
- whether in home or facility based, (esp. respite)
- whether staff are paid wages or not, or service depend on host family
- how is the housing stock provided
- auspicing organisation

**Community Services Victoria** do not use a service type/form to categorise services. A setting type is not considered useful for CSV except where it owns or rents on behalf of clients. Rather use support model groupings such as:

- long/short term
- supported accommodation - congregate care and community based
- respite
- outreach (ie. in your home)
- in home (ie. in your parents home)
- childrens (ie. highly intensive services for a small number of families and children)

The Industry Analysis Unit of CSV have developed a set of definitions for a broad range of health and community services and the physical setting types in which they are received. These are

**Disability Program of the Dept. of Family Services and Aboriginal and Islander Affairs (Qld)** use the following terms, some of which have associated definitions, to describe its funded 'accommodation support services':

- attendant care
- other support in private homes
- placement
- group house
- nursing home
- hostel

The Department's DIAL information and referral service uses the Australian Disability Thesaurus to classify terms.

Additional important attributes for accommodation related services are:

- provision of aids and equipment
- modifications to settings

**Disability Services Office, South Australian Health Commission** broadly describe accommodation related services as either housing or support. Within their new Disability Support Needs Database information on current and future accommodation needs are collected on:

- physical setting
- financial nature of occupancy
- reason for need to change accommodation
- preferences for change including timing, location, setting type, financial nature of occupancy, co-habitants

Information is also collected on current and preferred support services.

**Disability Services Commission (WA)** uses groupings as follows, though they are under review due to overlaps:

- hostels
- group homes
- supported community living
- individual and family support

Note: The Health Dept. of WA uses a different system for age-related and psychiatric disability.

Important attributes for accommodation related services are:

- control person allowed over daily living, co-habitants, type of support
- co-habitants (family, others of choice, other of no choice)
- number of people living together
- cost of service provided
- level of service provided
- disability being targeted
- long/short term accommodation

**Aged and Disability Support Program, Dept. of Community and Health Services (Tas)** group accommodation related services into 'Residential Care and Support in Institutional Settings' and 'Group home, In home Support and Respite'.

HACC and CSDA NMDS service types are also used to group services.

Important attributes for accommodation related services are:

- the type of support service received
- disability type providing the support
- organisation type providing the service
- level of participation residents have in their homes
- length of support, ie. long/short term

## Appendix 6: Service type definitions in use which are relevant to accommodation related services for people with a disability

### Introduction

The following definitions have been collated from a variety of sources (listed numerically at the end of this appendix) to elicit points of agreement/dissent about service types in the area of accommodation related services for people with disability. They are for discussion since they are not necessarily consistent with one another and there may be more than one with the same title, arising from separate sources.

The service type definitions have been grouped as accommodation types, accommodation services or accommodation support services for convenience. There has been no attempt made as yet to identify the ease of fit or otherwise between these definitions and with those used for the Proposed National Classification of Community Services (Source 21).

Some of these service type definitions use other terms which need definition or describe models/concepts relevant to service provision. If such are available, definitions have been included as preliminary definitions and placed first in this appendix.

*Note:* The term 'accommodation' is not distinguished from the term 'housing' in this document. The most commonly accepted term is used in any given context.

For the purposes of this appendix, a service type is an agreed descriptive category for services with common attributes which has the potential to become part of a classification of services, preferably by agreement on use of one or a few attributes, eg. the physical appearance of housing, the relationship of a disabled person to staff or carers, etc.

### Preliminary definitions

Establishment

The term 'establishment' is used in a very broad sense to mean bases, whether institutions, organisations or the community, from which health services are provided. An establishment is assumed to be separately administered. The term establishment thus covers conventional establishments such as hospital, nursing homes and community health centres, but is also used to cover organisations providing services in the community (eg. domiciliary nursing services) or support services to other establishments. Residential establishments are considered to be separately administered if managed as an independent unit in terms of financial, budgetary and activity statistics. Non-residential establishments are classified in terms of separately administered 'organisations' rather than in terms of the number of sites at which care is delivered. (Source 1)

Establishments

Hospitals, nursing homes, hostels, retirement villages and other 'homes'. (Source 11)

Residential care and support services in institutional settings

Services in which clients need to leave their own or family home to receive support in residential care and institutional settings. (Source 23)

Private dwelling

Houses, flats, home units, garages, tents and other structures used as private places of residence. (Source 11)

Households

Persons living and eating together as a domestic unit. It is possible for more than one household to occupy the same dwelling.

Housing/permanent accommodation services

Services which provide housing/permanent accommodation without support. (Source 31)

Support

A professional service response to a client's needs. Such responsiveness may occur in any location (in an agency centre, residential setting, the street, a hospital, police station, etc. Support may occur on a one to one basis or in a group setting (usually in groups established for that purpose). Types of activities coming within this definition of support are those which assist the personal functioning of individuals, and their relationships with the wider community. These may include:

- information and referral;
- interpreting/translation;
- assessment;
- counselling in various forms and levels;
- personal advocacy;
- domestic and personal assistance;
- self care and independent living support;
- protection and correction support;

An iron clad definition is neither possible nor desirable, however, the above outline implies that support is more than casual contact, even though contact may not necessarily be planned in the sense of a formal schedule of appointments. Further, contact such as casual encounters on the street, or occasional phone calls of limited duration or significance do not fall within the scope of this definition of support. (Source 2)

Support refers to live-in, rostered or visiting persons who assist with daily living and domestic tasks, and more intensive forms of care, such as nursing care. The nature of the support is that the person is provided with assistance, or the task is carried out by someone else, for tasks which the person cannot do themselves, or can only do with assistance. Support is provided for personal care; necessary day-to-day living tasks; counselling; care, development and supervision of children and youth; ... etc (basically any community service). Gardening (and home maintenance and repair) might be part of the support, but would not be considered either necessary and certainly not sufficient for the definition of support. (Source 21)

Support

Assistance which empowers people to live independently. Support may include assessment, providing information and making referrals, ensuring a secure environment, acting as a broker, assistance in obtaining accommodation, advocacy and providing personal support. (Source 29)

Support services

Support services may include:

- legal assistance including advocacy/assistance in obtaining legal advice, arranging or supervising access, and assistance with applying for an intervention/restraining order;

- housing and income assistance including advocacy/assistance in obtaining: housing; material/financial assistance; DSS pension/benefit; employment; and training;

- personal assistance including advocacy/assistance in obtaining medical services, counselling/emotional support/personal development, family reconciliation, assistance with a drug/alcohol problem, recreation/social activities, training in living skills and personal hygiene assistance;

- other assistance including transport; retrieval/removal of personal belongings; assistance with child care/school/kindergarten enrolments, arranging 'out of home' care and other unspecified services. (Source 30)

Supported accommodation services

Services of the type provided for in clause 6 of the Supported Accommodation Assistance Act 1989. (Source 3)

*Note:* Clause 6 is a page and a half of limitations and prescriptions on what can be funded under the Supported Accommodation Assistance Program which provides accommodation in refuges. This might be termed emergency housing, though that term can also have another specific meaning in post-disaster situations.

Supported accommodation

Supported accommodation is a catch-all phrase. It means that people with disabilities receive support in accommodation best suited to their needs. In many instances, this will mean non-specialised accommodation in a regular neighbourhood. (Source 17)

Accommodation support services

Services which assist a person with a disability to develop or maintain suitable residential arrangements in the community and, without limiting the generality of the foregoing, includes attendant care services, namely, services to persons with disabilities to assist them with personal administration, transport, mobility, transfers, personal hygiene, bathing, grooming, dressing, eating and drinking and similar personal activities. (Source 4)

Accommodation support services

Services to maintain people in a home of their choice, with living arrangements also of their choice. Accommodation options may include: drop-in support to people living in an integrated community setting; group homes; flats; co-residency; assistance to secure chosen accommodation options; and services set up under the Commonwealth '325' bed initiative. (Source 25)

Accommodation support services

Services may be long/short term supported accommodation (congregate care, community based, etc.); respite; outreach (ie. services to you in your home); in home support (ie. services to you in your parents home); and children's services (ie. highly intensive service models that cater for the support needs of a small number of families and children). (Source 26)

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Accommodation/support

Services which provide accommodation and appropriate support for people of all ages and with a variety of particular needs, when normal market or family arrangements are temporarily or permanently absent. Services include: respite accommodation; crisis/emergency accommodation and support; transitional/interim accommodation and support; long term/permanent accommodation and support; and housing/permanent accommodation. (Source 31)

Transitional/interim accommodation and support

Service provided for children who will eventually return to their families, and young people and adults moving towards independent living. Services may be family based (eg. medium term foster care, home board); in groups of up to 10 (eg. family group homes); in groups of more than 10 (eg. congregate children's home); or provide support for public/private rental accommodation. (Source 31)

Long term/permanent accommodation and support

Service which provide long term living arrangements for children, young people and adults. Services may be family based (eg. extended planned family placement); in groups of up to 10 (eg. community residential units for people with disabilities with attendant care staff); in groups of more than 10; special purpose living units with support; or intensive permanent residential care. (Source 31)

'Living in the community'

Living in the same neighbourhood as people without a disability.

