

Current and future demand for specialist disability services

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Current and future demand for specialist disability services

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Contents

Acknowledgments.....	vii
Abbreviations.....	viii
Summary	1
1 Introduction	4
1.1 Project objectives and report outline	4
1.2 The Commonwealth State/Territory Disability Agreement	5
1.3 Bilateral agreements	7
1.4 A statistical picture of the CSTDA in practice	8
2 Framework and method.....	15
2.1 Study concepts and definitions	15
2.2 Main data sources	18
2.3 Relating study concepts to data sources	19
2.4 Data limitations	25
3 Profile of met demand	29
3.1 Overview of services accessed, 2003–04 and 2004–05.....	29
3.2 Profile of service users, 2004–05.....	32
3.3 Service quantity	41
3.4 Summary	43
4 Jurisdiction data on unmet demand.....	44
4.1 Introduction	44
4.2 Jurisdiction methods of managing demand.....	44
4.3 Jurisdiction data on applicants waiting for services	54
4.4 Conclusions.....	55
5 Population estimates of demand and unmet demand.....	58
5.1 Approach and main data sources	58
5.2 Accommodation and respite services: baseline estimates of unmet demand	63
5.3 Community access services: baseline estimates of unmet demand.....	66
5.4 Disability employment services: baseline estimates of unmet demand.....	69
5.5 Consolidating the population estimates of unmet demand	74
5.6 Summary	81

6	Projections of future demand	83
6.1	Projected growth in population	83
6.2	Projected growth in the population with a severe or profound core activity limitation	84
6.3	Summary	94
7	Demand for specialist disability services – interfaces, influences and perspectives	95
7.1	Introduction	95
7.2	Interfaces between disability services and other service systems.....	95
7.3	Other influences on demand for CSTDA services.....	107
7.4	Perspectives from the field	115
8	Study conclusions	118
8.1	Accommodation and respite services	118
8.2	Community access services	119
8.3	Employment services.....	120
8.4	Broader data issues	120
	Appendixes	122
	Appendix A: Detailed tables	122
	Appendix B: The ‘potential population’ receiving specialist disability services – data from the CSTDA NMDS	189
	References	194
	List of tables	198
	List of appendix tables	200
	List of figures and boxes	203

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Abbreviations

ABI	Acquired brain injury
ABS	Australian Bureau of Statistics
ACCMIS	Aged and Community Care Management Information System
ACROD	National Industry Association for Disability Services (formerly the Australian Council for Rehabilitation of Disabled)
ACT	Australian Capital Territory
ADD	Attention deficit disorder
ADHD	Attention deficit hyperactivity disorder
ADL	Activities of daily living
AIHW	Australian Institute of Health and Welfare
AIL	Activities of independent living
Aus Gov	Australian Government
AWEC	Activities of work, education and community living
CAP	(Western Australia) Combined Application Process
COAG	Council of Australian Governments
CSDA	Commonwealth/State Disability Agreement
CSHA	Commonwealth/State Housing Agreement
CSTDA	Commonwealth State/Territory Disability Agreement
CURF	Confidentialised unit record file
DEN	Disability Employment Network
DEWR	(Australian Government) Department of Employment and Workplace Relations
DoHA	(Australian Government) Department of Health and Ageing
DPRWG	Disability Policy and Research Working Group (formerly National Disability Administrators)
DSP	Disability Support Pension
DSQ	Disability Services Queensland
DSR	Disability Support Register (Victoria)
EWL	Education, work and leisure
FaCSIA	(Australian Government) Department of Families, Community Services and Indigenous Affairs
GST	Goods and Services Tax
HACC	Home and Community Care (program)
ICF	International Classification of Functioning, Disability and Health
NATSEM	National Centre for Social Economic Modelling

NGO	Non-government organisation
NMDS	National Minimum Data Set
NDA	National Disability Administrators (now the Disability Policy and Research Working Group)
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
RAF	(Queensland) Registration, Application and Funding database
RSE	Relative standard error
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SCRCSSP	Steering Committee for the Review of Commonwealth/States Service Provision
SCRGSP	Steering Committee for the Review of Government Service Provision
SDAC	Survey of Disability, Ageing and Carers
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Summary

The Australian Institute of Health and Welfare (AIHW) was commissioned by the Disability Policy and Research Working Group (DPRWG) to conduct this study to provide information on unmet demand for services provided under the Commonwealth State/Territory Disability Agreement (CSTDA). The study addresses the following key questions:

- What is the profile of current CSTDA-funded service users?
- How much unmet demand is there currently for accommodation and respite services, community access services, and employment services?
- What factors affect levels of demand, and how are levels of demand expected to change over coming years?
- What are the important interfaces with other service sectors, and what issues at these interfaces affect levels of demand for disability services?

This is the fourth study conducted by the AIHW on the topic of met and unmet demand for disability support services using the latest available data (AIHW: Madden et al. 1996; AIHW 1997, 2002) and is largely an update of analyses conducted in the two most recent studies.

Profile of met demand

There were 200,493 users of CSTDA-funded services in 2004–05, up from 187,806 in 2003–04. Of all service users, 33,787 (17%) used accommodation support services, 92,610 (46%) used community support services, 44,166 (22%) used community access services, 23,951 (12%) used respite, and 64,835 (32%) used employment services. Intellectual/learning disability was the most common primary disability reported by service users (45%), followed by physical/diverse disability (19%), psychiatric (8%) and sensory/speech (7%) disability. A total of 6,285 services users (3.1%) were of Aboriginal and/or Torres Strait Islander background. (See Chapter 3 for more detail on service users.)

Estimated unmet demand for CSTDA-funded services

Unmet demand is estimated through analysis of the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers. The CSTDA target group corresponds closely to the ABS survey definition of people with 'severe and profound core activity limitation' – that is, people who sometimes or always need help with activities of self-care, mobility or communication. Baseline estimates of unmet demand, derived using the 2003 survey data, were updated to 2005 to account for population growth and increased supply of CSTDA services between 2003 and 2005. These estimates of unmet demand were compared with jurisdictional waiting list information, to present consolidated estimates of unmet demand.

In 2005, unmet demand for **accommodation and respite services** was estimated at 23,800 people. The estimate is subject to a relative standard error of 17% (4,000). Therefore, there are about 19 chances in 20 that it is within the range of 15,900 to 31,700.

There are various indications that under-met demand may constitute a substantial part of the estimated unmet demand:

- The majority of the extra unmet demand in 2005 could be attributed to services being unable to provide enough hours, or costing too much (Table 5.4).

- In the 2003 disability survey, more than half of the primary carers with unmet demand for respite reported that they had received respite but needed more.
- Home and Community Care program data suggest that, while numbers of younger people accessing HACC services over recent years have increased, the amount of service they receive (average hours) has fallen (Chapter 7).

In 2005 unmet demand for **community access services** was estimated at 3,700 people. The estimate is subject to a relative standard error of 40% (1,500). Therefore, there are about 19 chances in 20 that it is within the range of 1,000 to 6,600.

This unmet demand estimate may be regarded as conservative because (See Section 5.5):

- in adjusting the estimate for changes in service supply between 2003–04 and 2004–05, recreation/holiday programs were excluded (their inclusion would have resulted in an estimate of 9,400, rather than 3,700); and
- unlike the estimate of unmet demand for accommodation support and respite services, this estimate does not include under-met demand – only people who reported that they did not currently attend a day activity were included (See Figure 5.2).

The 2005 estimate suggests a low level of unmet demand for disability **employment services** (1,700 people). The estimate is subject to a very high relative standard error (55%) and is considered too unreliable for general use.

The very low estimate in 2005 should not be interpreted as an indication of no unmet demand for disability employment services. The decline in unmet demand in 2005 is partly due to the decrease of 21,200 people of working age with a severe or profound core activity limitation who were in the labour force. This comprises a decrease of 17,600 employed people (most of them were aged 50 years or over) and 3,600 unemployed people (Table 5.6).

All three estimates of unmet demand are considered conservative. Methods for deriving the estimates using the survey data are described in sections 5.2 (accommodation and respite), 5.3 (community access) and 5.4 (employment). For detailed discussion of these estimates, and comparison with 2001 estimates of unmet demand, refer to Section 5.5 and Chapter 8.

Projected future demand and related issues

Based on projected trends in the ageing of the Australian population, the broad CSTDA target population is projected to grow substantially – the number of people aged 0–64 years with severe or profound core activity limitations is projected to increase to 752,100 people (an increase of 34,600 people, or 4.8%) between 2006 and 2010 (Chapter 6). Other factors that may contribute to an increase in future demand include:

- increases in the prevalence of some long-term health conditions particularly related to disability
- increases in levels of need for assistance, due to ageing of the CSTDA service-user population and ageing of their carers
- the ongoing trend towards community-based living arrangements for people with disabilities
- decreases in access to some mainstream housing options of particular relevance to people with disabilities, particularly public housing and boarding houses
- a projected fall in the ratio of informal carers to people with a disability.

Levels of access to generic services, such as aged care, health, and housing, will also affect levels of demand and unmet demand for CSTDA services (Chapter 7).

Issues relating to interfaces with other services sectors

People with a disability, like the general population, rely on a range of government-funded services to meet their various needs. Disability services alone cannot meet all the needs of people with a disability. Levels of access to generic services, such as aged care, health and housing, can affect levels of demand and unmet demand for CSTDA services.

Ageing of the general population, and of the population with a disability, is likely to increase demand for services to support both disability and ageing needs in the future. People may need complementary combinations of support from both the disability and aged care service sectors. The interface between the two sectors is of particular relevance to people ageing with an early onset disability and younger people with a disability living in residential aged care accommodation (Chapter 7).

Regarding the demand for disability employment services, it is important to consider both the interfaces between CSTDA-funded employment services, generic employment services, and other general service programs such as education and health; and between CSTDA-funded employment services and other CSTDA service types.

Broad data issues relating to estimation of demand for disability services

While the CSTDA National Minimum Data Set is a valuable source of nationally consistent data concerning the supply of disability services, currently it does not collect information on unmet demand for disability services. The ABS disability survey does not directly provide information on unmet demand for specific CSTDA service types; unmet demand must be implied, based on a variety of relevant information supplied by survey respondents. Existing jurisdiction data on unmet demand are incomplete, inconsistent and subject to various data issues, and therefore do not provide a solid basis for estimation of unmet demand (Chapter 4).

A substantial investment of resources would be needed to improve the quality and consistency of jurisdiction-level unmet demand data. Reliable and comparable administrative data on unmet demand could be used in conjunction with national disability survey data to provide solid unmet demand estimates to inform policy and planning.

1 Introduction

1.1 Project objectives and report outline

The objective of this study is to investigate the nature of demand, the extent of unmet demand and the projected future demand for key disability support services provided under the Commonwealth State/Territory Disability Agreement (CSTDA).

The Australian Institute of Health and Welfare (AIHW) was commissioned by the Disability Policy and Research Working Group (DPRWG) to undertake this project, which will inform negotiations of a fourth CSTDA. This is the fourth study conducted by the AIHW on the topic of met and unmet demand for disability support services (AIHW: Madden et al. 1996; AIHW 1997, 2002) and is largely an update of analyses conducted in the two most recent studies.

The goal of the Institute in conducting this important work is to provide robust information about the nature of demand for disability support services now and into the future. Key available data sources, namely the Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS) and data from existing waiting list or registration processes held at the jurisdictional level, do not readily provide this information. This report therefore relies largely on in-depth analysis of population data from the Australian Bureau of Statistics' 2003 Survey of Disability, Ageing and Carers. The underlying assumptions made to generate these derived estimates of demand and unmet demand for disability support services are clearly stated throughout the report.

This report is organised as follows:

- Chapter 1 provides background to the Commonwealth State/Territory Disability Agreement and a statistical picture of the services it delivers.
- Chapter 2 outlines the framework and method for the study.
- Chapter 3 presents a profile of met demand in 2004–05, using data from the Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS).
- Chapter 4 presents available information from jurisdictions that administer the CSTDA about their methods of managing demand, and their data on unmet demand.
- Chapter 5 presents population estimates of demand and unmet demand for the key service types (accommodation and respite, community access and disability employment services).
- Chapter 6 provides projections of future demand for disability support services, largely focusing on future growth in the numbers of people with severe or profound core activity limitation.
- Chapter 7 presents information on service interfaces and other issues that have the potential to influence demand for CSTDA disability services, to provide a broader context within which the data presented in earlier chapters, including estimates of unmet demand, can be interpreted.
- Chapter 8 presents the key conclusions from this study.

1.2 The Commonwealth State/Territory Disability Agreement

The Commonwealth State/Territory Disability Agreement specifies the responsibilities of Australian governments in providing disability support services. Under the third Agreement of 2002–07, the Australian Government is responsible for the planning, policy setting and management of disability employment services, and the states and territories are responsible for all other disability support services, including accommodation support, community access, community support and respite services. Governments share responsibility for advocacy, information and print disability services. Box 1.1 describes the service types covered by the CSTDA.

The CSTDA states that the following objective underpins the national framework for services for people with disabilities:

The Commonwealth and States/Territories strive to enhance the quality of life experienced by people with disabilities through assisting them to live as valued and participating members of the community (CSTDA 2003).

In recognition of the 'heightened vulnerability' of people with disabilities and the complementary nature of specialist and generic services for people with disabilities, the 2002–07 CSTDA also includes the following five policy priority areas in working towards the objectives of the CSTDA:

- strengthen access to generic services for people with disabilities
- strengthen across government linkages
- strengthen individuals, families and carers
- improve long-term strategies to respond to and manage demand for specialist disability services
- improve accountability, performance reporting and quality (CSTDA 2003).

Under the CSTDA it is agreed that specialist disability services are provided only to benefit people with disabilities, where:

'people with disabilities' means people with disabilities attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following:

- self care/management
- mobility
- communication

requiring significant ongoing and/or long-term episodic support and which manifests itself before the age of 65 (CSTDA 2003).

While these high level statements of the objective and target group of the Agreement guide practice on the ground across Australia, there are no nationally comparable eligibility requirements, assessment methods or waiting list systems.

Negotiations for a fourth CSTDA commenced in 2006.

Box 1.1: Definitions of service groups covered by the Commonwealth State/Territory Disability Agreement

<i>Accommodation support</i>	<i>These are services that provide accommodation to people with a disability and services that provide the support needed to enable a person with a disability to remain in his or her existing accommodation or move to a more suitable or appropriate accommodation.</i>
<i>Community support</i>	<i>These services provide the support needed for a person with a disability to live in a non-institutional setting (not including support with the basic needs of living such as meal preparation and dressing included under accommodation support).</i>
<i>Community access</i>	<i>These are services designed to provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence. People who do not attend school or who are not employed full time mainly use these services.</i>
<i>Respite</i>	<i>Respite services provide a short-term and time-limited break for families and other voluntary caregivers of people with a disability, to assist in supporting and maintaining the primary caregiving relationship, while providing a positive experience for the person with a disability. Although there are therefore two 'clients' – the carer and the person with a disability – in the CSTDA NMDS collection, the person with a disability is regarded as the client. Statistical tables in this report reflect this perspective.</i>
<i>Employment</i>	<i>There are two types of employment services that provide employment assistance to people with a disability. The first type, open employment, provides assistance in obtaining and/or retaining paid employment in the open labour market. The second type, supported employment, provides employment opportunities and assistance to people with disabilities to work in specialised and supported work environments. Before 1 December 2004, there was also a third employment service type, dual open/supported services, which provided a combination of both open and supported employment services.</i>
<i>Advocacy, information and print disability</i>	<i>Advocacy services are designed to enable people with a disability to increase the control they have over their lives through the representation of their interests and views in the community. Information services provide accessible information to people with disabilities, their carers, families and related professionals. This service group also includes mutual support/self-help groups – special interest groups that promote self-advocacy – and print disability, which includes alternative formats of communication for people who by reason of their disabilities are unable to access information provided in a print medium.</i>
<i>Other</i>	<i>Includes research and evaluation, training and development, peak bodies, and any other support services completely outside any of the defined service types above.</i>

Source: AIHW 2006b.

1.3 Bilateral agreements

Bilateral agreements between states/territories and the Australian Government, relating to CSTDA services, have been a widely used adjunct to the CSTDA since they were first introduced in the 1998 Commonwealth/State Disability Agreement.

The purposes of the bilateral agreements are to:

- (a) provide for agreement and action between the Commonwealth and individual States/Territories on strategic disability issues within the broad national framework
- (b) provide a continuing procedure for negotiation and agreement between the Commonwealth and individual States/Territories on transfer of responsibility for particular services from one level of government to another and
- (c) bring into the scope of the Agreement those specialist disability services which are mutually agreed between the Commonwealth and individual States/Territories to be important to the national framework for disability services, but which are not yet included in the Agreement (CSDA 1998).

Bilateral agreements were reached in 2000 to address 'unmet need'. Under these agreements with the Commonwealth, all jurisdictions were funded to 'help address unmet needs by providing additional services which enable people with disabilities who have ageing carers to remain supported within their families in their local communities' (for example, FACS & DADHC 2000). Details of these bilateral agreements are provided in the 2002 AIHW demand study. The 2002 study was designed to assess the effectiveness of the 'unmet needs' funding in reducing unmet need for disability services and identify any remaining unmet need for disability accommodation, in-home support, day programs, respite services and disability employment services (AIHW 2002).

The purpose and some standard key principles of this funding for all jurisdictions are presented in Box 1.2.

The 'unmet need' funding was subsequently continued under the 2002-07 CSTDA. Further bilateral agreements negotiated during the current CSTDA have also focused on the needs of ageing carers of people with disabilities.

This study is largely an update of the previous unmet demand study conducted by the AIHW in 2002 and does not include new terms of reference to explore, for example, the impact of bilateral agreements made after the 2000 'unmet need' agreements. However, given the ongoing focus on the needs of ageing carers in subsequent bilateral agreements and the overall CSTDA, data on the support needs of ageing carers are again presented as part of this study (Chapter 7).

Box 1.2: Standard purposes and key principles for all states and territories, CSDA bilateral agreements in 2000

FUNDS TO ASSIST THE IN-HOME SUPPORT AND RESPITE CARE NEEDS OF PEOPLE WITH DISABILITIES WITH AGEING CARERS

(a) *Purpose:*

To help address unmet needs by providing additional services which enable people with disabilities who have ageing carers to remain supported within their families in their local communities.

The State's new contribution will be used to assist in addressing other priority areas of unmet need.

(b) *Key Principles:*

(i) *Priority will be given to people with a disability whose carer is aged over 65 (or, in the case of Aboriginal people, aged 45 years or over), including older carers in rural and remote regions. Once these most critical needs are met, attention may then be turned to those families where the carer is approaching this age with an emphasis on those who have been caring for over 30 years.*

(ii) *In supporting families, the new services will focus on a range of supports which respond most appropriately to individual circumstances and provide respite to the carer so as to enable the person with a disability to continue living at home.*

(iii) *Funding will be allocated Statewide, with a focus on support provided to families located in regional areas.*

(iv) *A focus will be on building and strengthening the capacity of communities.*

(v) *The new services will not result in cost shifting across jurisdictions or programs.*

(vi) *Where appropriate, the new services will be integrated with, and supplementary to (and not replace), existing disability and aged care funding, including Carer Respite Centres.*

(vii) *The Commonwealth funding component of the new services must be publicly acknowledged by the State.*

(viii) *Wherever possible, existing reporting mechanisms will be utilised.*

Source: FACS & DHS 2000.

1.4 A statistical picture of the CSTDA in practice

The CSTDA includes a requirement that all participating governments provide information according to the Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS). This section provides some background to the CSTDA NMDS and then uses data from the CSTDA NMDS collections to provide a brief statistical picture of the CSTDA on the ground. A brief overview of CSTDA-related government expenditure is also provided, based on financial data collected annually by jurisdictions and forwarded to the Productivity Commission for publication under the auspices of the Council of Australian Governments (SCRGSP 2006).

The CSTDA NMDS

The CSTDA NMDS and its associated collections comprise a set of nationally significant data items that are collected in all Australian jurisdictions (state, territory and Australian governments) and an agreed method of collection and transmission.

The purpose of the CSTDA NMDS collections is to facilitate the annual collation of nationally comparable data about CSTDA-funded services and obtain reliable, consistent data with minimal burden on disability service providers. The CSTDA NMDS generates comprehensive information about the five broad CSTDA service groups (accommodation support, community support, community access, respite and employment) and the clients using these service types (see Box 1.1).

Between 1994 and 2002, this information was collected on one snapshot day in the year. In recognition of the changing information needs in the disability services field, the AIHW and the National Disability Administrators (now the Disability Policy and Research Working Group) redeveloped the collection. The most significant change resulting from this redevelopment was that data are now collected on a full-year, ongoing basis. There are also additional data items about, for example, informal carers, individual funding status and (for selected service types) service quantity. Full-year data have been collected since 2003–04.

Expenditure

The total government expenditure on disability support services by Australian governments under the CSTDA in 2004–05 was \$3.6 billion. Accommodation support services accounted for half this expenditure (50%), with around one-tenth of funding to each of community access (12%), community support (11%) and employment services (9%) (Table 1.1).

Table 1.1: Expenditure on disability support services by Australian, state and territory governments, by service group and administration expenditure, 2004–05

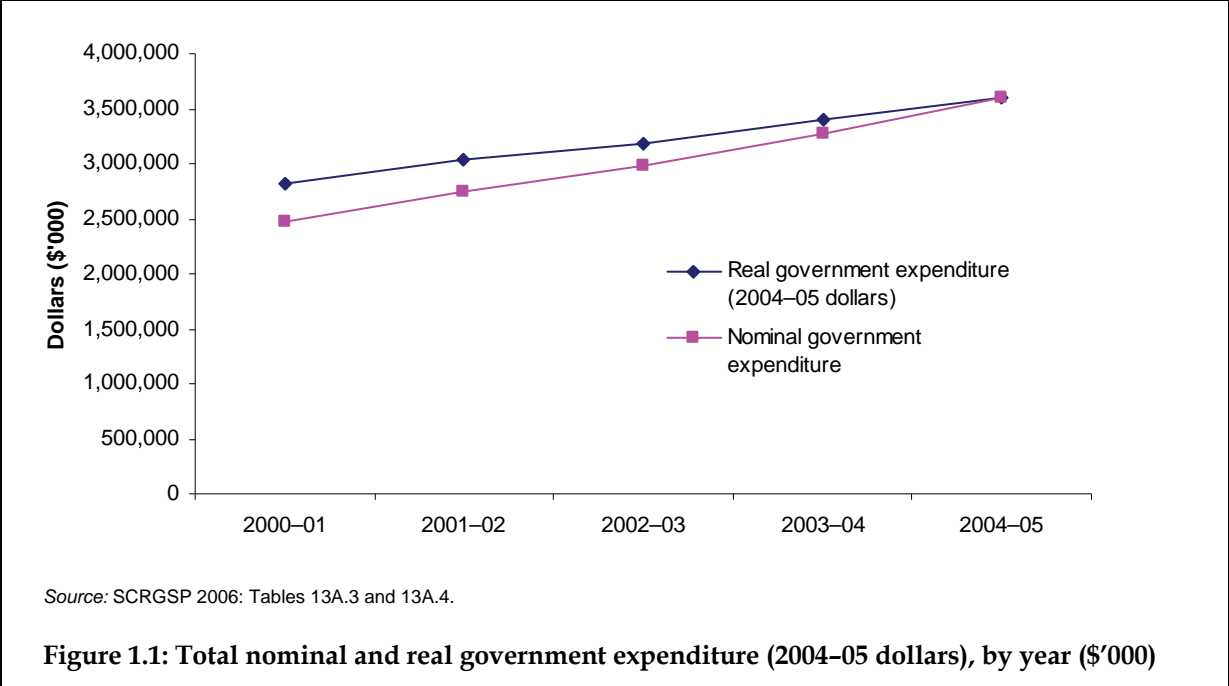
Service group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust Govt	Australia
\$ million										
Accommodation support	652.8	515.5	233.3	158.3	142.7	54.9	27.5	13.8	—	1,798.8
Community support	85.6	146.1	53.7	49.9	33.9	9.1	11.0	9.9	—	399.2
Community access	125.8	165.9	61.3	22.5	16.4	13.2	3.6	2.1	7.7 ^(a)	418.6
Respite	65.6	46.5	40.3	19.6	8.9	5.9	4.0	1.5	4.5 ^(a)	196.7
Employment	—	—	—	—	—	—	—	—	324.5	324.5
Advocacy, information and print disability	8.0	7.2	6.6	2.2	4.0	2.0	0.9	0.1	14.1	45.1
Other support	2.1	41.5	3.9	14.3	13.6	1.0	1.7	0.1	58.9	137.0
<i>Subtotal</i>	<i>940.0</i>	<i>922.7</i>	<i>399.1</i>	<i>266.6</i>	<i>219.4</i>	<i>86.1</i>	<i>48.7</i>	<i>27.5</i>	<i>409.7</i>	<i>3,319.9</i>
Administration	112.0	81.7	38.2	14.7	5.2	5.4	8.5	1.2	32.6	299.5
Total	1,052.0	1,004.5	437.3	281.3	224.6	91.4	57.2	28.8	442.3	3,619.4

(a) Australian government funded community access and respite services are funded under the CSTDA from the Employment Assistance and Other Services appropriation fund.

Note: Figures may vary from those published in the *Report on government services 2006* (SCRGSP 2006) owing to the use of different counting rules in particular jurisdictions (e.g. some jurisdictions may include funding for psychiatric-specific services in Table 1.1 but not in SCRGSP 2006).

Sources: SCRGSP 2006; and unpublished data provided to AIHW from each jurisdiction.

Total government expenditure has increased in real terms from \$2.8 billion in 2000–01 to \$3.6 billion in 2004–05 (Figure 1.1).



The CSTDA on the ground

Service users and service groups

During 2004–05, there were 200,493 users of CSTDA-funded services (Table 1.2). Victoria recorded the highest percentage of service users (38%), followed by New South Wales (23%) and Queensland (14%).

Of the five broad service groups, the most commonly accessed was community support (used by 46% of all service users), followed by employment services (32%), community access services (22%), accommodation support services (17%) and respite services (12%) (Table 1.2). Patterns of service usage varied across jurisdictions. Further details about the specific service types offered within these broad service groups are provided in Chapter 3. It should be noted that, following the introduction of a redeveloped CSTDA NMDS in 2002, recreation and holiday programs were reclassified from the community support to the community access service group. This reclassification is accounted for in the analysis presented in Chapters 3 and 5.

Table 1.2: Users of CSTDA-funded services, service group by state/territory, 2004–05

Service group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	%
Accommodation support	5,980	13,199	5,034	3,371	4,550	1,128	338	190	33,787	16.9
Community support	19,082	33,521	8,497	16,511	9,832	1,943	2,508	910	92,610	46.2
Community access	6,761	19,540	6,392	4,431	4,863	1,513	374	305	44,166	22.0
Respite	4,129	11,150	3,761	2,744	1,470	265	287	182	23,951	11.9
<i>Total state/territory services</i>	<i>28,521</i>	<i>60,069</i>	<i>16,432</i>	<i>19,499</i>	<i>15,447</i>	<i>3,658</i>	<i>3,087</i>	<i>1,350</i>	<i>147,748</i>	
Employment	19,037	18,567	12,340	6,151	5,919	1,768	793	395	64,835	32.3
Total service users	45,148	75,110	27,229	23,346	19,612	5,154	3,753	1,655	200,493	
Total per cent	22.5	37.5	13.6	11.6	9.8	2.6	1.9	0.8		

Notes

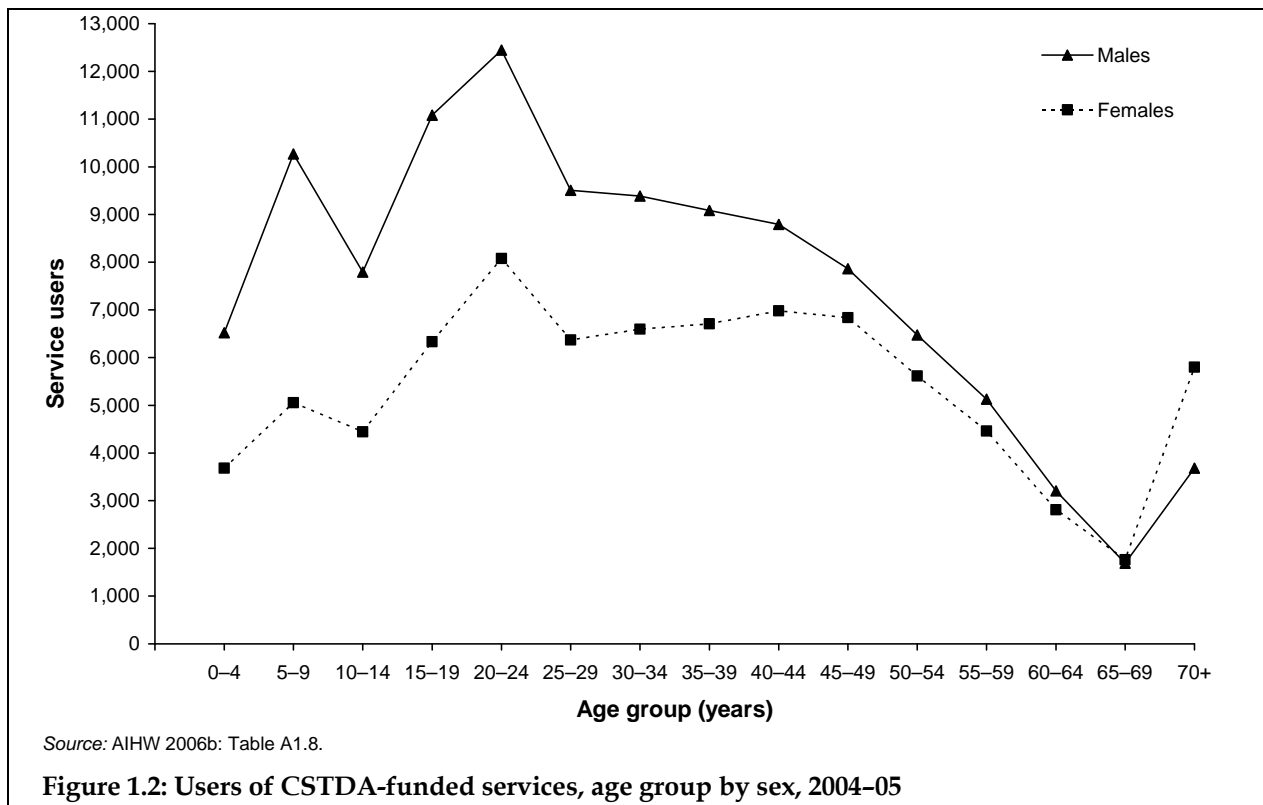
1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period from 1 July 2004 to 30 June 2005. Totals for each state/territory may not be the sum of components since individuals may have accessed services in more than one service group during the 12-month period. Totals for Australia may not be the sum of the components since individuals may have accessed services in more than one state or territory during the 12-month period.
2. Service user data were not collected for all CSTDA service types.
3. Employment totals do not include the 804 people categorised as 'independent workers' during 2004–05.

Source: AIHW 2006b.

Age and sex

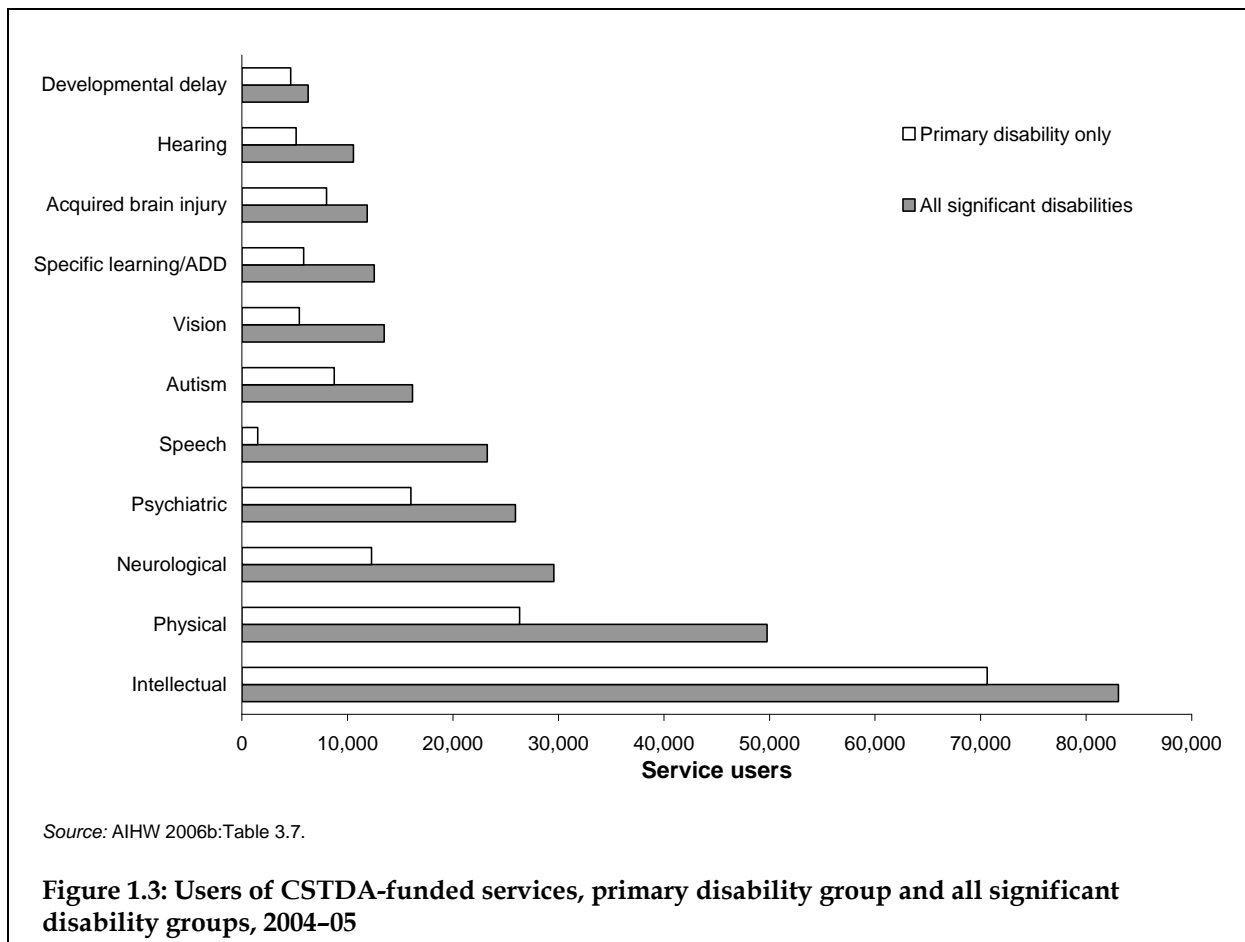
Around 56% (113,066) of service users were male, with more males than females in all 5-year age groups, except those aged 70 years and over (Figure 1.2). The largest number of service users was in the 20–24 year age bracket, for both males and females.

Females had a higher median age than males – 35.1 years for females and 29.4 years for males – and this difference was observed across all five broad service groups (AIHW 2006b:Appendix Table A1.9 and Figure 3.2). The overall median age of CSTDA service users increased by 0.5 years between 2003–04 and 2004–05 – from 30.4 years to 30.9 years (AIHW 2006b:Figure 3.3).



Disability groups

Among CSTDA service users in 2004-05, intellectual disability was the most commonly reported disability group, both in terms of the reported primary disability (35%) and overall (when considering reporting of both primary and 'other significant' disabilities) (41%) (Figure 1.3). Physical disability was the next most frequently reported group (13% as a primary disability and 25% overall). Psychiatric disability was the third most commonly reported primary disability group (8%), and neurological the third overall (15%).



Service type outlets

Under the CSTDA NMDS, a service type outlet is the unit of a funded agency that delivers a particular CSTDA service type at or from a discrete location. If a funded agency provides, for example, both accommodation support and respite services or group homes and attendant care, it is counted as two service type outlets.

There were 8,448 service type outlets funded to provide services in 2004-05, of which:

- 3,637 (43%) provided accommodation support
- 1,551 (18%) provided community access services
- 1,301 (15%) provided community support
- 709 (8%) provided respite services
- 711 (8%) provided employment services (Table 1.3).

Table 1.3: CSTDA service type outlets funded by Australian, state and territory governments, service type by state/territory, 2004–05

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	%
Accommodation support	858	1,186	662	410	309	90	72	50	3,637	43.1
Community support	254	389	277	202	124	12	20	23	1,301	15.4
Community access	342	590	319	128	98	55	11	8	1,551	18.4
Respite	143	213	159	92	70	12	10	10	709	8.4
Other support	2	52	42	16	26	8	5	3	154	1.8
Employment support	241	162	118	56	79	35	10	10	711	8.4
Advocacy, information and print disability	24	165	63	28	43	36	22	4	385	4.6
Total service type outlets	1,864	2,757	1,640	932	749	248	150	108	8,448	100.0

Notes

1. A service type outlet may, in some cases, represent two or more locations that provide the same service type. (See AIHW 2006b:Section 2.4 for discussion of the definition of 'service type outlet'.)
2. Advocacy, information and print disability includes 86 Australian government funded and 299 state/territory government funded outlets.
3. All employment service type outlets are Australian government funded.

Source: AIHW 2006b.

2 Framework and method

This chapter describes the key concepts and definitions for the current study, relates them to the key data sources and outlines the study method. This study is largely an update of analyses undertaken in previous AIHW unmet demand studies, using the most recent available data. The methodology, including details of how it was developed and agreed with national disability administrators, is discussed in more detail in the earlier reports (AIHW 1997, 2002).

2.1 Study concepts and definitions

Disability and the CSTDA target group

Disability is a multidimensional concept that relates to a person's health conditions, their body functions and structures, the activities they do, the life areas in which they participate, and the factors in their environment which affect these experiences (WHO 2001). As in previous AIHW reports, the International Classification of Functioning, Disability and Health (ICF) is used as an overarching framework for describing relevant concepts and data sources.