'Living in the community'

Living outside an institution.

Supported community living

People living alone or with one or two others, but not with their family. (Source 22)

Individual and family support

People living at home with family or with an arranged alternate family in the case of children. (Source 22)

Activities of daily living

Physical function is determined by the activities that a person can or cannot perform. It is usually operationalised in terms of activities of daily living (ADLs), which are basic abilities related to self-care such as bathing, dressing, using the toilet, moving around the house, and eating. However, ADLs underestimate dysfunction in community populations because they are insensitive to less severe levels of disability (Bowling, 1991). Consequently, during the 1970s, the concept of functional ability was extended to consider problems more typically experienced by those living in the community, such as shopping, cooking and managing money (McDowell & Newell, 1987). These activities have come to be known as Instrumental Activities of Daily Living (IADLs).

## Living independently

A person living apart from parents, other adult relative, or other adult who has accepted responsibility for care or supervision of the person; or when living as a private boarder, in rental accommodation, boarding house or refuge, private hotel or hostel for adults. (Source 8)

## Independent living training services

Services to assist persons with disabilities to develop or maintain the personal skills and self-confidence necessary to enhance their independence and self-reliance in the community. (Source 4)

## Respite care services

Services for relief or assistance, for limited periods of time and whether on a planned or unplanned basis, to:

- the families of, and other people who provide care for or assistance to, persons with disabilities living in the community; or

- persons with disabilities living in the community. (Source 4)

## Respite care services

Services to enable carers to have a break of variable duration from the task of caring for a person who is aged or disabled. (Source 23)

## Alcohol and drug treatment centres

Freestanding centres for the treatment of drug dependence on an inpatient basis. These centres may be public or privately operated. (Source 1)

## Outreach/community patients

Patients treated by hospital employees off the hospital site. (Source 1)

## Same-day centres or same-day hospitals

Establishments providing a course of acute treatment on a full-day or part-day non-residential attendance basis at specified intervals over a period of time. Sheltered workshops providing occupational or industrial training are excluded. These centres or hospitals may be public or privately operated. (Source 1)

## Free-standing same-day surgery centres

Freestanding same-day hospital facilities providing investigation and treatment for acute conditions on a day-only basis and are approved by the Commonwealth for the purposes of basic table health insurance benefits. These centres may be public or privately operated. (Source 1)

## Non-residential health services

Services administered by public authorities or registered non-profit organisations which employ full-time equivalent medical or para-medical staff (nurses, nursing aides, physiotherapists, occupational therapists and psychologists, but not trade instructors or teachers). This definition .... excludes such services as sheltered workshops, special schools for the intellectually disabled, meals on wheels, and baby clinics offering advisory services but no actual treatment. ... It [includes] ... community health centres and domiciliary nursing services. (Source 1)

*Notes:* Non-residential health services should be enumerated in terms of 'services' or 'organisations' rather than in terms of the number of sites at which care is delivered. Non-

residential health services provided by a residential establishment (eg. domiciliary nursing service which is part of a public hospital) should not be separately enumerated.

### Community health centres

Public or registered non-profit organisations in which a range of non-residential health services is provided in an integrated and coordinated manner, or which provides for the coordination of health services elsewhere in the community. (Source 1)

*Social Housing and Community Housing*

### Social housing

The delivery of housing that normally does not have a profit element in it. The term encompasses public housing ... and other housing, such as community or co-operative housing, where the dwelling is funded or subsidised by governments but managed by non-government or local government organisation. (Source 19)

### Equity housing

Enables residents to purchase part equity and security of tenure in their sheared accommodation. (Source 31)

### Community housing

The most important conceptual aspects of a definition of community housing are: the non-profit nature of the housing; non-government management; the protection of public investment from privatisation; the input of private resources in cash or kind; and the development of a partnership arrangement between government and the community organisations. (Source 18.)

*Note:* A detailed 'operational' definition is offered by this source and community housing is considered as two separate streams: co-operative housing, with an emphasis on long-term rented housing, and tenant management; and targeted community housing, sometimes involving the provision of specialist services for a particular needs group.

### Community housing

Community housing includes three basic models: joint ventures; rental housing co-operatives; and rental housing associations. (Source 28)

### Joint ventures

A form of community housing which involves a mix of public and private funds to provide low cost rental accommodation to households in need. Management is community based. (Source 19)

### Joint ventures

A form of community housing which involves a mix of State housing authority, local government and community group investment of capital funds and staff input, managed through a management committee. State housing authorities typically provide 70-80 per cent of capital costs and the local government and community group capital input may be in terms of land provision. Property acquisition may include spot purchase or new building as well as leasing dwellings from the private or public sector. Tenants usually have to be eligible for public housing, and possibly rent assistance. Rents aim to cover recurrent costs, but tend to be set within public rental guidelines (20-27 per cent of income) and may involve rental assistance/rebates. (Source 28)

Rental housing co-operatives

A form of community housing involving small localised tenant management. (Source 19)

Rental housing co-operatives

A form of community housing involving public funding, often as seeding and support grants, or a mixture of pubic and private funding. Property equity arrangements may involve co-operative ownership, State ownership with co-operative leasing or financial institution ownership and co-operative leasing. Voluntary tenant effort contributes to management and maintenance. Rents tend to be set to cover recurrent costs. (Source 28)

Rental housing associations/community tenancy schemes

A form of community housing involving community based management of rental housing stock. It usually identifies and responds to areas of need not necessarily picked up through public housing. (Source 19)

Rental housing associations

A form of community housing involving either of the following.

- Community and/or local government funding, often as provision of land or buildings. Property equity arrangements may involve association ownership or State housing authority ownership with association leasing. Community groups are often religious or voluntary organisations targeting special needs groups to provide supported or crisis accommodation.

- State housing authority funding to community tenancy schemes. Property equity arrangements involve the scheme leasing from the public or private sector. Schemes target low income households eligible for public housing, some of whom may be eligible for rental rebates/assistance. (Source 28)

**Accommodation types**

*Public Rental Housing*

Public housing

Self-contained dwellings that have been funded under the Commonwealth State Housing Agreement (CSHA). (Source 5)

Note: Although the definition is inclusive of the large majority of government (or 'publicly') owned homes, it notably excludes: those dwellings owned by government departments and authorities that are rented to employees; and rental dwellings that are provided to Aboriginal people through housing programs administered by the Aboriginal and Torres Strait Islander Commission.

CSHA Classification

- Separate House:
  generally a structure containing one dwelling on an individual title, usually physically separated from other dwellings.

- Attached House:
  one of a set of two houses (single or double storey) joined together and separated by a party wall from foundations to above the roof line. May be a house attached to a shop. May be termed semi-detached or duplex.

- Medium Density Terrace/Row House:
  one of three or more dwellings situated side by side and each having at least one wall in common. May be more than one storey in height.

- Medium Density Villa Unit:
  one of a group of dwellings, usually one storey, separated by garages and carports.

- Medium Density Town House:
  attached houses (by walls) which share no part of the building in common, usually not more than three storeys, and having separate entrances and private open space.

- Medium Density Cluster House:
  land sub-division into allotments and common property usually totally separate with common areas and driveways.

- Low Rise Flats:
  four storey or less multiple dwelling development which are horizontally separated (stacked) and not serviced by lifts.

- High Rise Flats:
  multiple dwelling development which are horizontally separated (stacked) and are of five storeys or more. Generally serviced by lifts.

- Other:
  includes movable units (granny flats or temporary units), mobile homes (forming part of stock) and rooming house. May also include units which cannot be classified elsewhere, but are used as a dwelling. (Source 9)

Dwellings adaptable and acceptable for people with disabilities (NSW)

- Terrace houses/Town houses:
  2-3 bedroom dwellings attached by a vertical wall, usually two storey.

- Villa Units:
  1-3 bedroom dwellings attached by a vertical wall, usually one storey.

- Multiplex:
  1-3 bedroom dwellings, grouped in more than twos, with ground access to each.

- Dual occupancy:
  eg. 'granny flat', a second dwelling on a piece of land. If the lot is 400 sq. m. it will be an attached dwelling. If the lot is 600 sq. m. it may be attached or detached.

- Free-standing house:
  2-6 bedroom dwelling. (Source 17)

Public rental housing (Queensland)

- Traditional detached houses:
  with 2-5 bedrooms with a front and back yard.

- Houses on smaller blocks:
  with 2-4 bedrooms usually with front and back yards and common street access.

- Houses sharing a common wall:
  with 2-4 bedrooms. These may be in groups of two (duplex) or up to four, usually with a front and back yard.

- Townhouses or attached houses:
  with 1-4 bedrooms, in a row of three or more, either single or double storey usually with a small fenced yard.

- Apartments (flats):
  with 1-3 bedrooms in buildings of two or more storeys. No separate yard.

- Seniors Units:
  one bedroom units or bedsitters (combined bedroom and lounge/living room) in buildings of one or two storeys, normally for people over 55 years of age. (Source 10)

Separate house

Includes extended group homes accommodating more than one family, or bedsitters for up to 10 single people (Source 12)

Retirement villages

No definition found

*Substitute Care Homes*

Foster homes are existing households which have a foster care service superimposed. The foster care will be considered either 'generic' (and usually short-term) or 'specialised' (and usually long-term). (Source 6)

Residential care establishments for children

Residential establishments with a main activity of providing substitute care (accommodation, meals and some personal care, protection or control) for children These include establishments for children with disabilities and with serious behavioural problems. (Source 8)

Respite house

A house of normal domestic composition (no more than 5 beds) and dimensions in a residential neighbourhood where respite care is provided. (Source 25)

Respite hostel

A hostel of more than 5 beds, some of which may be in an institutional setting, where respite care is provided. (Source 25)

*Group Residences*

Group residences are living units that are owned or rented for the purpose of providing care or supervision and training by a paid staff (live-in or shift).

*Note:* Group residences may house from 2 to more than 2,000 residents. Small group residences house less than 15 residents. (Source 6)

Institution

A large scale residential setting in which residents or inmates are segregated from ordinary life of the community for varying lengths of time for the purpose of care, treatment or custody. (Source 15)

Institution

Institutions are usually located on large parcels of land and provide residential support in a congregated setting of more than 20 beds. In many cases, a range of residential and vocational/day services are provided on the one site, eg. sheltered workshops, adult training centres, perimeter housing, hostels and large residential. Perimeter housing refers to houses that are of the same dimensions and compositions as group homes (ie. no more than 5 beds), but are situated on the premises of institutions in a non-integrated setting. (Source 25)

Group home

A group home is a shared household.

Group home ·

Group homes are hostels, half-way houses, family group homes, etc. usually catering for groups of adults in excess of the size of a family unit, and with full staffing during the day and mostly during the night as well. These group homes may include special training facilities for a small proportion of residents, but the majority do not receive full or even part time training on the premises. (Source 13)

Group home

A group home is a form of shared housing where at least two unrelated persons live together in a dwelling unit, each having [their] own private space and sharing other common areas, such as kitchen, living and dining rooms. It is socially distinguished from other options in that a unrelated 'family of choice' shares a single dwelling unit. (Source 16)

Group home

Group homes are living units of indeterminate size that provide permanent accommodation for smaller groups ... who require some staffing input according to their needs and disabilities. Some have permanent arrangements for staff to sleep on the premises each night, others require a more relaxed daily supervision by 'key workers', some have a judicious mix of both types of care. (Source 14)

Group home

Accommodation for groups of 3-7 people. (Source 22)

Group home services

Services in which the client needs to leave their own or family home to receive support. (Source 23)

Group house(s)

Includes residential and group homes including house parent models. Includes unrelated people with disabilities sharing housing and support hours. (Source 24)

Group homes

Accommodation with no more than 5 permanent beds. Respite beds may also be on the same premises. (Source 25)

Community residential unit

Accommodation for less than 10 people.

Villa

A cluster of group homes or community units in one or several adjacent buildings.

Cluster house

One of a cluster of separate houses, group homes or community units, each in a separate building.

Halfway house

No definition found

Community house

No definition found

*Semi-Independent Living Facilities*

Semi-independent living programs provide residents with their own living quarters, with staff nearby or "on call" in the same building. Residents take care of many of their own needs, but some may need training or supervision in certain aspects of decision-making, domestic skills, or community independence (eg. meal preparation, use of public transport, banking). (Source 6)

Special purpose living units with support

Services which provide accommodation for individuals or couples who are able to care for themselves with minimum supervision but who benefit from proximity to common care facilities such as congregate care and nursing care. (Source 31)

*Board and Supervision Facilities*

Board and supervision facilities provide bedrooms, meals, some housekeeping, and a 'watchful eye', but no formal training or personal care. They are open to anyone who pays to stay in them, though they may be licensed or contracted to provide residential services to a specific group of people. Such licensing or contracting arrangements do not included the requirement for individualised program plans. (Source 6)

Residential adult care establishments

Establishments mainly engaged in providing accommodation and some care or support (other than medical or nursing care) to adults with special needs, such as aged or disabled adults, adults released from prison, or women in distress. (Source 8)

Hostels and residential services

Establishments run by public authorities or registered non-profit organisations to provide board, lodging or accommodation for the aged, distressed, or disabled who cannot live independently but do not need nursing care in a hospital or nursing home. Only hostels subsidised by the Commonwealth are included. Separate dwellings are not included, even if subject to an individual rental rebate arrangement. Residents are generally responsible for their own provisions, but may be provided in some establishments with domestic assistance (meals, laundry, personal care). Night shelters providing only casual accommodation are excluded. These hostels may be specifically for the aged or

for other people and may be operated by charitable organisations, State governments or local governments. (Source 1)

Supported residential facilities

Facilities which provide or offer to provide both accommodation and personal care services to more than two people. These include boarding houses, rest homes and mental health hospitals and may include nursing homes and hostels. (Source 27)

Hostel

Accommodation for 8 or more people (Source 22)

Hostel

A hostel provides residential support in a congregated setting of anywhere from 6-20 beds. Many are situated in an institutional setting and also have respite beds included on the premises. Respite hostels are not included. (Source 25)

Special dwelling

Hotels, motels, boarding houses, educational and religious institutions, construction camps, caravan parks, etc. (Source 11)

Boarding house

A facility which provides food and/or accommodation but does not accept responsibility for treatment and/or care. A boarding house does not 'admit' individuals. However, a boarding house may register an individual as a boarder. (modified from Source 1)

Rooming house

[A definition exists under Victorian legislation.]

*Personal Care Facilities*

Personal care facilities provide supervision and personal care (eg. help with eating, dressing, bathing, toileting, and getting out of bed and into a chair), but not habilitation or nursing care. (Source 6)

*Note:* Small, family-run, personal care homes sometimes resemble foster homes. Large personal care homes are often called congregate care or rest homes. Personal care homes that provide limited personal care (eg. help with eating and dressing, but not bathing or toileting) are sometimes called domiciliary care homes.

Congregate care home

Accommodation for more than 15 people.