Disability is something that is likely to affect most people in the population, at different life stages and to varying degrees. Disability can be measured along a continuum and prevalence estimates vary according to the definition used (AIHW 2005a).

Services and assistance may seek to ameliorate disadvantage associated with any of the components of disability – impairment, activity limitation, participation restriction or environmental barriers. Services and assistance of relevance to people with disabilities include:

- generic services and assistance available to the whole population, including health, housing, transport, education and employment services
- income support, including the Disability Support Pension and Carer Allowance
- specialist disability services
- equipment or environmental modifications and
- informal support from family and friends.

Specialist disability support services provided under the CSTDA are thus situated in this mosaic of services and assistance, and levels of availability of and access to one component may affect demand for other components.

The CSTDA does not include strict eligibility criteria but rather specifies that CSTDA services should be directed towards 'people with disabilities' who require significant ongoing and/or long-term episodic support and who have a disability that manifests itself before the age of 65 years (see Chapter 1). This definition essentially means that the target group for CSTDA services is a group of people who would be regarded by most members of the community as having high levels of disability (AIHW 2002).

Carers

The vast majority of care and support for people with disabilities is provided informally by family and friends (AIHW 2005a:Table 5.21). Although the CSTDA considers people with disabilities as the clients of CSTDA services (rather than their carers), there has been increasing recognition of the crucial role of families and carers of people with disabilities. Indeed, a key policy priority of the 2002–07 CSTDA is to strengthen individuals, families and carers. This report considers the support needs of carers separately to those of the people with disabilities they provide care and assistance to.

Eligibility, need and demand

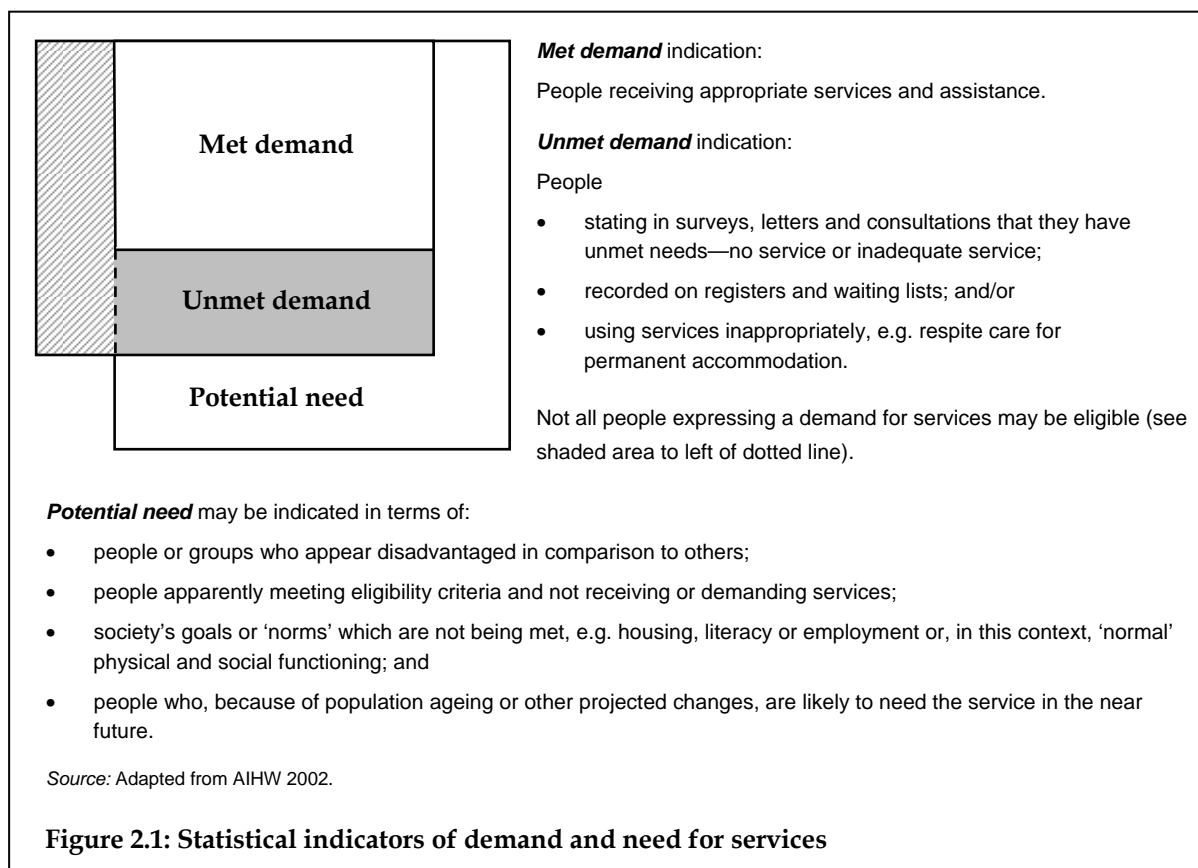
Needs and demands are complex, multidimensional concepts that may be experienced differently by people with a disability, carers, communities, service providers and program managers (AIHW 2002).

In a market economy, demand, supply and price are interconnected, each factor affected by movements of or interventions on another. Typically, the demand for publicly provided resources tends to exceed supply. The availability of clear eligibility criteria and open and accountable administrative processes is therefore required to promote equitable allocation of resources among competing demands (Charles & Webb 1986).

As previously noted, the CSTDA does not contain strict eligibility criteria but rather a definition of its target group. In practice, eligibility for services is determined at the jurisdiction (state, territory or Australian government level) or service provider level, based on more detailed criteria for prioritising competing demands among people within the CSTDA target group (see Chapter 4).

The approach used to define and describe need and demand for services in the 1997 and 2002 AIHW studies is again used in this study.

Figure 2.1 illustrates the relationships between met demand, unmet demand and potential need along with ways in which these concepts may be indicated statistically.



'Met demand' is generally considered to be people receiving an appropriate service. While met demand may be indicated by data on the number of people receiving services, such information needs to be supplemented or qualified by other information that accounts for people receiving an insufficient quantity of service or people receiving inappropriate services because the most appropriate service was not available.

'Unmet demand' is generally considered to be people who have expressed a need for a service but are not receiving the service, receiving an inadequate amount of the service or receiving an inappropriate service. Need for services may be expressed through a population survey or through administrative means such as waiting lists, registers or application processes. Some people with an 'expressed need' for a service may not be eligible for that service (but may perhaps be eligible for another type of disability service or mainstream service) and these people are represented by the striped shaded area to the left in Figure 2.2.

The terms unmet need and unmet demand are often used interchangeably in the field, and the 2002 AIHW study (AIHW 2002) predominantly used the term 'unmet need' to reflect the study's focus on 'unmet need funding' provided under CSTDA bilateral agreements (see Section 1.3). This report uses the terminology represented in Figure 2.1, referring only to the concept of unmet demand, not unmet need. Unmet demand is indicated when an individual has expressed a need for a service or assistance but this need has not been met, or has not been fully met, because, for example, a relevant service was not available or was too costly.

The concept of 'potential need', although not expressed as demand, is also important to consider for equity reasons. The larger group of people with 'potential need' for disability services also includes people with inferred and predicted need for services. These people

have similar characteristics to people currently receiving services, or demanding services, but have not expressed need for services. While neither the person nor their carers may have expressed a need for formal services, it is possible that they may do so at some time in the future. As carers age, the likelihood that potential need will translate into demand (expressed need) increases.

The concepts and terminology used in the AIHW studies of unmet demand are generally consistent with relevant literature on this topic. For example, the four definitions of 'social need' proposed by Bradshaw (1972) ('felt need', 'expressed need', 'comparative need' and 'normative need') can all be located in the above framework (see AIHW 2002 and 1997 for further discussion).

2.2 Main data sources

Population data

The Australian Bureau of Statistics (ABS) has conducted surveys on the topic of disability, ageing and carers in 1981, 1988, 1993, 1998 and 2003. This study predominantly uses the 2003 Survey of Disability, Ageing and Carers to estimate demand and unmet demand for disability support services among the Australian population. The 1998 survey is also analysed to examine changes over time in the extent and nature of met and unmet demand.

The ABS disability surveys are designed to collect comprehensive information about disability in the Australian population, with the aim of:

- measuring the prevalence of disability in Australia
- measuring the need for support for people with disability and older people
- providing a demographic and socioeconomic profile of people with disabilities, older people and carers, that can be compared with the Australian population overall (ABS 2004a).

The 2003 survey included people in both urban and rural areas of all states and territories, except for people living in remote and sparsely settled areas of the country. It included people in private and non-private dwellings, including those in cared accommodation establishments, but excluded people living in jails and correctional institutions. More detailed information on the survey is included in other AIHW publications (e.g. AIHW 2006e:Appendix 3)).

In the survey, a person has a disability if he/she has at least one of 17 limitations, restrictions or impairments, which has lasted or is likely to last for at least 6 months. People with a disability, so defined, were asked further questions about core activity limitations and schooling/employment restrictions. Those reporting core activity limitation or schooling/employment restriction are the population with a disability and a specific limitation or restriction. The population of interest for this study falls within this broad group, but is further restricted to those people requiring substantial levels of assistance (see Chapter 5).

This study also uses ABS data on the 2005 estimated resident population to update the estimates of unmet demand for population growth (Chapter 5), and ABS population

projections (Series 8) to estimate the projected growth in the population with severe or profound core activity limitation between 2006 and 2010 (ABS 2003).

Service data

Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS)

The Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS) is the primary source of disability services data for this project and is described in detail in Chapter 1. CSTDA NMDS data are used in Chapter 3 to profile 'met demand' for CSTDA services in 2004–05 and in Chapter 5 to update estimates of unmet demand (based on 2003 population data) for increases in the supply of CSTDA services between 2003–04 and 2004–05.

'Waiting list' data

Jurisdictions were asked, via a questionnaire, to provide information about their methods for managing demand for CSTDA services and to provide data from associated waiting lists or registration or application processes. This material is described in Chapter 4 and discussed in Chapter 5 in terms of validating or cross-checking the baseline estimates of unmet demand.

Other service data

A number of other service data sources are drawn on in Chapter 7 (for example, Home and Community Care National Minimum Data Set (HACC NMDS), Supported Accommodation Assistance Program National Data Collection (SAAP NDC)) in the discussion of interfaces between CSTDA services and closely related community-based aged care and other related services.

2.3 Relating study concepts to data sources

Study methodology

In brief, the study method involved:

- describing 'met demand' for (or supply of) services under the CSTDA from the CSTDA NMDS (Chapter 3)
- estimating the extent of unmet demand for disability support services using detailed analysis of the 2003 ABS Survey of Disability, Ageing and Carers
- projecting these 2003 population estimates of unmet demand forward to 2005 using ABS data on population growth
- adjusting the 2005 estimates of unmet demand to account for increases in service supply between 2003–04 and 2004–05 using CSTDA NMDS data (Chapter 5)
- comparing the resulting estimates, to check orders of magnitude, with information provided by some states on numbers of people waiting for services (Chapters 4 and 5).

To complement the data analysis, information on relevant service interfaces and other issues that have the potential to influence demand for CSTDA services is presented and discussed (Chapter 7). Main sources of this information are published reports and data, a disability peaks discussion session held at the AIHW to inform the study, and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA. These broad components have formed the basis of each of the AIHW unmet demand studies (AIHW: Madden et al. 1996; AIHW 1997, 2002). Further detail about each of them is contained below and in the following chapters.

Disability and the CSTDA target group

The CSTDA target group corresponds very closely to the ABS definition of people with 'severe and profound core activity limitation'. According to the ABS, people have a 'profound core activity limitation' if they report always needing assistance from another person to perform a core activity (self-care, mobility or communication) and a 'severe core activity limitation' if they report sometimes needing assistance from another person with a core activity or having difficulty in specified communication areas. Estimates of the number of people with severe and profound core activity limitation have been used for service planning purposes since 1999 (SCRCSSP 1999). This group is often referred to as the 'potential population' who may at some time require services. These potential population estimates correspond to the concept of 'potential need' for services (see Appendix B).

Carers

This study uses the ABS definition of carer, namely, a person of any age who provides any informal assistance, in terms of help or supervision, to people with disabilities or long-term conditions, where the assistance has to be ongoing or likely to be ongoing for at least six months (ABS 2004a). Analysis in this study focuses on primary carers, the person specified as providing the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The support needs of primary carers is analysed separately from the support needs of people with disabilities and is presented in Chapter 7.

CSTDA service types

The services offered under the CSTDA provide support in a broad range of activities, with the goal of enhancing participation in society by people with disabilities. CSTDA services are by no means the only services that can enable this participation.

The terms of reference for this study required the Institute to examine the extent of unmet demand for accommodation and respite services, community access services and employment services. Estimates of unmet demand for community support services (for example, early childhood intervention, therapy, case management, counselling) were not requested as part of this study.

Separate estimates of unmet demand are presented for community access and employment services. However, as in past Institute studies on this topic, this study presents a combined estimate of unmet demand for accommodation support and respite services. While in some senses, many of the CSTDA service types are potentially substitutable with others (for example, employment services with day activity services), it is particularly difficult to

disentangle needs for accommodation support and respite services, using population data. In considering the most appropriate services for an individual, they may be identified as potentially in need of in-home support, supported accommodation and/or respite. If any one of these services is provided, the need for the others may be reduced or disappear altogether. It is therefore often assumed that people may move between these service types and that they are, in some respects, substitutable. It is not possible to use national population data to establish which of the possible alternatives is the most appropriate – this type of assessment can only be made at an individual level, taking into account the needs of the person and their family and carers. The service response may also be heavily influenced by the greater availability of one service type than another. For these reasons, it is not possible in this study to make sharp distinctions between accommodation support and respite care.

Demand for CSTDA services

In this study, CSTDA NMDS data on supply of CSTDA services are used to indicate met demand (Chapter 3), although it is acknowledged that some people using CSTDA services may not be receiving adequate or appropriate services (that is, may have their demand only partially met). These quantitative data are complemented by the use of qualitative information about the extent to which this 'met demand' is both adequate and appropriate (Chapter 7).

Unmet demand for CSTDA services is estimated through detailed analysis of the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers (2003 and 1998).

The CSTDA itself does not specify eligibility criteria for services, other than via the broad target group. However, to use the ABS data to infer demand (expressed need) and unmet demand among the population it is necessary to relate the survey data to the desired or reasonably expected operation of the CSTDA in practice. That is, it is necessary to identify the population who, on the basis of their survey responses, would be expected to express a need for specified CSTDA service types. Critically, to infer demand for CSTDA service types, a threshold in each ABS question on frequency of need for assistance must be applied. The framework in Table 2.1 was developed, in conjunction with disability administrators, for this purpose (AIHW 2002).

This framework allows CSTDA NMDS data, ABS data and information about the CSTDA target group to be related, and thus underlies the baseline estimates of unmet demand presented in Chapter 5. The ICF broad domains for activities and participation were used to guide the construction of the relationship framework because both the ABS Survey of Disability, Ageing and Carers and the CSTDA NMDS were designed to be consistent with the international classification.

The ABS disability surveys asked respondents defined as having a disability about their frequency of need for assistance in 10 life areas: self-care, mobility, communication, health care, housework, meal preparation, property maintenance, transport, cognition and emotion, and paperwork. The frequency of assistance options are: does not need, <1/month, 1-3/month, 1/week, 2-6/week, 1/day, 2/day, 3-5/day and 6+/day (see more discussion in Chapter 5).

While needs for assistance in all of these areas are potentially relevant in determining the types of assistance an individual may require, need for CSTDA services is indicated by higher frequency needs for assistance with only some of these specified activities – self-care, mobility and communication. The need for accommodation and respite services is indicated

by higher frequency of need for assistance (at least 3–5 times a day) with the core activities (self care, mobility and communication). The need for day activity services is indicated by the need (at least daily) for assistance with two or more core activities and the need for employment services is indicated by the need for assistance (at least daily) in any core activity.

It is important to note that this framework does not represent a full picture of the approach to the ABS survey analysis undertaken in Chapter 5, as questions other than need for support with activities are also used to ‘drill’ through the population data and identify the group with unmet needs for specified CSTDA service types. The process for drilling down through the ABS data to develop baseline estimates of the number of people with disabilities who have unmet demand for CSTDA services in 2005 is illustrated in Figure 2.2, using the example of accommodation and respite services. Different criteria are used for employment and community access services, but the logic is similar. For example, in estimating unmet demand for employment and community access services, additional relevant information includes information about whether the individual currently attends a day activity and their reasons for not currently participating in the labour force.

While the framework is broad, covering the full range of activities and participation areas in which a person may have limitations and needs, in developing the estimates of unmet demand the AIHW maintained its conservative approach. For example, while it is possible that people with lower level needs than those indicated by the framework might access CSTDA services, it is intended that the support needs are fairly typical of the intended client group (AIHW 2002). Similarly, while it is possible that people with disabilities with high levels of need for assistance in non-core activities such as cognition and emotion, housework or health care, might access CSTDA services even in the absence of significant core activity limitations, these people are not included in the estimates of unmet demand. A profile of the support needs of service users accessing CSTDA services in 2004–05 is presented in Chapter 3, including a profile of their support needs across the broad range of life areas indicated in Table 2.1.

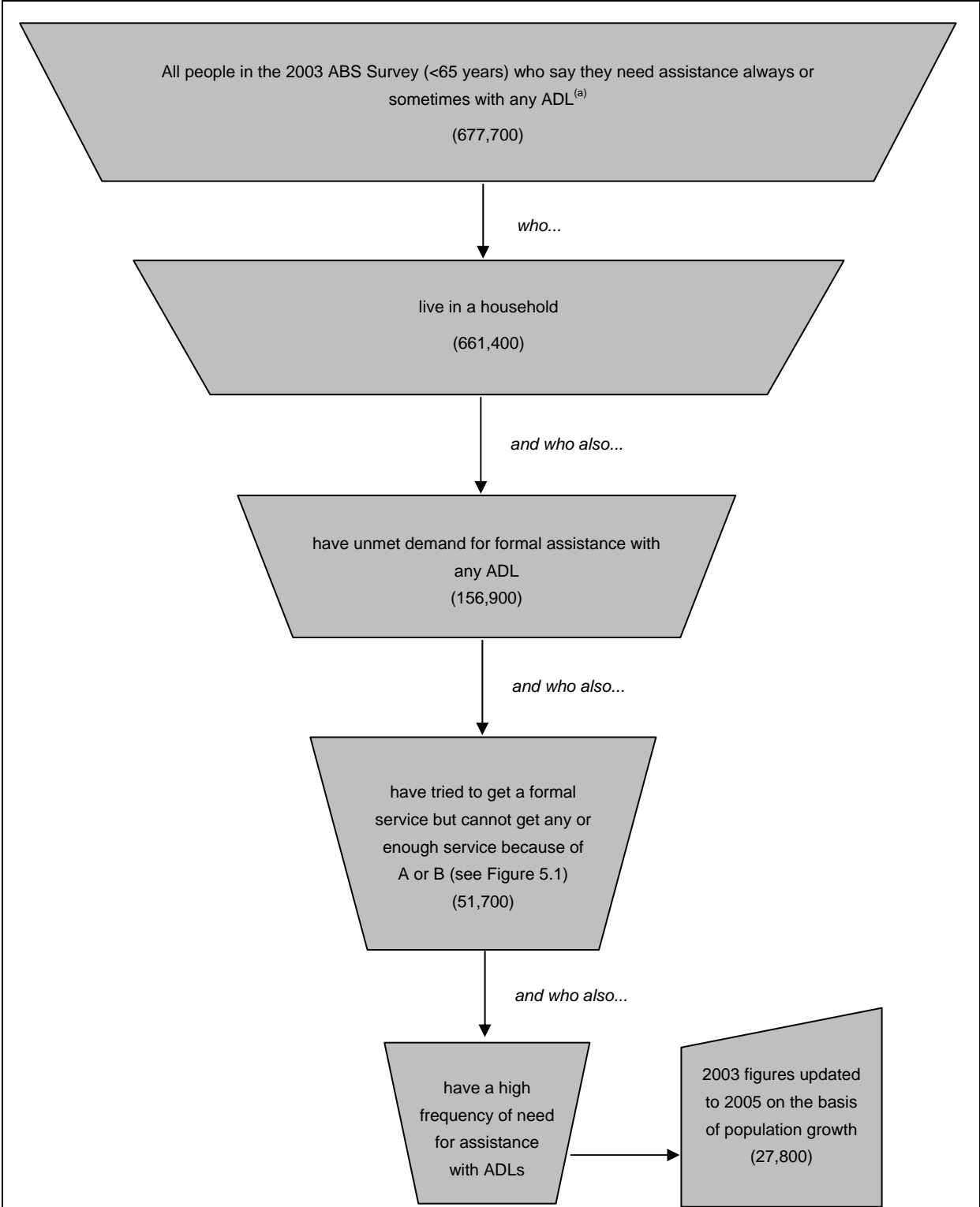
Table 2.1: Relating ABS data to the need for CSTDA services

Individual's life areas^(a)	Disability support services (CSTDA)	Relevant 'activities' questions in ABS survey	Relationship between frequency of need for assistance in ADLs^(b) and CSTDA services
Learning and applying knowledge	Community support, Community access, Employment	Guidance, communication	Community support possible.
General tasks and demands	Community support, Accommodation, Respite	Guidance, property maintenance, mobility , paperwork, communication	Accommodation & respite if at least 3–5 times per day, or less frequent if other ADL needs present.
Communication	Community support, Accommodation, Respite	Communication	Accommodation & respite if at least 3–5 times per day, or less frequent if other ADL needs present.
Mobility	Community support, Accommodation, Respite	Mobility , transport	Accommodation & respite if at least 3–5 times per day, or less frequent if other ADL needs present.
Self-care	Accommodation, Respite	Self-care , health care	Accommodation & respite if at least 3–5 times per day, or less frequent if other ADL needs present.
Domestic life	Accommodation, Respite	Housework, meal preparation	Accommodation & respite if at least 3–5 times per day, and other ADL needs present.
Interpersonal interactions and relationships	Community support, Community access, Respite	Guidance, communication	
Major life areas (education, work, economic life)	Employment, Community access	Communication, self-care, mobility , guidance, paperwork	Employment if needs at least daily support in any ADL. Community access if once daily or more for two or more ADLs.
Community, social and civic life	Community access, Community support	Communication, self care, mobility , guidance, paperwork	Community access if twice daily or more.

(a) The life domains in the left-hand column are as listed in the International Classification of Functioning, Disability and Health (ICF) (WHO 2001).

(b) Activities of Daily Living (ADLs), as mentioned in CSTDA target group definition, are highlighted in bold.

Source: Adapted from AIHW 2002.



(a) ADLs are activities of daily living: self-care, mobility and communication.

Sources: AIHW 2002 and Figure 5.1.

Figure 2.2: The process of drilling down through population data to develop baseline estimates of unmet need for accommodation and respite services in 2005

The ABS survey data are not the sole foundation of the final estimates of unmet demand. The ABS survey data are used to estimate the baseline estimates of unmet demand for accommodation and respite services, community access services and employment services, presented in Sections 5.2–5.4. These baseline estimates are updated to 2005 to account for population growth (using the 2005 ABS estimated resident population data) and also updated to account for increased supply of CSTDA services between the survey year (2003) and 2005 (using CSTDA NMDS data for 2003–04 and 2004–05). These estimates of unmet demand are then compared with other available data sources, most notably jurisdictional waiting list information, to present consolidated estimates of unmet demand in Section 5.5.

The concept of potential need has, in recent years, often been operationalised as the ‘potential population for CSTDA services’ (for example, SCRCSSP 1999). This ‘potential population’ is broadly defined as people with a severe or profound core activity limitation and some information on this group is presented in Appendix B. The ‘potential population’ for CSTDA services is generally assumed to be larger than the group of people who are likely to demand CSTDA services at any one time.

2.4 Data limitations

CSTDA NMDS

CSTDA NMDS data for 2004–05 had some limitations, relating principally to service type outlet response rates and ‘not stated’ or ‘not known’ rates for individual data items.

Overall, 94% of service type outlets provided data according to the CSTDA NMDS, varying between 70% and 100% of all outlets across jurisdictions (Table 2.2). In particular, the numbers of CSTDA service users is underestimated in the Northern Territory (where 70% of service type outlets provided data), New South Wales (85%) and, to a lesser extent, Victoria (92%).

Table 2.2: Response rates for service type outlets reported by jurisdictions, 2002–03 to 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus Gov	Total
2002–03 (%)	70	79	93	100	100	100	98	97	100	82
2003–04 (%)	80	94	97	100	100	100	93	95	100	93
2004–05 (%)	85	92	99	100	100	96	98	70	100	94

Notes

1. Response rates are based on figures provided by jurisdictions.
2. The ‘total’ response rate is based on the number of outlets in the data set, divided by the number of total outlets that would have been in the data set if all jurisdictions had a 100% response rate.
3. The response rate for Australian Capital Territory in 2003–04 is based on agency response rates rather than service type outlets.
4. During 2003–04, Queensland reported 38 service users as not providing consent for their data to be transmitted, and the Australian Capital Territory reported 35 service users.
5. During 2004–05, Queensland reported 133 service users as not providing consent for their data to be transmitted, and the Australian Capital Territory reported 36 service users.

Source: AIHW 2006b:Table 7.1.

The number of 'not stated' responses for service user data items was generally higher in the 2004–05 CSTDA NMDS collection than in previous years, varying widely across jurisdictions for most data items (Table 2.3). Of particular concern is the high level of 'not stated' rates for basic demographic and disability items such as Indigenous status (21%) and primary disability group (16%). The increase in the level of 'not stated' rates is generally assumed to be the result of jurisdictions bringing agencies into the collection that have previously supplied no data. While this practice has a positive impact on the service type outlet response rate, it has a negative impact on the accuracy with which the service user population can be profiled.

Finally, the CSTDA NMDS uses a statistical linkage key to eliminate double counting of clients who use CSTDA services provided by more than one service type outlet over the financial year. High numbers of invalid or incomplete statistical linkage keys mean that it is not possible to eliminate double counting of clients and leads to an overestimate of service user numbers. The process for collecting the statistical linkage key data items in Victoria (where clients are required to 'opt in' to the collection rather than 'opt out' as in other jurisdictions) contributes to a relatively high number of invalid statistical linkage keys and an associated relatively high estimated number of service users (see AIHW 2006b for more detail on CSTDA NMDS collection methods).

In summary, estimating the number of service users accessing CSTDA services is currently affected by low outlet response rates in some jurisdictions (leading to underestimates of client numbers in those jurisdictions) and high rates of invalid statistical linkage keys in others (leading to overestimates of service user numbers in those jurisdictions). CSTDA NMDS service user numbers are used in Chapter 5 to update the population estimates of unmet demand for CSTDA services for increases in supply of services between 2003–04 and 2004–05. There was little change in the national outlet response rate over this period (93% in 2003–04 and 94% in 2004–05) and, with the exception of the Northern Territory, there was little change in the outlet response rates for each jurisdiction over this period (Table 2.2). Similarly, there was little change over this period in the number of invalid statistical linkage keys, including those from Victoria. Thus, while it is possible that these data issues have implications for the estimates of unmet demand for CSTDA services (presented in Chapter 5), it is highly unlikely that these issues are significant since the CSTDA data used are the increases in service user numbers between 2003–04 and 2004–05, rather than the total numbers of service users. In any case, in the absence of detailed information from jurisdictions about the numbers of service users missing from CSTDA NMDS data returns (including the service types they accessed) in both 2003–04 and 2004–05, there is no methodology available to accurately eliminate these limitations statistically. High levels of 'not stated' and 'not known' responses for specific service user data items limit the accuracy with which the current CSTDA service user population can be described (Chapter 3).

Table 2.3: 'Not stated' and 'not known' response rates for service user data items, 2004–05

Data item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus Gov	Australia
Not stated										
Age	—	0.2	—	0.1	0.9	—	0.1	—	—	0.1
Date of birth	—	9.5	—	0.1	0.8	—	0.1	—	—	2.9
Sex	0.2	9.4	0.0	0.0	0.0	0.1	0.4	—	—	2.9
Indigenous status	3.6	54.8	0.0	23.3	2.2	0.4	1.2	1.9	4.1	20.8
Country of birth	7.4	19.9	1.0	29.4	3.7	0.2	2.5	0.6	3.5	11.4
Need for interpreter services	7.2	30.6	1.4	25.1	3.8	1.5	1.6	1.0	—	13.1
Method of communication	16.5	17.4	1.7	24.6	5.0	2.0	8.7	4.1	0.8	10.9
Living arrangement	9.8	24.6	1.2	24.9	2.4	1.4	1.9	2.3	2.7	12.4
Postcode of usual residence	1.7	12.2	0.2	7.2	0.9	0.3	0.3	0.8	—	4.7
Residential setting	8.0	32.4	1.1	24.4	2.2	0.7	4.0	11.5	0.0	13.7
Primary disability group	8.0	41.7	0.9	10.6	3.1	0.1	60.3	27.1	—	16.2
Frequency of support or assistance needed										
Self-care	34.3	35.5	3.5	26.7	5.9	1.1	69.3	29.8	4.7	21.6
Mobility	34.1	34.7	1.7	26.7	5.9	1.0	69.3	29.8	3.7	20.9
Communication	33.9	34.2	1.8	25.8	5.9	1.5	69.3	30.9	3.3	20.5
Interpersonal interactions and relationships	34.2	36.2	1.9	27.1	6.1	2.1	69.5	29.9	4.6	21.8
Learning, applying knowledge & general tasks & demands										
Education	30.4	30.4	4.2	28.8	7.1	3.4	45.7	31.6	4.2	19.5
Community (civic) & economic life	31.6	31.3	5.4	29.5	7.4	5.1	46.3	35.3	7.1	21.1
Domestic life	35.0	30.6	3.4	27.4	7.3	2.3	47.3	31.8	9.4	21.6
Working	39.2	38.4	3.5	26.3	6.9	2.8	3.5	29.8	9.5	23.9
Carer—existence of	43.5	40.0	7.3	29.6	7.8	6.3	4.2	33.8	4.4	24.1
Carer—primary status	26.2	26.5	1.5	27.4	0.4	2.0	68.4	—	12.5	19.6
Carer—residency status	4.8	10.5	8.3	6.3	8.8	5.5	4.8	54.9	n.a.	8.6
Carer—relationship to service user	4.8	13.4	8.7	3.5	15.8	4.5	16.0	41.0	n.a.	9.9
Carer—age group	2.7	3.7	6.0	6.6	8.3	1.1	6.0	25.2	2.4	4.6
Main income source (adult)	9.7	16.7	12.3	10.5	20.1	7.4	30.0	53.7	n.a.	14.6
Receipt of carer allowance (child)	13.6	30.6	2.6	38.8	6.0	3.7	6.1	12.2	—	14.3
Labour force status	8.6	52.3	7.6	9.7	55.5	5.9	91.3	3.3	—	31.1
Individual funding status	15.2	17.6	3.2	42.1	6.6	9.8	11.6	22.7	—	11.4
Individual funding status	11.9	9.7	2.2	0.4	65.6	14.7	70.1	7.2	—	11.1
Not known										
Main income source (adult)	3.2	0.1	2.5	2.3	21.7	3.5	21.7	4.3	4.8	4.6
Receipt of carer allowance (child)	39.8	0.9	24.5	34.1	14.9	42.6	5.0	18.9	30.0	20.4
Individual funding status	17.9	—	8.7	2.8	16.5	4.3	10.8	11.1	—	5.0

Notes

1. Figures are the percentage of total data item responses for each data source.
2. Service users accessing service type 3.02 were required to report only on data items relating to age and sex. Service users who accessed only this service type over the 12-month period are therefore excluded from calculations of 'not stated' rates for all other data items.
3. Service types 6.01–6.05 and 7.01–7.04 did not collect service user data and are therefore excluded from this table.
4. Service types 5.01–5.03 were not required to collect data on carer—primary status, carer—residency status, and carer—age group. 'Not stated' rate calculations therefore exclude 5.01–5.03 service types for these data items.
5. 'Not stated' rates for carer—primary status, carer—residency status, carer—relationship to service user, and carer—age group are based only on those service users who answered 'yes' to the item carer—existence of.
6. The high level of data missing on some data items for the Australian Capital Territory is due to the inclusion of clients of therapy services in the collection process for the first time, for which minimal client information was submitted.
7. Data from a new electronic database which is under development have contributed to a number of 'not stated' data items in Western Australia.

Source: AIHW 2006b: Table 7.2.

Jurisdiction waiting list and registration data

A questionnaire was used to gather information from jurisdictions on methods of managing demand and numbers and characteristics of people waiting for CSTDA services. Five of the nine jurisdictions were able to provide data from waiting lists, registers or application processes on numbers of people with unmet demand. However, the data provided were not comparable between jurisdictions, and were subject to various data issues and limitations (discussed in Section 4.3); also, there was substantial and unexplained variation in the national equivalent estimates of unmet demand for different service types based on jurisdiction data (Section 5.5). In the context of the current study, therefore, only very limited use can be made of these jurisdiction data.

ABS Survey of Disability, Ageing and Carers

As with any population survey, there are some data limitations to the ABS Survey of Disability, Ageing and Carers (2003). In terms of coverage, the survey sample included people in private and non-private dwellings, including those in cared accommodation establishments, but excluded people living in jails and correctional institutions. People in remote or sparsely settled areas of Australia were not sampled. Estimates produced from sample surveys are based on information obtained from occupants of a sample of dwellings (the 2003 disability survey included 36,241 people for the household component and 5,145 people for the cared accommodation component). Sampling error – the difference between the published estimates, derived from a sample of persons, and the value that would have been produced if all persons in the scope of the survey had been included – is indicated in ABS publications, and in this report, as a relative standard error (RSE). Estimates with an RSE of 25% to 50% could be used with caution and estimates with an RSE of greater than 50% are considered too unreliable for general use (ABS 2004a). Finally, it has been noted that the ABS disability survey questions about core activity limitations mainly focus on physical abilities, and may emphasise the presence of limitations arising from physical impairment (Madden et al. 1995). It is therefore possible that the number of people with a severe or profound core activity limitation may mismatch, to some extent, the number of people for whom CSTDA-funded services would be appropriate. This has particular implications in estimating the number of people with intellectual or psychiatric disability, where this disability is present in the absence of core activity limitations (see Chapter 5 for more detail).

3 Profile of met demand

This chapter presents analyses of the 2004–05 CSTDA NMDS data to provide a picture of the current patterns of specialist disability service use and provision, both nationally and in every jurisdiction. Some comparisons between 2003–04 and 2004–05 are presented in order to obtain an estimate of increase in met demand over the 12-month period.

While data on supply of CSTDA services are used to indicate met demand, it is acknowledged that some people using CSTDA services may not be receiving adequate or appropriate services, that is, they may have their demand only partially met.

Refer to Chapters 1 and 2 of this report for an overview of CSTDA NMDS (including data limitations) and for further information on defining met demand (Figure 2.1).

3.1 Overview of services accessed, 2003–04 and 2004–05

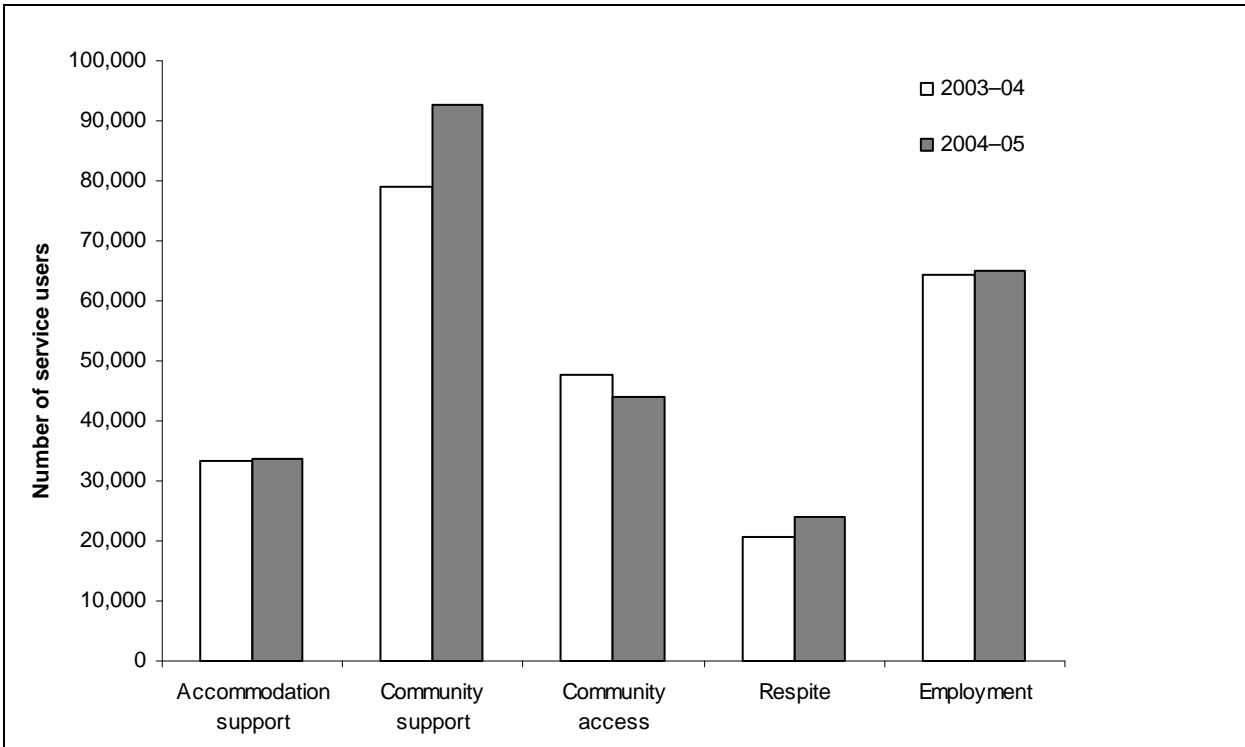
Overall, there were 200,493 people recorded as accessing CSTDA-funded services during 2004–05, up from 187,806 in 2003–04. There was an increase across all broad service groups except community access (Figure 3.1). The largest increase was for users of community support – from 78,847 to 92,610 service users – followed by respite (from 20,547 to 23,951 service users).