Congregate care home

A residence, ranging from a small group home to a large institution, where the agency which controls the property takes on the roles of placement assessor, landlord, head tenant and carer, and at times, employer, trainer and therapist. (Source 20)

Rest home

No definition found

<u>Hospices</u>

Freestanding establishments providing palliative care to terminally ill patients and which do not provide any other form of acute care. These hospices may be public or privately operated. (Source 1)

*Nursing Homes*

Nursing homes provide full-time personal care and nursing services. They have a least one nurse on duty daily. (Source 6)

<u>Nursing homes</u>

Establishments which provide long-term care involving regular basic nursing care to chronically ill, frail, disabled, or convalescent persons or senile inpatients. They must be approved by the Commonwealth Department of Human Services and Health, and/or licensed by the State, or controlled by government departments. They may be:

- private-charitable nursing homes for the aged, operated by religious and charitable organisations;
- private-for-profit nursing homes for the aged, operated by private-for-profit nursing homes or individuals or bodies;
- Government nursing homes for the aged, either operated by or on behalf of a State or Territory government;
- private-charitable nursing homes for the young disabled, operated by religious and charitable organisations;
- private-for-profit nursing homes for the young disabled, operated by private-for-profit nursing homes or individuals or bodies; or
- Government nursing homes for the young disabled, either operated by or on behalf of a State or Territory government.

<u>Nursing home</u>

A service staffed and operated with a nursing/health model. (Source 24)

<u>Intensive permanent residential care.</u>

Services which provide accommodation for people who need nursing, paramedical and medical supervision (eg. homes for children with severe disabilities, nursing homes for older people). (Source 31)

<u>Residential home</u>

No definition found

*Hospitals*

<u>Hospital</u>

A health care facility established under Commonwealth, State or Territory legislation as a hospital or a freestanding day procedure unit and authorised to provide treatment and/or care to patients. A hospital thus defined may be located at one physical site or may be a multi-campus hospital. A multi-campus hospital treats movements of patients between sites as ward transfers. (Source 1)

<u>Acute care hospitals</u>

Establishments that provide at least minimal medical, surgical or obstetrical services for inpatient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short. These hospitals may be public or privately operated, or be provided by the Commonwealth for veteran, defence force or other Commonwealth personnel. (Source 1)

<u>Psychiatric hospitals</u>

Establishments devoted primarily to the treatment and care of inpatients with psychiatric, mental or behavioural disorders. Private hospitals formerly approved by the Commonwealth Department of Health under the Health Insurance Act 1973 (now licensed/approved by each State health authority catering primarily for patients with psychiatric or behavioural disorders are included. Centres for the non-acute treatment of drug dependence, developmental and intellectual disability, and institutions mainly providing living quarters or day care, are not included. These psychiatric hospitals may be public or privately operated. (Source 1)

**Accommodation services**

*Assessment for Care at Home*
<u>Aged care assessment services</u>
No definition found
<u>Assistance to secure chosen accommodation options</u>
Includes applications for public housing, accessing housing co-operatives, assistance with finding and setting up house. (Source 25)

**Accommodation support services**

<u>Home help/home care</u>

Services which assist people with household tasks such as shopping, food preparation, cleaning, washing, ironing. (Source 31)

<u>Home maintenance</u>

Services which help people maintain and repair their homes, gardens and yards, keeping them in a safe and habitable state. (Source 31)

<u>Allied health/paramedical</u>

Services which provide access to paramedical services for children, adults or older people with short term or long term disabilities. (Source 31)

<u>Concessions</u>

A form of financial assistance involving reductions in the costs of services or charges otherwise payable (eg. pensioner rate concessions, energy concessions, travel concessions). (Source 31)

<u>Special equipment and materials</u>

Material assistance services to people with temporary or permanent disabilities to function normally. Services include PADP and toy library services. (Source 31)

### Food services

Material assistance services may involve home delivery, be supplied at a location with common eating facilities, or be available from a central location to take away. Includes food vouchers. (Source 31)

### Transport to services

Material assistance services enabling access to services such as day centres for people with special transport needs. (Source 31)

*Supervision*

### Foster care

The care of a child, who is living in a private household apart from his/her natural or adoptive parents, by one or more adults who act as substitute parents and who are paid a regular allowance for the child's support by a government authority or non-government organisation. Foster parents are chosen from a list of persons registered, licensed or approved as foster parents by an authorised department which provides continuing supervision and support. (Source 8)

### Placement

Includes fostering arrangements, but does not include alternative care arrangements used by services in transition. (Source 24)

### Permanent substitute care/adoption

Services which provide alternative arrangements for children who cannot be cared for within their own family (excluding permanent accommodation). (Source 31)

### In home support services

Services which support people to remain in their own homes. (Source 23)

### Other support in a private home

Support provided to an individual enabling them to live in the house of their choice (including shared family care). It does not include services set up specifically to administer Attendant Care funding. (Source 24)

### Supported community care

No definition found

### Co-residency

A person with a disability is linked up with a non-disabled co-resident, who is not a paid support worker. (Source 25)

### Domiciliary support

Services which provide care for people in their own homes. Outside assistance with practical tasks enables people to function more independently in their own environment. Services include home help/home care, home nursing, in-home respite care, home maintenance and exclude home delivered meals. (Source 31)

*Personal Care*

Personal care

Services which aim to increase the level if independent functioning in aspects of daily living such as self care and mobility. Services enable people with disabilities to make life-style choices free of institutional constraints. Services include attendant care and personal skills development and carer advice. (Source 31)

Attendant care

Services funded to co-ordinate attendant care funding for individuals. (Source 24)

Attendant care

Services designed to assist people with a severe level of physical disability to develop and/or maintain suitable accommodation arrangements that will enable them to live as independently as possible in the general community and minimise the risk of institutionalisation. Accommodation arrangements may include: drop-in support to people living in an integrated community setting; group homes; flats; co-residency; and services set up under the Commonwealth '325' bed initiative. The emphasis is on personal care. Maximum support hours per client is usually 35 hours per week. (Source 25)

Attendant care

Services which help disabled people with everyday tasks such as meals, dressing, showering and getting to bed. (Source 31)

Personal skills development and carer advice

Services which enhance the scope of independent functioning for people with disabilities; also assists carers in the support and care of individuals at home. (Source 31)

*Nursing Care*

Domiciliary nursing services

Public or registered non-profit or for-profit establishments providing nursing or other professional para-medical care or treatment to patients in their own homes or in (non-health) residential institutions. (Source 1)

Home nursing

Services which provide qualified nursing care and supervision at home for those with short term or chronic illnesses. (Source 31)

*Respite care*

Respite care services

These services include community respite, HACC community respite and centre-based respite. (Source 25)

Community respite

Respite care co-ordinated on an individualised basis providing a range and combination of options either through direct service provision or brokerage, or a mix of both. These options may include respite: in the individual's own home; in another home (host family); outside the home through non centre based activities (eg. clubs, sporting facilities, movies, hobby clubs, art/craft activities, libraries, TAFE, restaurants, etc.); for holiday respite; on a week-end/overnight

basis; and for crisis respite. The flexibility of this form of respite allows for a combination of the above options, with periods of respite ranging from a few hours to two-three weeks at any one time within the individual's funding limit. Community respite includes HACC funded Community Options projects and Community Respite Options projects that specifically provide respite to people with a disability. HACC funded community respite services are either peer support or host family respite. (Source 25)

Peer support respite

A respite service designed to support people outside their homes through recreational activities. The program targets young people aged 14-25 years and matches the individual with a peer of similar age, culture and/or interest. Most services undertake group activity, rather than one to one support and operate on a voluntary basis. (Source 25)

Host family respite

A respite service providing a network of host families matched to the age, interests and cultural background of the individual and their carer. Respite care is provided on a voluntary basis in the host families' home and may include overnight care. Most services currently cater specifically for children. (Source 25)

Respite accommodation

Service which provide time-limited substitute accommodation for children or adults, allowing their carers a period of relief. Services include family based respite care, small/medium group respite accommodation/support, large group respite accommodation/support, and intensive respite residential care, but excludes in home respite care. (Source 31)

Family based respite care

Services provided by a family in a private home. (Source 31)

Small/medium group respite accommodation/support

Services provided for groups of up to 10 children or adults, with staff support appropriate to age and special needs. (Source 31)

Large group respite accommodation/support

Services provided for groups of more than 10 children or adults, with staff support appropriate to age and special needs. (Source 31)

Intensive respite residential care

Services provided for people needing short term nursing. paramedical or medical supervision (eg. nursing homes for older people). (Source 31)

In-home respite care

Services which provide for a person to come into the home as a respite for carers of disabled children, adults or older people. (Source 31)

*Day program services away from home*

Note: Some day programs and recreation services have not specifically included in the definition of accommodation support services and this issue is debatable. (Section 2.1.5)