There were notable increases in the following service types over the two years: therapy support for individuals (21,372 to 29,111 service users); in-home accommodation support (14,890 to 16,055 service users); other community access¹ (11,270 to 13,212 service users) and flexible/combination respite (9,141 to 11,103 service users) (Table 3.1).

Service user numbers increased across all states and territories between 2003–04 and 2004–05, with the largest increase being in Victoria (Figure 3.2).

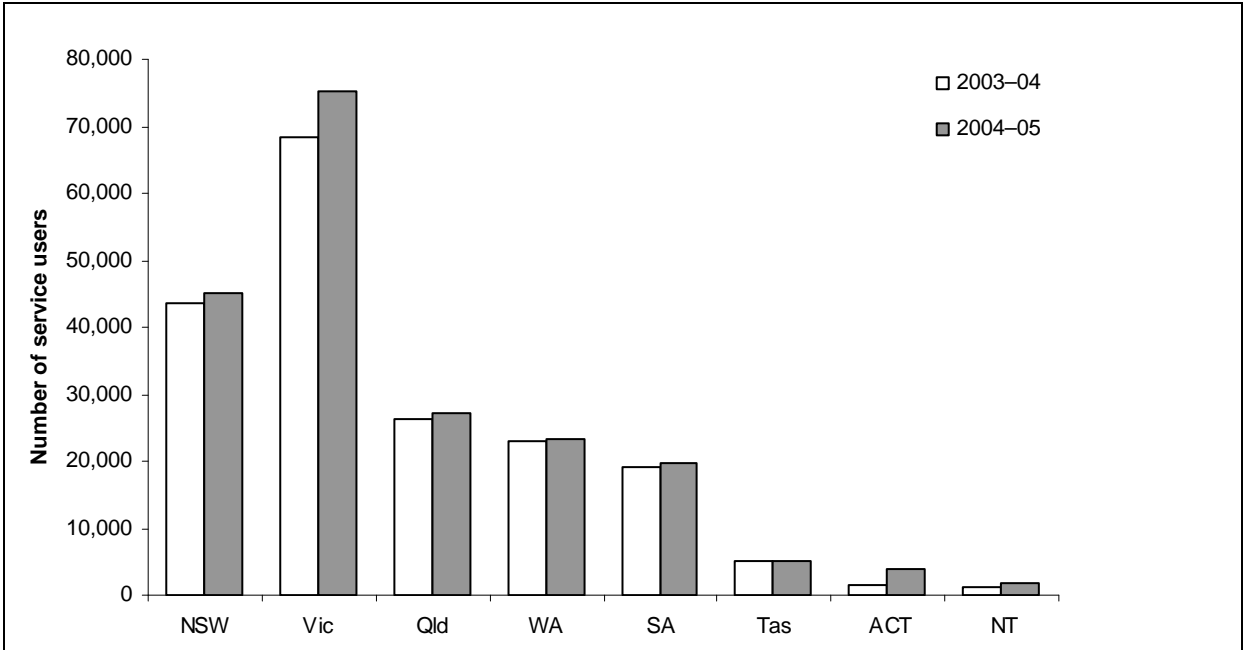
The vast majority of service users accessing both state/territory and Australian government funded services used services in the non-government sector (167,479 service users or 84%) (AIHW 2006b:Tables 3.2 and 3.3).

¹ ‘Other community access’ includes services other than learning and life skills development services and recreation/holiday programs, for example, activities designed to improve service users’ physical, cognitive and perceptual abilities, encourage self-esteem growth and providing opportunities to socialise (AIHW 2006f).



Source: Table 3.1.

Figure 3.1: Users of CSTDA-funded services, number of service users by service group, 2003-04 and 2004-05



Sources: Tables A3.1 and A3.2.

Figure 3.2: Users of CSTDA-funded services, number of service users by state/territory, 2003-04 and 2004-05

Table 3.1: Users of CSTDA-funded services, by service type, 2003–04 and 2004–05

Service type	2003–04		2004–05		Change in number of service users
	No.	%	No.	%	
Accommodation support					
Large residential/institution	3,939	11.9	3,848	11.4	–91
Small residential/institution	964	2.9	897	2.7	–67
Hostels	408	1.2	326	1.0	–82
Group homes	11,308	34.1	10,722	31.7	–586
Attendant care/personal care	1,718	5.2	2,064	6.1	+346
In-home accommodation support	14,890	44.9	16,055	47.5	+1,165
Alternative family placement	346	1.0	351	1.0	+5
Other accommodation support	875	2.6	772	2.3	–103
<i>Total accommodation support</i>	<i>33,175</i>	<i>100.0</i>	<i>33,787</i>	<i>100.0</i>	<i>+612</i>
<i>Per cent of column total</i>	<i>17.7</i>		<i>16.9</i>		
Community support					
Therapy support for individuals	21,372	27.1	29,111	31.4	+7,739
Early childhood intervention	15,568	19.7	15,688	16.9	+120
Behaviour/specialist intervention	4,978	6.3	5,454	5.9	+476
Counselling (individual/family/group)	2,717	3.4	3,083	3.3	+366
Regional resource and support	9,201	11.7	9,273	10.0	+72
Case management, local	39,676	50.3	42,614	46.0	+2,938
Other community support	4,516	5.7	6,369	6.9	+1,853
<i>Total community support</i>	<i>78,847</i>	<i>100.0</i>	<i>92,610</i>	<i>100.0</i>	<i>+13,763</i>
<i>Per cent of column total</i>	<i>42.0</i>		<i>46.2</i>		
Community access					
Learning and life skills development	24,821	52.1	25,111	56.9	+290
Recreation/holiday programs	13,631	28.6	7,822	17.7	–5,809
Other community access	11,270	23.7	13,212	29.9	+1,942
<i>Total community access</i>	<i>47,636</i>	<i>100.0</i>	<i>44,166</i>	<i>100.0</i>	<i>–3,470</i>
<i>Per cent of column total</i>	<i>25.4</i>		<i>22.0</i>		
Respite					
Own home respite	1,798	8.8	2,792	11.7	+994
Centre-based respite/respite homes	9,601	46.7	11,011	46.0	+1,410
Host family respite/peer support	1,229	6.0	1,150	4.8	–79
Flexible/combination respite	9,141	44.5	11,103	46.4	+1,962
Other respite	1,522	7.4	1,655	6.9	+133
<i>Total respite</i>	<i>20,547</i>	<i>100.0</i>	<i>23,951</i>	<i>100.0</i>	<i>+3,404</i>
<i>Per cent of column total</i>	<i>10.9</i>		<i>11.9</i>		
Employment					
Open employment	43,042	67.0	43,831	67.6	+789
Supported employment	18,637	29.0	18,615	28.7	–22
Open and supported	4,100	6.4	3,635	5.6	–465
<i>Total employment</i>	<i>64,281</i>	<i>100.0</i>	<i>64,835</i>	<i>100.0</i>	<i>+554</i>
<i>Per cent of column total</i>	<i>34.2</i>		<i>32.3</i>		
Total	187,806		200,493		+12,687

Notes

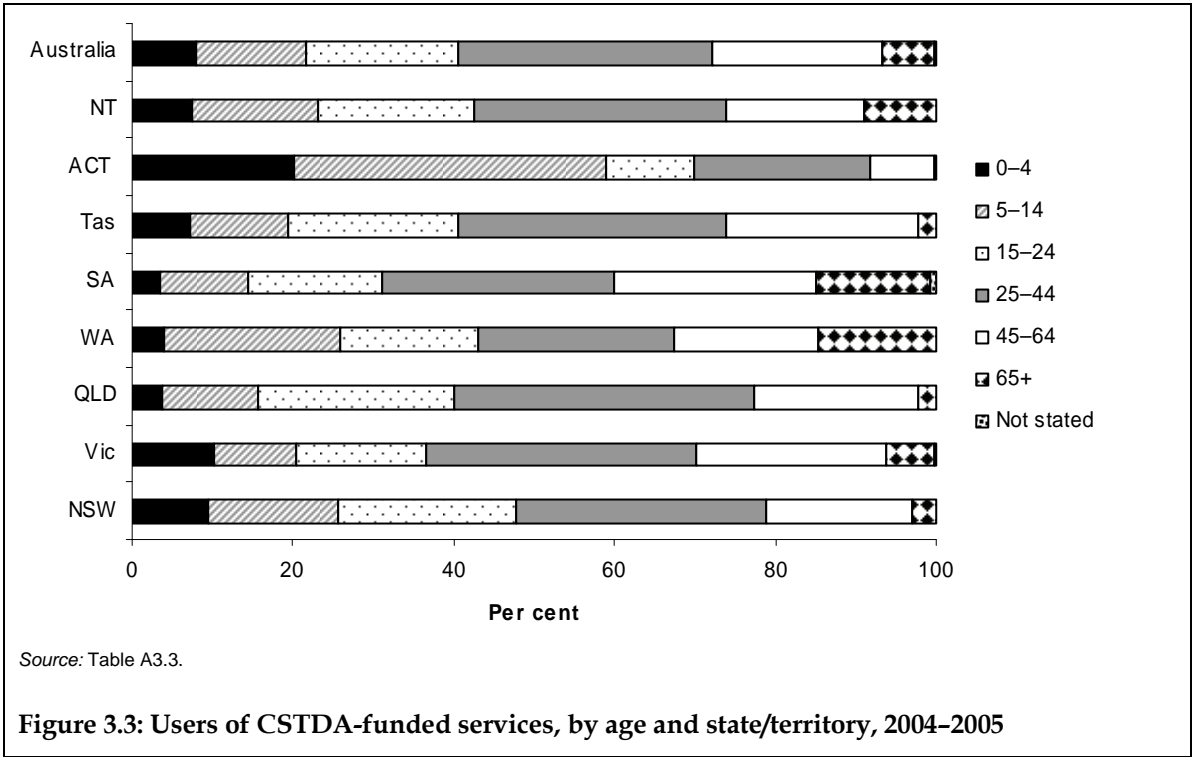
1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Totals for Australia may not be the sum of the components since individuals may have accessed services in more than one state or territory during the 12-month period. Service group totals may not be the sum of service components since individuals may have accessed more than one service type outlet from a service group over the 12-month period. Grand totals may not be the sum of service group components since individuals may have accessed more than one service group over the 12-month period. Service user data were not collected for all CSTDA service types.
2. Differences in service type outlet response rates between jurisdictions should be considered when comparing jurisdictional data (see Section 2.3).
3. Victorian data for 2003–04 are reported to be significantly understated; errors in the 'date of last service received' as well as lower than expected response rates have led to under-counting of service users in that year.

Sources: AIHW 2005d, 2006b.

3.2 Profile of service users, 2004–05

Age, sex and disability group

Of the 200,493 service users in Australia, 113,066 (56%) were males and 81,667 (41%) were females (Table A3.3). Of all service users, 22% were aged under 15 years and 7% were aged over 65 years. The age distribution of service users varied across jurisdictions (Figure 3.3). With Australian Capital Territory data excluded, the proportion of service users aged under 15 years was slightly less (21%).



The median age of service users was higher in South Australia (38.5 years) and considerably lower in the Australian Capital Territory (9.8 years) than nationally (30.9 years) (Table 3.2). Of all service groups, community support and respite services had the lowest median age, 20.0 and 20.4 years respectively.

Table 3.2: Users of CSTDA-funded services, median age (years) by service group and state/territory, 2004–05

Service group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Accommodation support	42.5	40.3	39.8	38.4	52.0	42.7	38.9	31.6	41.7
Community support	11.9	22.8	19.3	26.1	31.4	17.8	6.6	31.0	20.0
Community access	33.9	39.8	32.4	33.1	50.9	35.5	30.3	30.3	37.5
Respite	17.2	23.4	19.1	17.4	25.2	19.4	21.0	30.5	20.4
Employment	31.9	35.9	32.2	33.3	34.3	32.6	30.9	27.5	33.5
All services	26.2	33.1	30.0	30.8	38.5	31.0	9.8	29.9	30.9

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Service user data were not collected for all CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services.
2. Service users with missing age who responded 'child aged under 5 years (not applicable)' to *the communication method* data item were included in the median age calculations as aged 2.5 years.

Source: AIHW analysis of 2004–05 CSTDA NMDS data.

The CSTDA NMDS disability groups can be placed into five major categories – intellectual/learning, physical/diverse, sensory/speech, acquired brain injury (ABI) and psychiatric. A primary disability group and one or more other significant disabilities can be recorded for each service user. Intellectual/learning disability was the most commonly reported primary disability by all service users (45%), followed by physical/diverse disability (19%), psychiatric (8%) and sensory/speech (7%) (Table 3.3).

A similar pattern was observed when all disabilities were considered. Interestingly, the proportion of service users with sensory/speech disability as a primary disability group was markedly lower (7%) than the proportion of service users with sensory disability recorded as primary or other significant disability (27%), suggesting that, compared with other types of disabilities, sensory disabilities may often be experienced as accompanying and secondary to other disabilities.

Variation in disability group profile across jurisdictions may reflect state/territory policy priorities, that is, different disability groups may be particularly targeted in different jurisdictions. The high number of not stated responses for this data item makes analysis very difficult. In particular, data for the Australian Capital Territory, Victoria and the Northern Territory have not stated responses of 51%, 34% and 25% respectively.

The average number of disability groups reported per service user was 1.7. This number varied across jurisdictions, ranging from 1.5 in Western Australia to 2.0 in the Northern Territory.

Table 3.3: Users of CSTDA-funded services, primary disability group and all significant disability groups, by state/territory, 2004–05 (per cent)

Disability group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Primary									
Intellectual/learning	59.0	33.3	49.6	50.2	44.4	56.3	28.8	34.7	44.8
Physical/diverse	16.2	16.1	24.2	29.3	21.1	22.0	7.7	23.3	19.2
ABI	2.8	3.7	4.0	2.9	8.7	6.9	2.1	5.3	4.0
Sensory/speech	7.1	5.9	5.5	4.2	16.5	3.1	4.8	6.7	6.9
Psychiatric	9.0	7.5	14.1	4.3	4.1	8.4	5.8	4.9	8.0
Not stated/not collected	5.9	33.6	2.6	9.0	5.2	3.3	50.9	25.1	17.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All significant disabilities									
Intellectual/learning	75.9	45.2	68.6	62.8	56.5	69.1	38.4	54.4	58.9
Physical/diverse	38.4	32.5	49.3	45.3	50.6	48.1	21.6	45.9	39.6
ABI	4.1	6.2	6.7	3.9	10.0	7.9	5.2	6.7	5.9
Sensory/speech	28.9	22.1	31.2	18.9	42.0	25.7	20.2	33.8	26.5
Psychiatric	14.4	12.1	19.1	7.3	10.9	16.3	9.8	7.8	12.9
Average number of disability groups									
	1.7	1.8	1.8	1.5	1.8	1.7	1.9	2.0	1.7

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Data on primary disability were not collected for all CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support, and recreation/holiday programs services.
2. 'Not stated/not collected' includes both service users accessing only recreation/holiday programs for whom disability data were not collected (see AIHW 2006b:Section 2.2) and other service users with no response.
3. All significant disabilities includes primary and all other disabilities recorded.

Source: AIHW analysis of 2004–05 CSTDA NMDS data.

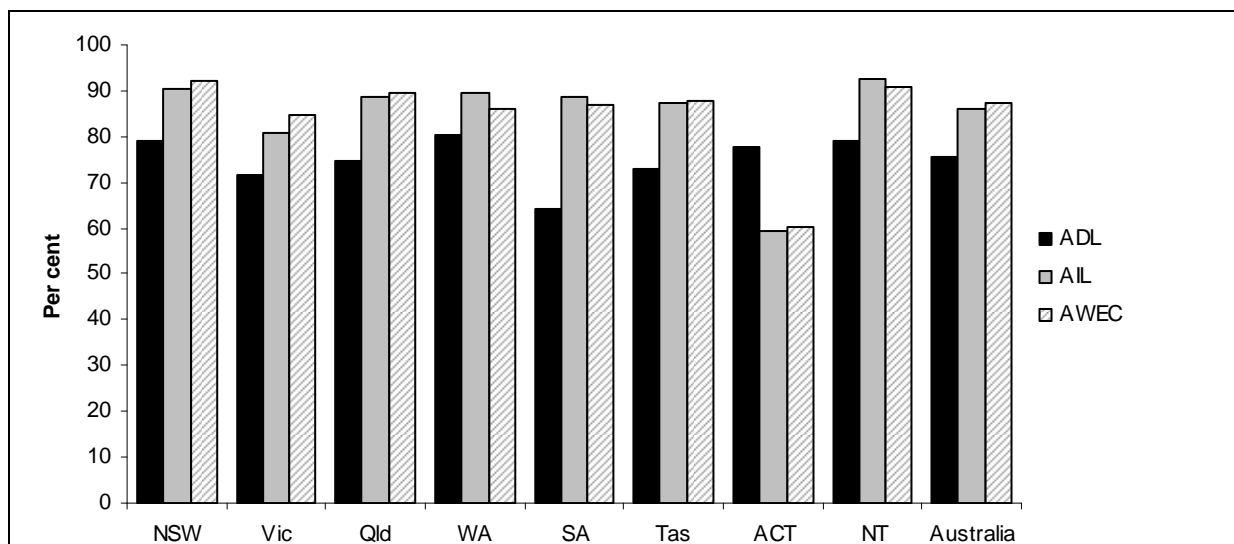
Support needs and informal care

Data on support needs are collected in nine life areas that can be categorised into three main groups: activities of daily living (ADL), activities of independent living (AIL) and activities of work, education and community living (AWEC).² CSTDA service users generally have high support needs: 59% sometimes or always needed support with at least one ADL; 69% with at least one AIL; and 68% with at least one AWEC (Table A3.4). Across all jurisdictions (except the Australian Capital Territory), greater proportions of service users always or sometimes needed support in AWEC or AIL than in ADL (Figure 3.4).

As the support needs question had a high rate of 'not stated/not collected' responses, these data should be interpreted cautiously.

2 Each category includes the following life areas:

- ADL – self-care; mobility; and communication
- AIL – interpersonal interactions and relationships; learning, applying knowledge and general tasks and demands; and domestic life
- AWEC – includes education; community (civic) and economic life; and working.

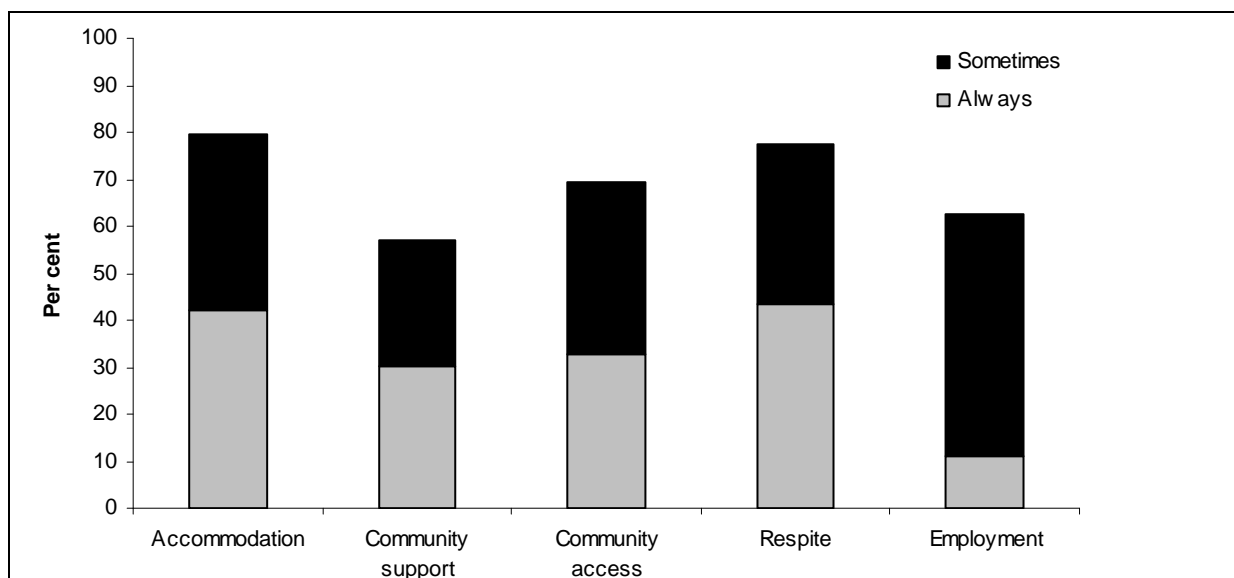


Note: Percentages exclude service users whose data on support needs were not stated/not collected.

Source: Table A3.4.

Figure 3.4: Users of CSTDA-funded services, percentage of service users who always or sometimes needed support, by life area, 2004-05

Figure 3.5 shows that a higher proportion of service users reported always needing assistance in ADL across all service groups, except community access and employment. Respite and accommodation and service users were more likely, and employment service users less likely, than other users to report always needing assistance in ADL (Table A3.5).

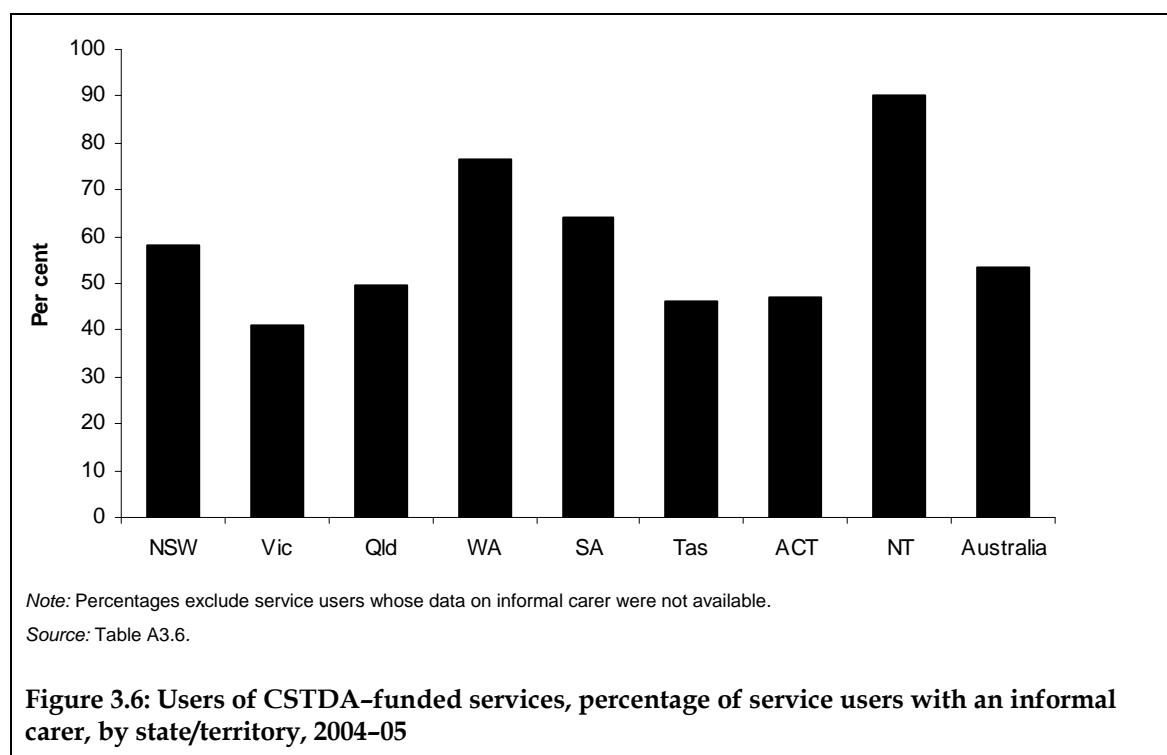


Note: Percentages exclude service users whose data on support needs were not stated/not collected.

Source: Table A3.5

Figure 3.5: Users of CSTDA-funded services, percentage of service users who always or sometimes needed support in activities of daily living, 2004-05

Of the 159,500 service users who reported information on informal care, 84,964 (53%) reported that they had an informal carer (Figure 3.6). This proportion varied across jurisdictions from 41% in Victoria to 90% in the Northern Territory.



Of those service users with an informal carer, the majority (68%) reported that this carer was their mother (Table A3.7). When considering only those informal carers whose age was reported, the majority of carers in each jurisdiction were aged 25-44 years (Figure 3.7). A very small proportion of all informal carers in Australia were aged less than 15 years (0.3%) and 9% were aged 65 years and over (Table A3.8). Ageing informal carers (aged 65 years and over) were most likely to be mothers caring for a son or daughter (58%) (Table A3.7). Across all states and territories (except Tasmania), a greater proportion of Indigenous than non-Indigenous people reported an informal carer (Table A3.9). However, this statement should be interpreted with caution given the relatively high rate of 'not stated' responses for existence of an informal carer and Indigenous status. It is possible these data may reflect the extended kinship patterns that exist in many Aboriginal and Torres Strait Islander families (ABS & AIHW 2005), however, further information and analysis are required to explore the differences between Indigenous and non-Indigenous service users.

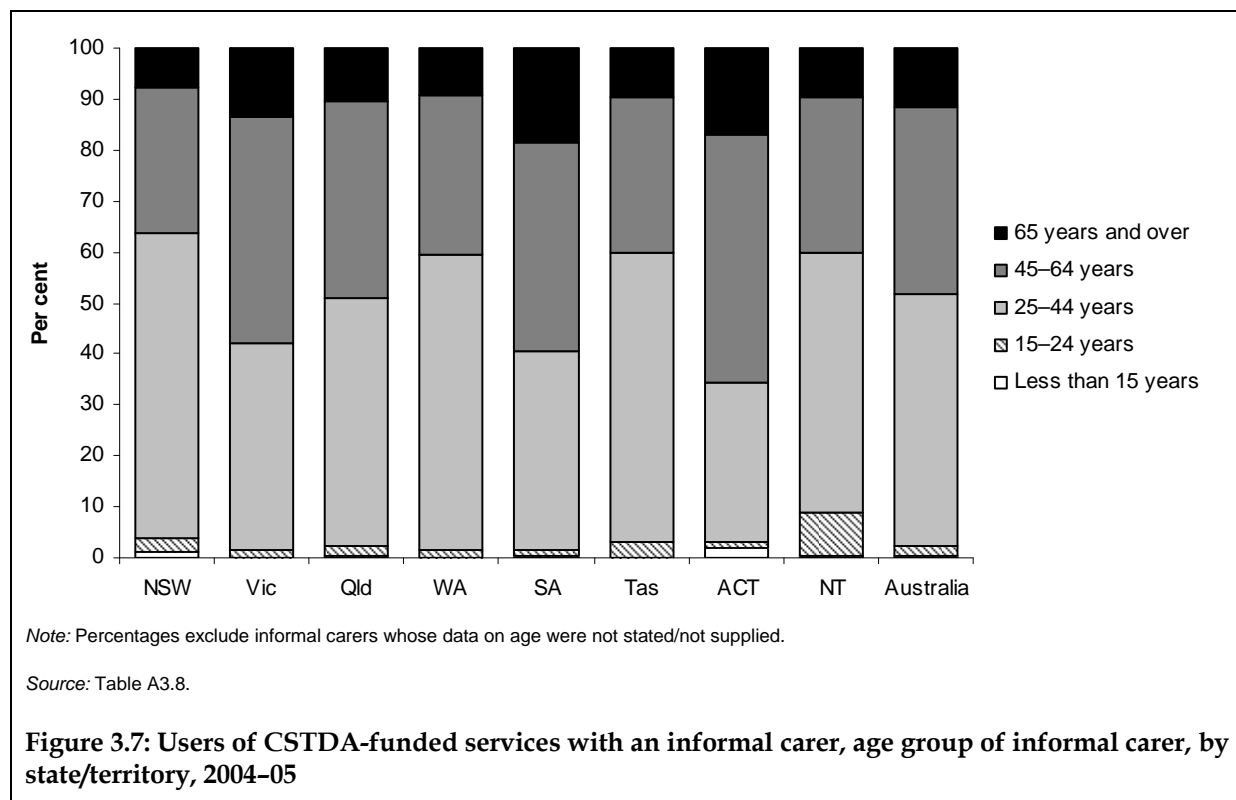


Table 3.4 shows that of the 7,245 service users with an ageing informal carer, there were 5,572 ageing primary carers. A carer was considered to be ‘a primary carer’ if he or she assisted the service user in one or more of the three activities of daily living – self-care, mobility or communication (AIHW 2004a). Of the 5,572 ageing primary carers, over three-quarters were co-resident.

Table 3.4: Users of CSTDA-funded services with an informal carer aged 65 years or more, residency status of carer by primary status of carer, 2004-05

Residency status of carer	Primary status of carer						Total	
	Yes		No		Not stated/not collected			
	No.	%	No.	%	No.	%	No.	%
Co-resident carer	4,436	79.6	581	36.2	26	38.2	5,043	69.6
Non-resident carer	953	17.1	785	48.9	25	36.8	1,763	24.3
Not stated/not collected	183	3.3	239	14.9	17	25.0	439	6.1
Total	5,572	100.0	1,605	100.0	68	100.0	7,245	100.0

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period.
2. ‘Not stated/not collected’ includes both service users accessing only recreation/holiday programs for whom informal carer data were not collected (see AIHW 2006b:Section 2.2) and other service users with no response.

Source: AIHW analysis of 2004-05 CSTDA NMDS data.

Indigenous status

A total of 6,285 service users (3.1%) were of Aboriginal and/or Torres Strait Islander background, compared with 2.7% in the general population (Table 3.5). Not surprisingly, the Northern Territory had the highest percentage of Indigenous service users (31% of service users), followed by Western Australia and Queensland (5%) and New South Wales (4%).

This information should be interpreted with caution due to the high 'not stated/not collected' rates. Information about Indigenous status was not collected for 21% of service users, with particularly high missing rates in certain jurisdictions.

Table 3.5: Users of CSTDA-funded services, Indigenous status by state/territory and proportion of Indigenous people in the general population aged 0–64 years, 2004–05

State/territory	Indigenous		Non-Indigenous		Not stated/ not collected		Total		People of Indigenous origin in pop'n aged 0–64 yrs
	No.	%	No.	%	No.	%	No.	%	%
NSW	1,566	3.5	41,853	92.7	1,729	3.8	45,148	100.0	2.4
Vic	986	1.3	39,900	53.1	34,224	45.6	75,110	100.0	0.7
Qld	1,268	4.7	25,495	93.6	466	1.7	27,229	100.0	3.8
WA	1,142	4.9	17,649	75.6	4,555	19.5	23,346	100.0	3.9
SA	637	3.2	18,042	92.0	933	4.8	19,612	100.0	2.0
Tas	154	3.0	4,734	91.9	266	5.2	5,154	100.0	4.3
ACT	50	1.3	3,531	94.1	172	4.6	3,753	100.0	1.4
NT	518	31.3	1,043	63.0	94	5.7	1,655	100.0	30.3
Australia	6,285	3.1	151,774	75.7	42,434	21.2	200,493	100.0	2.7

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Totals for Australia may not be the sum of components since individuals may have accessed services in more than one state/territory during the 12-month period. Service user data were not collected for all CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services.
2. In tables the term 'Indigenous' refers to service users who identified as Aboriginal and/or Torres Strait Islander people. 'Non-Indigenous' refers to service users who reported not being of Aboriginal or Torres Strait Islander background.
3. 'Not stated/not collected' includes both service users accessing only recreation/holiday programs for whom Indigenous data were not collected (see AIHW 2006b: \Section 2.2) and other service users with no response.

Sources: AIHW analysis of 2004–05 CSTDA NMDS and ABS 2004b, 2004c (for population data).

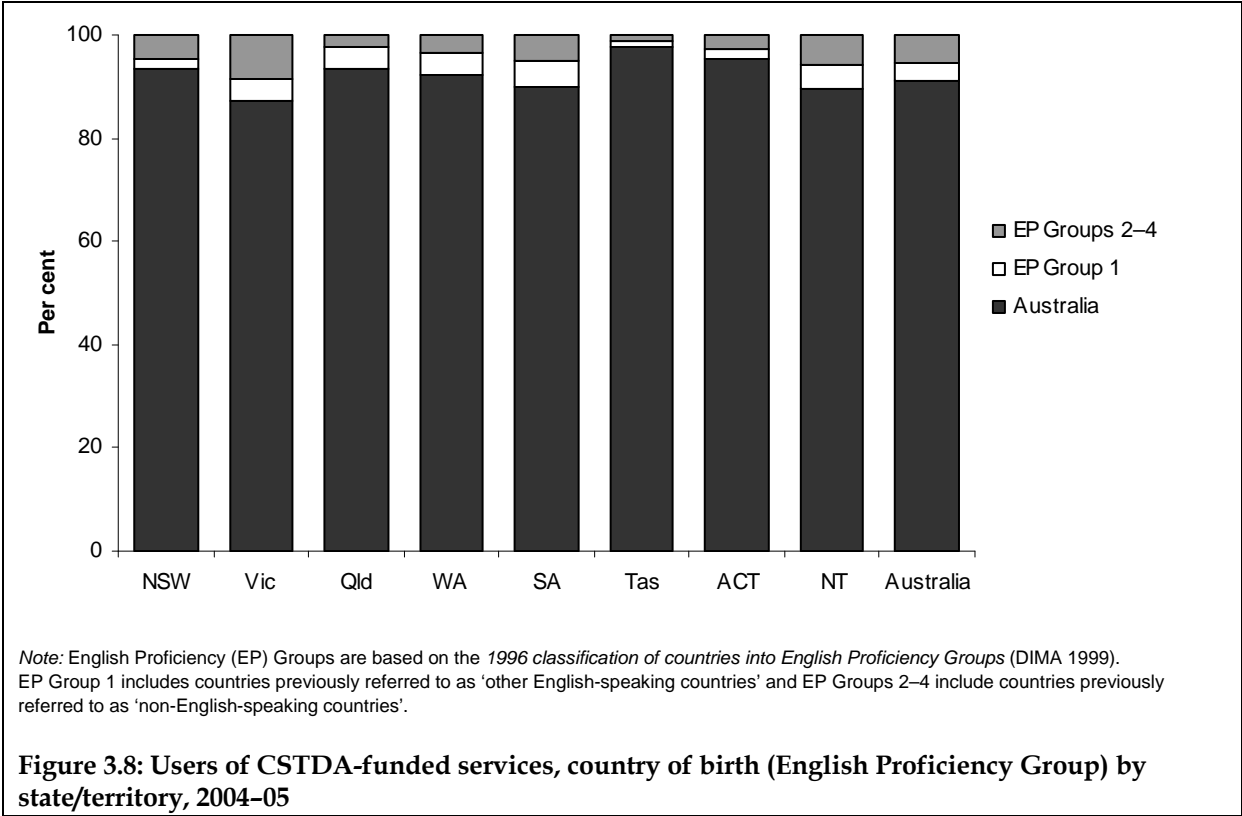
The median age of Indigenous service users (23.9 years) was lower than for other service users (30.4 years) (Table A1.10; AIHW 2006b).

As for the overall service user population, Indigenous service users most commonly reported intellectual/learning disability (53%), followed by physical/diverse (21%) (Table A3.10).

A larger proportion of Indigenous service users accessed respite (4.0%) and community support (3.9%) services than for all service groups (3.1%). Correspondingly, a smaller proportion of Indigenous service users accessed employment and community access services (both 2.7%) (Table A3.11).

Country of birth

The vast majority of CSTDA service users (91%) were born in Australia, ranging from 87% in Victoria to 98% in Tasmania (Figure 3.8). A further 3.6% were born in 'other English-speaking countries' classified under English Proficiency Group 1, and the remaining 5.5% in non-English-speaking countries (English Proficiency Groups 2-4).



Location of service users

The majority of service users lived in major cities (Table 3.6). Of all the states and territories, the Northern Territory had the highest proportion of service users from remote and very remote areas (31%). Compared to the general population, people from remote and very remote areas were under-represented among service users in the Northern Territory, Western Australia, Tasmania and Queensland.