### Day programs

These services include independent living training/community access services, adult training centres and post school options. The major focus is on community access and participation. (Source 25)

### Day care and activities

Services which provide care, recreation, development and social interaction in a range of day settings and programs, for children through to adults. (Source 31)

### Independent living training/community access services

Day program services designed to provide targeted training to assist people with a disability to gain the skills and self confidence necessary to attain their full potential for social independence. Although these services were previously termed independent living training, they are now more often referred to as community access services. These services provide support to people for whom employment is not a feasible option due to their high support needs. The major focus is to provide support in community settings rather than centre based. (Source 25)

### Adult training centres

Centre based day program activities for people with very high support needs, usually in a segregated setting. Activity therapy centres and adult training centres are included. (Source 25)

### Centre based day care

Services which provide a range of activities in day programs for periods of up to 12 hours a day. Activities vary with age and special needs (eg. child care centres, senior citizen centres, adult day care and activity centres, day centres for disabled people). (Source 31)

### Post school options

Day program services specifically targeting school leavers 18 years and over with moderate to high support needs who require a suitable non vocational post school placement. The major focus is to promote community access and participation by enhancing independence and social interaction. Depending on individual needs this program can provide a mix of recreation, independent living training and respite. (Source 25)

*Community support services*

### Community support services

These services include recreation services, information and advocacy services, resource teams, therapy services, early intervention, HACC services (except community respite) and home care. (Source 25)

Note: Some community support services have not specifically included in the definition of accommodation support services and this issue is debatable for some. (Section 2.1.5)

### Resource teams

These teams provide case management and/or programming services to consumers residing either in group homes or in the community. Support services currently available include: diagnostic and assessment services; long term personal and family counselling, appropriate school and educational

placement; courses on living skills; behaviour management; programming teams; and recreation. (Source 25)

Therapy services

Services provided by occupational therapists, physiotherapists and speech pathologists through resource teams, early intervention services and school therapy. Services cover assessments, support of program implementation, community integration and support and advice on necessary equipment purchase and adaptation. (Source 25)

HACC services

Services include food services, neighbour aid/home help, education, information and co-ordination, community options projects, aged day care respite centres, home maintenance, community paramedical, community nursing and transport. (Source 25)

Home care

Services include personal care and household tasks. (Source 25)

Social support/visiting outreach

Services which provide companionship and reassurance of safety, usually to people who live alone; also social support for homeless people and those living in rooming houses and other accommodation. (Source 31)

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# Appendix 7: Data from the Framework for the Funding and Operation of Disability Services 1990 on accommodation and related services for people with a disability

Table A7.1: *Accommodation and related services funded from Disability Support Programs in 1989-90 ($m,preliminary data)*

| | NSW | | Victoria | | Queensland | | South Australia | | Western Australia | | Tasmania | | Northern Territory | | Aust. Capital Territory | | C'wealth | Subtotal | Subtotal | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | State NGO | State Direct | State NGO | State Direct | State NGO | State Direct | State NGO | State Direct | State NGO | State Direct | State NGO | State Direct | State NGO | State Direct | State NGO | State Direct | NGO | State NGO | State Direct | |
| Supported accommodation | 1 | 182 | 157 | 52 | 6 | 17 | 4 | 1 | 35 | 1 | 8 | 0 | 16 | 1 | 2 | 1 | 149 | 229 | 255 | 633 |
| Community Residential Unit | | | 147 | 23 | | | | | | | | | | | | | | 147 | 23 | 170 |
| Community Living Support | | | 6 | 19 | | | | | | | | | | | | | | 6 | 19 | 25 |
| Institutions (CSV) | | | 4 | 8 | | | | | | | | | | | | | | 4 | 8 | 12 |
| Institutions (CSV/HDV) | | | 0 | 2 | | | | | | | | | | | | | | 0 | 2 | 2 |
| Respite care | 22 | 24 | 1 | 2 | 3 | 12 | 1 | 2 | 7 | 2 | 2 | 0 | 1 | 0 | 1 | 1 | 22 | 38 | 43 | 103 |
| Other accommodation | 21 | 14 | 9 | 0 | 4 | 0 | 4 | 2 | 0 | 0 | 0 | 11 | 0 | 1 | 1 | 2 | 613 | 39 | 30 | 682 |
| Nursing Homes | | | | | 4 | 0 | | | | | | | | | | | 49 | 4 | 0 | 53 |
| Residentials | | | | | | | | | | | | | | | | | 552 | | | 552 |
| Hostels | | | | | | | | | | | | | | | | | 12 | | | 12 |
| Attendant care | | | | | | | | | | | | | | | | | | | | 0 |
| Large residentials | 0 | 7 | | | | | | | | | | | | | | | | | 7 | 7 |
| Mini institutions | 0 | 7 | | | | | | | | | | | | | | | | | 7 | 7 |
| Accom. day programs | 5 | 0 | | | | | | | | | | | | | | | | 5 | | 5 |
| Accom. support | 15 | 0 | | | | | | | | | | | | | | | | 15 | | 15 |
| Foster care | 1 | 0 | | | | | | | | | | | | | | | | 1 | | 1 |
| Subtotal | 44 | 220 | 167 | 54 | 13 | 29 | 9 | 5 | 42 | 3 | 10 | 11 | 17 | 2 | 4 | 4 | 784 | 306 | 328 | 1,418 |
| Other related services | 47 | 0 | 91 | 0 | 8 | 6 | 5 | 9 | 1 | 2 | 9 | 0 | 6 | 6 | 8 | 1 | 33 | 175 | 24 | 232 |
| Independent living training | 26 | 0 | 91 | 0 | 8 | 6 | 5 | 3 | 1 | 2 | 9 | 0 | 6 | 1 | 6 | 0 | 33 | 152 | 12 | 197 |
| Individual family support | 21 | 0 | | | | | | | | | | | | | | | | 21 | | 21 |
| Shared family care | | | | | | | | | | | | | | | | | | 0 | | 0 |
| Permanent family care | | | | | | | | | | | | | | | | | | 0 | | 0 |
| Psychiatric services | | | | | | | 0 | 6 | | | | | 0 | 4 | 2 | 1 | | 2 | 11 | 13 |
| Home support | | | | | | | | | | | | | 0 | 1 | | | | | 1 | 1 |
| Total | 91 | 220 | 258 | 54 | 21 | 35 | 14 | 14 | 43 | 5 | 19 | 11 | 23 | 8 | 12 | 5 | 817 | 481 | 352 | 1,650 |

*Notes:*

NGO means services provided by non-government organisations; direct means services provided directly by governments.

1. These are preliminary data as at September 1990. Final data in this format were not published.
2. These data include only those areas and service types which involved both the Commonwealth and State/Territory governments.
3. Data for Commonwealth funded non-government organisation services are not available by State/Territory.
4. Services 'excluded' under the Disability Services Act eg. Drug and Alcohol centres, foster parent payments, equipment/aids and transport concessions are not included.
5. Psychiatric services are community based, non-medical services. Data are not available for all States.
6. Shared and permanent family care services are community support services managed by Victorian regional teams.
7. Most Tasmanian 'Direct' services for 'Other' were established to assist Willow Court residents to move into the community.
8. NT 'Direct' services for 'Other' were for NT residents in SA institutions.