Table 3.6: Users of CSTDA-funded services, service user location by state/territory, 2004–05

Location of service user	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Service users (number)									
Major cities	28,814	45,374	14,234	15,619	14,069	12	3,590	4	121,471
Inner regional	11,052	18,270	7,020	2,896	2,155	3,503	32	1	44,753
Outer regional	4,041	4,062	4,524	2,257	1,928	1,412	3	1,054	19,206
Remote	247	71	478	802	640	43	0	318	2,587
Very remote	88	2	341	380	141	7	1	201	1,155
<i>All service users</i>	<i>45,148</i>	<i>75,110</i>	<i>27,229</i>	<i>23,346</i>	<i>19,612</i>	<i>5,154</i>	<i>3,753</i>	<i>1,655</i>	<i>200,493</i>
Service users (per cent)									
Major cities	63.8	60.4	52.3	66.9	71.7	0.2	95.7	0.2	60.6
Inner regional	24.5	24.3	25.8	12.4	11.0	68.0	0.9	0.1	22.3
Outer regional	9.0	5.4	16.6	9.7	9.8	27.4	0.1	63.7	9.6
Remote	0.5	0.1	1.8	3.4	3.3	0.8	0.0	19.2	1.3
Very remote	0.2	0.0	1.3	1.6	0.7	0.1	0.0	12.1	0.6
<i>All service users</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
General population—people aged under 65 years (per cent)									
Major cities	72.2	73.8	53.0	70.4	71.7	0.0	99.8	0.0	66.6
Inner regional	20.1	21.1	25.5	12.8	12.8	63.9	0.2	0.0	20.6
Outer regional	6.9	4.9	17.6	9.3	11.5	33.9	0.0	54.6	10.1
Remote	0.6	0.1	2.5	4.7	3.1	1.7	0.0	20.5	1.7
Very remote	0.1	0.0	1.4	2.7	0.9	0.5	0.0	24.9	1.0
<i>All Australians</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

Notes

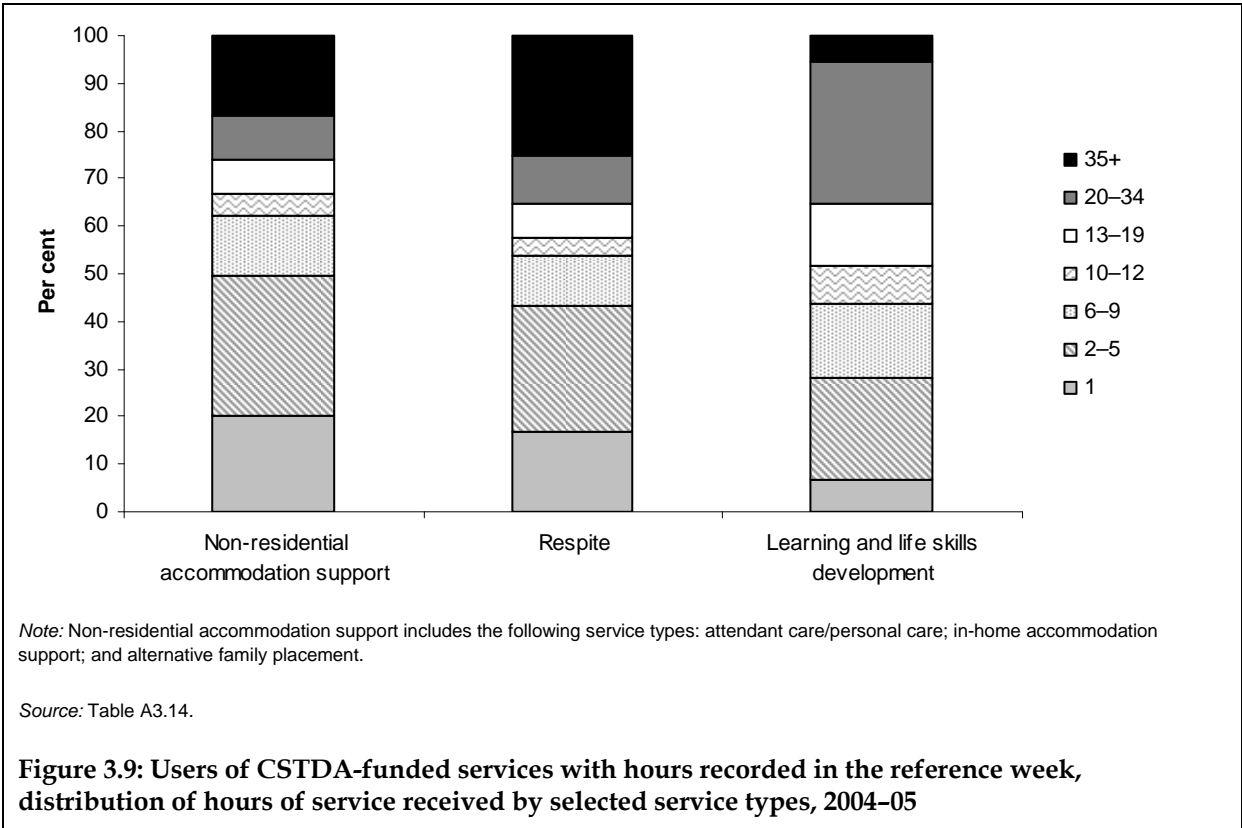
1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Service user data were not collected for all CSTDA service types. Service user data were not collected for all CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services.
2. The number of service users in each remoteness area (RA) was estimated based on service users' residential postcodes. Some postcode areas were split between two or more RAs. Where this was the case the data were weighted according to the proportion of the population of the postcode area in each RA.
3. Data for all service users include 11,321 service users whose location was not known. Location was classified as 'not known' only if all the service user postcodes provided by all services attended by the service user were not stated or not collected.
4. Service users may appear in remoteness areas for which there is no population within that state or territory. In such cases, the user's residential postcode is located within another jurisdiction. This may be due to service users living in one jurisdiction and accessing one or more services in another jurisdiction, or service users moving between jurisdictions within the reporting period.

Sources: AIHW analysis of 2004–05 CSTDA NMDS data and ABS Statistical Local Area estimates for June 2004.

3.3 Service quantity

Hours of service received

Hours of service received are collected under the CSTDA NMDS for selected service types (see AIHW 2006b:Section 2.2 for a list of these services). Figure 3.9 shows that around 50% of non-residential accommodation service users, and a similar proportion of respite service users, received less than 6 hours of service in the reference week. Just under 30% of service users accessing learning and life skills development (community access service type 3.01) received less than 6 hours of service in the reference week. Non-residential accommodation support service users were the most likely to receive 35 hours or more of service in the reference week (around 18%).



Staff hours

Figure 3.10 shows that institutions and group homes (that is, residential accommodation services) have by far the highest total staff hours nationally. Community access, other accommodation support, and employment services are the next highest in terms of total hours of support available from staff.

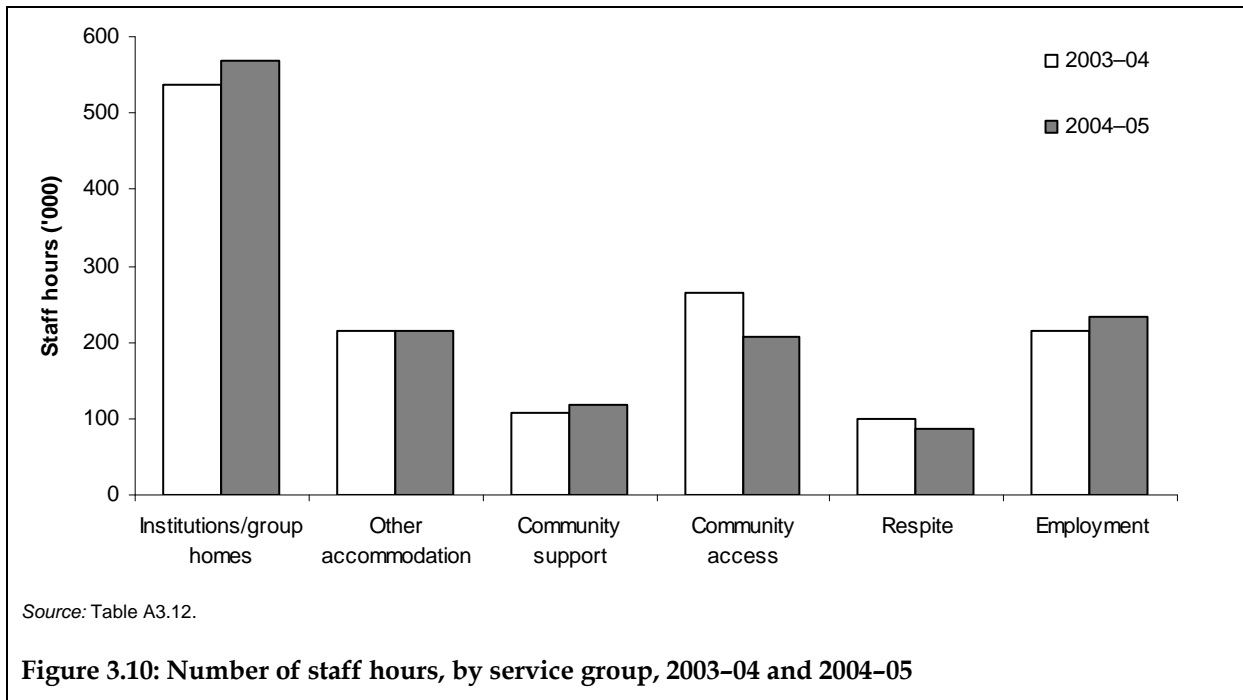
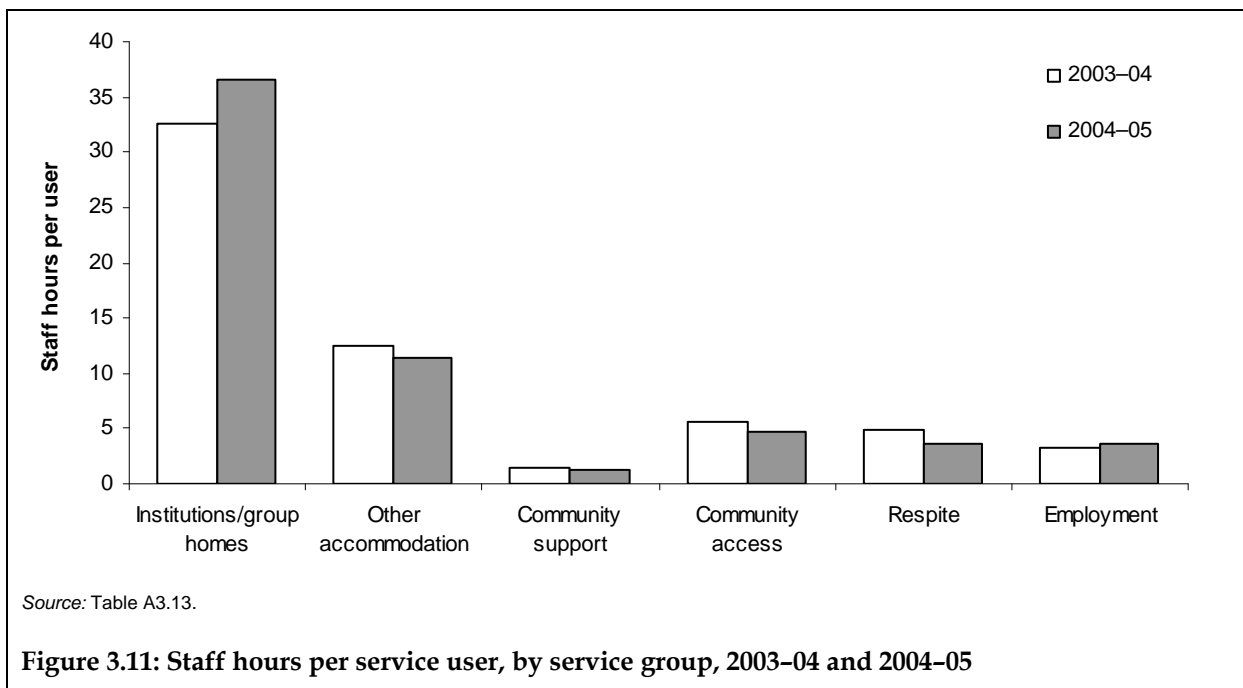


Figure 3.11 shows that residential support services (institutions/group homes) had the highest staff hours per service user, followed by other accommodation support services and community access services. Staff hours per user were quite similar across the 2 years (2003-04 and 2004-05) except for institutions/group homes for which hours per service user increased substantially.



3.4 Summary

Information on met demand for specialist disability services is important in the development of estimates of unmet demand. The number of people recorded as accessing CSTDA-funded services increased from 187,806 service users in 2003–04 to 200,493 service users in 2004–05. The largest increase was for service users of community support, which increased from 78,847 to 92,610 service users, followed by respite (20,547 to 23,951 service users).

The extent to which some CSTDA items can be confidently used in analysis is limited by poor data quality. Efforts by the states and territories to refine their data collections are expected to improve data quality and coverage in the future.

Key points regarding the profile of 2004–05 service users are summarised below:

- CSTDA service users have high support needs; 59% sometimes or always needed support with at least one ADL, 69% with at least one AIL and 68% with at least one AWEC.
- The age distribution of service users varied across jurisdictions, with median age ranging from 9.8 years to 38.5 years, compared to 30.9 years nationally.
- A total of 6,285 services users (3.1%) reported that they were of Aboriginal and/or Torres Strait Islander background, compared with 2.7% in the general population aged 0–64 years.
- Intellectual/learning disability was the most commonly reported primary disability by all service users (45%), followed by physical/diverse disability (19%), psychiatric (8%) and sensory/speech (7%).
- Of the 159,500 service users who reported information on informal care, 84,964 (53%) reported that they had an informal carer.
- Ageing carers (over 65 years) comprised 9% of all informal carers for whom information on age was available. The majority of these ageing informal carers were living with the service user (70%).
- Service users accessing non-residential accommodation support and respite during the reference week received a relatively small quantity of service, with approximately half of all service users within each of these service types receiving less than 6 hours. On the other hand, over 70% of service users in ‘learning and life skills development’ services received 6 hours or more in the reference week.

4 Jurisdiction data on unmet demand

4.1 Introduction

This chapter provides an overview of the methods used to manage demand in different jurisdictions, and presents data from jurisdiction registers or waiting lists on people waiting for CSTDA-funded services, where available. The information was gathered using a questionnaire circulated to representatives in each jurisdiction.

Section 4.2 summarises information on jurisdiction-wide methods of managing demand; it aims to draw out similarities and differences between jurisdictions to give a national picture.

Section 4.3 presents available data on numbers of people on waiting lists, the services they are waiting for, and movement of people on and off waiting lists. The limitations of these data are discussed.

4.2 Jurisdiction methods of managing demand

Questionnaire responses were received from five states, and separate responses were provided by two Australian Government departments – the Department of Employment and Workplace Relations (DEWR) and the Department of Families, Community Services and Indigenous Affairs (FaCSIA). The Australian Capital Territory and Northern Territory did not provide any response.

State registers and waiting lists

Five states provided information on the centralised registers and waiting lists used to record demand for services, and associated application and service allocation processes. This information is summarised below and in Table 4.1. However, it must be recognised that these registers and waiting lists are not the sole tools used by jurisdictions to manage demand. In many jurisdictions, registers are used in conjunction with regional-, local-, or service-level mechanisms and processes for managing demand and making resource allocation decisions. Periodic planning exercises may also be important in managing demand. Nonetheless, centralised registers and waiting lists are key sources of information about the nature and extent of unmet demand.

Methods for managing demand vary substantially between jurisdictions in terms of the degree of centralisation of registers/waiting lists and application processes, the data held about people waiting for services, eligibility and prioritisation criteria, and allocation processes (Table 4.1).

In Western Australia demand management processes are highly centralised, being coordinated at state level and covering a range of service types. In South Australia and Tasmania, state-wide processes operate separately for different service programs. In

Queensland, processes occur both at state and service provider levels. In Victoria demand management processes occur at a regional level.

In Western Australia, the Combined Application Process is a centralised means of coordinating applications for individual funding for accommodation support, community access and respite services. While there is no centralised service waiting list as such, applicants to the tri-annual funding cycle who are rated a priority but do not receive funding are automatically reconsidered in the next funding round along with new applicants. The Combined Application Process does not cover block funded services – including therapy, advocacy and some respite services – for which there is no comprehensive waiting list or register of applicants.

Queensland has a central waiting list/register linked to a centralised application process; however, people who apply for support directly through an individual service provider are not recorded on the centralised register. South Australia and Tasmania have separate state-wide registers for different service programs (in Tasmania some of these remain paper-based systems). In Victoria information about applicants for services are available at a state-wide level; however, the Victorian Disability Support Register (DSR) does not cover community support and respite services.

All jurisdictions have jurisdiction-wide eligibility criteria based on the definition of disability in the relevant state disability services legislation, with additional criteria relating to factors such as permanency of disability, support needs, age, and age at onset of disability. In some jurisdictions, eligibility for particular services or programs may require the applicant to satisfy service-specific criteria.

Criteria used to prioritise applicants are similar across all jurisdictions, and tend to include consideration of risk of harm to self or others, age, living situation, support needs, current available support, and imminent crisis situations. In Western Australia, applicants are prioritised centrally, at state level. Prioritisation occurs at regional or service provider level in Queensland, at state level for individual service programs in South Australia, at a regional level in Victoria, and at regional level for individual service programs in Tasmania.

Allocation of funds and service places is generally based on urgency of need. Allocation decisions are made centrally only in Western Australia (where funding, rather than service places, is allocated to individuals).

Based on information provided by jurisdictions for this study, there appears to have been little change since 2002 in the mechanisms used by jurisdictions to manage demand. Changes have occurred in Victoria, where the new DSR records a person's particular support needs rather than need for a service 'type' (the old register recorded multiple applications for an individual if different service types were required). Also, in South Australia a 'client management system' was introduced in 2003 to collect data at state level across services. South Australia is currently developing new processes for documenting and monitoring unmet need. A single service registration process will be established across all service types, involving common assessment and priority rating criteria. Data on unmet need will be collected in a consistent fashion across service outlets in a single data system.

CSTDA-funded employment services

CSTDA-funded employment services are aimed at assisting people with disabilities who are unable to attain or retain employment without assistance. Supported employment services support or employ people with a disability within the service provider organisation, while

open employment services provide assistance to help people get or keep a job in the open labour market. CSTDA-funded employment services are administered by the Australian Government under several different programs.

CSTDA open employment services are administered by the Department of Employment and Workplace Relations (DEWR). The Disability Employment Network (DEN) is designed to assist job seekers with employment preparation, job search, job placement and post-placement support. A person may be referred to the DEN program if they:

- have a permanent (or likely to be permanent) disability; and
- have a reduced capacity for communication, learning or mobility; and
- will require support for more than 6 months after placement in employment; and/or
- require specialist assistance to build capacity in order to meet participation requirements.

The DEN program has capped and uncapped streams. The capped stream provides services to people who can work 8 hours or more per week, require long-term support in the workplace and/or are unable to work at award wages. It has approximately 38,000 places nationally. There is no centralised waiting list. Although waiting lists are held by some individual service providers, job seekers may be registered with multiple providers. There is a centralised assessment process which clients go through before being allocated to a service provider. At 16 October 2006 there were about 2,000 people who had been or were being assessed who had not yet commenced assistance (this could be for a number of reasons including that they had only just been referred), and there were about 1,000 places vacant nationally. Nationally, about 97% of available places were full.

The DEN uncapped stream provides services to job seekers who are receiving Newstart Allowance, Youth Allowance or Parenting Payment, can work between 15 and 29 hours per week, and have the ability to work independently at award wages in the open labour market after receiving up to 2 years of assistance. It is demand driven, so a place is guaranteed for all eligible job seekers; there is no waiting list. The DEN uncapped stream has been in operation since July 2006. Its introduction represented an expected increase in the capacity of DEWR-funded disability employment services of 35–40%; it is estimated that about 21,000 clients will enter the stream over 3 years.

It is anticipated that some of those new clients streamed to DEN uncapped services would formerly have received assistance from DEN capped providers. Hence, those capped places will be freed up for clients with longer-term support needs or lower capacity for work. Further, with the move to full case-based funding for DEN from 1 July 2005, larger numbers of clients have come into DEN capped services, achieved employment outcomes and been exited where they have been able to work independently or no longer require assistance. DEWR reports that there is currently no apparent significant unmet need in either the capped or uncapped DEN streams, but further experience of the two streams operating in tandem will be needed before this can be confirmed.

DEWR also funds Vocational Rehabilitation Services, which provides specialist rehabilitation services and employment assistance to job seekers with a disability, injury or health condition with the aim of enabling them to work independently in the open labour market. Like DEN, there is a capped (fixed-place) and uncapped (demand driven) stream. The sole provider of VRS is the Commonwealth Rehabilitation Service, which maintains a waiting list for the capped stream and supplies data to DEWR; however, data were not available for the

period requested (2004–05). Data on Vocational Rehabilitation Services are not captured by the CSTDA NMDS.

CSTDA supported employment services (also known as ‘business services’) are administered by the Department of Families, Community Services and Indigenous Affairs (FaCSIA). Business services are targeted at people with ‘significant disability who are not able to make an immediate attachment to the open labour market at or above the relevant award wage or its equivalent and who need ongoing support for a substantial period to obtain or retain paid employment’. To be eligible, a person must have a disability, be of working age, be able to work for at least 8 hours a week, and require ongoing assistance in the workplace to maintain employment.

FaCSIA allocates a certain number of business services places to each provider organisation. Most people access business services places by directly approaching the provider, rather than going through Centrelink or a Job Capacity Assessment provider. There is no centralised waiting list for business services. In October 2006, 94.1% of places were full, nationally; the rate varied by jurisdiction, ranging from 87.7% to 98.4%. During 2005–06, 378 additional places were allocated to providers that had all their places filled; only 77% of these places had been filled by 4 October 2006.

Table 4.1: Jurisdiction-wide method for managing demand and unmet demand in each state/territory^(a)

Name of method and commencement date	Who is eligible?	Which service types are covered?	What information is held about the applicants?	How is urgency/priority established?	What is the vacancy coordination process?
<p>New South Wales</p> <p>There is no centralised application or registration process for all disability services. Entry to services is largely coordinated at the regional level.</p>	<p>Eligibility is based on the <i>Disability Services Act 1993</i>.</p>	<p>Not Provided.</p>	<p>Most services collect the following data for people who have been assessed and are waiting for services:</p> <ul style="list-style-type: none"> • name • address • age • gender • disability • support needs • risk factors • case management responsibility • day services. <p>More detailed information is held on file including a client profile, support needs assessment; and medical or behaviour support plans where appropriate.</p>	<p>Priority is established on the basis of need. The Department of Ageing Disability and Home Care has guidelines for establishing urgency/priority for each service type (see New South Wales Disability Plan, <i>Stronger together: a new direction for disability services in New South Wales</i>).</p>	<p>Vacancy coordination processes differ by service type. Both accommodation services and respite services have regional coordination processes.</p> <p>For example, for accommodation support, vacancy profiles and client profiles are reviewed fortnightly. Based on a number of considerations, including the priority criteria, the Regional Vacancy Coordination Committee for Accommodation Services makes a recommendation to the Regional Director, who reviews the recommendations and approves as applicable.</p>

(continued)

Table 4.1 (continued): Jurisdiction-wide method for managing demand and unmet demand in each state/territory^(a)

Name of method and commencement date	Who is eligible?	Which service types are covered?	What information is held about the applicants?	How is urgency/priority established?	What is the vacancy coordination process?
<p>Victoria</p> <p>Disability Support Register (DSR)—introduced 1 April 2006, replacing the Service Needs Register.</p> <p>The DSR records a person's support needs, rather than need for a service 'type'.</p>	<p>People who require support to address a current and ongoing need, where the support needed is beyond that available within the wider community. Eligibility is based on the <i>Disability Services Act 1997</i> and the <i>Intellectually Disabled Persons' Services Act 1986</i>.</p>	<p>There are 14 categories of 'type of support', which correspond to the CSTDA service types and accommodation support and community access.</p> <p>Need for services under the CSTDA service types and community support and respite are not recorded on the DSR. Requests for these services are coordinated through the Intake and Response Service; people with a disability and their families or carers may also approach an agency directly.</p>	<ul style="list-style-type: none"> • Name • Gender • Date of birth/age • Disability type • Priority status • Type of support required (14 DSR categories) • Demographic information (Eight categories, e.g. family with children with disability; person with a disability who is ageing) • Notional level of support required: DSR level 1 (package up to \$10,000); DSR level 2 (package of \$10,001 to \$25,000); DSR level 3 (package of \$25,001 to \$55,000); DSR level 4 (package above \$55,001) 	<p>Applications on the DSR have 'priority status' if the individual's circumstances meet one of seven criteria, which relate to factors such as living situation, age and risk of harm.</p> <p>Priority status is determined by the 'Priority for Access Panel', which is made up of representatives from community service organisations, a person with a disability, a family member/carer of a person with a disability, and Department of Human Services staff.</p>	<p>Ongoing disability support requests are recorded on the DSR. The needs of people with 'priority status' are given priority within each funding level, vacancy type or demographic group at which resources have been directed. The Regional Delegate makes any resource allocation decisions.</p>

(continued)

Table 4.1 (continued): Jurisdiction-wide method for managing demand and unmet demand in each state/territory^(a)

Name of method and commencement date	Who is eligible?	Which service types are covered?	What information is held about the applicants?	How is urgency/priority established?	What is the vacancy coordination process?
<p>Queensland</p> <p>Registration, Application and Funding (RAF) database.</p> <p>Commenced November 1998 (formerly known as the Registration of Need database).</p> <p>The RAF database holds details only of people who request support through Disability Services Queensland, not those who request support directly from funded service providers.</p>	<p>The person must have a disability as defined by the <i>Disability Services Act 2006</i>.</p> <p>In addition, the person's disability must:</p> <ul style="list-style-type: none"> • result in a substantial reduction of capacity in communication, social interaction, learning, mobility, or self-care/management • result in the person needing support • be permanent or likely to be permanent • manifest before age 65. <p>The person must meet residency requirements and live in Queensland.</p> <p>Once overarching eligibility has been verified, specific program criteria that detail the target group and priorities must also be met.</p>	<ul style="list-style-type: none"> • Accommodation support • Community support • Community access • Respite • Advocacy and information and other alternative forms of communication • Other support <p>Health support will also be provided to young people in residential aged care facilities.</p>	<p>Information held for clients on the RAF database includes:</p> <ul style="list-style-type: none"> • age • gender • location (Statistical Local Area) • country of birth • language spoken at home • Indigenous status • primary disability • living situation • supports required • carer status and age. <p>The RAF is a relatively static database and most variables are not updated to reflect changes in clients' situations.</p>	<p>Prioritisation of applicants is generally conducted at a regional level by a 'priority panel'. Priority rating is assigned based on established criteria, and relates to how critical and urgent a person's situation is now, or is likely to become in the near future.</p> <p>Each funding program and funding initiative has its own priority process that takes into consideration a number of factors (e.g. urgency of need, support services in place).</p> <p>For block funded programs, service provider organisations have their own priority processes, which are required to be in accordance with DSQ's eligibility criteria.</p>	<p>There is no centralised vacancy coordination process. Access to services/funding is determined at regional level for each funding program, according to its particular prioritisation criteria. For block funded programs, access is determined by the service provider, in accordance with DSQ's criteria. For some funding programs, DSQ stipulates a target population.</p>

(continued)

Table 4.1 (continued): Jurisdiction-wide method for managing demand and unmet demand in each state/territory^(a)

Name of method and commencement date	Who is eligible?	Which service types are covered?	What information is held about the applicants?	How is urgency/priority established?	What is the vacancy coordination process?
<p>Western Australia</p> <p>Combined Application Process (CAP)</p> <p>Commenced October 2000</p>	<p>Eligibility is based on the <i>Disability Services Act 1993</i>, which sets out a range of in-scope impairment groups, and limits eligibility to people who have a substantially reduced capacity for communication, social interaction, learning or mobility; and a need for continuing support services.</p> <p>People with a diagnosis of intellectual disability or autism spectrum disorder are eligible to seek services. For other consumers to be eligible, they must:</p> <ul style="list-style-type: none"> • need ongoing help or supervision • be in receipt of or eligible for the Disability Support Pension or the Child Disability Allowance • be aged under 60 • satisfy any program-specific access criteria. 	<p>CAP manages funds for three main streams—Accommodation Support Funding, respite provided by Individual Family Support, and Alternatives to Employment.</p> <p>These streams cover CSTDA service types accommodation support, community access and respite.</p>	<p>The CAP form includes individual and carer information, e.g. demographics, supports needed, risk factors (e.g. risk of abuse), current supports, proposed use of funding. The CAP incorporates the majority of CSTDA NMDS service user data items.</p>	<p>Applicants are prioritised by the Independent Priority Assessment Panel.</p> <p>The Panel comprises an independent chairperson, a consumer representative, a family member of a person with a disability, a service provider representative, a representative of a carer or advocacy agency, and a senior Disability Services Commission policy officer.</p>	<p>Applications for any of the three CAP service streams may be made three times a year to the Independent Priority Assessment Panel, which allocates funds on the basis of urgency of need. Funding is allocated individually and is portable between providers. All applicants who meet the eligibility criteria and are rated a priority that are unsupported in a funding round are automatically reconsidered in the next funding round.</p> <p>The Local Area Coordination Program assists people with disabilities and their families to plan, select and receive supports and services.</p>

(continued)

Table 4.1 (continued): Jurisdiction-wide method for managing demand and unmet demand in each state/territory^(a)

Name of method and commencement date	Who is eligible?	Which service types are covered?	What information is held about the applicants?	How is urgency/priority established?	What is the vacancy coordination process?
<p>South Australia</p> <p>There is no centralised application or registration process for all disability services.</p> <p>Disability Services South Australia provides five different services and funds two services provided by non-governments. Each service targets a defined client population across the whole state.</p> <p>A client management system was introduced in late 2003, and covers services provided by Disability Services South Australia. Further work to standardise data collection and reporting is planned.</p>	<p>Eligibility is based on the <i>Disability Services Act 1993</i> and is limited to people aged up to 65 years whose disability:</p> <ul style="list-style-type: none"> • is due to intellectual, psychiatric, cognitive, neurological, sensory or physical impairment, or a combination of these • is, or is likely to be, permanent (including disability that is episodic) and • results in a reduced capacity for social interaction, communication, learning, mobility, decision making or self-care; and a need for continuing support services. <p>Each service targets a particular client group, defined in terms of disability type and age.</p>	<p>Services vary in terms of the CSTDA service types provided, but most provide services spanning the CSTDA service groups accommodation support, community support, and respite.</p> <p>The Independent Living Equipment Program and Sensory Directions provide a narrower range of services.</p>	<p>Most services collect most of the following data:</p> <ul style="list-style-type: none"> • client name • case manager name • date need identified • CSTDA service type • priority • hours/cost per annum • summary of unmet need • region • closed date • reason Closed • age • gender • Indigenous status • diagnosis • language • carer age. <p>(Independent Living Equipment Program and Sensory Directions only hold client name.)</p>	<p>Disability Services South Australia's 'Priority of access guidelines' state that the following should be considered in prioritising eligible applicants:</p> <ul style="list-style-type: none"> • abilities (e.g. physical, behavioural/social, cognitive and communication) • other factors (e.g. non-English-speaking background; Aboriginal or Torres Strait Islander descent; age) • situation (e.g. homelessness; no carer; involvement in the criminal justice system). <p>Priority of access is based on an assessment of:</p> <ul style="list-style-type: none"> • an individual's need • risk (including risk to health and safety of self and others) and • urgency of response required or • a crisis situation. <p>Priority rating systems vary between services.</p>	<p>For each of the services provided by Disability Services South Australia, referral is via an Intake Team which determines the client's eligibility and needs. All eligible clients receive case management. Where the service is unable to meet the client's needs, relevant unmet need is recorded.</p>

(continued)

Table 4.1 (continued): Jurisdiction-wide method for managing demand and unmet demand in each state/territory^(a)

Name of method and commencement date	Who is eligible?	Which service types are covered?	What information is held about the applicants?	How is urgency/priority established?	What is the vacancy coordination process?
<p>Tasmania</p> <p>Statewide register of unmet need.</p> <p>Commenced 1999–00 (although similar format statewide information from 1996–97)</p>	<p>The eligibility is based on <i>Disability Services Act 1992</i> and the Disability Services ‘Scope of Responsibility’ which is outlined in the Access to Services 2000 Policy. Disability is defined as disability that is:</p> <ul style="list-style-type: none"> • attributable to an intellectual, psychiatric, sensory or physical impairment, or a combination of these • is permanent or likely to be permanent and • results in (i) a substantially reduced capacity of a person for communication, learning or mobility; and (ii) the need for continuing support services and • may or may not be of a chronic episodic nature. <p>Applicants must also meet program-specific eligibility criteria for some services.</p>	<p>All CSTDA service types.</p>	<p>Information held varies by program type.</p>	<p>There are three levels of prioritisation:</p> <ol style="list-style-type: none"> 1. Most urgent category 2. Issues and situations of a lesser priority 3. Require limited involvement. <p>Level of priority is determined based on issues such as:</p> <ul style="list-style-type: none"> • risk to self and others • changes in existing support • potential change in health or functioning • new diagnosis. <p>Some programs have alternative/additional prioritisation methods.</p>	<p>Not provided.</p>

(a) Questionnaire responses were not provided by the Australian Capital Territory or the Northern Territory; New South Wales did not provide a state-wide response, although responses were provided for two service programs. Information provided by the Australian Government relating to CSTDA-funded employment services is not presented in this table but is included in Section 4.2.

Source: Jurisdiction responses to *Questionnaire to inform the CSTDA 2006 ‘Demand Study’*, and program guidelines (where provided).

4.3 Jurisdiction data on applicants waiting for services

The jurisdiction questionnaire sought specific data concerning numbers and characteristics of people on service waiting lists in each jurisdiction. Data requested from jurisdictions included:

- numbers of people on the registers/waiting lists as at June 2005 and the services they applied for
- numbers of people on the registers/waiting lists as at June 2004
- number of people who came off the registers/lists during 2004–05, and the services they received
- characteristics of those people on the registers/lists at June 2005 and those people who came off the registers/lists during 2004–05.

Five states provided some data on numbers of applicants waiting for services (Tables 4.2 and 4.3). Data provided on characteristics of applicants and on people who came off registers were not sufficiently consistent or comparable between jurisdictions to be presented here. As explained above, no data are available on unmet demand for disability employment services administered by the Australian Government.

Data available and data limitations

The different methods for managing demand, discussed above, make it difficult to compare data between states. In particular, the following issues should be taken into account when interpreting the data in Tables 4.2 and 4.3:

- **Data coverage varies between jurisdictions in terms of who is included.** For example, the count of people waiting for services in Queensland includes only those people receiving no service or funding at all (that is, completely unmet need), while for the other states counts include people receiving some services but needing additional services. In Western Australia, data relate only to new applicants for the given funding round plus applicants for the previous funding round who were rated a priority but did not receive funding; previous unsuccessful applicants who were not rated a priority are not included.
- **Some registers are incomplete.** In some jurisdictions registers do not cover all service types, or capture all applicants for services. For example, Victoria and Tasmania do not collect data for all service types; in Queensland, people who apply for support directly through an individual service provider are not recorded on the centralised register; in Western Australia only those applying for individual funding are recorded, there is no centralised register of people who have applied for block funded services.
- **Data relate to different time periods.** Queensland data in Table 4.2 are for November 2006, while data for the other states are for June 2005.
- **Limited data are available on services requested by clients.** Only South Australia was able to provide a breakdown of data for all CSTDA service groups. Queensland was not able to provide any breakdown by service group. Data for both accommodation support

and respite services were available only for Western Australia and South Australia; in these states it is difficult to determine the combined number of people waiting for accommodation support and respite services, as some people may have applied for both service types.

Data on numbers of applicants waiting for services at June 2005 are presented in Table 4.2. Totals vary substantially more than would be expected based on differences in jurisdiction size. It is likely that different demand management processes and data recording practices in part explain this variation, as well as 'real' differences in levels of unmet demand.

There is also variation between jurisdictions in the proportion of people waiting for different CSTDA-funded services. Accommodation support accounted for the largest number of applicants waiting for services in Victoria, Western Australia and South Australia. Victoria and South Australia provided a further breakdown by service type. Of those waiting for accommodation services in South Australia, most were waiting for group homes (688 of 1,678) and attendant care/personal care (776 of 1,678). In Victoria, most were waiting for shared supported accommodation (2,805 of 4,254).

Based on the available data, the number of people waiting for services increased between June 2004 and June 2005 in Western Australia and Tasmania, while in Victoria the number decreased (Table 4.3). In South Australia numbers increased for three of the four programs reported. Changes over time in numbers of people on waiting lists may reflect changes in eligibility criteria, target group awareness of services, and application processes, as well as changes in levels of supply and demand of services.

4.4 Conclusions

High quality, consistent and comparable information regarding people waiting for services cannot be provided by the jurisdictions under the current systems. This limits the degree to which it is possible to gain an understanding of the extent and nature of unmet demand, within individual jurisdictions and nationally.

In the 5 years since the last demand study there appears to have been no overall improvement in the extent to which data available from jurisdictions' demand management processes can inform questions about unmet demand at a national level – the data remain inconsistent and are not readily comparable between jurisdictions. No data are available on unmet demand for CSTDA-funded employment services.

Reliable and comparable administrative data on unmet demand would be extremely valuable in informing a national assessment of the extent and nature of unmet demand for disability services. Ideally, such data would be used in conjunction with national disability survey data to provide more solid unmet demand estimates to inform policy and planning. A substantial investment of resources would be needed in order to improve the quality and consistency of jurisdiction-level unmet demand data sufficiently for this purpose.

Table 4.2: Service types requested by applicants waiting for services at June 2005 – available data

	Accommodation support	Community support	Community access	Respite	Total (applicants)
Vic^(a)	4,254 2,805 (shared supported accomm.) 1,449 (HomeFirst)	—	507 (day programs)	—	4,761
Qld^(b)	n.a.	n.a.	n.a.	n.a.	3,578
WA^(c)	247 (79—unmet need; 168—partially met need)	—	77 (10—unmet need; 67—partially met need)	162 (15—unmet need; 147—partially met need)	486 (104—unmet need; 382—partially met need)
SA^(d)	1,678 22 (large residential) 33 (hostels) 688 (group homes) 776 (attendant care/personal care) 84 (in-home accomm. support) 75 (other accomm. support)	589 165 (therapy services for Individuals) 10 (behaviour/specialist intervention) 2 (counselling) 15 (regional resource and support teams) 356 (case management, local coordination & development) 41 (other community support)	533 340 (learning and life skills development) 193 (recreation/holiday programs)	469 166 (own home respite) 198 (centre-based respite) 35 (flexible respite) 70 (other respite)	2,619 (clients) 3,269 (episodes of unmet need)
Tas^(e)	284	122	70	n.a.	476

(a) Data provided by Victoria are for applications recorded on the Service Needs Register (the predecessor of the Disability Support Register). HomeFirst provides predominantly attendant care. People who submitted multiple applications will be counted more than once.

(b) Queensland data are for November 2006. The figure of 3,578 is an estimate of the number of people registered on the RAF database who had requested a service but were not receiving individualised funding or a disability support service at November 2006; in addition, some people on the RAF database may have partially met needs (i.e. may be receiving some services but still require additional services), and some people with unmet or partially met needs may not be registered on the RAF database.

(c) Data for Western Australia show applicants in each funding stream and the total number of applicants (in all funding streams). The total number is less than the sum of applicants in the three streams, as applicants may apply in more than one stream.

(d) The source of these data for South Australia is the Brain Injury Services Coordination, Adult Physical and Neurological Services Coordination, NOVITA Children's Services and Intellectual Disability Services Coordination Unmet Need Summary June 2005—Service Type by Priority. Reliability of these data is uncertain due to variable practices across agencies in updating information.

(e) Data provided by Tasmania relate to applications for particular service types; people who submitted multiple applications will be counted more than once. Data on unmet need for respite are not available as respite services do not keep waiting lists.

Notes

1. Data collected on people on waiting lists may include a mix of people who are already receiving services and still have unmet need as well as people who are not receiving any services or funding.
2. Data for New South Wales, the Australian Capital Territory, the Northern Territory and the Australian Government were not provided or not available.

Source: Jurisdiction responses to *Questionnaire to inform the CSTDA 2006 'Demand Study'*, plus additional information requested from jurisdictions.

Table 4.3: Main jurisdiction-wide method for managing need: applicants waiting for services at June 2004 and June 2005 – available data

State/territory	People on list at 30 June 2004	People on list at 30 June 2005	Difference between people on list at 30 June 2004 and 30 June 2005
Victoria^(a)	5,174	4,761	-413
Western Australia^(b)	352	420	68
South Australia^(c)			
Sensory Directions Coordination	No register	No register	No register
NOVITA Children's Services ^(d)	215	321	+106
Adult Physical and Neurological Services Coordination	555	601	+46
Brain Injury Services Coordination	Not available	724	Not available
Exceptional Needs Unit	Not provided	Not provided	Not provided
Independent Living Equipment Program	930	571	-359
Intellectual Disability Services Coordination	690	1,369	+679
Tasmania^(e)	308	476	+168

- (a) Data provided by Victoria for the number of people on waiting lists at June 2004 and June 2005 relate to the number of applications; people who submitted multiple applications will be counted more than once.
- (b) Data for Western Australia are based on funding allocations made in the last funding round in each financial year. As all eligible unfunded applications are automatically carried forward, the counts of people on the list at 30 June 2004 and 30 June 2005 provide an accurate record of unmet demand at these dates. These data are as published in the CAP Funding Bulletins No 7 and No 10. Some applicants may have been counted more than once due to applications for more than one funding stream.
- (c) Data in this table were provided by individual services; the total across services for 2005 does not match the total presented in Tables 4.2 as the data sources and time periods differ.
- (d) Data provided by NOVITA Children's Services include clients with unmet need for Family Support Services (56 in 2004 and 34 in 2005) and equipment (159 in 2004 and 287 in 2005).
- (e) Data provided by Tasmania relate to applications for particular service types; people who submitted multiple applications will be counted more than once.

Notes

1. Data collected on people on waiting lists may include a mix of people who are already receiving services and still have unmet need as well as people who are not receiving any services or funding.
2. Data for New South Wales, Queensland, the Australian Capital Territory, the Northern Territory, and the Australian Government were not provided or not available.

Source: Jurisdiction responses to *Questionnaire to inform the CSTDA 2006 'Demand Study'*, plus additional information requested from jurisdictions.

5 Population estimates of demand and unmet demand

This chapter presents population estimates of demand and unmet demand for accommodation, respite, community access (specifically, day activities) and employment services.

Section 5.1 provides background information about the approach to and main data sources for population data analysis and estimates of unmet demand. Discussion of the baseline estimates of unmet demand is presented in three sections:

- Section 5.2 Accommodation and respite services
- Section 5.3 Community access services
- Section 5.4 Disability employment services.

Section 5.5 presents consolidated estimates of unmet demand for disability services.

5.1 Approach and main data sources

Approach to estimates of unmet demand

Estimates of unmet demand in this study are largely updates of analyses undertaken in previous AIHW unmet demand studies, using the most recent available data. The key concepts and approaches, including how they were developed and agreed upon with national disability administrators, were discussed in detail in the earlier study reports (AIHW: Madden et al. 1996; AIHW 1997, 2002).

Chapter 2 sets out the important concepts and definitions that underlie the estimates, relates them to key data sources and outlines the study method. Figure 2.1 illustrates the relationship between met demand, unmet demand and potential need along with relevant data indicators. Table 2.1 provides a framework relating ABS disability survey data on need for assistance with activities to the need for CSTDA services. Figure 2.2 shows an example of the process of 'drilling down' through population data to develop baseline estimates of unmet demand for accommodation and respite services. Box 1.1 (Chapter 1) provides detailed definitions of services covered by the CSTDA.

A key feature of the approach in the two previous studies was that, although they provided estimates relating to a range of levels of support needs, most effort was directed at making estimates relating to the higher end of the support needs range robust, in order to provide reliable, 'conservative' estimates (AIHW 1997, 2002).

In the 1997 demand study, attention was focused on people reported by the 1993 ABS disability survey as having 'severe or profound handicap' (the word 'handicap' was replaced by 'restriction' in the 1998 survey and 'core activity limitation' in the 2003 survey). In the ABS disability survey definitions, severity of 'handicap' or 'core activity limitation' is measured by the intensity of, and need for, personal assistance in self-care, mobility and communication activities, namely whether the person 'always' or 'sometimes' needed

assistance with these activities. In the 1993 survey, 'severe or profound handicap' was identified when a person with a disability 'sometimes' or 'always' needed personal assistance or supervision in the three activities of daily living.

In the 1998 and 2003 disability surveys information was collected for the first time about how frequently, on average, a person needed personal assistance or supervision for a particular activity. Analyses show that the frequencies of need for assistance with daily activities vary substantially among people with a severe or profound core activity limitation, ranging from less than once per month to 6 or more times a day (AIHW 2002:Tables A6.1 and A6.2). This new survey information allowed the 2002 study and present study to define more precisely a spectrum of baseline estimates and grade the range of estimated needs. Detailed operational definitions and methods are presented in each subsequent section on baseline population estimates.

Estimates of unmet demand for services are based on three types of data sources and are produced in two stages. In the first stage (Sections 5.2 to 5.4), baseline estimates of unmet demand for disability support services are based on data from the 2003 ABS disability survey and are adjusted for population growth to 2005. The following two main population data sources are used for baseline estimates:

- ABS 2003 Survey of Disability, Ageing and Carers, which provides the latest national information on the number of people with a severe or profound core activity limitation and their need and unmet demand for formal and informal assistance
- ABS data on the 2005 estimated resident population, to take account of changes between 2003 and 2005 in births, deaths and international and interstate migration, and factor in the effect of population ageing resulting from the interaction of these demographic components.

In the second stage (Section 5.5), baseline estimates of unmet demand are adjusted for increases in service supply between 2003 and 2005 using data on CSTDA service provision from Chapter 3. Information from jurisdictional registers and waiting lists (Chapter 4) are used to check the orders of magnitude of these estimates.

The baseline estimates of unmet demand for disability support services, and unmet support needs for ageing carers, are based on the confidentialised unit record file (CURF) of the ABS 2003 Survey of Disability, Ageing and Carers. To protect confidentiality, some children's records, and any households that were identifiable, have been dropped from the CURF. Therefore, the estimates based on the CURF do not exactly match those of ABS published reports.

Like any population sampling survey data, the ABS 2003 disability survey data are subject to sampling error. As a general guide, estimates of less than 10,400 have an associated relative standard error (RSE) between 25% and 50% and should be used with caution, while estimates of less than 2,100 have an associated RSE of 50% or more and are considered too unreliable for general use. The confidence intervals of population estimates are presented for final estimates of unmet demand for disability services in Section 5.5.

Methods of updating unmet demand estimates to adjust for population growth from 2003 to 2005

The present study uses the 2003 disability survey data to construct baseline population estimates and then updates the estimates to 2005 by projecting them forward using overall

population growth, appropriately adjusted for age and sex. The process for adjusting or updating the baseline estimates relies on two underlying assumptions: the age- and sex-specific prevalence rates of severe or profound core activity limitation remained constant between 2003 and 2005, and other factors affecting need and unmet demand remained unchanged between 2003 and 2005. Detailed steps for adjustments were as follows:

- Step 1: Calculate the age- and sex-specific rates of severe and profound core activity limitation in 2003, using the estimated numbers of people with a severe or profound core activity limitation living in households in each age and sex category, divided by the number of people in that age and sex category in the overall 2003 populations.
- Step 2: Calculate estimates of the numbers of people with severe or profound core activity limitation living in households in 2005, using the rates calculated for 2003 in step 1, and applying them to the 2005 estimated resident population (Table A5.1).
- Step 3: Calculate the 2005 estimate for age group 0–64 years (subtotal from step 2).
- Step 4: Calculate unmet demand proportions for each service category of baseline estimates in 2003, as a proportion of the total number in age group 0–64 years (2003).
- Step 5: Using these proportions derive equivalent baseline estimates for 2005 by applying the proportions from step 4 to the 2005 total from step 3.

Main relevant data items from the 2003 ABS disability survey

This section outlines the main data items used for baseline estimates of unmet demand. More specific data items relating to particular service types are presented in the subsequent sections.

The data items from the 2003 ABS survey most relevant to the provision of CSTDA services are discussed separately below.

Activity restrictions and their severity

In the 2003 disability survey a person has a disability if he/she has at least one ‘limitation, restriction or impairment’ (determined by survey screening questions), which has lasted, or is likely to last, for at least 6 months and restricts everyday activities (ABS 2004a:72).

A ‘specific limitation or restriction’ is defined in the 2003 survey as a limitation in core activities (self care, mobility and communication), or a restriction in schooling and/or employment.

In the survey four levels of core activity limitation are determined, based on whether a person needs personal assistance with, has difficulty with, or uses aids or equipment for any of the core activities. A person’s overall level of core activity limitation is determined by the highest level of limitation the person experienced in any of the core activity areas (ABS 2004). The four levels of core activity limitation are:

- profound – unable to perform a core activity or always needs assistance
- severe – sometimes needs assistance to perform a core activity, or has difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication
- moderate – does not need assistance, but has difficulty performing a core activity

- mild – has no difficulty performing a core activity but uses aids or equipment because of disability; or cannot perform the activities of easily walking 200 metres, walking up and down stairs without a handrail, easily bending to pick up an object from the floor, and using public transport; or can use public transport but needs help or supervision; or needs no help or supervision but has difficulty using public transport.

Core activities comprise the following tasks:

- self-care – bathing or showering, dressing, eating, using the toilet, and bladder or bowel control
- mobility – getting into or out of a bed or chair, moving around at home and going to or getting around a place away from home
- communication – understanding and being understood by others: strangers, family and friends.

People with a severe or profound core activity limitation conform quite well to the definition of the target group of CSTDA services (substantially reduced capacity in communication, learning or mobility, and needing ongoing or episodic support services). The group is accepted as comprising the broad ‘potential population’ for CSTDA services.

The age of the person

While the CSTDA does not specifically exclude people above a certain age, many services do so in practice. While people who age ‘in the service’ can continue to receive services, services do not generally take on new clients who are aged 65 years or more. In addition, the overall approach of this study of producing robust and conservative estimates, weighs against including people who may be eligible for aged care services. In using the survey data to estimate demand the analyses therefore focus on people aged 0–64 years.

Whether the person is living in a household

Only people living in households were included. In the survey, questions on unmet demand were not asked of people living in institutions.

Activities in which help was needed

People who were identified as having a disability (using the survey screening questions) and all people aged 60 years or over, were asked about their need for assistance with various daily activities. In addition to three ‘core activities’ (self-care, mobility and communication), questions were asked about other activities: health care, housework, property maintenance, paper work, meal preparation, transport and cognition or emotion. ‘Cognition or emotion’ refers to interacting, making or maintaining relationships, coping with feelings or emotions, making decisions or thinking through problems. In the 1998 disability survey, these tasks were referred to as ‘guidance’.

Survey respondents could report the need for assistance with more than one activity. Need for assistance is defined as needing help or supervision with at least one task constituting that activity because of disability or old age.

Frequency of need for assistance because of disability

In the 2003 survey additional questions were asked about how often a person needs assistance with a particular activity. The categories of the frequency in the confidentialised unit record file of the survey data are: does not need assistance, <1/month, 1-3/month, 1/week, 2-6/week, 1/day, 2/day, 3-5/day and 6+/day.

Whether or not there was a stated unmet demand for help

People who needed help were asked about the type of assistance they received, whether the source was a formal service and/or informal assistance, whether there was an unmet demand for help and why.

The reason stated for there being no or not enough formal assistance

The possible categories into which responses were allocated by the ABS interviewers in the 2003 survey were:

- the person did not know of the service
- the person did not consider their need important enough
- the person would not ask for the service, for reasons of pride
- the person was unable to arrange a service
- no service was available
- not eligible for service (additional category in the 1998 and 2003 surveys)
- service costs too much (additional category in the 1998 and 2003 surveys)
- service does not provide sufficient hours (additional category in the 1998 and 2003 surveys)
- other.

It was considered in both the 1995 and 1997 AIHW demand studies that the reasons that most clearly demonstrated unmet demand for CSTDA services were that the service was not available, or could not be arranged. This is evidence that the person has identified the relevant service and has expressed a real need by attempting to access a service, only to find that it was not available at all or access could not be arranged (AIHW 1997). The 2002 study and this study maintain the focus on the same two groups. In addition, and for the same reasons, the additional categories (introduced in the 1998 and 2003 surveys) of 'service costs too much' and 'service does not provide sufficient hours' are also considered to provide evidence that need was translated into some kind of action, and these categories are also included in the analysis and estimation of unmet demand.

Views were put to the study team that there are very good reasons for including some people from other categories. For example, lack of knowledge of a service may be seen to be a failing of the service rather than a lack of demand for it. Similarly, people may not consider their need important enough only because they have low expectations that they will be eligible for the sorts of services that are available. Inclusion of additional response categories for these data would lead to an increase in the estimates of unmet demand. The project team decided to exclude these categories to provide 'conservative' estimates (Madden et al. 1996; AIHW 1997, 2002).

5.2 Accommodation and respite services: baseline estimates of unmet demand

A step-by-step exclusion process to estimate unmet demand for accommodation and respite services is presented in Figure 5.1. This process was designed to exclude any group where there was doubt about the existence of unmet demand.

In 2003 there were 677,700 people with a severe or profound core activity limitation aged under 65 years. Of these, a total of 16,300 were living in cared accommodation. These people were not asked in the survey to report on unmet demand for assistance, and for this very practical reason were excluded from further consideration. This left 661,400 people who were living in households.

People living in households could report unmet demand for formal services in a range of activities. The 156,900 people who reported unmet demand for formal assistance with self-care, mobility or communication were included in the estimates of unmet demand. About 504,600 people with unmet demand for formal assistance only in activities such as health care, guidance, housework, meal preparation, paperwork, property maintenance and transport were excluded.

The 51,700 people who were considered to have clearly demonstrated their unmet demand by reporting that the service was unavailable or could not be arranged (25,800), or that the service cost too much or did not provide sufficient hours (26,000) were included as a basis for final estimates. Around 105,200 people who gave other reasons for their unmet demand for formal assistance not being met were excluded.

Finally, only the 26,700 people who needed ADL assistance at least 3–5 times per day (or less frequently if they needed help with more than one ADL) were included in the baseline estimates of unmet demand (Tables 5.1 and A5.2).

The resulting estimate is that, in 2003, there were 26,700 people needing accommodation and/or respite services. This reflects the conservative approach being taken in focusing on people with higher support needs and unmet need with core activities. This group consists of people who:

- needed assistance with one core activity and needed help at least 3 to 5 times a day
- needed assistance with two core activities and needed help at least twice daily for one activity
- needed assistance with three core activities and needed help at least once daily for one activity.

The remaining 25,000 people who required less frequent assistance were not included in the baseline estimates of unmet demand.

Finally, this estimate was adjusted using ABS data on estimated resident population, to account for changes in population size and age structure between 2003 and 2005. The resulting estimate of the number of people with unmet demand for accommodation and/or respite services in 2005 is 27,800.

Table 5.1: Estimates of unmet demand for accommodation and respite services,^(a) 2003 and 2005 ('000)

	Age groups (years)		
	0-4	5-64	0-64
2003 survey estimates			
Unmet demand for formal help in one or more core activity	11.6	145.3	156.9
Reason for no or not enough formal help:			
(A) No service available, or unable to arrange a service	*3.2	22.6	25.8
(B) Service costs too much or does not provide sufficient hours	*3.5	22.4	26.0
<i>Total (A) & (B)</i>	*6.7	45.0	51.7
Unmet demand for accommodation & respite services ^(b)			
(A) No service available, or unable to arrange a service	**1.7	*10.2	11.9
(B) Service costs too much or does not provide sufficient hours	*2.6	12.2	14.8
<i>Total (A) & (B)</i>	*4.3	22.4	26.7
Others with lower frequency of need for help	*2.4	22.6	25.0
Total severe or profound living in household	35.7	625.7	661.4
2005 estimates (updated for population growth)			
Unmet demand for formal help in one or more core activity	12.0	151.1	163.1
Reason for no or not enough formal help:			
(A) No service available, or unable to arrange a service	*3.3	23.5	26.8
(B) Service costs too much or does not provide sufficient hours	*3.7	23.3	27.0
<i>Total (A) & (B)</i>	*7.0	46.8	53.8
Unmet demand for accommodation & respite services			
(A) No service available, or unable to arrange a service	**1.8	10.6	12.4
(B) Service costs too much or does not provide sufficient hours	*2.7	12.7	15.4
<i>Total (A) & (B)</i>	*4.5	23.3	27.8
Others with lower frequency of need for help	*2.5	23.5	26.0
Total severe or profound living in household	37.0	650.8	687.8

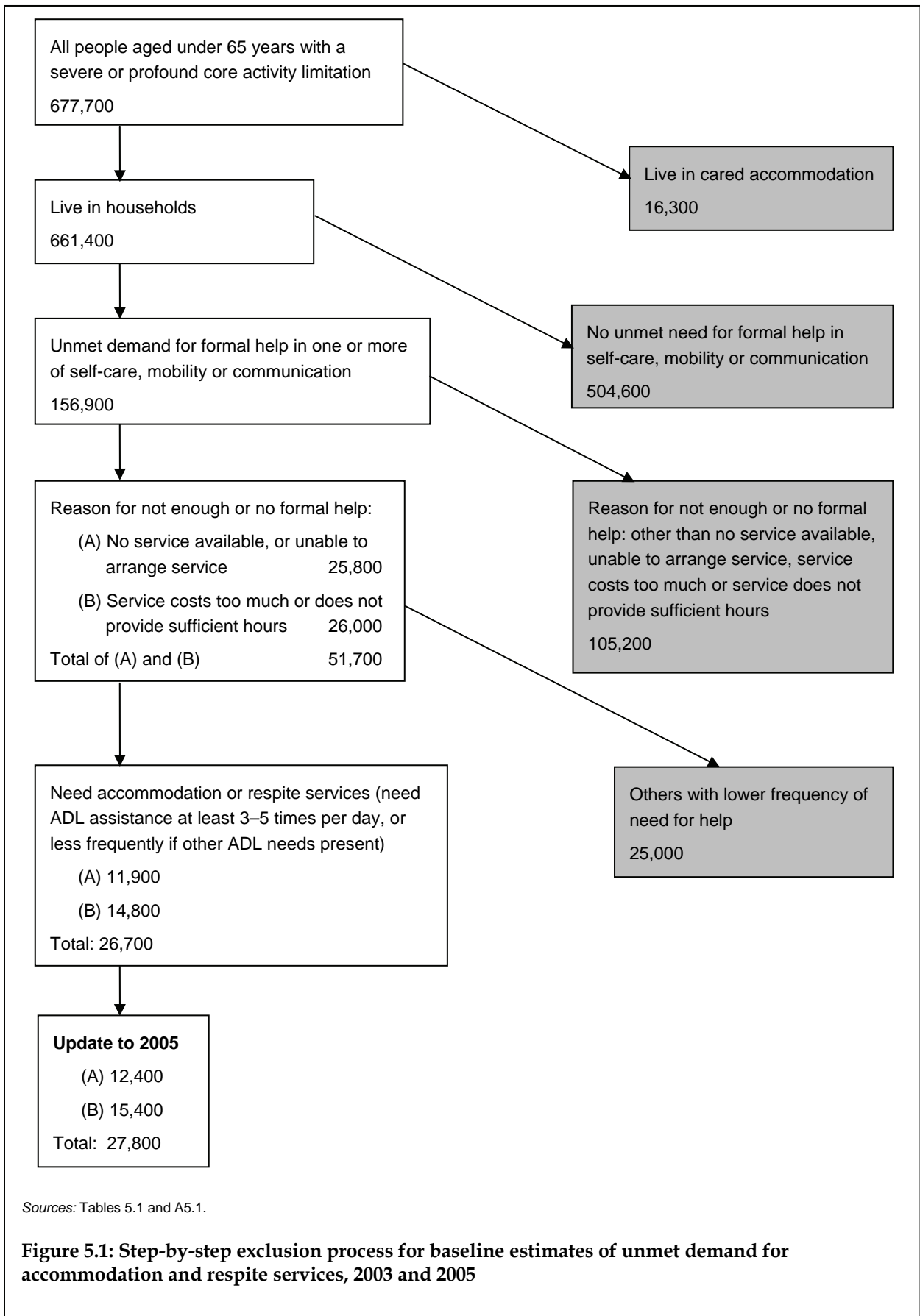
* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error (RSE) of greater than 50% and are considered too unreliable for general use.

Notes

- (a) Analysis was restricted to people aged under 65 years with a severe or profound core activity limitation living in households, who reported having an unmet demand for formal assistance with core activities.
- (b) People who need assistance with one ADL at least 3-5 times per day, with two ADLs at least twice daily for one ADL, or with three ADLs at least once daily for one ADL, are considered as candidates for accommodation or respite services.

Sources: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; ABS 2004a.



5.3 Community access services: baseline estimates of unmet demand

Community access services (predominantly day activity programs) are services designed to provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence. These services are mainly used by people who do not attend school, and who are not employed full-time. The purpose of the services is to provide activities for people with a disability, so that they continue to develop, receive stimulation, and experience social interaction and community participation.

The policy assumptions underlying the estimation of unmet demand for community access services are that the target group for these services comprises people with a disability with high-level support needs who:

- are aged 18 or over
- are not in, and not likely to be in, the labor force (including supported employment)
- are not studying or likely to study.

This study continues an assumption used in the 1997 and 2002 study that the provision of day activities should be sufficient to ensure that family carers are not obliged to provide 24-hour care for people with high support needs on a lifelong basis. That is, although people with high-level support needs may still be receiving accommodation support from their families from the time they are 18 years old and have left school, they should not be reliant on their families for the equivalent of day activities (AIHW 1997, 2002).

Figure 5.2 illustrates the process used to estimate unmet demand for community access services and Table 5.2 contains further explanatory data.

In 2003, about 496,400 people with a severe or profound core activity limitation aged 15–64 years were living in households. Of these, 347,000 people were not in the labour force (not employed or looking for a job).

There are three sub-groups of those who were not in the labour force:

- First, 15,300 people reported that they ‘could work with special arrangements, equipment or assistance’. This group will be considered in Section 5.4 – baseline estimates of unmet demand for disability employment services.
- Second, 241,200 people stated that they ‘could not work at all’ for various reasons³ (Table 5.3); of these, 25,900 people were attending supervised day programs for people with a disability (Table A5.3).
- Third, 90,500 people did not state whether they could work or not, but were not in the labour force for different reasons. Of these, 11,900 people were attending day programs.

For the purpose of estimating unmet demand for community access services, only people in the second and third groups who did not attend day activities were considered. The numbers for these two groups were 215,200 and 78,600 respectively. Further restrictions

³ Survey respondents were asked to nominate the main reason they were not looking for work. Possible options were: retired; study or returning to study; own ill health or disability; child care availability or children too young or prefers to look after them; too old; does not need or want work; someone else’s ill health or disability; other family considerations; lacks relevant schooling, training and experience; don’t know; and other.

were imposed to select about 56,800 people who were aged 18–64 years, not studying, who were not looking for a job mainly because of their own illness or disability, and who did not go out as often as they would have liked because of their own illness or condition. The restriction of ‘wanting to go out more’ is imposed simply to ensure that unmet demand is not being inferred among people who do not wish to go out more.

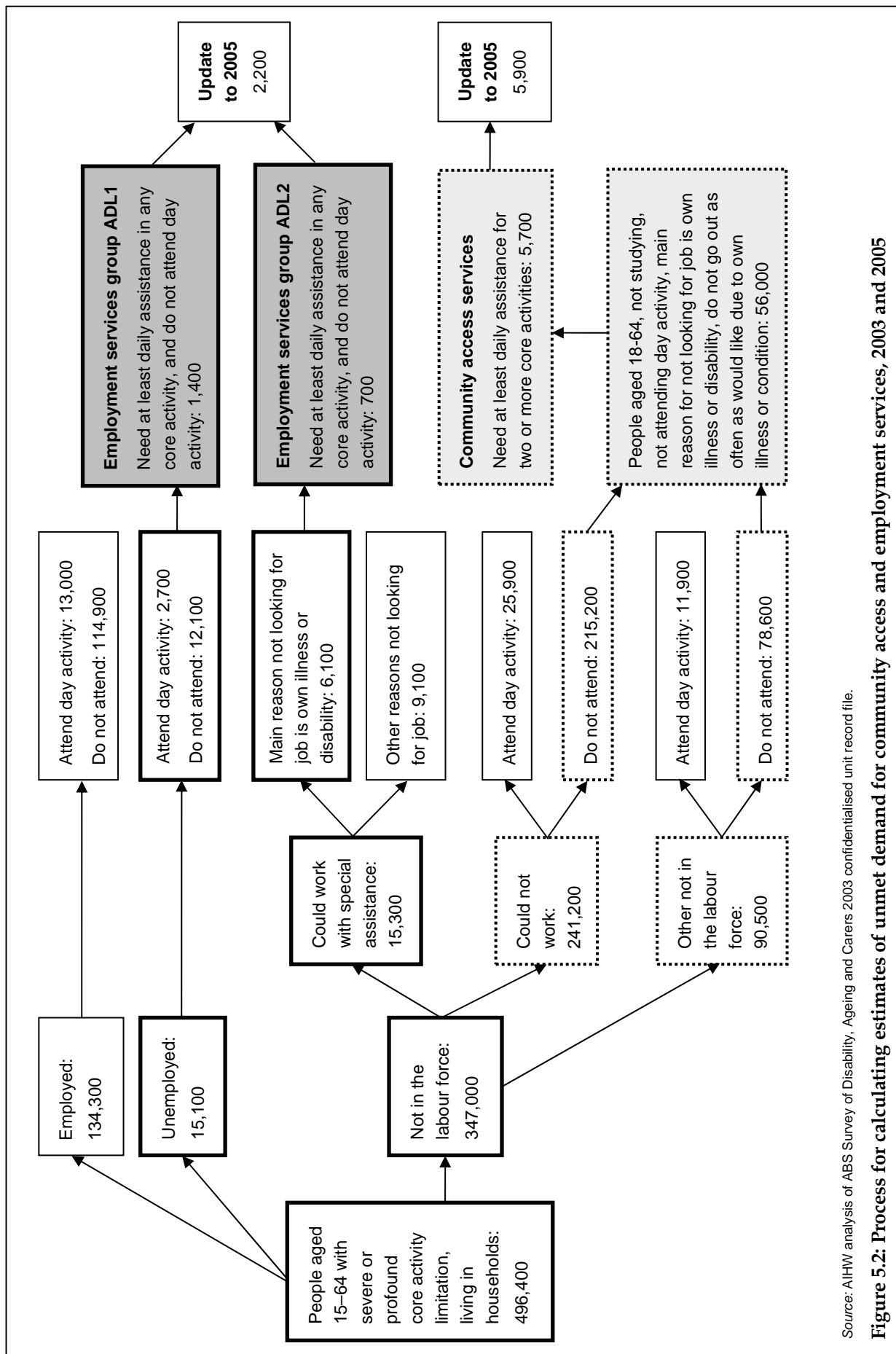
Finally, the group with unmet demand for community access services was limited to only those people who needed at least daily assistance in two or more core activities. The frequency of need for assistance, and the number of core activities in which assistance is needed, among the broader group of 56,800 is shown in Table 5.2.

The baseline estimates of unmet demand for community access services in 2003 were, thus, 5,700 people aged 18–64 years with a severe or profound core activity limitation living in households who:

- were not in the labour force (were not looking for a job) and were reported as ‘could not work at all’
- said the main reason for not looking for a job is their own illness or disability
- were not currently studying
- would have liked to go out more but were prevented from doing so by their illness or condition (that is, they expressed some demand for more activity)
- were not currently attending supervised activity programs for people with a disability
- needed at least daily assistance in two or three of the core activities of self-care, mobility or communication.

Adjusting for population size and age structure, the baseline estimate of unmet demand for community access (day activity) services is projected to be 5,900 people in 2005.

It should be noted that the estimate excludes people attending any kind or frequency of day activity. Some jurisdictions attempt to provide post-school options services to a wider group of 18–20 year olds than other age groups. However, no specific allowance for age has been made here – that is, the same restrictions in terms of need for support have been applied to all people. Both of these factors ensure that the estimate is conservative.



Source: AIHW analysis of ABS Survey of Disability, Ageing and Carers 2003 confidentialised unit record file.

Figure 5.2: Process for calculating estimates of unmet demand for community access and employment services, 2003 and 2005

Table 5.2: Frequency of need for help with core activities, by number of activities in which help is needed among candidates for community access services (day activities), 2003 and 2005 ('000)

Frequency of need for help	Number of core activities			Total
	One	Two	Three	
2003 survey estimates				
At least 1/day for two or more ADLs	**—	*5.5	**0.2	*5.7
Other lower frequencies	30.1	19.3	**0.9	50.3
Total	30.1	24.8	**1.1	56.0
2005 update (for population growth)				
At least 1/day for two or more ADLs	**—	*5.7	**0.2	*5.9
Other lower frequencies	31.4	20.1	**1.0	52.5
Total	31.4	25.8	**1.1	58.4

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Note: Analysis was restricted to people aged 18–64 years with a severe or profound core activity limitation living in households, who could not work and were not studying, were not looking for a job because of their own illness or disability, did not go out as often as they would like because of their illness or condition, and were not attending a supervised activity program for people with disability or older people (day activity).

Sources: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; ABS 2004a.

5.4 Disability employment services: baseline estimates of unmet demand

Employment services provide assistance to people with a disability in obtaining and/or retaining paid employment in the open employment market (open employment services), or support or employ people with a disability within the organisation providing the service (supported employment).

Employment restrictions and need for assistance

Of the 496,400 people aged 15–64 years with a severe or profound core activity limitation living in households, 347,000 people were not in the labour force while 15,100 were unemployed and 134,300 people were employed (Table 5.3).

An employment restriction is determined, in the ABS disability survey, for a person aged 15–64 years with a disability if, because of their disability, they:

- are permanently unable to work
- are restricted in the type of work they can/could do
- need, or would need at least one day a week off work on average
- are restricted in the number of hours they can/could work
- require, or would require an employer to provide, special equipment, modification of the work environment or special arrangements

- need, or would need to be given ongoing assistance or supervision
- would find it difficult to change job or get a better job (ABS 2004a:73).

There appears to be a strong correlation between not being in the labour force or being unemployed, and the severity of restriction and level of need for assistance. Around 80% of people who were not in the labour force had a severe or profound employment restriction (Table 5.3). Severe employment restriction was more common among unemployed people (59%) than employed people (17%). While no one in the labour force reported a profound employment restriction, some 67% (233,600) of people who were not in the labour force had a profound employment restriction.

Of people who were not in the labour force, 71,300 people (21%) were restricted in the type of work they could do; 92,600 (27%) either were restricted in the number of hours they could work or needed time off from work (at least one day per week); and 61,100 (18%) either needed employer-provided equipment and/or special arrangements or ongoing supervision and assistance (Table 5.3).

For people in the labour force, a substantially higher proportion of unemployed people than employed people reported various employment restrictions, such as need for time off work or need for their employer to provide equipment or special arrangements.

Higher proportions of people who were not in the labour force reported support needs for all the non-core activities compared with employed people. Higher proportions of people who were unemployed or who were not in the labour force reported needing assistance with cognition or emotion, mobility and transport compared with employed people.

Unmet demand for disability employment services

The present study uses only one method of the two methods applied in the 2002 unmet need study. The method used in this study (referred to as Method 1 ADL in the 2002 study) relates closely to the CSTDA target group definition, focusing on the need for assistance with self-care, mobility and communication. The method is also in line with the approach used for accommodation and respite and community access services. Some evidence of relatively high support needs is used to include people in the estimate: people are included in the estimate only if they needed at least daily assistance with at least one of the ADL (core) activities (self-care, mobility and communication). The second method used in the 2002 study (Method 2 guidance) focuses more on the need for help with 'cognition and emotion' than on the need for help with the ADL (core) activities. It was agreed in the project proposal that this method would not be used in the present study.

The baseline estimates of unmet demand for employment services focus on two groups of people aged 15–64 years with a severe or profound core activity limitation living in households. Group ADL1 consists of people who:

- were unemployed (that is, looking for either full-time or part-time work)
- were not currently attending supervised activity programs for people with a disability
- needed at least daily support in any of the self-care, mobility or communication activities.

Group ADL2 consists of people who:

- were not in the labour force but were reported as 'could work with special arrangements, equipment, training or assistance'

- gave as their main reason for not looking for a job their own illness or disability
- were not currently attending supervised activity programs for people with a disability
- needed at least daily support in any of the self-care, mobility or communication activities.

Figure 5.2 illustrates the process used to estimate unmet demand for employment services.

In 2003, of the total 496,400 people aged 15–64 years with a severe or profound core activity limitation living in households, 134,300 people were employed. Of these employed people, 13,000 (10%) were also attending day programs. Some of these may have been receiving employment services.

Over 100,000 (76%) employed people were restricted in the type of job they could do and 70,200 (52%) were restricted in the number of hours they could work (Table 5.3). Some needed their employers to provide equipment and/or make special arrangements (23,000, 17%), and/or to provide ongoing supervision or assistance (21,000, 12.8%). Some of these people could need other employment assistance, but are not included in the baseline estimates of unmet demand.

A total of 15,100 people were unemployed, that is, actively looking for work. Of these, 1,400 needed at least daily assistance in any of self-care, mobility and communication activities and did not attend day programs. These 1,400 people comprise Group ADL1 in the baseline estimates of unmet demand for employment services.

Of the total 347,000 people who were not in the labour force, 15,300 stated that they could work with special assistance, such as special arrangements, equipment, training or other assistance. Of these 15,300, around 6,100 people (40%) reported the main reason as their own illness or disability, while 9,200 people reported various other reasons for not looking for work.

The focus then is on the 6,100 people who said that they could work with special assistance and their main reason for not looking for a job is their own illness or disability. Within this group, there were 700 people who needed at least daily assistance in any of the self-care, mobility and communication activities, and did not attend day programs. These 700 people comprised Group ADL2 in the baseline estimates of unmet demand for employment services.

These two groups totalled 2,100 people in 2003. Adjusting for population size and age structure, the baseline estimate of unmet demand for employment services in 2005 is projected to be 2,200 people.

Table 5.3: People aged 15–64 years with a severe or profound core activity restriction living in households: labour force status, by employment restrictions, severity of employment restriction and requirements to enable workforce participation, 2003

	Employed		Unemployed		Not in the labour force	
	No. ('000)	%	No. ('000)	%	No. ('000)	%
Age						
15–19	*5.0	*3.8	*2.7	*18.0	22.8	6.6
20–64	129.3	96.2	12.4	82.0	324.1	93.4
15–64	134.3	100.0	15.1	100.0	347.0	100.0
Sex						
Male	69.4	51.7	*7.5	*49.7	150.2	43.3
Female	64.9	48.3	*7.6	*50.3	196.7	56.7
Severity of employment restrictions						
Profoundly restricted	**—	**—	**—	**—	233.6	67.3
Severely restricted	22.4	16.7	*8.9	**58.5	43.5	12.5
Moderately or mildly restricted	90.3	67.3	*5.7	*37.4	48.4	14.0
No employment restriction	21.5	16.0	**0.6	**4.1	21.4	6.2
Employment restrictions^(a)						
Restricted in type of job	102.5	76.3	14.0	92.2	71.3	20.6
Restricted in number of hours	70.2	52.2	*9.5	*62.9	53.1	15.3
Difficulty changing jobs or getting a preferred job	95.2	70.8	13.7	90.3	61.1	17.6
Need for time off from work (at least one day per week)	31.5	23.5	*7.9	*52.4	39.5	11.4
Need for employer-provided equipment and/or special arrangements	23.0	17.1	*7.7	*50.8	35.1	10.1
Need for support person at work or is receiving assistance from a disability job placement program or agency	*9.0	*6.7	*4.0	*26.3	**—	**—
Need for ongoing supervision or assistance	21.3	15.9	*7.1	*47.0	26.0	7.5
Other employer arrangements^(a)						
A special support person to assist/train on the job or provided help from someone at work	*10.3	*7.7	*3.6	*23.8	*10.1	*2.9
Provided special equipment	13.4	10.0	*3.1	*20.2	16.4	4.7
Modified buildings/fittings or provided special/free transport or parking	*5.9	*4.4	*2.5	*16.2	12.6	3.6
Provided training/retraining	*3.7	*2.8	*2.2	*14.7	14.3	4.1
Allocated different duties	*5.6	*4.2	*2.8	*18.3	*10.3	*3.0
Other	*3.1	*2.3	**1.3	**8.6	*6.3	*1.8

(continued)

Table 5.3 (continued): People aged 15–64 years with a severe or profound core activity restriction living in households: labour force status, by employment restrictions, severity of employment restriction and requirements to enable workforce participation, 2003

	Employed		Unemployed		Not in the labour force	
	No. ('000)	%	No. ('000)	%	No. ('000)	%
How often attended supervised activity program for disability						
Not applicable	*6.4	*4.8	**0.3	**2.2	*5.0	*1.4
Does not attend	114.9	85.5	12.1	79.9	301.4	86.9
5 days a week or more	**0.6	**0.5	**0.6	**4.0	*6.2	*1.8
3–4 days a week	**_	**_	**_	**_	*4.1	*1.2
1–2 days a week	*7.4	*5.5	**_	**_	16.7	4.8
One day a fortnight or less	*5.0	*3.7	**2.1	**14.0	13.5	3.9
Total attended	13.0	9.7	*2.7	18.0	40.5	11.7
Need for assistance with core and non-core activities^(b)						
Self-care	59.9	44.6	*5.7	*37.8	173.3	49.9
Mobility	91.9	68.4	12.1	80.0	283.6	81.7
Communication	12.1	9.0	**2.1	**14.1	38.0	11.0
Cognition or emotion	41.1	30.6	*10.4	*68.6	154.3	44.5
Health care	58.9	43.8	*5.5	*36.0	181.4	52.3
Housework	57.8	43.0	*4.6	*30.2	197.3	56.9
Property maintenance	65.4	48.7	*8.2	*54.2	204.9	59.1
Paperwork	17.6	13.1	*5.7	*38.0	103.2	29.7
Meal preparation	16.3	12.1	**2.0	**13.3	97.8	28.2
Transport	53.2	39.6	*8.1	*53.6	207.0	59.7
Total	134.3	100.0	15.1	100.0	347.0	100.0

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Notes

- (a) Totals may not be equal to the sum of the components, as questions on employment restrictions and arrangements were asked separately in the survey.
- (b) Total may be less than sum of the number of people needing assistance with each activity type, as people may need help with more than one activity.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

5.5 Consolidating the population estimates of unmet demand

Previous sections of this chapter provided population baseline estimates of unmet demand for accommodation and respite, community access and employment services, based on the data from the 2003 ABS Survey of Disability, Ageing and Carers and updated to 2005 using ABS estimated resident population data. This section presents consolidated population estimates of unmet demand, which are arrived at using a process that consists of the following steps:

- CSTDA NMDS data are used to estimate changes in the number of service users between 2003–04 and 2004–05 for specific service types.
- The baseline estimates of unmet demand in 2005 are adjusted by subtracting the increases in service users (that is, adjusting for increased service supply) between 2003–04 and 2004–05.
- The resulting estimates of unmet demand are then compared, to check orders of magnitude, with the information available in some states on unmet demand as recorded on their administrative systems.