*Source:* Working Party of the Council of Social Welfare Ministers (1990)

Table A7.2: *Government expenditure on accommodation and related services within Disability Support Programs in 1989-90 ($m, preliminary data)*

| | New South Wales | | | | Victoria | | | | Queensland | | | | South Australia | | | | Western Australia | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | C'lth NGO | State NGO | State Direct | Subtotal | C'lth NGO | State NGO | State Direct | Subtotal | C'lth NGO | State NGO | State Direct | Subtotal | C'lth NGO | State NGO | State Direct | Subtotal | C'lth NGO | State NGO | State Direct | Subtotal |
| Supported accommodation | 3.3 | 0.7 | 40.0 | 43.9 | 11.1 | 36.9 | 103.8 | 151.8 | 3.9 | 0.4 | 8.2 | 12.6 | 2.9 | 19.0 | 17.0 | 38.9 | 1.4 | 11.7 | 43.8 | 56.9 |
| Community Residential Unit | | | | | | 33.4 | 5.2 | 38.6 | | | | | | | | | | | | |
| Community Living Support | | | | | | 1.5 | 3.1 | 4.6 | | | | | | | | | | | | |
| Institutions (CSV) | | | | | | 2.0 | 83.0 | 85.0 | | | | | | | | | | | | |
| Institutions (CSV/HDV) | | | | | | 0 | 12.5 | 12.5 | | | | | | | | | | | | |
| Respite care | 0 | 0.9 | 6.1 | 7.0 | 0.4 | <0.1 | 0.1 | 0.6 | 1.2 | <0.1 | 0.9 | 2.2 | 0.4 | <0.1 | 1.4 | 1.9 | <0.1 | 2.1 | 3.8 | 6.0 |
| Other accommodation | 49.6 | 1.5 | 108.6 | 159.6 | 19.8 | 13.7 | 0 | 33.4 | 19.2 | 4.5 | 0 | 23.7 | 19.2 | 2.9 | 51.5 | 73.6 | 12.4 | 0 | 0 | 12.4 |
| Nursing Homes | 32.1 | | | 32.1 | 7.1 | | | 7.1 | 13.6 | 4.5 | 0 | 18.2 | 8.8 | | | 8.8 | 7.0 | | | 7.0 |
| Residentials | 16.0 | | | 16.0 | 8.8 | | | 8.8 | 4.3 | | | 4.3 | 9.9 | | | 9.9 | 4.4 | | | 4.4 |
| Hostels | 0.2 | | | 0.2 | 2.8 | | | 2.8 | 0.4 | | | 0.4 | 0 | | | 0 | 0.6 | | | 0.6 |
| Attendant care | 1.3 | | | 1.3 | 1.0 | | | 1.0 | 0.9 | | | 0.9 | 0.5 | | | 0.5 | 0.4 | | | 0.4 |
| Large residentials | | 0 | 98.1 | 98.1 | | | | | | | | | | | | | | | | |
| Mini institutions | | 0 | 10.5 | 10.5 | | | | | | | | | | | | | | | | |
| Accom. day programs | | 1.0 | 0 | 1.0 | | | | | | | | | | | | | | | | |
| Accom. support | | 0.3 | 0 | 0.3 | | | | | | | | | | | | | | | | |
| Foster care | | 0.2 | 0 | 0.2 | | | | | | | | | | | | | | | | |
| Subtotal | 52.9 | 3.1 | 154.6 | 210.5 | 31.3 | 50.7 | 103.9 | 185.9 | 24.4 | 5.0 | 9.1 | 38.5 | 22.5 | 21.9 | 69.9 | 114.4 | 13.8 | 13.8 | 47.6 | 75.3 |
| Other related services | 0.8 | 1.3 | 0 | 2.1 | 0.3 | 40.6 | 1.3 | 42.2 | 0.7 | 0.1 | <0.1 | 0.9 | 0.5 | 1.5 | 5.9 | 8.0 | <0.1 | <0.1 | 4.0 | 4.1 |
| Independent living training | 0.8 | 0.3 | 0 | 1.1 | 0.3 | 40.6 | 0 | 40.9 | 0.7 | 0.1 | <0.1 | 0.9 | 0.5 | 1.5 | 0.7 | 2.7 | <0.1 | <0.1 | 4.0 | 4.1 |
| Individual family support | | 1.0 | 0 | 1.0 | | | | | | | | | | | | | | | | |
| Shared family care | | | | | | | 1.3 | 1.3 | | | | | | | | | | | | |
| Permanent family care | | | | | | | <0.1 | <0.1 | | | | | | | | | | | | |
| Psychiatric services | | | | | | | | | | | | | | 0 | 5.2 | 5.2 | | | | |
| Home support | | | | | | | | | | | | | | | | | | | | |
| Total | 53.7 | 4.4 | 154.6 | 212.7 | 31.5 | 91.3 | 105.3 | 228.1 | 25.1 | 5.1 | 9.1 | 39.3 | 23.0 | 23.5 | 75.8 | 122.3 | 13.9 | 13.8 | 51.6 | 79.3 |
| State population ('000) | | | | 5802.6 | | | | 4349 | | | | 2865 | | | | 1425.6 | | | | 1596.7 |
| Per capita ($) | | | | | | | | | | | | | | | | | | | | |
| Supported accommodation | 569 | 117 | 6,885 | 7,572 | 2,544 | 8,487 | 23,868 | 34,898 | 1,373 | 156 | 2,858 | 4,387 | 2,054 | 13,311 | 11,892 | 27,257 | 885 | 7,298 | 27,448 | 35,631 |
| Respite care | 0 | 160 | 1,044 | 1,205 | 103 | 14 | 30 | 146 | 436 | 9 | 306 | 751 | 273 | 47 | 1,016 | 1,335 | 2 | 1,339 | 2,394 | 3,734 |
| Other accommodation | 8,547 | 251 | 18,711 | 27,508 | 4,543 | 3,148 | 0 | 7,691 | 6,698 | 1,587 | 0 | 8,285 | 13,473 | 2,033 | 36,119 | 51,624 | 7,782 | 0 | 0 | 7,782 |
| Subtotal | 9,116 | 528 | 26,641 | 36,285 | 7,189 | 11,649 | 23,897 | 42,735 | 8,508 | 1,752 | 3,164 | 13,424 | 15,800 | 15,390 | 49,026 | 80,216 | 8,669 | 8,637 | 29,842 | 47,147 |
| Total | 9,254 | 755 | 26,641 | 36,650 | 7,247 | 20,989 | 24,203 | 52,439 | 8,755 | 1,795 | 3,182 | 13,732 | 16,164 | 16,460 | 53,190 | 85,815 | 8,727 | 8,640 | 32,324 | 49,692 |
| All DSP services ($m) | 91.3 | 8.9 | 173.3 | 273.5 | 55.5 | 97.0 | 117.7 | 270.2 | 42.0 | 8.6 | 42.0 | 92.6 | 34.5 | 25.3 | 81.6 | 141.3 | 26.4 | 20.0 | 58.1 | 104.5 |
| All DSP services ($per capita) | 15,739 | 1,528 | 29,861 | 47,129 | 12,762 | 22,304 | 27,073 | 62,138 | 14,673 | 2,985 | 14,653 | 32,310 | 24,205 | 17,718 | 57,207 | 99,129 | 16,525 | 12,556 | 36,368 | 65,448 |

*Notes:* NGO means services provided by non-government organisations; direct means services provided directly by governments.

1. These are preliminary data as at September 1990. Final data in this format were not published.
2. These data include only those areas and service types which involved both the Commonwealth and State/Territory governments.
3. Expenditure on services 'excluded' under the Disability Services Act eg. Drug and Alcohol centres, foster parent payments, equipment/aids and transport concessions are not included.
4. NSW 'Direct' data is based on average costs of providing services rather than expenditure.
5. Victorian data is based on Budget Estimates '89/90.
6. Psychiatric services are community based, non- medical services. Data are not available for all States.

See next page for remaining notes and source.

Table A7.2: *Government expenditure on accommodation and related services within Disability Support Programs in 1989-90 ($m, preliminary data - continued)*

| | Tasmania | | | | Northern Territory | | | | Australian Capital Territory | | | | Australia | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | C'lth NGO | State NGO | State Direct | Subtotal | C'lth NGO | State NGO | State Direct | Subtotal | C'lth NGO | State NGO | State Direct | Subtotal | C'lth NGO | State NGO | State Direct | Total |
| Supported accommodation | 1.7 | 0.6 | 0 | 2.3 | 0.3 | 2.1 | 0.4 | 2.9 | <0.1 | 0.1 | 5.3 | 5.5 | 24.7 | 71.6 | 218.4 | 314.8 |
| Community Residential Unit | | | | | | | | | | | | | 0 | 33.4 | 5.2 | 38.6 |
| Community Living Support | | | | | | | | | | | | | 0 | 1.5 | 3.1 | 4.6 |
| Institutions (CSV) | | | | | | | | | | | | | 0 | 2.0 | 83.0 | 85.0 |
| Institutions (CSV/HDV) | | | | | | | | | | | | | 0 | 0 | 12.5 | 12.5 |
| Respite care | <0.1 | <0.1 | 0 | 0.1 | 0 | 0.3 | 0 | 0.3 | 0 | 0.4 | 0.7 | 1.1 | 2.2 | 4.0 | 13.0 | 19.2 |
| Other accommodation | 4.1 | 0 | 15.7 | 19.8 | 0.7 | 0 | 1.3 | 2.0 | 1.2 | <0.1 | 0.7 | 1.9 | 126.2 | 22.7 | 177.7 | 326.6 |
| Nursing Homes | 2.2 | | | 2.2 | 0 | | | 0 | 0 | | | 0 | 70.8 | 4.5 | 0 | 75.4 |
| Residentials | 1.5 | | | 1.5 | 0.7 | | | 0.7 | 1.1 | | | 1.1 | 46.8 | 0 | 0 | 46.8 |
| Hostels | 0 | | | 0 | 0 | | | 0 | 0 | | | 0 | 4.0 | 0 | 0 | 4.0 |
| Attendant care | 0.4 | | | 0.4 | <0.1 | | | <0.1 | <0.1 | | | <0.1 | 4.6 | 0 | 0 | 4.6 |
| Large residentials | | | | | | | | | | | | | 0 | 0 | 98.1 | 98.1 |
| Mini institutions | | | | | | | | | | | | | 0 | 0 | 10.5 | 10.5 |
| Accom. day programs | | | | | | | | | | | | | 0 | 1.0 | 0 | 1.0 |
| Accom. support | | | | | | | | | | | | | 0 | 0.3 | 0 | 0.3 |
| Foster care | | | | | | | | | | | | | 0 | 0.2 | 0 | 0.2 |
| Subtotal | 5.8 | 0.7 | 15.7 | 22.2 | 1.1 | 2.4 | 1.7 | 5.2 | 1.3 | 0.6 | 6.7 | 8.6 | 153.1 | 98.2 | 409.2 | 660.5 |
| Other related services | 0 | 0.2 | 0 | 0.2 | 0.2 | 0.3 | 0.9 | 1.4 | 0.2 | 0.3 | 0.2 | 0.7 | 2.8 | 44.4 | 12.4 | 59.6 |
| Independent living training | 0 | 0.2 | 0 | 0.2 | 0.2 | 0.3 | 0.1 | 0.6 | 0.2 | 0.1 | 0 | 0.4 | 2.8 | 43.2 | 4.9 | 50.9 |
| Individual family support | | | | | | | | | | | | | 0 | 1.0 | 0 | 1.0 |
| Shared family care | | | | | | | | | | | | | 0 | 0 | 1.3 | 1.3 |
| Permanent family care | | | | | | | | | | | | | 0 | 0 | <0.1 | <0.1 |
| Psychiatric services | | | | | 0 | 0.5 | 0.5 | | 0.2 | 0.2 | 0.4 | | 0 | 0.2 | 5.9 | 6.1 |
| Home support | | | | | 0 | 0.3 | 0.3 | | | | | | 0 | 0 | 0.3 | 0.3 |
| Total | 5.8 | 0.9 | 15.7 | 22.4 | 1.3 | 2.7 | 2.7 | 6.6 | 1.5 | 0.9 | 6.9 | 9.3 | 156.0 | 142.6 | 421.6 | 720.2 |
| State population ('000) | | | | 458.5 | | | | 162.2 | | | | 279.1 | | | | 16,938.6 |
| Per capita ($) | | | | | | | | | | | | | | | | |
| Supported accommodation | 3,612 | 1,365 | 0 | 4,977 | 2,121 | 13,216 | 2,725 | 18,062 | 315 | 524 | 18,913 | 19,753 | 1,460 | 4,226 | 12,896 | 18,582 |
| Respite care | 172 | 129 | 0 | 301 | 0 | 1,631 | 0 | 1,631 | 0 | 1,557 | 2,533 | 4,090 | 128 | 235 | 770 | 1,133 |
| Other accommodation | 8,912 | 0 | 34,286 | 43,197 | 4,599 | 0 | 7,811 | 12,411 | 4,328 | 233 | 2,383 | 6,944 | 7,451 | 1,337 | 10,492 | 19,280 |
| Subtotal | 12,696 | 1,494 | 34,286 | 48,475 | 6,720 | 14,846 | 10,536 | 32,103 | 4,643 | 2,314 | 23,829 | 30,787 | 9,039 | 5,798 | 24,158 | 38,995 |
| Total | 12,696 | 1,976 | 34,286 | 48,957 | 8,089 | 16,488 | 16,375 | 40,951 | 5,518 | 3,306 | 24,553 | 33,377 | 9,207 | 8,417 | 24,892 | 42.515 |
| $ All DSP services ($m) | 9.1 | 1.2 | 16.4 | 26.8 | 2.0 | 3.1 | 3.1 | 8.2 | 7.7 | 1.4 | 7.7 | 16.8 | 266.8 | 165.4 | 499.8 | 932.1 |
| $ pc All DSP services ($) | 19,950 | 2,709 | 35,845 | 58,504 | 12,201 | 18,900 | 19,168 | 50,268 | 27,501 | 5,073 | 27,501 | 60,075 | 15,750.0 | 9,768 | 29,509 | 55,026 |

*Notes continued:*

7. Shared and permanent family care services are community support services managed by Victorian regional teams.

8. Most Tasmanian 'Direct' expenditure for 'Other' is for services established to assist Willow Court residents to move into the community.

9. NT 'Direct' expenditure for 'Other' is for NT residents in SA institutions.

10. Per capita expenditure is calculated on the basis of total population. State/Territory population figures are mean populations for 1988-89 from ABS 1992: Table 3.

11. Numbers may not add exactly due to rounding.

12. Components of the data groups are as specified by the source, except that Ind. Living Training was considered as a community participation service and Qld Govt. spec. purpose nursing homes were considered as other related services.

*Source:* Working Party of the Council of Social Welfare Ministers (1990)

**Appendix 8: Estimating the size of accommodation related services provided by disability services authorities and information on the type of data available**

Responses to questions posed of State/Territory disability services authorities are collated below.

11a.  Is it possible to estimate the size (in terms of <u>numbers of people assisted</u> and in terms of <u>expenditure</u>) of accommodation related services provided by your organisation or under specific programs funded or administered by your organisation? *(At this stage we are not asking for any data.)*

NSW  It would be possible to provide information on expenditure in accommodation related services through both funded and direct services. The Department of Community Services operates a computer Disability Client Database and this provides information on services accessed and required by consumers who are being directly services by the Department. The consumer data available for the funded sector is not as accurate. At this point the only data collection has been through the Minimum Data Set. This has some limitations related to the nature of the collection and the fact that it was a single event unlike the Disability Client Database which is a case management system.

Vic  Yes

Qld  Prior to the full scale collection of the National Minimum Data Set, consumer numbers within accommodation related services funded by the Disability Program were unavailable. Queensland conducted the NMDS full scale pilot in October 1994 and it is anticipated the consumer information will be available by the end of 1994. Budgetary information relating to these funded services is available.

SA  Yes

WA  Can provide statistics on numbers of people and costs for formal accommodation services (eg. hostels, group homes) and total costs for the program. No comprehensive statistics exist for accommodation related services for people living in the community and definitions make it difficult to provide accurate numbers and costs by sub programs.

Tas  Yes

ACT  nil response

NT  nil response

11b.  If so, what data or data collections would be used to make these estimates and what assumptions or provisos would be inherent in them.

NSW  Disability Client Database. Minimum Data Set.

Vic  The Branch collects data on clients services and expenditure levels for services it directly provides. Non-government organisations funded by the program to provide accommodation related services are funded on

a unit costs basis for a set level of service. Again, this data is maintained by the Branch.

Qld    Minimum Data Set pilot collection. The Division of Intellectual Disability Services maintains a register and various details are recorded for clients.

SA    By census type survey

WA    DSC collects data on the number of people by the type of accommodation twice yearly, for its provided services. DSC is commencing collection of the National Minimum Data Set and other data for funded services, on a yearly basis. It is difficult to collect accurate statistics across both funded and provided services due to varying definitions and costing models.

Tas    HACC user Characteristics, CSDA Minimum Data Set, Disability Services Grants Administration System, Regional Service Provision Information Collections, DCHS - Financial Systems, Willow Court Centre - Client Information Database.

ACT    nil response

NT    nil response


**11c.    If not, what limits this from being possible?**

NSW    n.a.

Vic    n.a.

Qld    n.a.