Detailed discussions of the estimate of unmet demand for specific service types are explained separately for each service type in the following sections. Notable changes in the population baseline estimates of unmet demand between 1998 and 2003 are also briefly reviewed.

Accommodation and respite services

Comparative analysis of the 1998 and 2003 disability survey data shows that the number of people aged 0–64 years with a severe or profound core activity limitation increased from 656,100 in 1998 to 677,700 in 2003. Within this group, those living in cared accommodation declined from 20,100 to 16,300, while those in households increased from 636,000 to 661,400—an increase of 25,400 people or 4% (Figure 5.1; AIHW 2002:Figure 6.1).

The population baseline estimates of unmet demand for accommodation and respite services increased by 27% from 21,000 people in 1998 to 26,700 people in 2003, largely due to the increase of people reporting ‘service costs too much or does not provide sufficient hours’ (Table 5.4).

When adjusted for population growth, the population baseline estimate of unmet demand for accommodation and respite services in 2005 is 27,800 people (Figure 5.1 and Table 5.4).

The net gain in supply of accommodation services between 2003–04 and 2004–05 was 612 people (Table 3.1). This comprises an increase in community-based accommodation support services, especially in-home accommodation support and attendant care/personal care, offset by a decline in services received in institutional settings, including group homes. These changes are in line with the trend away from providing care for people with a disability in institutional settings.

Between 2003–04 and 2004–05, users of respite services increased from 20,547 to 23,951 (an increase of 3,404 users), reflecting increases in all the service sub-categories except ‘host family respite/peer support respite’ (Table 3.1). This figure of 3,404 people is added to the net gain in users of accommodation services (612 people) to give the total increase in supply

of accommodation and respite services—4,016 people. This is consistent with the approach described in Chapter 2, to treat these services as somewhat substitutable and on the same spectrum of needs.

The estimate of unmet demand for accommodation and respite services is thus 23,800 people (calculated by subtracting the increase in supply from the baseline estimate). Comparing this with the final estimate of the 2002 study (12,500 people in 2002) suggests an increase of 11,300 people (Table 5.4). This may be partly attributable to ongoing deinstitutionalisation. More people with high support needs are staying in the community (AIHW 2001).

Table 5.4: Changes in the estimates of unmet demand for disability services, 1998 (2001) and 2003 (2005)

Baseline estimates of unmet demand	1998 ('000)	2003 ('000)	Change ('000)
Accommodation and respite	21.0	26.7	*+5.7
No service available, or unable to arrange service	10.9	11.9	**+1.0
Service costs too much or does not provide sufficient hours	10.1	14.8	*+4.7
Community access	9.9	*5.7	*-4.2
Disability employment	*6.8 ^(a)	*2.1	*-4.7
Adjusted for population growth	2001 update	2005 update	Change
Accommodation and respite	22.2	27.8	*+5.6
Community access	10.6	*5.9	*-4.7
Disability employment ^(a)	*7.3 ^(a)	*2.2	*-5.1
Adjusted for increase in service supply (final estimates)	2001	2005	Change
Accommodation and respite	12.5	23.8	+11.3
Community access	*8.2	*3.7	*-4.5
Disability employment	*5.4 ^(a)	**1.7	*-3.7

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

(a) Estimates of unmet demand for disability employment services based on Method 1 ADL, as used in the 2002 study (see Section 5.4).

Source: Figures 5.1 and 5.2; AIHW 2002.

The final step is to check the estimate of 23,800 against unmet demand as indicated by jurisdiction data on people waiting for services. Unmet demand data at state level were converted to national equivalent estimates of unmet demand. This was done by multiplying the number of people requesting a specific service type (as recorded in the jurisdiction data on applicants waiting for services) by the inverse of the total number of people aged under 65 years with a severe or profound core activity limitation in the state expressed as a proportion of the number of people nationally aged under 65 years with a severe or profound core activity limitation (Table 5.5). For example, the number of people waiting for accommodation services in South Australia was 1,678 in 2005 and the number of people aged under 65 years with a severe or profound core activity limitation in South Australia in 2005 was 53,300, or 7.5% of the national total (706,600). Hence, the national equivalent estimate of unmet demand for accommodation services in South Australia was 22,400 people (1,678 divided by 0.075).

National age- and sex-specific rates of severe or profound core activity limitation, rather than jurisdiction rates, were applied to the population data for each jurisdiction to estimate the number of people aged under 65 years with a severe or profound core activity limitation for that jurisdiction. This was done because the relatively small survey sample size for some states and territories means that estimated rates for those jurisdictions would have large sampling errors.

Jurisdiction data on unmet demand are incomplete, inconsistent and subject to various data issues and therefore do not provide a solid basis to validate and confirm the estimates of unmet demand (Chapter 4). The national equivalent estimates of unmet demand for particular service types vary substantially across the states where information is available (Table 5.7). The estimates derived are likely to be lower than the actual unmet demand as they are based on data from jurisdictions' registers that may be not the sole tools used to manage demand.

The national equivalent estimate of unmet demand for accommodation support and respite services in South Australia (28,600) is greater than the figure of 23,800 (Table 5.5). Data for South Australia may over-estimate the number of people with unmet demand due to double counting of people who have applied for both accommodation and respite services. The national equivalent estimate of unmet demand for accommodation services for Victoria is 17,400 people; this figure may include some double-counting of people who have applied for both shared supported accommodation and HomeFirst (see Table 4.2). No information is available on unmet demand for respite services in Victoria, which are coordinated at local level in that state. If the ratio of unmet demand for respite services to accommodation services for Victoria is assumed to be the same as the ratio for South Australia (that is, approximately 1:3.5), the combined national equivalent estimate of unmet demand for accommodation and respite services in Victoria would be 22,200 people, which is close to the figure of 23,800. This comparison with data available in Victoria and South Australia does not suggest that the estimate of 23,800 people with unmet demand for accommodation and respite service is unreasonable.

The national equivalent estimate of unmet demand for Western Australia is very low – 3,300 people for accommodation and respite – as it is based only on known demand for individual funding (see Chapter 4). The national equivalent estimate for Tasmania (11,900) is substantially lower than those based on South Australian and Victorian data; it is based only on unmet demand for accommodation support, as data on unmet demand for respite services are not collected in Tasmania.

Support for the conservative nature of the estimate of 23,800 people with unmet demand for accommodation and respite services comes from national data on the need for respite care. In 2003, around 16,700 primary carers of people with a disability aged under 65 years had never received respite but needed it, and 18,800 had received it at some stage but needed more (AIHW 2005a:Table 5.23). This suggests possible unmet demand for respite services alone of up to 35,500 people.

Finally, the relative survey sampling error of the final estimate of 23,800 people with unmet demand for accommodation and respite services is about 4,000 (17%). Hence, there are about two chances in three that the actual number of people in this category is within the range 19,800 to 27,800 and about 19 chances in 20 that it is within the range 15,900 to 31,700.

Table 5.5: Consolidated estimates of unmet demand, 2005

	Baseline estimates of unmet demand, 2005 (Figs 5.1, 5.2)	Increase in supply from 2003–04 to 2004–05	Unmet demand estimate Column C = column A minus column B	Jurisdiction data on applicants waiting services	Cross-check ^(a) (national equivalent demand estimates) (Table 4.2)
Service type	Column A	Column B	Column B	Column D	Column E
Accommodation and respite	27,800	612 (accomm.)	23,800	4,254 accomm.(Vic)	17,400
				194 accomm.(WA)	1,800
				1,678 accomm.(SA)	22,400
				284 accomm. (Tas)	11,900
		3,404 (respite)		150 respite (WA)	1,500
			469 respite (SA)	6,300	
Community access^(b)	*5,900	2,232	*3,700	507 (Vic)	2,100
				76 (WA)	800
				533 (SA)	7,100
				70 (Tas)	2,900
Disability employment	*2,200	554	*1,700	N/A	N/A

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Notes

- (a) The estimates in column E have been derived by multiplying the number of people requesting a specific service type (jurisdiction data on waiting lists) by the inverse of the proportion of the total number of people aged under 65 years with a severe or profound core activity limitation in the jurisdiction. Figures presented are rounded to the nearest 100.
- (b) Community access estimates and supply exclude recreation and holiday programs.

Sources: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; Tables 3.1, 4.2.

Community access services

Analysis of CSTDA NMDS data shows that between 2003–04 and 2004–05, the total number of users of community access services decreased from 47,636 to 44,166, a decrease of 3,470 service users (Table 3.1). However, this was mainly attributable to a decrease of 5,809 users of recreation/holiday programs, which was partially offset by an increase of 2,232 users of day activity programs: learning and life skills development and other community access services.

Community access services are mainly day activity programs. Recreation/holiday programs had been classified under community support services before the redevelopment of the CSTDA NMDS that was implemented in 2002. The AIHW project team has decided to exclude recreation/holiday programs from the estimate of changes in supply of community access services in the process of consolidating the estimate of unmet demand. This decision was made in order to: focus the estimate on unmet need for regular services that meet people’s ongoing need for meaningful day activities (rather than more irregular recreation/holiday activities); maximise consistency with the method used to estimate

unmet demand for community access services in the 2001 unmet needs study; and ensure a conservative approach to the estimation of unmet demand. Applying this exclusion, the estimated increase in the supply of community access service is 2,232 people between 2003–04 and 2004–05 (Tables 3.1 and 5.5).

As discussed in Section 5.3, the approach to estimating unmet demand for community access services focuses on people who are not in, and not likely to be in, the labour force, and who are not studying or likely to study. Between 1998 and 2003, there was an increase of 25,300 people aged 15–64 years with a severe or profound core activity limitation who were not in the labour force. The increase was mainly made up of 18,900 people who could not work and 4,600 people with other reasons for not seeking a job, while some 1,900 people stated that they could work with special assistance (Table 5.6).

Despite this increase in the number of people who were not in the labour force, there was a decrease in the population baseline estimate of unmet demand for community access services, from 9,900 people in 1998 to 5,700 people in 2003 (a decline of 4,200). Adjusted for population growth, the baseline estimate of unmet demand for community access services in 2005 is 5,900 people (Figure 5.2 and Table 5.5).

A close examination of the disability survey data suggested that the decline in the estimate of unmet demand may be attributable to an increase in attendance at day activities by people with a disability. Between 1998 and 2003, there was an increase of 9,100 people attending day activities among those who could not work (6,800) and others who were not in the labour force (2,300) (Table 5.6).

The resulting estimate of unmet demand for community access services is thus 3,700 people (calculated by subtracting the increase in supply from the baseline estimate), reflecting a decrease of about 4,500 people from the previous estimate of 8,200 people in 2001 (Table 5.4).

The final step is to check the estimate of 3,700 people against unmet demand recorded in jurisdictional registers. The national equivalent estimate of unmet demand varies across the four jurisdictions with available data. However, the estimate derived from analysis of the population survey lies within the range of estimates produced using state administrative data. It can therefore be concluded that the estimate of unmet demand for community access services of 3,700 people is reasonable, and in the lower end of the range of unmet demand, given the conservative approach taken to the derivation process. The estimate excludes people attending any kind or frequency of day activity programs, some of whom may have under-met demand for community access services (Section 5.3). This ensures that the estimate is conservative.

The estimate appears to indicate a decline in unmet demand for community access services between the 2002 study and the present study (Table 5.4). This may be partly explained by the increase of 9,100 people attending day activities among those who could not work and those who reported other reasons for not being in the labour force, reflecting increased supply of day activity programs (Table 5.6).

Finally, the relative standard error of the survey estimate of 3,700 people with unmet demand for community access services is about 1,500 (40%). Therefore, there are about two chances in three that the actual number of people in this category is within the range 2,200 to 5,200 and about 19 chances in 20 that it is within the range of less than 1,000 to 6,600.

Table 5.6: People aged 15–64 years with a severe or profound core activity limitation in households: labour force status and attendance of day activities for people with a disability, 1998 and 2003

Labour force status	1998 (’000)	2003 (’000)	Changes 1998–2003	
			’000	% of 1998 population
Employed	151.9	134.3	–17.6	–11.6
Attend day activity	9.5	13.0	*3.5	36.8
Do not attend	142.4	114.9	–27.5	–19.3
Unemployed	18.7	15.1	*–3.6	–19.3
Attend day activity	**0.8	*2.7	**1.9	237.5
Do not attend	17.9	12.1	*–5.8	–32.4
Not in the labour force	321.7	347.0	25.3	7.9
Could work with special assistance	13.4	15.3	**1.9	14.2
Main reasons not looking for a job				
Own illness or disability	*8.3	*6.1	*–2.2	–26.0
Other reasons	*5.2	*9.1	*3.9	75.0
Could not work	222.3	241.2	18.9	8.5
Attend day activity	19.1	25.9	*6.8	35.6
Do not attend	203.2	215.2	12.0	5.9
Other not in the labour force	85.9	90.5	*4.6	5.4
Attend day activity	9.6	11.9	*2.3	24.0
Do not attend	76.3	78.6	*2.3	3.0
Total	492.3	496.4	*4.1	0.8

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Sources: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; Figure 5.2.

Disability employment services

Disability employment services focus on people who are in the labour force and those who are not in the labour force but could work with special assistance (Section 5.4).

Analysis of ABS disability survey data indicates that there was a decline of 21,200 people aged 15–64 years with a severe or profound core activity limitation who were in the labour force between 1998 and 2003. This comprises a decrease of 17,600 employed people and 3,600 unemployed people (Table 5.6). Most of the decrease in the number of employed people between the two surveys was in the age groups 50 years and over (Table 5.7).

While there was a small increase over this period in the number of people who were not in the labour force but could work with special assistance (1,900 people), there was an increase of 3,900 people not looking for a job for various reasons (other than their own illness or

disability), which was partially offset by a decrease of 2,200 people who were not seeking a job because of their disability or illness (Table 5.6).

Table 5.7: People aged 15–64 years with a severe or profound core activity limitation who were employed, by age, 1998 and 2003

	1998 '000	2003 '000	Change between 1998 and 2003 ^(a)	
			'000	%
15–19	*7.0	*5.0		
20–24	*8.8	11.4	*4.4	*61.9
25–29	*10.2	*8.9	**0.1	**1.5
30–34	16.6	11.7	**1.5	**14.6
35–39	19.6	15.0	**–1.5	**–9.3
40–44	21.9	20.0	**1.3	**6.7
45–49	27.0	23.5	**1.5	**7.0
50–54	20.4	18.1	*–8.8	*–32.8
55–59	14.0	11.0	*–9.4	*–46.0
60–64	*6.3	*8.7	*–5.4	*–38.1
Total	151.9	134.3		

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

(a) In the absence of longitudinal data, it is possible to use data from a sequence of cross-sectional surveys to construct what is referred to as 'synthetic age cohorts'. For example, a comparison is made between people who were aged 15–19 years in the 1998 Survey of Disability, Ageing and Carers and people aged 20–24 years in the 2003 survey. These can then be used to analyse how the circumstances of cohorts change as they move through a statistically constructed life cycle.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

These changes indicate a reduction in the number of people with a severe or profound core activity limitation who potentially need employment services. The population baseline estimate of unmet demand for disability employment services declined from 6,800 people in 1998 to 2,100 people in 2003. Adjusted for population growth, the population baseline estimate of unmet demand in 2005 is 2,200 people (Figure 5.2 and Table 5.4).

Analysis of CSTDA NMDS data shows that the net gain in employment services over 2003–04 and 2004–05 was 554 people, which includes an increase of 789 people in open employment and a decrease of 487 people in supported employment services or open and supported employment services.

The estimate of unmet demand for employment services in 2005 is thus 1,700 people (calculated by subtracting the increase in supply from the baseline estimate), a decrease of 3,700 people from the previous estimate of 5,400 in 2001 (Table 5.4). However, the survey estimate of 1,700 people with unmet demand is subject to a very high relative standard error (55%) and is considered too unreliable for general use.

The Australian Government does not have centralised data on applicants waiting for disability employment services, which might be useful for checking the order of magnitude of unmet demand. Information provided by DEWR states that, in October 2006, there were about 2,000 people who had been or were being assessed for services provided in the Disability Employment Network capped stream, who had not yet commenced assistance;

there were about 1,000 places vacant nationally (Section 4.2). This suggests a possible unmet demand of around 1,000 people. However, DEWR reports that there is currently no apparent significant unmet need in either the capped or uncapped Disability Employment Network steams.

The very low estimate in 2005 appears to indicate a decline between 2001 and 2005 (based on baseline estimates using 1998 and 2003 survey data respectively) in the number of people with unmet demand for disability employment services. However, it may not be prudent to interpret this as an indication of no substantial unmet demand for disability employment services. Factors that should be considered in the interpretation of the estimate of unmet demand for employment services include:

- The decline in the baseline estimate of unmet demand for employment services between 1998 and 2003 partly reflects the decrease in the number of people with a severe or profound core activity limitation who were in the labour force (a decline of 21,200 people) and may potentially need disability employment services (Table 5.6).
- Although the baseline estimate of unmet demand in 2003 is updated to 2005, it is adjusted for population growth only. Other factors may impact on unmet demand, including recent changes in welfare policy and disability employment services administered by the Australian Government (see Chapter 7 discussions).

5.6 Summary

The estimation of unmet demand for disability services is a complex task. This study has used two national data sources to conduct the estimation. Population disability survey data have been used for baseline estimates of unmet demand for accommodation and respite, community access (day activity programs) and disability employment services. These baseline estimates are adjusted for increases in service supply based on data from the CSTDA NMDS. The resulting estimates of unmet demand are then compared, to check orders of magnitude, with information available in some jurisdictions on unmet demand on their administrative systems. Changes in population baseline estimates of unmet demand between 2001 (based on 1998 survey data) and 2005 (based on 2003 survey data) are briefly reviewed to assist in verifying and understanding current estimates of unmet demand.

Accommodation and respite services

The final estimate of unmet demand for accommodation and respite services is 23,800 people (Table 5.7). Considering survey sampling errors, there are about two chances in three that the actual number of people in this category is within the range 19,800 to 27,800 and about 19 chances in 20 that it is within the range 15,900 to 31,700.

Compared with the final estimate of the 2002 study (12,500 people), the estimate of 23,800 people suggests an increase of 11,300 people with unmet demand for accommodation and respite services between 2001 and 2005 (Table 5.4). According to the 2003 population survey, the majority of the extra unmet demand may be attributed to services being unable to provide enough hours, or costing too much. An increasing number of people with high support needs who are living in the community, as opposed to institutions, may have also contributed to a rise in the need and unmet demand for these services.

Community access services

The final estimate of unmet demand for community access services is 3,700 people/places (Table 5.5). The estimate is subject to a relative standard error of 40% (1,500). Therefore, there are about two chances in three that the actual number of people in this category is within the range 2,200 to 5,200 and about 19 chances in 20 that it is within the range of less than 1,000 to 6,600.

The estimate excludes people attending any kind or frequency of day activity programs to ensure that the estimate is conservative (Section 5.3). In other words, the estimate included no allowance for 'under-met' demand.

The estimate appears to indicate a decline in unmet demand for community access services between 2001 and 2005 (Table 5.4). This may be partly explained by the increase of about 9,000 people attending day activities among those who could not work (6,800) and others who were not in the labour force, reflecting increased supply of day activity programs (Table 5.6).

Disability employment services

The estimate of unmet demand for employment services in 2005 is 1,700 people. The estimate is subject to a very high relative standard error (55%) and is considered too unreliable for general use.

The very low estimate in 2005 appears to suggest a decline between 2001 (1998) and 2005 (2003) in the number of people with unmet demand. However, this should not be interpreted as an indication of no substantial unmet demand for disability employment services. The decline in the baseline estimate of unmet demand for employment services between 1998 and 2003 is partly due to the decrease in the number of people with a severe or profound core activity limitation who were in the labour force (Table 5.6). The fact that decline was concentrated in older age groups, suggests that retirement of older workers could also be a significant factor.

Although the baseline estimate of unmet demand in 2003 is updated to 2005, it is adjusted for population growth only. Other factors may have impacted on unmet demand (see Chapter 7 discussions). Recent changes in Australian Government welfare policy may bring more people with a disability into the labour force and increase the unmet demand for disability employment services.

6 Projections of future demand

Levels and patterns of future demand for disability services will be affected by the interaction of a number of factors over time, such as population ageing, disability prevalence, life expectancy of people with a disability, patterns of informal care and service provision policies. Data available to date do not provide a solid basis for forward projections that consider all these factors. Therefore, it is not the purpose of this chapter to predict the future demand for disability services. Rather, it provides broad indicators of the impact of population changes on future demand for disability services to aid in service planning.

The number of people with a severe or profound core activity limitation is generally accepted as a broad indicator of potential need for disability services. This chapter presents projections of future demand for disability services in terms of the projected growth in the number of people with a severe or profound core activity limitation in Australia, including within main disability groups. Short-term (2006–2010) rather than long-term projections are conducted for two main reasons: long-term projections of the prevalence of severe or profound core activity limitations would not be reliable because of the various factors mentioned above; the next ABS Survey of Disability, Ageing and Carers will be conducted in 2009 and the data may be available in 2010.

Section 6.1 provides some background information about assumptions used in the ABS population projections and discusses the projected population growth. Section 6.2 starts with a discussion of the methods and assumptions that underpin the projections of future demand, followed by an analysis of the projected growth in the number of people with a severe or profound core activity limitation.

6.1 Projected growth in population

The estimates of projected growth in the number of people with a severe or profound core activity limitation use the ABS population projections (2002–2101) Series 8. Population growth is determined by the demographic factors of fertility, mortality and migration. The population projections are based on a combination of assumptions of future fertility, mortality and migration (ABS 2003).

Assumptions of ABS population projections

The projection Series 8 was chosen for use in this study as it produces mid-range estimates of growth in the Australian population. It assumes that the total fertility rate⁴ will decline to 1.6 births per woman by 2011, and will thereafter remain constant (medium fertility assumption). Series 8 assumes that annual increases in life expectancy of 0.3 years for males and 0.25 years for females will continue through to 2050–51 (low mortality assumption).

⁴ Total fertility rate is a summary measure based on age-specific fertility rates. The rate for a given year indicates the average number of children that women would have over their lifetimes if they experienced the rates of child-bearing experienced by women at each age in the given year.

Series 8 also assumes medium overseas migration (annual net overseas migration gain will reach 100,000 by 2005–06 and then remain constant) and medium interstate migration.

Projected population growth

The Australian population is projected by ABS to grow from 19.7 million in 2002 to around 21 million in 2010 (ABS 2003). The ABS projections suggest that the ageing of the Australian population will continue, as the inevitable result of low levels of fertility and increasing life expectancy at birth. The median age at June 2002 of 35.9 years will increase to between 40.4 years and 42.3 years in 2021 (ABS 2003).

The population age structure is projected to change considerably as a result of population ageing. The proportion of the population aged under 15 years is projected to decline from 20% at June 2002 to between 12% and 15% in 2051. The proportion of the population aged 65 years and over will increase from 13% at June 2002 to between 27% and 30% in 2051.

Projection Series B (medium)⁵ projects a continuing population growth between 2002 and 2051 for all states and territories except South Australia and Tasmania. New South Wales is projected to remain the most populous state in Australia. Victoria will be replaced by Queensland as the second most populous state by 2051.

Between 2002 and 2051, the population will grow by 73% in Queensland, 55% in the Northern Territory and 49% in Western Australia, well above the projected growth for the total Australian population (34%).

6.2 Projected growth in the population with a severe or profound core activity limitation

Methods and assumptions of projections

As discussed in Chapters 2 and 5, the ABS survey definition of a severe or profound core activity limitation is based on the need for frequent or continual personal support with any of the three core activity areas (self-care, mobility and communication). This corresponds closely to the CSTDA 'target population' (Section 1.2). The estimates of numbers of people with a severe or profound core activity limitation are therefore generally accepted as broad indicators of potential need for CSTDA-funded services.

However, it should be noted that the ABS disability survey questions about limitation in core activities are mainly focused on physical abilities, and may emphasise the presence of limitations arising from physical impairment (Madden et al. 1995). Therefore, using the number of people with a severe or profound core activity limitation may mismatch, to some extent, the number of people for whom CSTDA-funded services would be appropriate. For example, some people with an intellectual or psychiatric disability who are current clients of CSTDA-funded services or who need support might be classified, under the ABS survey definition, as having a 'mild' or 'moderate' core activity limitation.

⁵ Projection Series B is one of the three main Series published by the ABS. Series 8 is one of the projection sets of Series B.

Two data sources are used to project the growth in the number of people with a severe or profound core activity limitation between 2006 and 2010:

- ABS 2003 Survey of Disability, Ageing and Carers, which provides the latest national information on the number of people with a severe or profound core activity limitation and their need for and receipt of assistance
- ABS 2003 population projections data, which provide projected population sizes, and age and sex profiles between 2002 and 2101. The projections take account of possible future changes in fertility, mortality and migration and thus factor in the effects of population ageing resulting from the interaction of these components.

The projections rely on three underlying assumptions:

- The age- and sex-specific prevalence rates of severe or profound core activity limitation in 2003 remain constant over the projection period.
- The trend in population growth follows the ABS 2003 population projections.
- Other factors affecting the prevalence of severe or profound core activity limitations remain unchanged in the future.

It is important to be aware that any departure from these assumptions could result in different estimates. Therefore, the projected growth in the population with a severe or profound core activity limitation should be interpreted in the context of the assumptions outlined above.

The method used to calculate the estimated number of people with a severe or profound core activity limitation over the period 2006–2010 is as follows:

- Step 1: Data from the 2003 ABS Survey of Disability, Ageing and Carers are used to derive age- and sex-specific rates of severe or profound core activity limitation.
- Step 2: These rates are applied to the projected 2006–2010 age and sex distributions of the Australian population and each state and territory (from the ABS Series 8 projections) to calculate the expected number of people with severe or profound core activity limitation, by age and sex, for each jurisdiction and for the total Australian population.
- Step 3: The resulting numbers for each age and sex group are summed to give an estimate of the total projected number of people with a severe or profound core activity limitation in that jurisdiction or in the Australian population.

The national age- and sex-specific rates of severe or profound core activity limitation, rather than the rates of jurisdictions, are applied to the population data of each jurisdiction. Because of the relatively small survey sample size for some states and territories, such jurisdiction-level estimated rates would have large sampling errors.

The projected growth at state and territory level thus relies on underlying assumptions that each state or territory has the same age- and sex-specific prevalence rates as those of the overall Australian population, and that the projected numbers are not affected by factors other than demographic variations, for example, changes in disability prevalence due to increase in perception and awareness of disability.

Growth estimates of severe or profound core activity limitation (2006–10)

The number of Australians with a severe or profound core activity limitation is projected to increase by 8.7% (116,200 people) between 2006 and 2010 (Tables 6.1 and 6.2). This is largely due to high growth in the age groups of 65 years and over (13.1%, or 81,600 people) and 45–64 years (10.3%, or 32,800 people). In contrast, negative growth is projected in the 0–14 years age group. These trends reflect continued low birth rates and population ageing. In the working age population (15–64 years) the total projected increase in the number of people with a severe or profound core activity limitation is 6.9%, or 37,500 people, largely attributable to growth in the 45–64 years age group. The growth rate is lower (4.8%) in the broader 0–64 years age group, due to the negative growth projection for 0–14 year olds.

The projected overall growth rates between 2006 and 2010 differ considerably between states and territories (Table 6.1). Queensland and Western Australia have markedly higher growth rates than the national average of 8.7% (11.5% and 10.5% respectively). The lowest projected growth rates are in Tasmania (5.9%) and South Australia (6.3%).

In all states and territories, the highest rates of increase in the number of people aged under 65 years with severe or profound core activity limitations are projected to occur in the 45–64 years age group. Queensland, Western Australia and the Northern Territory all have higher than average growth rates in this age group. However, the relatively young population in the Northern Territory diminishes the effect of growth in this age group on overall population growth (Table 6.1).

Growth is predicted for all age groups in Queensland and the Northern Territory, and all ages above 14 in New South Wales, Victoria, South Australia and the Australian Capital Territory. Negative growth in the age groups 0–14 and 30–44 years in South Australia, and 0–19 and 30–44 years in the Northern Territory, corresponds to the projected decline in the population aged under 65 years in these states between 2006 and 2010.

The projected growth rates in the number of people with a severe or profound core activity limitation are slightly higher for females than males, both overall and in the 0–64 years age group (Table 6.1). While it is expected that, overall, there will continue to be more females than males with a severe or profound core activity limitation in 2010 (836,400 compared to 621,000), there will be similar numbers of males and females with a severe or profound core activity limitation aged under 65 years (Table 6.2).

Projected populations of people with severe or profound core activity limitations in all states and territories, and in the age groups 0–64, 65 years and over, and the overall population, are provided in Tables 6.3, 6.4 and 6.5. (For detailed growth estimates and annual growth rates within states and territories, see Tables A6.1–A6.17.)

Table 6.1: Changes in the projected population of persons with a severe or profound core activity limitation, by age, sex and state/territory, 2006–10

Age	% change in number of persons with severe or profound core activity limitation								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Males									
0–14	-1.9	-2.2	0.5	-0.6	-4.8	-6.5	-2.3	0.2	-1.7
15–19	2.7	3.4	8.0	2.4	-0.3	-1.9	0.6	5.1	3.6
20–29	3.6	3.6	7.9	6.7	2.3	2.6	1.6	5.5	4.6
30–44	0.5	0.8	3.1	1.6	-4.2	-6.8	1.0	1.3	0.7
45–64	9.1	9.2	11.7	11.8	7.3	5.8	7.1	9.8	9.6
65+	13.9	14.6	19.1	19.2	12.3	14.2	20.6	20.4	15.5
Total 0–64	3.4	3.4	6.2	5.3	1.0	-0.6	2.3	4.2	3.9
Total 15–64	5.7	5.9	8.8	7.9	3.4	2.1	4.3	6.4	6.3
<i>Total</i>	7.4	7.7	10.8	10.0	5.7	5.3	7.8	6.7	8.2
Females									
0–14	-1.8	-2.4	0.7	-0.8	-5.1	-6.1	-2.4	0.7	-1.6
15–19	1.8	2.6	7.7	2.4	0.6	-1.4	-0.5	3.6	3.1
20–29	3.4	4.1	6.2	6.3	2.0	1.0	1.2	5.1	4.2
30–44	0.5	0.3	3.2	1.2	-4.5	-7.1	0.1	2.2	0.5
45–64	9.9	10.1	14.1	13.0	7.6	7.5	8.3	13.7	10.8
65+	10.4	11.4	15.2	14.4	9.6	9.9	16.8	17.0	11.8
Total 0–64	5.1	5.2	8.7	7.3	2.6	1.7	3.8	6.9	5.8
Total 15–64	6.6	6.7	10.4	8.9	4.1	3.3	5.0	8.7	7.3
<i>Total</i>	8.0	8.6	12.0	10.8	6.7	6.3	9.5	9.1	9.0
Persons									
0–14	-1.9	-2.3	0.6	-0.7	-4.9	-6.3	-2.3	0.4	-1.7
15–19	2.3	3.0	7.9	2.4	0.1	-1.7	0.1	4.4	3.3
20–29	3.5	3.8	7.0	6.5	2.1	1.8	1.4	5.3	4.4
30–44	0.5	0.5	3.1	1.4	-4.4	-6.9	0.5	1.7	0.6
45–64	9.5	9.7	13.1	12.5	7.5	6.8	7.8	11.9	10.3
65+	11.6	12.5	16.6	16.1	10.5	11.4	18.1	18.5	13.1
Total 0–64	4.3	4.3	7.4	6.3	1.8	0.6	3.1	5.5	4.8
Total 15–64	6.2	6.3	9.7	8.4	3.8	2.8	4.7	7.6	6.9
<i>Total</i>	7.7	8.2	11.5	10.5	6.3	5.9	8.8	7.8	8.7

Note: Estimated numbers were calculated by applying national age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table 6.2: Projected population of persons with a severe or profound core activity limitation, by age and sex, 2006–10 ('000)

Age	Number with severe or profound core activity limitation				
	2006	2007	2008	2009	2010
Males					
0–14	110.2	109.8	109.4	108.9	108.3
15–19	16.9	17.1	17.3	17.5	17.5
20–29	31.9	32.3	32.7	33.1	33.4
30–44	63.8	63.8	63.7	63.9	64.2
45–64	137.2	140.9	144.7	147.8	150.4
65+	213.9	221.7	229.4	238.0	247.0
Total 0–64	360.0	363.9	367.8	371.0	374.0
Total 15–64	249.9	254.1	258.4	262.2	265.6
<i>Total</i>	<i>574.0</i>	<i>585.6</i>	<i>597.2</i>	<i>609.0</i>	<i>621.0</i>
Females					
0–14	60.3	60.1	59.8	59.6	59.3
15–19	15.0	15.2	15.3	15.4	15.5
20–29	30.5	30.8	31.1	31.5	31.8
30–44	70.7	70.7	70.7	70.8	71.1
45–64	180.9	186.3	191.8	196.4	200.5
65+	409.7	421.2	432.9	445.3	458.2
Total 0–64	357.4	363.2	368.8	373.7	378.2
Total 15–64	297.1	303.1	309.0	314.1	318.8
<i>Total</i>	<i>767.1</i>	<i>784.4</i>	<i>801.7</i>	<i>818.9</i>	<i>836.4</i>
Persons					
0–14	170.5	169.9	169.2	168.5	167.7
15–19	32.0	32.3	32.6	32.9	33.0
20–29	62.4	63.2	63.9	64.6	65.2
30–44	134.5	134.5	134.4	134.7	135.3
45–64	318.1	327.2	336.5	344.1	350.9
65+	623.6	642.9	662.3	683.3	705.2
Total 0–64	717.5	727.1	736.6	744.7	752.1
Total 15–64	547.0	557.2	567.4	576.2	584.5
<i>Total</i>	<i>1,341.1</i>	<i>1,370.0</i>	<i>1,399.0</i>	<i>1,428.0</i>	<i>1,457.3</i>

Note: Estimated numbers were calculated by applying national age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table 6.3: Projected population of persons aged 0–64 years with a severe or profound core activity limitation, by state/territory, 2006–10 ('000)

	Number with severe or profound core activity limitation				
	2006	2007	2008	2009	2010
NSW	238.9	241.7	244.6	246.9	249.0
Vic	175.6	177.7	179.8	181.5	183.2
Qld	141.6	144.4	147.3	149.8	152.1
WA	71.9	73.1	74.3	75.4	76.4
SA	53.5	53.8	54.2	54.4	54.5
Tas	16.8	16.8	16.9	16.9	16.9
ACT	11.8	11.9	12.0	12.1	12.1
NT	*7.4	*7.5	*7.6	*7.7	*7.8
Australia	717.5	727.1	736.6	744.7	752.1

Note: Estimated numbers were calculated by applying national age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table 6.4: Projected population of persons aged 65 years and over with a severe or profound core activity limitation, by state/territory, 2006–10 ('000)

	Number with severe or profound core activity limitation				
	2006	2007	2008	2009	2010
NSW	216.8	222.8	228.7	235.2	241.9
Vic	159.7	164.5	169.3	174.4	179.7
Qld	110.9	115.2	119.5	124.3	129.4
WA	54.3	56.4	58.5	60.7	63.1
SA	56.6	58.0	59.5	61.0	62.5
Tas	16.3	16.8	17.2	17.7	18.2
ACT	*7.2	*7.5	*7.8	*8.1	*8.5
NT	**1.7	**1.7	**1.8	**1.9	**2.0
Australia	623.6	642.9	662.3	683.3	705.2

Note: Estimated numbers were calculated by applying national age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table 6.5: Projected population of persons with a severe or profound core activity limitation, by state/territory, 2006–10 ('000)

	Number with severe or profound core activity limitation				
	2006	2007	2008	2009	2010
NSW	455.7	464.5	473.3	482.1	490.9
Vic	335.3	342.2	349.0	355.9	362.8
Qld	252.5	259.6	266.8	274.0	281.5
WA	126.2	129.5	132.8	136.1	139.5
SA	110.1	111.9	113.6	115.3	117.0
Tas	33.1	33.6	34.1	34.6	35.1
ACT	19.0	19.4	19.8	20.2	20.6
NT	*9.1	*9.2	*9.4	*9.6	*9.8
Australia	1,341.1	1,370.0	1,399.0	1,428.0	1,457.3

Note: Estimated numbers were calculated by applying national age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Growth estimates of severe or profound core activity limitation within different disability groups (2006–2010)

Growth projections for each of the five main disability groups were produced by applying national age- and sex-specific rates to ABS population projection data. Thus, differences in growth rates between disability groups reflect the different age and sex profiles of those groups, rather than projected changes in age-specific prevalence rates of particular disability types.