SA    Although possible to do a census type survey, additional resources would be needed to collect and collate this information. There may also be operational limitations, depending on the size of the survey.

WA    A lack of a comprehensive data collection system across both funded and provided services. Difficulty in clearly defining what are "accommodation" services as approval to other types of support.

Tas    n.a.

ACT    nil response

NT    nil response


**12a.    Please describe the data (that is, apart from any data described in Question 11B) that your organisation collects relating to accommodation related services for people with a disability, particularly in the area of expenditure on accommodation services?**

Please supply as much basic information about these data sources as possible. The data sources might provide data on any of the following aspects:

- *Purpose of service* (as related to the 'well being' of people with a disability)
- *Type of service* (provided, used, outputs)
- *Service setting* (facility for service delivery, spatial location of services)
- *Service providers* (type of organisation, staff numbers and occupations or qualifications)
- *Service users* (eligibility criteria, characteristics of clients)
- *Resources: funds, capital, allocated* from government sources, obtained from other sources, available, used and source of funds)
- *Resources: human* (labour force and its training)

NSW The Service Planning and Development Unit has recently commenced establishing a database on services. At present this contains information on the category of service provided, the organisation, outlet, LGA coverage, funded program and funds received. The second stage, yet to be undertaken will link information from the Minimum Data Set with this.

Vic For services we deliver directly, we keep information on: service location and type (eg. 24 hour staffed residential house, outreach service, training centre, etc.); staff numbers and classifications; budget allocations and expenditure; client numbers per individual service, and some information on clients receiving the service. For services we fund, we keep information on: auspice agency; service location; and funded hours of services. An update to the monographs provided as an attachment will be forwarded separately and will clarify Victoria's data holdings.

Qld The DIAL service within the Office of Disability collects information about services for people with disabilities as part of the information and referral service. Expenditure information is not collected for DIAL purposes. A list of data items included in DIAL is available.
A draft report containing sources of data across State government (Qld) relating to services provided or funded for people with disabilities is available.
Information on Minimum Data Set items is collected.

SA Data is collected by way of service agreements completed by government and non-government agencies under the CSDA on: type of service provided; description of service (including target population, scope and range of services); service setting (facility for services delivery, spatial location of services); performance information (including consumer systems outcomes, performance indicators, activity information); and priority of access information. One of the major government disability organisations funded by the DSO, the Intellectual Disability Services Council, collects data on the following: accommodation needed by category - urgent/planned/future needs; accommodation currently being used by IDSC clients, by category - generic setting/ group setting/ institutional setting; expenditure data. More detail on data collected by IDSC could be made available at a later stage.

WA Basic demographic information is kept on all individuals with a developmental disability who are considered eligible for services. Eligibility is determined by a panel against a set criteria. Medical Diagnostic Information. Financial data is kept according to the program structure, which allows for costings of the major service supports to the more formal accommodation. Accurate costings of other supports such as therapy and for accommodation supports to individuals in the community are not available at this stage. Currently the DSC collects on a bi-annual basis, data on each individual receiving a service and of individuals in serious need of a services. The information on current services includes basic demographic data and of services they currently received. This is still in the development stage. Performance agreements with funded agencies include expectations for basic data.

Tas No detail on HACC and CSDA Minimum Data Set collections is provided as these would currently be available to the AIHW. Data collected and maintained for the Disability Services Grants Administration System is detailed as a complete list of data items maintained on the System. Information regarding data items collected and maintained for the Willow Court Centre - Client Information System is not held centrally but is obtainable. Regional service provision information includes both the number of clients assisted and expenditure data.

ACT nil response

NT nil response


**12b. Is the data collection ongoing?**

NSW Yes (The service supply data base will be updated annually.)

Vic Yes

Qld Yes

SA DSO does not maintain the service agreements information as a statistical collection.

WA Yes

Tas Yes

ACT nil response

NT nil response


**12c. Is the data held in a computer based format?**

NSW Yes (Access)

Vic Yes, but services we fund might require some manual reconciliation.

Qld Yes

SA No

WA Yes

Tas The majority of data is held in computer based format, with the exception of Departmental regional service provision information.

ACT nil response

NT nil response

# Appendix 9: Program for People with Disabilities, NSW Budget 1994-95

Table A9.1: *NSW Government programs which include accommodation related services for people with disabilities 1994–95 ($m)*

| | Budget allocation | Estimated 'disability' component | Estimated number of people with disabilities served |
|---|---|---|---|
| **Community Services** | | | |
| Community support services | | 183.33 | |
| Supported accommodation | 241.88 | 241.88 | |
| Home and Community Care Program | 231.00 | | |
| Home Care Service of NSW | 113.88 | | |
| Personal care program | 106.70 | 35.31 | 7,000 - 7,500 |
| Respite care program | 106.70 | 14.42 | 3,500 - 4,000 |
| **Transport and Parking** | | | |
| Taxi Transport Subsidy Scheme | 7.91 | 7.91 | 29,725 |
| Community Transport Service Payments Scheme (HACC) | 7.45 | 1.09 | |
| **Justice** | | | |
| Program for Inmates with Intellectual Disabilities | 0.59 | 0.59 | |
| **Accommodation** | | | |
| Special Rent Subsidies | 2.10 | 0.60 | |
| Public Housing Program | 1,240.00 | 399.38 | 21,500 |
| Rental Assistance Scheme[1] | 17.30 | 4.33 | 68,000 |
| Home Modification and Maintenance Service[2] | 8.08 | 4.45 | |
| Community Housing Program[3] | 22.90 | 7.37 | |
| Community Tenancy Scheme | 29.50 | | |
| Crisis Accommodation Program | 18.10 | | |
| **Health** | | | |
| Program of Appliances for Disabled People | 8.887 | 8.887 | |
| Home and Community Care Program | 39.17 | | |
| **Total** | **2,202.15** | **909.54** | |

*Notes:*

1.	The number of people with a disability is estimated to be 25.0 per cent of all people served for this scheme.
2.	The number of people with a disability is estimated to be 55.0 per cent of all people served for this service.
3.	The number of people with a disability is estimated to be 32.2 per cent of all people served for this program.

*Source:* Longley (1994)

**Table A9.2:** *NSW Government programs which include services other than accommodation related services for people with disabilities 1994–95 ($m)*

| | Budget allocation | Estimated 'disability' component | Estimated number of people with disabilities served |
|---|---|---|---|
| **Community Services** | | | |
| Guardianship Board | | | |
| Protection, Guardianship and Advocacy | 5.57 | | 6,500 |
| HACC - Capital facilities | ? | | |
| Post School Options program | ? | | 350 |
| Community Services Commission | ? | | |
| **Transport and Parking** | | | |
| Bus, Ferry and Train services | 305.86 | | |
| Dept. of Transport - Capital works Program | 35.32 | | |
| Community Transport Service Payments Scheme | | | |
| NSW Community Transport Scheme | 1.08 | | |
| Area Assistance Scheme | 0.13 | | |
| State Transit Authority of NSW | | | |
| State Capital Works Program | 89.06 | | |
| State Rail Authority of NSW/Cityrail | | | |
| Non-commercial Capital Program | 32.80 | 11.62 | |
| Roads and Traffic Authority | | | |
| Disabled Persons' Parking Authority Scheme | 0.04 | 0.04 | 35,000 |
| Motor Accidents Authority Education and Rehabilitation | 8.54 | 1.11 | |
| **Justice** | | | |
| Anti-Discrimination Board | 3.76 | 0.92 | |
| Mental Health Advocacy Service | 1.14 | 1.14 | 5,000 |
| Veterans' Advocacy Service | 1.18 | | 950 |
| Law Reform Commission of NSW | | | |
| Office of the Public Guardian | 2.96 | | 1,000 |
| Office of the Protective Commissioner | 11.68 | | |
| Department of Courts Administration | | | |
| **Health** | | | |
| Services mainly for aged and disabled people program | | 368.46 | |
| Support for Area Health Services and Public Hospitals Program | 4,000.00 | | |
| Non-government Organisation Grants Program | 1.74 | | |
| Brain Injury Rehabilitation program | 10.06 | | |
| Mental Health Non-government Organisation Program | 5.30 | | |
| Initiatives to improve mental health services | 42.25 | | |
| **Total** | **4,558.46** | **383.28** | |

*Source:* Longley (1994)