For all five disability groups, the overall estimated growth rate between 2006 and 2010 is highest in the age group 65 years and over, followed by 45–64 years (Table 6.6). Negative growth is projected for all disability groups in the age group 0–14 years.

Differences between the growth rates of individual disability groups are apparent in the 0–64 years age group. The projected growth in the numbers of people aged 0–64 years with physical/diverse disability (6.0%) and acquired brain injury (5.1%) is higher than the general growth rate in severe or profound core activity limitations in this age group (4.8%). In contrast, the projected growth rates for intellectual (1.8%) and sensory/speech (3.8%) disability groups are lower than the overall growth rate.

Overall, females have a higher projected growth rate in the number of people with a severe or profound core activity limitation than males (Table 6.1), which is reflected in the different disability groups. The exception is physical/diverse disability, in which the rates are similar for both sexes (Table 6.6). The higher growth rate in males aged 65 years and over within each disability group corresponds to the overall population projections (Table 6.1).

The number of females with a severe or profound core activity limitation is projected to remain higher than the number of males (Table 6.2). Within the acquired brain injury disability group, however, the number of males is higher than females (Table A6.21). Among people aged 0–64 years, the projected population of males is higher than females for the intellectual, sensory/speech and acquired brain injury disability groups (Tables A6.18, A6.20 and A6.21.)

The projected number of people with a severe or profound core activity limitation for each disability group, and for the age groups 0–64, 65 years and over, and all ages, are set out in Tables 6.7, 6.8 and 6.9. For details of the growth estimates, annual growth rates and projected population by age and sex within each disability group, see Tables A6.18–A6.27.

Table 6.6: Changes in the projected population of persons with a severe or profound core activity limitation, by age and sex, within disability groups, 2006–10

	% changes in number with severe or profound core activity limitation				
	Intellectual	Psychiatric	Sensory/ speech	Acquired brain injury	Physical/ diverse
Males					
0–14	–1.7	–1.7	–1.7	–1.6	–1.6
15–19	3.6	3.6	3.6	3.6	3.6
20–29	4.0	4.2	5.1	5.4	5.5
30–44	0.6	1.0	0.6	0.6	0.7
45–64	8.3	7.9	9.3	8.7	9.8
65+	16.6	16.3	16.7	14.9	15.3
Total 0–64	1.2	3.0	3.4	4.3	5.2
Total 15–64	4.2	4.8	6.3	5.4	6.9
<i>Total</i>	5.3	7.7	9.5	7.6	9.8
Females					
0–14	–1.7	–1.8	–1.6	–1.2	–1.7
15–19	3.1	3.1	3.1	3.1	3.1
20–29	3.3	4.4	4.8	4.8	4.1
30–44	1.2	0.6	–0.7	0.0	0.5
45–64	10.4	10.9	10.5	12.5	10.9
65+	13.2	12.4	13.0	13.4	11.8
Total 0–64	2.6	6.4	4.5	6.6	6.7
Total 15–64	5.7	7.4	7.5	7.2	7.7
<i>Total</i>	8.4	9.5	10.3	9.7	9.7
Persons					
0–14	–1.7	–1.7	–1.7	–1.5	–1.6
15–19	3.3	3.3	3.4	3.4	3.3
20–29	3.8	4.3	5.0	5.2	4.7
30–44	0.8	0.8	0.2	0.4	0.6
45–64	9.3	9.9	9.8	10.3	10.5
65+	14.3	13.6	14.4	14.1	13.0
Total 0–64	1.8	4.8	3.8	5.1	6.0
Total 15–64	4.8	6.3	6.8	6.1	7.3
<i>Total</i>	6.9	8.8	9.9	8.5	9.7

Note: Estimated numbers were calculated by applying national age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table 6.7: Projected population of persons aged 0–64 years with a severe or profound core activity limitation, within disability groups, 2006–10 ('000)

	Number with severe or profound core activity limitation				
	2006	2007	2008	2009	2010
Intellectual	223.6	224.8	225.9	226.8	227.6
Psychiatric	293.4	297.3	301.2	304.4	307.4
Sensory/speech	268.0	270.8	273.7	276.2	278.3
Acquired brain injury	104.9	106.3	107.8	109.1	110.3
Physical/diverse	547.3	556.4	565.5	573.2	580.4

Note: Estimated numbers were calculated by applying national age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table 6.8: Projected population of persons aged 65 years and over with a severe or profound core activity limitation, within disability groups, 2006–10 ('000)

	Number with severe or profound core activity limitation				
	2006	2007	2008	2009	2010
Intellectual	153.1	158.5	163.7	169.2	175.0
Psychiatric	240.7	248.6	256.4	264.7	273.5
Sensory/speech	365.8	378.6	391.3	404.6	418.5
Acquired brain injury	64.0	66.2	68.3	70.6	73.1
Physical/diverse	598.6	617.1	635.6	655.7	676.7

Note: Estimated numbers were calculated by applying national age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table 6.9: Projected population of persons with a severe or profound core activity limitation, within disability groups, 2006–10 ('000)

	Number with severe or profound core activity limitation				
	2006	2007	2008	2009	2010
Intellectual	376.7	383.3	389.7	396.0	402.5
Psychiatric	534.1	545.9	557.6	569.1	580.9
Sensory/speech	633.8	649.4	665.0	680.8	696.8
Acquired brain injury	169.0	172.5	176.1	179.7	183.4
Physical/diverse	1,145.9	1,173.5	1,201.1	1,228.9	1,257.0

Note: Estimated numbers were calculated by applying national age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

6.3 Summary

- Future demand for disability services is affected by changes in demographic factors, including population age structure, life expectancy of people with disability, and prevalence of different types of disability, as well as the availability of informal care and policies concerning formal service provision. The projections provided in this chapter account for population growth-driven demand only. Changes in other factors throughout the projection period may result in differences between projected and actual future demand for disability services.
- Projections in the number of people with a severe or profound core activity limitation provide a broad indicator of future demand for disability services. Compared with 2006, an estimated 116,200 more Australians will have a severe or profound core activity limitation by 2010 – an increase of 9%. By 2010 almost 1.5 million people are projected to have a severe or profound core activity limitation. The broad CSTDA target population of people aged 0–64 years with severe or profound core activity limitations is projected to increase to 752,100 people (an increase of 34,600 people, or 4.8%) (Table 6.1).
- The age structure of the Australian population is projected to change due to low–medium levels of fertility and increased life expectancy at birth. As a result, growth in the number of people with a severe or profound core activity limitation in the period 2006–2010 is expected to be concentrated in older age groups. The projected growth rate is 13% (an increase of 81,600) among people aged 65 years and over; and 10% (32,800) among people aged 45–64 years. Within the same time frame, the number of children aged 0–14 years with a severe or profound core activity limitation is expected to decrease by 1.7%, or 2,800 people. The broad CSTDA target population of people aged 0–64 years with severe or profound core activity limitation is projected to increase by 752,100 people – a growth rate of 4.8%.
- Among people aged 0–64 years, the broad disability groups with the highest projected growth rates are physical/diverse disability (6%) and acquired brain injury (5%).

7 Demand for specialist disability services—interfaces, influences and perspectives

7.1 Introduction

This chapter presents information on service interfaces and other issues that have the potential to influence demand for CSTDA disability services. This information is intended to provide a broader context within which the data presented in earlier chapters, including estimates of unmet demand, can be interpreted.

Section 7.2 discusses interfaces between disability services and other service systems where there are boundary issues that may affect levels of demand for CSTDA services.

Section 7.3 looks at how projected population change, trends in health conditions that have particularly strong associations with disability prevalence, and the future supply of informal care may affect levels of demand for CSTDA services.

Section 7.4 presents a summary of views from the disability field concerning unmet demand and associated issues. Main sources of information are a disability peaks discussion session held at the AIHW to inform the current demand study, and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA.

7.2 Interfaces between disability services and other service systems

People with disabilities, like the broader population, use a range of government-funded and provided services to meet a range of needs. The primary role of disability services is to enable people with disabilities to participate in society by meeting their disability-related needs. It is widely agreed that disability services should not necessarily replace generic or other specialist services available to the wider community, or be expected to meet all the needs of people with disability. Nonetheless, which service program should most appropriately carry responsibility for meeting particular needs is rarely clear and, in many cases, cooperation and collaboration between CSTDA and other service programs may offer the best way to meet the needs of people with disability, both in terms of efficiency and quality of outcome for the person.

Levels of access to generic services, such as health, housing and aged care services, can affect levels of demand for CSTDA services, and vice versa. Barriers to accessing generic services can increase pressure on CSTDA services. One jurisdiction, in its response to the demand study questionnaire, commented that ‘increasingly, CSTDA funding is being directed to provide services which were once available to all members of the community’. In the 2002–2007 CSTDA, Australian, state and territory governments agreed on the incremental implementation of five strategic policy priorities, the first of which is to

‘strengthen access to generic services for people with disabilities’. CSTDA Annual Public Reports outline the many initiatives pursued by different governments to make progress on this strategic priority (see, for example, NDA 2006).

While the main focus of this section is on interfaces between CSTDA services and other service programs, interfaces between CSTDA service types are also important. In some cases, service users may substitute one service type for another, depending on relative availability and accessibility. For example, a Disability Advisory Council report on day options in South Australia identified that insufficient day options funding impacts on demand for services such as respite and full-time accommodation.

There are also interface issues associated with the split of responsibility for services relevant to people with disabilities between levels of government, both within the CSTDA and between CSTDA and other service programs. Concerns are frequently expressed about the difficulties faced by people who seek to access complementary services funded or provided by different levels of government (for example, community access services and employment services, or CSTDA accommodation support services and HACC services). Problems include the burden of having to go through multiple assessment and eligibility processes, and having access to one program restricted because of receiving support from another program (see Table A7.3).

Under the 2002–2007 CSTDA, bilateral agreements may be made between governments, to complement the main multilateral agreement. The aim of these bilateral agreements is to foster collaboration between the Australian Government and individual states/territories on strategic disability issues, help to break down barriers between programs and services funded by different levels of government, and improve service access and coordination. Nonetheless, the frequency with which inter-government interface issues are raised as concerns by service user and service provider peak organisations, and government departments and agencies, suggests more work is needed in this area.

Below, interfaces between CSTDA services and the program areas of aged care, employment and housing are considered in some detail; interface issues relating to other non-CSTDA or generic services are also raised briefly.

Interface with aged care services

Traditionally, aged care services and disability services are funded through different government departments, and different levels of government. Although both sectors provide some similar services, there are also some services that do not overlap between sectors; for example, aged care services have a greater focus on the provision of health services such as nursing and allied health, which is not mirrored in CSTDA services. Thus, people may need complementary combinations of support from both sectors.

The interface between the disability and aged care sectors is of particular pertinence for people ageing with early onset disability. For these people the ageing process often begins at earlier ages than for the general population, and they are likely to have both ageing-related and disability-related needs. CSTDA data show that there is considerable variation between jurisdictions in the size of this group as a proportion of all CSTDA service users (Figure 3.3, Table A3.3). For example, in 2004–05 the proportion of CSTDA service users aged 45 years and over was 39% in South Australia and 33% in Western Australia, compared with 28% across all jurisdictions. This variation may reflect a combination of factors, including demographic differences, different service mixes (for example, large service agencies

offering services targeted at particular age groups), and also possibly variation in levels of access to other services that meet the needs of people ageing with a disability.

Anecdotally, disability service user and service provider peak organisations report that people with a disability often experience barriers at the point of assessment and in the allocation of places in both residential and community-based aged care services. There is also a perception that many aged care service providers lack the relevant skills to meet the needs of people ageing with an early onset disability (see Table A7.3).

There are also interface issues for younger people with disabilities, both in terms of their ability to appropriately access services funded under the aged care sector, and their possible inappropriate placement in residential aged care in the absence of more age-appropriate accommodation and support.

The Home and Community Care (HACC) program is jointly funded by the Australian Government and all the states and territories. Administration of the program at the Australian Government level is through the Department of Health and Ageing. HACC provides maintenance and support services to enhance the independence of frail older people and younger people with disabilities and to avoid their premature admission to long-term residential care (Commonwealth of Australia 2002). While the HACC national guidelines state that the HACC program generally does not provide services to recipients of disability accommodation support services, younger people with disabilities may seek to access complementary combinations of support from the CSTDA and HACC programs (for example, respite services from CSTDA and home modification and allied health care from HACC).

In practice, HACC eligibility requirements and prioritising practices on the ground vary between regions and, in some areas, the extent to which younger people with disabilities can access both HACC and CSTDA services is limited. This has been raised repeatedly as an issue of concern in discussions with consumer and industry peak organisations to inform successive demand studies, in the 2006 demand study questionnaire responses of some jurisdictions, and in many submissions to the current Senate inquiry.

In 2004–05 there were 182,408 HACC clients aged under 65 years, including 56,489 who were aged under 40 years (Table 7.1). Clients aged under 65 years increased as a proportion of all HACC clients between 2002–03 and 2004–05, from 23.3% to 24.5%. This was mainly due to an increase in the proportion of clients aged between 55 and 65 years. The number of clients aged under 40 years increased by more than 8,221 over this 2-year period, although as a proportion this group remained at just over 7% of all HACC clients. The average number of service hours received was higher for clients aged under 65 years than for those aged 65 years and over⁶. However, average hours decreased for clients aged under 65 years, from 63.6 in 2002–03 to 57.6 in 2004–05, while remaining stable at just over 45 hours for older clients; the decrease in average hours was particularly marked for clients aged under 40 years – from 74.8 to 62.8 hours.

⁶ Amounts of HACC services received by a client are measured in two different ways. Hours of service received is recorded for some service types, such as domestic assistance and personal care. A unit-based measure is used for recording service types such as the number of meals, number of transport trips, numbers of aids and equipment items provided. While clients aged under 65 years received a higher average number of service hours than clients aged 65 years and over, this does not capture the full service profile of clients. Compared with clients aged under 65 years, a greater proportion of those aged 65 years and over received services for which a unit-based measure is used.

Table 7.1: HACC clients: clients and average hours received, by age,^(a) 2001–05

Age group (years)	2001–2002 ^(b)	2002–2003	2003–2004	2004–2005
Number of clients				
0–39	43,161	48,268	52,823	56,489
40–49	24,667	28,165	32,051	34,489
50–54	17,034	19,407	21,775	22,177
55–59	20,218	24,279	27,324	30,594
60–65	28,391	33,101	36,101	38,659
<i>Total under 65</i>	<i>133,471</i>	<i>153,220</i>	<i>170,074</i>	<i>182,408</i>
65+	449,711	504,046	537,133	561,789
All clients	583,182	657,266	707,207	744,197
Percentage of clients (%)^(c)				
0–39	7.4	7.3	7.5	7.6
40–49	4.2	4.3	4.5	4.6
50–54	2.9	3.0	3.1	3.0
55–59	3.5	3.7	3.9	4.1
60–64	4.9	5.0	5.1	5.2
<i>Total under 65</i>	<i>22.9</i>	<i>23.3</i>	<i>24.0</i>	<i>24.5</i>
65+ ^(a)	77.1	76.7	76.0	75.5
All clients^(a)	100.0	100.0	100.0	100.0
Average hours received^(d)				
0–39	75.2	74.8	70.5	62.8
40–49	71.9	72.3	68.9	63.7
50–54	61.5	59.0	61.1	58.6
55–59	55.6	55.3	55.3	54.4
60–64	47.7	47.7	48.1	46.4
<i>Total under 65</i>	<i>64.2</i>	<i>63.6</i>	<i>61.9</i>	<i>57.6</i>
65+	45.0	45.2	45.7	45.3
All clients	49.6	49.6	49.8	48.6

(a) Clients with missing age are included in 65+ totals, and 'all clients'. Only clients with recorded assistance are included in this table.

(b) The Home and Community Care (HACC) program National Minimum Data Set (NMDS) collection commenced in January 2001. The 2001–02 data were the first data extraction and should therefore be interpreted with caution.

(c) Client numbers include all clients who received assistance, although around 10–13% of clients (2001–02=73,600; 2002–03=73,900; 2003–04=79,200; 2004–05=80,000) only received assistance which is not measured in hours of service (that is, home modification, receipt of goods and equipment, meals, transport and linen deliveries).

(d) Amount of service measured in hours is averaged only over HACC clients receiving services measured in hours.

Source: AIHW analysis of the HACC NMDS.

HACC clients aged under 65 years, and particularly those aged under 40 years, are likely to be candidates for CSTDA services, and may indeed be accessing both CSTDA and HACC services. Data on patterns of concurrent CSTDA and HACC service use would be helpful in understanding this service interface better. The common linkage key in the HACC and CSTDA national data collections could be used to conduct such analysis.

Residential aged care services are generally viewed as inappropriate for younger people with disabilities, mostly on the basis that they are unlikely to be able to provide age-appropriate supports. However, there continue to be some younger people with disabilities accommodated in residential aged care facilities, both for permanent and for respite care. This situation may reflect unmet need for CSTDA accommodation support and respite services, as well as other service gaps (see below). Between 2001 and 2005 the number of people aged under 65 years living in residential aged care increased from 5,946 to 6,474, although the number aged under 40 years decreased from 303 to 242 (Table 7.2).

There have been recent efforts to address this issue through the COAG Helping Younger People with Disability in Residential Aged Care Program. Under this program, Australian and all state/territory governments are entering into bilateral agreements designed to support innovative strategies to move people out of this type of accommodation, divert future potential clients to more suitable accommodation, or provide additional, age-appropriate supports to people who remain in residential aged care.

The Aged Care Innovative Pool Disability Aged Care Interface Pilot, an initiative of the Australian Government Department of Health and Ageing that commenced in November 2003, trialled a new approach to providing aged care for people in the CSTDA target group. The initiative targeted people living in disability supported accommodation facilities at risk of entering residential aged care. It made available a limited pool of service places which delivered individually tailored aged care services to people in their current residential setting. An evaluation of the Pilot (AIHW: Hales et al. 2006) found that the benefits of this approach include assisting people to age in place and avoid or delay entry into residential aged care, improving the quality of life of participants as a result of receiving community-based aged care, and helping to identify factors that contribute to premature entry into residential aged care.

The evaluation found that unmet need identified among pilot clients tended to fall into two main areas: the need for specialist disability services, such as community access services, to be adapted following retirement from work, and increased need for personal care and therapy services due to the impact of ageing processes. The evaluation pointed to two further issues contributing to early admission to residential aged care: service gaps (such as lack of access to 24-hour care in supported accommodation, additional personal assistance, and equipment and aids such as continence aids), and the difficulty experienced by disability sector staff in understanding and meeting the needs of people with disabilities who are ageing.

Although clients of the pilot phase of this initiative will continue to receive support, there are no signs that new clients will be accepted or that the pilot will be developed into an ongoing program. There has been strong support from peak bodies and some states for the continuation of this initiative.

Thus, at the interface between the disability and aged care service systems, there continue to be a number of important issues concerning both demand for services and outcomes for individuals. Ageing of the general population, and of the population with a disability, is likely to increase demand for services to support both disability and ageing needs in future.

Table 7.2: Permanent residents in aged care homes, by age, 2001–05

Age group (years)	2001	2002	2003	2004	2005
Number					
Persons					
Under 40	303	286	273	239	242
40–44	281	297	276	268	265
45–49	508	494	456	487	511
50–54	997	950	976	974	989
55–59	1,433	1,551	1,585	1,680	1,751
60–64	2,424	2,411	2,511	2,596	2,716
<i>Total under 65</i>	<i>5,946</i>	<i>5,989</i>	<i>6,077</i>	<i>6,244</i>	<i>6,474</i>
65+	128,045	130,505	134,213	138,743	142,595
Total persons	133,991	136,494	140,290	144,987	149,069
Per cent					
Under 40	0.2	0.2	0.2	0.2	0.2
40–44	0.2	0.2	0.2	0.2	0.2
45–49	0.4	0.4	0.3	0.3	0.3
50–54	0.7	0.7	0.7	0.7	0.7
55–59	1.1	1.1	1.1	1.2	1.2
60–64	1.8	1.8	1.8	1.8	1.8
<i>Total persons under 65</i>	<i>4.4</i>	<i>4.4</i>	<i>4.3</i>	<i>4.3</i>	<i>4.3</i>
65+	95.6	95.6	95.7	95.7	95.7
Total persons	100.0	100.0	100.0	100.0	100.0

Source: AIHW extracts from the latest refresh of Aged and Community Care Management Information System (ACCMIS) provided to the AIHW by the Department of Health and Ageing in September 2006. Figures may vary slightly from reports using earlier refreshes of ACCMIS.

Interface with employment services

With regard to demand for CSTDA services, it is important to consider both interfaces between CSTDA-funded employment services, generic employment services, and other non-CSTDA service programs such as education and health, and interfaces between CSTDA-funded employment services and other CSTDA service types.

Where there is unmet demand for employment services, pressure may be placed on other service types. For instance, if people with a disability cannot access sufficient support to find or keep work they may leave the labour force, potentially increasing demand for community access services (as an alternative source of day-time activity) and respite and accommodation support services (where people require informal or formal assistance to remain at home during the day). Timely access to employment support is particularly important for school leavers, and for people with psychiatric disability exiting crisis care delivered through the health sector.

Likewise, inadequate access to other CSTDA and generic services may increase demand for employment services. For people ageing with a disability who want to retire from employment services, the retirement process may be hampered by lack of access to, for instance, appropriate day activities and attendant care.

As described in Chapter 4, CSTDA employment services are administered by the Australian Government under several different programs. Supported employment 'business services', tailored generally to a client group with high support needs, are administered by the Department of Families, Community Services and Indigenous Affairs (FaCSIA), while the Department of Employment and Workplace Relations (DEWR) administers open employment services for people able, with some support, to participate in the open labour market. DEWR also provides a range of non-disability-specific programs aimed at helping people find and keep work; people with disabilities may be referred to these programs where the services they provide are judged to meet their needs.

Some aspects of the programs under which CSTDA-funded employment services are now delivered are relatively new. There have also been other recent employment-related policy changes, such as changes to Disability Support Pension eligibility rules (see Box 7.1). It is too early to assess the impact of these program and policy changes. However, it is relevant to outline some issues and concerns regarding unmet demand and service interfaces relating to CSTDA-funded employment services, as raised by jurisdictions (in response to the questionnaire circulated to inform this project) and disability peak organisations (during the discussion session held at the AIHW, and in submissions to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA).

As outlined in Chapter 4, the Australian Government believes that the programs introduced in July 2006 substantially increase the capacity of disability employment services (although data on unmet demand are not collected). These new programs may therefore be expected to take some pressure off other CSTDA service types.

Nonetheless, there remains a view among states, territories, and disability peak organisations that there is currently unmet demand for employment services. For instance:

- It is claimed that many disability employment services are operating at near-full capacity and cannot accommodate new referrals. Thus, for some school-leavers, the transition into employment services is delayed; young people, especially those with intellectual disabilities, can rapidly lose skills and confidence without timely post-school support.
- There are concerns that, for people with high support needs, access to employment services has been reduced as a result of reforms initiated in the late 1990s. These reforms required organisations operating Business Services to be certified against the Disability Employment Standards, which includes offering workers competitive employment conditions. There is a view that this locks some people out of Business Services because their productivity is insufficient to contribute to commercial outcomes; this, in turn, increases demand for day activities.

On the other side of the interface, the Australian Government claims that supported employment services are sometimes used inappropriately to cover shortfalls in day programs for clients who express a preference for non-vocational activities.

Box 7.1: Changes to Disability Support Pension eligibility

In July 2006, changes to Australian Government welfare policy were introduced with the aim of encouraging income support recipients, including people with disability, to enter the workforce. The changes included creating additional new places for people with disability in employment placement programs, and tightening eligibility criteria for the Disability Support Pension.

New Disability Support Pension (DSP) applicants who need to demonstrate a 'continuing inability to work' for eligibility purposes must have their capacity to work determined by a Job Capacity Assessor. Current DSP recipients whose cases are under review, and applicants for Newstart Allowance or other forms of income support who may face barriers to employment, also receive Job Capacity Assessments. Job Capacity Assessors advise Centrelink about a client's work capacity and can refer clients to a variety of service providers for interventions designed to enhance the client's work capacity.

Hours

Previously, clients who needed to demonstrate a 'continuing inability to work' for DSP eligibility purposes were eligible for DSP if their future work capacity within the next 2 years was less than 30 hours per week. From 1 July 2006, clients who are assessed as being unable, with assistance and training, to work at least 15 hours per week without support, within 2 years, may be eligible to receive DSP. Existing DSP clients whose cases are reviewed will be assessed against the 30 hours per week benchmark if they began receiving the pension before 11 May 2005, while clients who claimed DSP payments between 11 May 2005 and 1 July 2006 will be assessed against the 15 hours per week benchmark.

Training activities

From 1 July 2006, there were legislative changes to the definition of training activities that may be undertaken to enhance an individual's assessed work capacity – in addition to mainstream educational, vocational and on-the-job training, activities specially tailored to people with disabilities are now included.

Newstart Allowance (partial capacity to work) or Youth Allowance (partial capacity to work)

Clients who do not meet DSP eligibility criteria may instead qualify for another form of income support. The person may qualify for Newstart Allowance (partial capacity to work) or Youth Allowance (partial capacity to work) if he or she has a physical, intellectual or psychiatric impairment and is assessed by a Job Capacity Assessor as being unable to work or to be trained for work of at least 30 hours per week independently of support within the next 2 years. Recipients of Newstart Allowance (partial capacity to work) or Youth Allowance (partial capacity to work) are eligible for a Pensioner Concession Card, Pharmaceutical Allowance and Telephone Allowance. A client in receipt of Newstart Allowance (partial capacity to work) or Youth Allowance (partial capacity to work) will have their activity test requirements modified to take into account their assessed capacity.

There are also concerns regarding barriers to people moving between community access services and employment services, or accessing a combination of employment and community access ('mixed options'). Individuals who choose to enter the labour force may not be guaranteed a return to community access support if they lose or are unable to find work; this may discourage people from seeking to enter the workforce. Many community access programs are only available to people with no work capacity, making development of mixed options packages difficult.

Many peak bodies and disability advocacy organisations have expressed concerns about the potential impacts of recent employment-related program and policy changes on people with disabilities (see Table A7.3). For example:

- There are concerns that people who are referred to generic employment services may not have their employment support needs adequately met, because these services are not properly equipped to meet the specific needs of people with disabilities. This could result in a level of hidden unmet need.⁷
- There is a view in the disability sector that greater pressure may be placed on carers and personal care services to assist people with disabilities undertaking work in the open market, or meeting job seeking obligations while on income support.
- A person may be judged ineligible for the DSP because they are assessed to be able to work at least 15 hours per week with assistance/training, even where relevant assistance/training is not available to the person in practice.
- There is a concern that people who would previously have received the DSP, but do not meet the new eligibility criteria, may face greater financial hardship while they look for work, due to lower payment rates, stricter income and assets tests, and higher effective marginal tax rates applied to Newstart Allowance. Financial stress may place more pressure on people with disabilities and their carers, and impact on their ability to privately purchase equipment and services. This may, in turn, increase demand for CSTDA services.

Data that would enable assessment or exploration of these claims and concerns are not currently available.

Interface with housing services

Interfaces between CSTDA and housing services exist because of the need for people with disabilities to access appropriate, community-based housing options. Many people with disabilities depend on being able to access relevant support services, such as those provided under the CSTDA, in order to achieve housing stability in community-based housing options.

Broad-scale deinstitutionalisation through the 1980s and 1990s and, more recently, criticism of disability group homes as an appropriate accommodation model, has meant increased demand for appropriate community-based accommodation and associated support services. Barriers to access to mainstream housing options such as private rental accommodation, public housing, and boarding houses will tend to increase demand pressure on CSTDA accommodation support and respite services.

Public housing is of particular relevance to people with disabilities, as a source of affordable, stable accommodation. The availability of public housing has decreased over recent years, with the number of public housing dwellings falling from around 359,000 in 2001 to around 341,500 in 2006 (AIHW 2005a, AIHW 2006b). People with disabilities face particular barriers to accessing public housing. For instance, public housing stock is sometimes inappropriate for people with disabilities, and generally there is no reduction of public housing rents paid by people with disabilities in recognition of the extra disability-related expenses they face (AIHW 2006c; SCRGSP 2006; Saunders 2006). Nonetheless, although people with disabilities are not specifically recognised as a priority group for quicker access to public housing,

⁷ The government's view is that the operation of the Job Capacity Assessment will ensure job seekers' needs are appropriately assessed and job seekers referred to the most appropriate employment streams.

households for which disability is identified as a special need are increasing as a proportion of all new households allocated public rental housing (Table 7.3).

Table 7.3: New households allocated public rental housing: special needs status and whether disability identified as a special need, 2001–06

	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Disability identified as a special need	8,129	6,837	8,923	9,130	10,252
Total 'special needs'	15,466	15,518	16,131	15,527	16,482
Total households where special needs status is known	35,237	32,291	30,148	26,693	26,600
Total households allocated public housing	36,894	33,365	30,962	27,776	27,544
% of households allocated public housing with disability	22.0	20.5	28.8	32.8	37.2

Notes

1. Disability refers to the disability status of a household. A household is said to have a disability if one or more members has a disability.
2. 'Special needs' is Commonwealth State Housing Agreement (CSHA) performance indicator P5 Special needs in the CSHA public rental housing national data report. A household is said to have a special need if it satisfies certain criteria, one of the criteria is disability. Households may satisfy more than one criteria but are only counted once, ie. the sum of the households in each criterion may not total to the number of households with a special need.
3. See the respective year's CSHA national data reports, *Public rental housing*, for more information on data definitions, quality and exclusions.

Source: AIHW analysis of National Housing Data Agreement NMDS.

Boarding houses are often used by people with disabilities as an affordable housing option; some boarding houses also provide services such as meals. However, concerns about their quality, the introduction of the GST, and the retirement of older proprietors have placed pressure on the sector, and numbers of boarding houses are decreasing (Greenhalgh et al. 2004; Anderson et al. 2003). Various strategies have been used by governments to slow the decline in boarding house numbers, including building public accommodation based on boarding house models.

The Supported Accommodation and Assistance Program (SAAP) provides services to people who are homeless or at risk of homelessness. While national data on people who use SAAP services do not specifically identify people with a disability, between 2000 and 2005 people reporting disability-related income sources consistently accounted for just over one-fifth of SAAP support periods. The majority of these support periods were provided to people receiving a Disability Support Pension (19.6% in 2004–05) (Table 7.4). In 2005, 706,782 people received a Disability Support Pension from the estimated resident adult population of 16,350,400 (DEWR 2005; ABS 2005a). Therefore, the proportion of people in the general adult population receiving a DSP was 4.3%.

Although people with a disability tend to be over-represented among SAAP service users, many SAAP services are not tailored to meet the needs of people with disabilities. For example, there is a lack of appropriately modified SAAP dwellings, and some services cannot accommodate clients with behavioural issues (NSW Ombudsman 2004). Compared with other SAAP clients, SAAP clients with a disability are more likely to live alone rather than with family and friends when they leave SAAP accommodation (AIHW 2005c).

Table 7.4: SAAP support periods, by main income source, 2000–01 to 2004–05 (per cent)

	2000–2001	2001–2002	2002–2003	2003–2004	2004–2005
Disability Support Pension	17.9	18.9	18.7	20.7	19.6
Department of Veterans' Affairs disability pension	0.8	0.7	0.5	0.6	0.4
Sickness Allowance	1.7	1.4	1.1	0.9	0.6
Workcover/compensation	0.2	0.1	0.2	0.2	0.2
<i>Total disability related income sources</i>	20.6	21.1	20.4	22.5	20.8
All other income sources	79.4	78.9	79.6	77.5	79.2
Total number	170,200	176,200	175,600	186,500	172,500

Source: SAAP National Data Collection.

The combined influences of the ongoing trend away from institutional and group home models of accommodation for people with disabilities, reductions in public housing stock and boarding house beds, and increasing costs of private rental accommodation (ABS 2006a) are likely to increase demand for CSTDA community-based accommodation support services in the future. Also, as people who are homeless are not included in the ABS disability survey, there is likely to be a level of masked unmet need for CSTDA accommodation support services.

Other non-CSTDA or generic services

While this report does not attempt to present a comprehensive discussion of the full range of service interfaces that are likely to affect demand for CSTDA services, some examples of other important service interfaces are mentioned briefly below. Except where otherwise indicated, this material is sourced mainly from the disability peaks discussion session held at the AIHW to inform the current demand study, submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA, and jurisdiction responses to the demand study questionnaire.

Health services

Where timely access to essential health services is limited through the public health system (for example, neuropsychological assessments for people with acquired brain injury), CSTDA funding may be used to provide these services. Lack of accommodation and support for people with disability can put pressure on health services, for example, people may remain in hospital for extended periods because no appropriate accommodation is available. Inadequate links between health and disability services can mean people exiting health services are not referred to appropriate community-based support services; this is a particular issue for people with psychiatric disability.

Education services

In some cases, mainstream education policies do not accommodate the needs of children with disabilities and their families. For example, expulsion or suspension of children with behavioural issues related to their disability can make it difficult for parents to maintain employment; this can translate into unmet need for CSTDA services such as respite.

Similarly, insufficient funding for teachers' aides may mean that children with disabilities are not able to attend school for the full school week, affecting their educational and social outcomes, as well as the potential for their parents to participate in the labour force.

Equipment

Access to appropriate equipment is crucial in enabling many people with disabilities to maintain levels of independence and participation. Unmet need for equipment can result in increased demand for CSTDA support services. The fragmentation and complexity of existing equipment schemes, and temporal fluctuation in equipment funding, has long been identified as a problem, and has led to calls from the disability field for a unified national equipment scheme (see, for example, AIHW 2006e).

Criminal justice

People with disabilities tend to be over-represented in the prison population and, as a group, are particularly vulnerable to abuse while in prison. This over-representation can be seen both as indicating a level of hidden demand for disability support services (that is, many people with disabilities in prisons would be more appropriately accommodated in the community with necessary supports) and the result of unmet demand for appropriate services (that is, where contact with the criminal justice system could have been avoided).

Transport services

The interface between transport services and CSTDA services was an issue raised particularly strongly during disability peak organisation consultations for the previous AIHW unmet need study – 'transport is essential in being able to access employment and day activities, yet transport support appears to be shrinking' (AIHW 2002). Restricted access for people with disabilities to mainstream public transport, and transport funded under other programs such as HACC, places pressure on the CSTDA and/or on people with disabilities themselves to locate and pay for appropriate transport services. There have been anecdotal reports of CSTDA flexible respite funding being used to pay for transport assistance.

7.3 Other influences on demand for CSTDA services

Population change

This section focuses on the possible effects of population growth on demand for disability services.

Projected growth in population and severe or profound core activity limitations

As discussed in Chapter 6, in addition to the growth of the overall size of the population, three particular aspects of the population trends are likely to impact on disability prevalence and demand for services:

- the increase in life expectancy of the population
- the rapid pace of ageing of the working-age population (15–64 years)
- the ageing of the aged population.

Life expectancy of Australians has increased markedly over the last century. Gains in life expectancy were accompanied by an increase in expected years of life both with and without disability or a severe or profound core activity limitation (AIHW 2006d). In 2003, males could expect, on average, to experience 18.6 years of life with disability (5.4 of which are expected years of life lived with a severe or profound core activity limitation). Females could expect, on average, to experience 20.7 years of life lived with disability (8.3 years with a severe or profound core activity limitation).

Recent trends (1998–2003) showed that, for older males, 67% of gains in life expectancy at age 65 years (1.5 years over that period) were years with disability (1 year) and 27% were years with a severe or profound core activity limitation (0.4 year). For older females, over 90% of their gains in life expectancy at age 65 years (1.2 years) were years with disability (1.1 years), and about 58% were years with a severe or profound core activity limitation (0.7 year) (AIHW 2006d).

Projected changes in the number of people with a severe or profound core activity limitation provide a broad indicator of future demand for disability services. Between 2006 and 2010, the broad CSTDA target population of people aged 0–64 years with severe or profound core activity limitations is projected to increase to 752,100 people (an increase of 34,600 people, or 4.8%) (Table 6.1). The projected growth in the working-age population (15–64 years) with a severe or profound core activity limitation is 6.9%, or 37,500 people.

Overall, the total number of Australians of all ages with a severe or profound core activity limitation is projected to increase by 8.7% (116,200 people). This overall projected growth is mainly attributable to rapid growth in the age groups of 65+ (13%, or 81,600 people) and 45–64 years (10%, or 32,800 people). The number of children aged 0–14 years with a severe or profound core activity limitation is projected to decrease by 1.7%, or 2,800 people.

Influence on the level and pattern of demand for services

The growth of the Australian population, especially the ageing of the population and the greater longevity of individuals, is likely to account for a substantial proportion of the future increase in the level of demand for services. There will be increasing needs for flexible services that span broad program areas or cross traditional divides to accommodate changing individual needs.

As a result of population ageing, people with a disability are also ageing (AIHW 2000). The baby-boom generation is now moving into older age groups, and the high projected growth rate in the number of people aged 45 years or over with a severe or profound core activity limitation suggests that the ageing trend of people with a disability is likely to continue. Also, survival into older age is now a reality for many people with an early onset disability, including some with more severe disability (AIHW 2000). This has resulted in the ageing of people with an early onset disability – an increased number and proportion of older people among those with an early onset disability. These trends may potentially lead to ageing of the CSTDA service users.

Analyses of time series data from the CSTDA NMDS collections suggest that, in line with overall population ageing, the age distribution of service users is changing, with people in late adulthood making up an increasingly large proportion of service users. On the basis of 'snapshot' day collections, the median age of clients of CSTDA-funded services gradually rose over the three years 1999–2002, from 33.1 years to 34.0 years (AIHW 2003c). Based on two full-year collections, the median age of service users rose from 30.4 years to 30.9 years between 2003–04 and 2004–05 (over a 12-month period) (AIHW 2006b).

As people with a disability age their service needs are likely to change. People with an early onset disability may age more rapidly and thus have higher support needs at an earlier age than older people generally. Thus, in response to the ageing of the CSTDA service user population, either disability services will need to provide services to increasingly older clients with changing needs, or transitional arrangements between disability services and suitable aged care services or other non-CSTDA services will need to be put in place. For instance, the 'retirement' of people currently in CSTDA-funded disability employment services may create needs for other services to replace employment services, putting pressure on other CSTDA service types, such as day activity services. Similarly, 'retirement' of people using accommodation services may result in a need for greater service flexibility, either to enable 'ageing in place' or to facilitate a smooth transition to appropriate residential aged care.

As discussed in Chapter 6, growth rates of numbers of people aged 0–64 years with severe or profound core activity limitation vary by disability group, reflecting the different age and sex profiles of those groups. Projected growth is highest for physical/diverse disability (6.0%) and acquired brain injury (5.1%), and lowest for intellectual disability (1.8%). These differential growth rates for different disability groups may have implications for the mix of support services required in the future.

Trends in particular health conditions

The prevalence of disability is determined by the combined effect of various factors, including past and recent incidence, remission rates for diseases, rehabilitation rates, age at

onset of disability, and survival rates of people with disability and of the general population.

This section focuses on available published information on health conditions particularly associated with disability among people aged under 65 years, including trends in prevalence of those conditions that may in turn influence trends in prevalence of disability and future demand for disability services.

In 2003, autism and paralysis headed the list of health conditions most likely to be associated with severe or profound core activity limitation for people aged under 65 years (Table 7.5). For each of these conditions, around 80% of people reported sometimes or always needing assistance with a core activity. However, some conditions further down the list accounted for much larger numbers of people with severe or profound core activity limitations, in particular back problems, arthritis, speech problems, asthma and hearing disorders.

A 2004 AIHW report that examined the relationship between disability and health conditions described different groupings of health conditions in terms of their associations with prevalence and severity of disability (measured as level of need for assistance with core activities):

- high disability prevalence but low level of severity (for example, arthritis, back problems, hearing, hypertension and asthma).
- low disability prevalence but high level of severity (for example, autism, dementia, Down syndrome, cerebral palsy and Parkinson's disease).
- high disability prevalence and high level of severity (for example, speech problems, which were most likely to be associated with intellectual and learning conditions for children, and stroke and dementia for older people) (AIHW 2004b).

Arguably, increases in the prevalence of conditions in any of these three groups would be expected to lead to increased numbers of people with severe or profound core activity limitations, and thus result in increased demand for disability services.

Data from successive ABS National Health Surveys can be used to look at trends in the prevalence of self-reported health conditions over time. The proportion of the population reporting one or more long-term conditions increased from 66% in 1989-90 to 78% in 2001, and remained at around this level (77%) in 2004-05 (ABS 1991, 2002, 2006b). Although changes in the questionnaire between surveys mean that comparisons between years for particular conditions should be made with caution, trend data suggest that, for many of the conditions that have important associations with disability, prevalence appears to have increased during the 1990s. Two condition groups for which there appear to have been particularly strong increases in self-reported prevalence are mental and behavioural problems (10.7% in 2004-05, compared with 5.9% in 1995) and back pain/problems (15.1% in 2004-05, compared with 6.4% in 1995) (ABS 2006).

Table 7.5: Proportion of severe or profound core activity limitations among people aged under 65 years with a specific condition (based on all conditions), 2003

Condition	% severe or profound ^(a)	Number ('000)	Prevalence rate (%) ^(a)
Autism	81.6	24.7	0.1
Paralysis	*79.1	*3.8	*0.0
Speech problems	66.7	129.3	0.8
Cerebral palsy	63.5	10.4	0.1
Dementia	**55.1	**1.4	—
Multiple sclerosis	*48.4	*6.0	*0.0
Epilepsy	41.8	33.5	0.2
Schizophrenia	41.1	18.4	0.1
ADHD	35.5	33.4	0.2
Stroke	33.4	31.3	0.2
Vision disorders (total)	32.1	50.0	0.3
Depression	22.6	83.8	0.5
Osteoporosis	21.3	24.7	0.1
Parkinson's disease	**19.5	**1.3	—
Cancer	17.9	17.2	0.1
Heart diseases	17.4	36.1	0.2
Hearing disorders (total)	16.1	106.8	0.6
Arthritis	16.1	148.6	0.9
Back problems	15.3	207.4	1.2
Diabetes	14.5	48.1	0.3
Migraine	10.8	53.4	0.3
Hearing (noise-induced)	10.7	28.1	0.2
Hypertension	10.4	94.7	0.5
Asthma	8.9	115.2	0.7
Glaucoma	**2.8	**0.4	—

(a) Percentage of the Australian population aged under 65.

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Source: AIHW 2005a:tables A5.7 and A5.8.

A recent report on asthma in Australia reports prevalence rates of 14–16% in children and 10–12% in adults, rates that are high by international standards. While prevalence increased through the 1980s and 1990s, rates appear to have stabilised since. Also, asthma deaths, and general practitioner visits and hospitalisations for asthma, have declined over the past 5 to 10 years; over the same period there have been changes in the nature of drug treatment for asthma, and increases in expenditure on asthma (AIHW Australian Centre for Asthma Monitoring 2005).

Data from various sources indicate that the prevalence of overweight and obesity has increased substantially over the past two decades. Excess body weight is a risk factor for various health conditions, including type 2 diabetes, cardiovascular disease and

osteoarthritis. Incidence data from the national diabetes register suggest that the incidence of type 1 diabetes among children is increasing (AIHW 2006a).

Successive ABS disability surveys provide another source of data on trends in prevalence of health conditions associated with disability. Between 1981 and 1998 there were increases in the prevalence rates of disabling conditions grouped into the broad categories of psychiatric, intellectual, diseases of the ear, circulatory diseases, respiratory diseases, and musculoskeletal disorders (AIHW 2003b). In some of these condition categories there was a steady trend across the four surveys, while for others the increase appeared to occur over a shorter period between two or three of the surveys. Only diseases of the eye and diseases of the nervous system showed little change in prevalence over the period.

The increase in prevalence of intellectual disabling conditions was particularly marked for children aged 0–14 years between the 1993 and 1998 surveys (from 1.7% to 3.6%). This may in part be due to a change in the wording of a key screening question from ‘slow at learning or understanding’ (1993 survey) to ‘difficulty learning or understanding’ (1998 survey), which may have increased reporting of intellectual disability, particularly among males. Attention deficit hyperactivity disorder (ADHD) was separately classified for the first time in the 1998 disability survey – there were about 42,700 children aged 0–14 years with ADHD in 1998. It is likely that increased levels of diagnosis and heightened awareness among parents, educators and health professionals may have contributed to increased reporting of ADHD (AIHW 2001).

While it is hard to draw conclusions from the patchy data available, it appears there were increases in the prevalence of some conditions and risk factors over the 1990s which may be expected to result in increased demand for CSTDA services in the future. A more detailed analysis of individual conditions, including consideration of the population age groups particularly affected, would be needed to reach conclusions about the extent to which these changes could translate into increased demand, the time frame over which this might occur, and the types of services most likely to be affected.

The role and future supply of informal (unpaid) care

Data from the ABS disability survey highlight the enormous contribution made by informal carers to meeting the needs of people with disability. The data also show that many carers seek, and receive, relatively little assistance in carrying out their caring role (AIHW 2005a).

In 2003, of the 641,500 people with a severe or profound core activity limitation aged under 65 years and living in households who needed help with at least one core activity, 415,900 (65%) received assistance with core activities (self-care, mobility and communication) only from informal sources, and an additional 166,600 (26%) received assistance from a mix of informal and formal sources. Only 18,100 (3%) relied solely on formal sources of assistance (AIHW 2005a:Table 5.21).

In 2003, 472,500 people, or 2.4% of the population, were primary carers.⁸ Of the 202,000 primary carers who were caring for someone with a severe or profound core activity limitation aged under 65 years, 7% were aged 15–24, 40% were aged 25–44 years, 45% were aged 45–64 years, and 8% were aged 65 or over (AIHW 2005a:Table 5.22). Many carers spent

⁸ A ‘primary carer’ is defined as the person who provides the most informal assistance to a person with one or more disabilities.

long hours caring – 37% spent on average 40 hours a week or more, and 18% spent between 20 and 39 hours a week. About 70% of primary carers were women. Negative health, wellbeing and financial impacts of the caring role are reported by substantial numbers of primary carers (AIHW 2000:Table 16.10; AIHW 2004a:Table 2.6).

Nationally, the opportunity cost of time devoted to informal care (that is, income foregone due to caring rather than undertaking paid work) has been estimated at \$4.9 billion in 2005; the replacement valuation of informal care (that is, the cost of providing equivalent amounts of care through the formal economy) has been estimated at \$30.5 billion annually (Access Economics 2005).

Estimates of support needs of ageing primary carers

In the 2002 unmet need study (AIHW 2002), analyses were carried out to estimate the support needs of ageing carers, reflecting policy priority in this area. In particular, attention was focused on two groups of ageing carers identified in the 2000 Commonwealth/State Disability Agreement Bilateral Agreements (AIHW 2002:Box 1.3):

Priority will be given to people with a disability whose carer is aged over 65 (or, in the case of Aboriginal people, aged 45 years or over), including older carers in rural and remote regions. Once these most critical needs are met, attention may then be turned to those families where the carer is approaching this age with an emphasis on those who have been caring for over 30 years.

The 2002 estimates relating to support needs of ageing carers are updated here, based on available data items from the ABS 2003 Survey of Disability, Ageing and Carers. Two groups of ageing primary carers are defined, as follows:

- Group A – primary carers aged 65 years or more with a co-resident main recipient aged under 65 (15,300 people); and
- Group B – primary carers aged under 65 with a co-resident main recipient aged under 65 years, who either had been caring for 30 years or more or were aged 60–64 years and living in a non-capital city (13,100 people).

Combining these groups, there were 29,100 ageing primary carers of a co-resident aged under 65 years (Table A7.1). They were most likely to be caring for a spouse or partner (57%, or 16,100 people), or a son or daughter (29%, or 8,100 people).

In 2003, 14,800 ageing carers had a disability themselves, and 3,900 of these had a severe or profound core activity limitation; 3,500 ageing carers had been diagnosed with a stress-related illness.

About 11,200 (38%) carers did not have a fall back informal carer. Some 5,900 carers reported either that they needed assistance in their caring role, but did not receive any, or received some assistance but needed more. The majority of ageing primary carers (84%) had never received respite, and most of these said they did not need or want respite services. However, 2,300 carers expressed unmet need for respite, including 1,900 people who had received the service in the past.

About 19,600 carers reported that their main recipient of care could not manage at home alone for a few days, 6,900 stated that their main recipient could not manage at home alone for a few hours, and 3,100 said their main recipient could not manage at home alone for less than one hour.

A high proportion of ageing carers had been in their caring role for decades. About 12,500 people (44%) had been caring for 30 years or more. Many carers spent 40 hours or more per week actively caring for or supervising their main recipient of care (12,300 carers).

More detail on the situations and support needs of ageing primary carers is given in Table A7.1. When 2003 survey data on ageing carers are updated to 2005 to allow for population growth (Table A7.2), the data indicate there were 30,300 ageing primary carers in the target groups of the Bilateral Agreements (that is, Group A and Group B). Of these

- 15,800 had a disability themselves
- 12,000 did not have a fallback informal carer
- 6,300 needed help in their caring role but had never received it, or received it at some stage but needed more
- 2,500 had unmet demand for respite
- 13,100 spent, on average, 40 hours or more per week providing care
- 13,300 had been in a caring role for 30 years or more.

The projected supply of informal care

Factors that may interact to affect the supply of informal care over coming years include:

- population ageing
- changes in patterns of labour force participation
- changes in attitudes to caring
- changes in family and living arrangements (for example, rates of family break-up).

While population ageing will increase the supply of carers in older age groups, greater life expectancy of people with early-onset disability and the general population will increase demand. Increasing numbers of carers are likely to find themselves in the position of having to care for an ageing parent as well as a child or spouse with a disability.

The AIHW has produced projections of the number of primary carers to the year 2013, based on 1998 ABS disability survey data (AIHW: Jenkins et al. 2003). Baseline projections reflected the effects of projected changes in population age and sex distribution, part-time and full-time labour force participation rates (including increases in female labour force participation) and living arrangements; carer availability rates were held constant at 1998 levels within age, sex, living arrangement and employment categories. The projections relate to carers of people of all ages with a severe or profound core activity limitation.

The baseline projections suggested that the number of primary carers would increase by 27% between 1998 and 2013 as a result of projected demographic changes alone, from 450,900 to 573,900. Numbers of carers aged between 25 and 59 years (who made up the majority of carers in 1998) would grow by 20%; the rate of increase would be greatest in the 60-plus years age group, where carer numbers would grow by 47%. However, the ratio of carers to people with a disability would decline slightly, from 43 to 40 primary carers per 100 people with severe or profound core activity limitation between 1998 and 2013.

The effect of possible changes in various factors likely to impact on the availability of family carers was also explored. It was found that neither a moderate decline in the willingness of employed women to reduce or give up paid work, nor an increase in co-resident spouses and partners among people aged 60 years or more, would have much effect on the ratio of

carers to people with a disability. However, a decline in the willingness of people to care could have a negative effect – an overall 20% reduction in caring rates would result in a ratio of 0.32 in 2013 (that is, 32 primary carers per 100 people with severe or profound core activity limitation, compared with 43 in 1998). The plausibility of this scenario is difficult to assess, as rates of willingness to care are affected by a large number of interacting factors.

The 15-year projection period used by the AIHW – from 1998 to 2013 – will be characterised by the transition of the large population group of baby boomers into age groups that have traditionally been the source of most primary carers, and the age groups most involved in the care of older parents, that is, 40–59 years.

The National Centre for Social and Economic Modelling (NATSEM) has produced projections of need for and supply of informal care for older people with disability over the period 2001 to 2031. While projections over such a long time period relating to something so sensitive to social and attitudinal changes should be treated with caution, results showed a substantial decline in carer ratios – the number of principal carers for every 100 older persons needing informal care was projected to fall from 57 in 2001 to 35 in 2031 (NATSEM 2004).

In the modelling, population ageing was the main driver in the increase in the number of older persons needing care and the lesser increase in the number of persons likely to be their carer. In interpreting the NATSEM projections, it should be noted that in the first part of the projection period the supply of informal care is likely to increase due to the transition of the baby boom generation into traditional primary carer age groups, while in the latter part of the period surviving baby boomers will be moving into the very old age groups when many will themselves need care.

Implications for disability services

The interplay between formal and informal support is highlighted by the fact that over half of all CSTDA service users report that they have an informal carer (Figure 3.6), and a quarter of people with a severe or profound core activity limitation aged under 65 years received assistance with core activities from a mix of informal and formal sources (AIHW 2005a:Table 5.21). Overall, the quantity of care provided by informal sources far outweighs that provided through the formal services system. Thus, any reduction in the supply of informal carers relative to demand could result in substantially increased demand for CSTDA services, particularly accommodation support and community access services.

The importance of the care provided by informal carers is increasingly being recognised by governments across Australia. Family, community, and government support and recognition provides an important positive signal to carers, and may potentially influence the willingness of people to continue in or take on the caring role (AIWH 2004a).

Over recent years, governments have allocated considerable funds to programs and services designed to support carers. As the supply of carers relative to demand is predicted to fall over coming years, there will increasingly be a need for measures to support carers in order to maximise the supply and sustainability of informal care. Older carers, who are currently the focus of many carer support initiatives, account for only 8% of all primary carers of people aged under 65 years (AIHW 2005a:Table 5.22); there will clearly be an ongoing need for support programs that meet the needs of carers in a range of different situations, including women who are working and/or who would like to increase their workforce participation (working women made up one-third of primary carers in 1998). The need for

more, and more appropriate services to support carers is a view still strongly expressed by disability and carer peak organisations (Table A7.3).

7.4 Perspectives from the field

An important component to the project has been to canvas views from the field concerning the level and nature of unmet demand for CSTDA services. This was done by gathering information from a disability peaks discussion session held at the AIHW in October 2006 to inform this project, and reviewing submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA. Below, a selection of key issues and themes raised are briefly outlined. Based on a comparison with material reported in the 2001 unmet need study (AIHW 2002), many of these are clearly ongoing concerns. A more comprehensive list of issues raised is given in Table A7.3.

There remains a strong view from the field that there is substantial unmet need for disability services. While lack of access to appropriate services clearly has negative impacts for individuals with disabilities and their carers, there are also broader implications – unmet need has a cumulative effect. Problems that result from unmet needs tend to snowball and become whole-of-government and whole-of-community problems.

It is a common perception that CSTDA services operate on a crisis-management basis and, because of rationing, generally meet only basic, minimum needs, rather than supporting people to achieve life goals. This is not an efficient model, as crisis services are generally more costly to provide than early intervention services, and there are emotional and social costs associated with addressing needs only when crisis hits. Also, in operating in this manner, CSTDA services do not succeed in meeting the more holistic, participation-oriented goals set out in the CSTDA itself. Views from peak discussions reported in the 2001 study included the related concern that spreading resources thinly (that is, providing small amounts of service to large numbers of clients) can make unmet need less visible.

Other suggested reasons for the perceived high levels of hidden unmet need include:

- lack of awareness of or accessible/relevant information about services available
- perceptions that services are not available, are of an inadequate standard, or are full (i.e. that there is no hope of gaining a place)
- available services do not meet the needs of the person with a disability or their family (including particular cultural and religious needs).

These may all be reasons for people not seeking services. In addition, some potential service users may not be aware that they have needs that could be met by support services. For instance, some parents have low expectations for their child with a disability and focus only on meeting the child's basic needs. Likewise, some carers from different cultural backgrounds may not understand the concept of respite – the idea of taking a break may be a foreign one, or they might not feel comfortable asking for help.

As for the 2001 study, many concerns were expressed relating to services that provide support for informal carers. There is a perceived lack of respite services that meet people's needs – for instance, available respite services may not be age-appropriate, culturally appropriate, flexible enough, or tailored to meet the needs of people with particular disability types (for example, psychiatric disabilities). This may partly explain why respite services tend to be underutilised by carers, especially ageing carers.

Other commonly expressed views relate to the need for:

- provisions allowing carers to retire
- support services to assist ageing carers with long term planning
- a broader range of respite options
- other types of services that provide practical support for carers, e.g. training in injury prevention.

The point was also made that the caring role impacts heavily on younger carers; much of the current policy and service program focus is on meeting the needs of ageing carers, and this is resulting in higher levels of unmet need among younger carers.

Other issues that continue to be raised strongly include the difficulty of accessing equipment and the need for a uniform national equipment scheme, and the view that the range of accommodation support options available for younger people with disabilities should be equivalent to those available to the older population, and should include appropriate larger scale cared accommodation.

Two matters around which concern seems to have grown since the 2001 study are disability employment services and the interface between the disability and aged care sectors.

In relation to employment services, there is widespread concern in the field about potential negative implications of recent policy and program changes. For example, there are concerns that under 'Welfare to work' there will be additional demands placed on carers and on other specialist disability services to support people finding and keeping a job, and that some people with disabilities will be referred to generic employment services where case managers do not have the time, skills or experience to provide the extra or specialised help needed.⁹

There is a perception of substantial unmet demand for employment services. Lack of access to employment services makes it difficult for many people with disabilities to make the transition into the labour force; young people with disabilities can quickly lose skills and confidence, and may not attempt to enter the labour force if services are not available to help them make the transition.

There are also concerns about interfaces between supported and open employment services, and between employment services and other CSTDA-funded services. With business services and open employment services now administered by different departments, people may be reluctant to make the move to open employment for fear of not being able to return to their business service place if things do not work out (previously, their place was kept open until they had achieved a stable placement in a job). The transition from employment to day programs can also be difficult, and is hampered by the fact that it is often viewed as cost shifting between levels of government. This is particularly an issue for older people wanting to retire. A commonly expressed view is that links between day programs and employment programs need to be improved.

There is a perception that there are barriers to people with disabilities accessing aged care services where this is appropriate, that is, where people ageing with a disability have age-related needs as well as disability needs, or where younger people with disabilities seek to

⁹ The government's view is that the operation of the Job Capacity Assessment will ensure job seekers' needs are appropriately assessed and job seekers referred to the most appropriate employment streams.

access HACC services to complement CSTDA services. Also, in many cases, aged care service providers do not have the expertise to adequately support people with disabilities – training for staff in both disability and aged care sectors is needed to increase understanding of mutually relevant issues. The innovative pool model is recognised as a good model that should be more widely implemented.

A more comprehensive list of issues raised is given in Table A7.3. This material is presented to complement the more concrete and quantitative, data-based information presented in other sections of this report. While many of the views expressed may be open to debate, the fact that available data are limited in terms of the light they can shed on questions of unmet demand for disability services means that anecdotal material plays an important role in informing an overall picture of unmet demand, and providing a basis for further investigation of particular issues.

8 Study conclusions

8.1 Accommodation and respite services

The estimates presented in Chapter 5 suggest that there is substantial unmet demand for accommodation support and respite services. The estimate of 23,800 people with unmet demand for accommodation and respite services in 2005 is 11,300 more than the 2001 estimate of 12,500.

Factors that may have contributed to the apparent increase in unmet demand since the previous study include:

- an increase in the size of the population with a severe or profound core activity limitation
- increased levels of need for assistance, due to ageing of the CSTDA service-user population and ageing of their carers
- reduced access to some mainstream housing options of particular relevance to people with disabilities, particularly public housing and boarding houses
- the ongoing trend towards community-based living arrangements for people with disabilities – the continued shift to community-based living (both people moving out of cared accommodation and people not entering cared accommodation who previously would have) may be expected to increase estimated unmet demand due to an increase in demand for community-based accommodation support and respite, and inclusion of a level of unmet demand previously ‘hidden’ due to the fact that survey-based estimates of unmet demand assume that people living in cared accommodation have no unmet demand.

The estimate of unmet demand for accommodation support and respite services includes people with under-met demand – that is, people who are receiving some formal help with core activities, but who still have unmet need (see Figure 5.1). There are various indications that under-met demand may constitute a substantial part of the estimated unmet demand:

- Western Australian jurisdiction data indicate that applicants with ‘partially met need’ substantially outnumber those with ‘unmet need’.
- In the 2003 survey, more than half of the primary carers with unmet demand for respite reported that they had received respite but needed more.
- HACC data suggest that, while numbers of younger people accessing HACC services over recent years has increased, the amount of service they receive (average hours) has fallen.

It is important to note that many of the estimated 23,800 people with unmet demand for accommodation support and respite services may require both these service types. Neither the population survey data nor the jurisdiction-level waiting list data currently available can support the separate quantification of unmet demand for these two service types.

It is likely that demand for accommodation and respite services will continue to increase over coming years. In particular, the broad CSTDA target population is projected to grow substantially – the number of people aged 0–64 years with severe or profound core activity

limitations is projected to increase by 34,600 people (4.8%) between 2006 and 2010. In addition, increases over the 1990s in the prevalence of some long-term health conditions particularly related to disability may result in further increases in the size of the target population for CSTDA services. Also, the ratio of informal carers to people with a disability is projected to fall over coming years.

Anecdotally, there are suggestions that barriers to accessing services funded under the aged care sector for people ageing with early onset disability increase pressure on CSTDA services and make it difficult for people with a disability to access complementary combinations of services to support them as they age. Ageing of the general population and of the population with a disability will place increasing pressure on services at the disability-aged care interface in future years. There is clearly a need for ongoing development of innovative approaches to service delivery and funding arrangements at this interface, and for the development of better data on patterns of service use across the two sectors.

Projections show that a decline in the willingness of people to take on informal caring roles could have a substantial negative effect on the future supply of informal care, resulting in increased demand for formal services. Accommodation and respite services are crucial in providing support for carers and enabling them to continue in the caring role.

8.2 Community access services

The estimate of 3,700 people with unmet demand for community access services in 2005 is a decrease of around 4,500 compared with the 2001 estimate of 8,200 people. As explained in section 5.5, this estimate focuses on unmet demand for regular services that meet people's ongoing need for meaningful day activities, rather than more irregular recreation/holiday activities.

This apparent reduction in unmet demand is despite an increase between 1998 and 2003 of 25,300 people aged 15–64 years with severe or profound core activity limitations who were not in the labour force. The decrease in unmet demand may be partly explained by increased supply of community access services. Although CSTDA NMDS data cannot be used to look at changes in numbers of service users over the full period, disability survey data suggest an increase in supply between the 1998 and 2003 surveys (that is, an increase of 9,100 people who reported attending day activities among those who could not work or who had other reasons for not being in the labour force).

This unmet demand estimate may be regarded as conservative because:

- in adjusting the estimate for changes in service supply between 2003–04 and 2004–05, recreation/holiday programs were excluded (their inclusion would have resulted in an estimate of 9,400, rather than 3,700); and
- unlike the estimate of unmet demand for accommodation support and respite services, this estimate does not include under-met demand – only people who reported that they did not currently attend a day activity were included (see Figure 5.2).

In coming years, demand for community access services may be expected to increase, due to growth of the CSTDA target population. However, levels of demand for these services are also likely to be affected by recent changes in policy and programs relating to disability employment services. If the effect of these changes is that more people with disabilities move into the labour force, and that more disability employment service places are available

to assist them in finding and keeping work, then demand for community access services may be reduced.

The ageing of the CSTDA target population may tend to increase demand for day activity programs that meet the needs of older people who 'retire' from disability employment services. Comparison of 1998 and 2003 disability survey data showed substantial decreases in numbers of people aged over 50 years with severe or profound core activity limitations who were employed (Table 5.7).

8.3 Employment services

The 2005 estimate suggests a low level of unmet demand for disability employment services, and a substantial decrease from the estimate of 5,400 people with unmet demand in 2001.

This decrease may be partly due to the decrease between 1998 and 2003 in numbers of people with a severe or profound core activity limitation who were in the labour force (Table 5.6). A possible increase in the supply of day activity services over the period, as suggested by the survey data, may also have contributed. No data are available to show changes in the supply of disability employment services over the period, so it is not possible to say whether this may also have been a factor.

This unmet demand estimate may be regarded as conservative because:

- people who report being unemployed but who attend a day activity are excluded; and
- some proportion of the 134,300 people with severe or profound core activity limitations who were employed may have unmet demand for assistance from a disability employment service to help them maintain their employment.

Recent disability employment policy and program changes are not reflected in the available data used as a basis for the 2005 estimate. The recent increase in service places reported by the Australian Government (see Section 4.2) could potentially further decrease unmet demand in future. However, as some of the policy changes are aimed at encouraging people with disabilities to move into the labour market, demand for disability employment services is likely to increase.

The lack of administrative data on unmet demand for employment services means that there is no way to check the disability survey-based estimate of unmet demand in 2005; this lack of data will also be an impediment to assessing the future effects of the new disability employment programs.

8.4 Broader data issues

The estimates of unmet demand presented in this report are based mainly on the national disability survey. While this is a rich data source, it does not directly provide information on unmet demand for specific CSTDA service types; unmet demand must be implied, based on a mosaic of relevant information supplied by survey respondents. It should also be remembered that estimates of unmet demand based on the survey data do not include several important population groups – in particular, people living in cared accommodation, people living in remote and sparsely populated areas, people who are homeless, and people who are in prison.

The CSTDA NMDS is a valuable source of detailed and nationally consistent data concerning the supply of disability services. It provides no information on demand or

unmet demand, and currently there is no nationally consistent source of such data. Available jurisdiction data on numbers of people waiting for services do not provide a solid basis for validating or confirming the estimates of unmet demand based on survey data. As discussed in Chapters 4 and 5, jurisdiction data are incomplete, inconsistent and subject to various data issues and limitations.

Ideally, jurisdiction administrative data on unmet demand should:

- identify unmet demand in a way that can be related to CSTDA service types
- where appropriate and possible, also include some indication of the quantity of service needed
- distinguish between unmet and under-met demand, by separately identifying those applicants not currently receiving any disability service of the type needed
- include measures of turnover and/or waiting times for specific services
- include relevant information about applicants (for example, demographic data, presence of a carer, factors relevant to assessing priority)
- be comparable across jurisdictions.

The final chapter of the 2002 unmet needs study included a section on 'further developing the jurisdictional registers', which provided some suggestions on ways to improve data on unmet demand. To achieve comparable jurisdictional data on unmet demand of a quality that could be used to inform a national picture of unmet demand for CSTDA-funded services would be a major undertaking. It would involve jurisdictions agreeing on key data items and their definitions, and may require some jurisdictions to make modifications to their methods of managing demand. While the nationally agreed data items that constitute the CSTDA NMDS would provide a strong starting point for developing a minimum data set on unmet demand, some additional data items would probably be required.

Inclusion of the linkage key in any agreed unmet need minimum data set would be of great value. Not only could it be used to reduce double counting of applicants, it could also be used to help distinguish unmet from partially met demand, by separately identifying applicants who are and are not receiving CSTDA services.

In addition to informing national studies such as this one, other benefits of improving the data available from jurisdiction registers (as noted in the 2002 report) could include:

- making the outcomes of application processes more publicly transparent
- informing longer term policy and funding strategies (if registers included information on individuals' expected future needs for support, as well as their current needs)
- providing a better information base for jurisdiction-level service planning.

There is also a need for better information about service interfaces, including interfaces between CSTDA services types, especially between disability employment services and state and territory managed services. As discussed in Chapter 7 of this report, influences operating at the interfaces between service sectors and service programs have the potential to substantially affect levels of demand for CSTDA services.

Appendixes

Appendix A: Detailed tables

Table A3.1: Users of CSTDA-funded services, service type by state/territory, 2004-05

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accommodation support									
Large residential/institution	1,615	599	300	293	912	129	0	0	3,848
Small residential/institution	78	45	523	215	12	24	0	0	897
Hostels	51	166	0	0	15	94	0	0	326
Group homes	2,970	4,243	889	1,109	699	450	223	139	10,722
Attendant care/personal care	9	413	408	15	963	248	2	6	2,064
In-home accommodation support	1,273	7,594	2,890	1,769	2,134	234	121	42	16,055
Alternative family placement	13	94	94	29	114	0	0	7	351
Other accommodation support	115	528	78	37	1	13	0	0	772
<i>Total accommodation support</i>	<i>5,980</i>	<i>13,199</i>	<i>5,034</i>	<i>3,371</i>	<i>4,550</i>	<i>1,128</i>	<i>338</i>	<i>190</i>	<i>33,787</i>
<i>Per cent of column total</i>	<i>13.2</i>	<i>17.6</i>	<i>18.5</i>	<i>14.4</i>	<i>23.2</i>	<i>21.9</i>	<i>9.0</i>	<i>11.5</i>	<i>16.9</i>
Community support									
Therapy support for individuals	2,876	9,012	1,960	10,787	1,711	258	2,316	207	29,111
Early childhood intervention	4,821	8,029	950	1,100	709	0	0	94	15,688
Behaviour/specialist intervention	799	2,196	729	1,230	421	0	0	80	5,454
Counselling (individual/family/group)	93	0	1,395	128	1,153	0	0	314	3,083
Regional resource and support teams	5,711	0	547	842	1,208	956	0	12	9,273
Case management, local coordination and development	4,047	18,686	5,025	7,175	6,342	1,027	197	166	42,614
Other community support	3,286	0	242	2,177	421	0	61	182	6,369
<i>Total community support</i>	<i>19,082</i>	<i>33,521</i>	<i>8,497</i>	<i>16,511</i>	<i>9,832</i>	<i>1,943</i>	<i>2,508</i>	<i>910</i>	<i>92,610</i>
<i>Per cent of column total</i>	<i>42.3</i>	<i>44.6</i>	<i>31.2</i>	<i>70.7</i>	<i>50.1</i>	<i>37.7</i>	<i>66.8</i>	<i>55.0</i>	<i>46.2</i>
Community access									
Learning and life skills development	3,255	12,749	3,886	1,328	3,333	284	179	98	25,111
Recreation/holiday programs	1,001	551	1,580	2,040	2,004	330	181	135	7,822
Other community access	2,762	6,361	1,370	1,505	105	1,007	23	82	13,212
<i>Total community access</i>	<i>6,761</i>	<i>19,540</i>	<i>6,392</i>	<i>4,431</i>	<i>4,863</i>	<i>1,513</i>	<i>374</i>	<i>305</i>	<i>44,166</i>
<i>Per cent of column total</i>	<i>15.0</i>	<i>26.0</i>	<i>23.5</i>	<i>19.0</i>	<i>24.8</i>	<i>29.4</i>	<i>10.0</i>	<i>18.4</i>	<i>22.0</i>
Respite									
Own home respite	12	1,122	804	445	355	41	0	13	2,792
Centre-based respite/respite homes	2,268	4,676	1,648	1,456	493	225	208	49	11,011
Host family respite/peer support respite	276	668	83	0	105	0	0	18	1,150
Flexible respite	1,925	5,613	1,604	1,380	390	0	92	108	11,103
Other respite	99	971	172	55	348	6	0	4	1,655
<i>Total respite</i>	<i>4,129</i>	<i>11,150</i>	<i>3,761</i>	<i>2,744</i>	<i>1,470</i>	<i>265</i>	<i>287</i>	<i>182</i>	<i>23,951</i>
<i>Per cent of column total</i>	<i>9.1</i>	<i>14.8</i>	<i>13.8</i>	<i>11.8</i>	<i>7.5</i>	<i>5.1</i>	<i>7.6</i>	<i>11.0</i>	<i>11.9</i>

(continued)

Table A3.1 (continued): Users of CSTDA-funded services, service type by state/territory, 2004–05

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Employment									
Open employment	11,787	13,472	10,164	3,861	2,981	968	594	90	43,831
Supported employment	6,691	4,114	2,091	1,915	2,905	707	92	117	18,615
Open and supported	995	1,299	215	507	193	110	111	206	3,635
<i>Total employment</i>	<i>19,037</i>	<i>18,567</i>	<i>12,340</i>	<i>6,151</i>	<i>5,919</i>	<i>1,768</i>	<i>793</i>	<i>395</i>	<i>64,835</i>
<i>Per cent of column total</i>	<i>42.2</i>	<i>24.7</i>	<i>45.3</i>	<i>26.3</i>	<i>30.2</i>	<i>34.3</i>	<i>21.1</i>	<i>23.9</i>	<i>32.3</i>
Total	45,148	75,110	27,229	23,346	19,612	5,154	3,753	1,655	200,493

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Totals for Australia may not be the sum of the components since individuals may have accessed services in more than one state or territory during the 12-month period. Service group totals may not be the sum of service components since individuals may have accessed more than one service type outlet from a service group over the 12-month period. Grand totals may not be the sum of service group components since individuals may have accessed more than one service group over the 12-month period.
2. Service user data were not collected for all CSTDA service types (see AIHW 2006b: Section 2.2).
3. Employment totals do not include 804 people categorised as 'independent workers' during 2004–05.
4. 'Open and supported' employment services ceased to be operational from 1 December 2004.

Table A3.2: Users of CSTDA-funded services, service type by state/territory, 2003-04

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accommodation support									
Large residential/institution	1,744	647	285	301	840	122	0	0	3,939
Small residential/institution	28	33	652	217	13	21	0	0	964
Hostels	53	262	0	0	14	79	0	0	408
Group homes	3,345	4,490	903	1,092	674	460	200	146	11,308
Attendant care/personal care	123	358	280	18	700	193	23	23	1,718
In-home accommodation support	1,211	6,929	2,835	1,492	2,027	239	115	43	14,890
Alternative family placement	16	111	93	44	77	0	0	5	346
Other accommodation support	97	639	105	31	0	3	0	0	875
<i>Total accommodation support</i>	<i>6,440</i>	<i>12,989</i>	<i>4,933</i>	<i>3,136</i>	<i>4,069</i>	<i>1,069</i>	<i>334</i>	<i>212</i>	<i>33,175</i>
<i>Per cent of column total</i>	<i>14.8</i>	<i>19.0</i>	<i>18.7</i>	<i>13.7</i>	<i>21.3</i>	<i>20.6</i>	<i>20.4</i>	<i>16.9</i>	<i>17.7</i>
Community support									
Therapy support for individuals	3,201	8,214	1,874	5,546	2,126	256	0	169	21,372
Early childhood intervention	5,100	7,755	880	1,039	725	0	0	84	15,568
Behaviour/specialist intervention	777	1,665	897	993	557	0	0	89	4,978
Counselling (individual/family/group)	105	0	1,445	372	795	0	0	0	2,717
Regional resource and support teams	5,752	0	585	637	1,176	1,003	35	14	9,201
Case management, local coordination and development	4,394	15,093	5,114	6,889	6,628	1,214	153	221	39,676
Other community support	1,776	0	132	2,119	489	0	0	1	4,516
<i>Total community support</i>	<i>18,013</i>	<i>28,485</i>	<i>8,564</i>	<i>11,138</i>	<i>9,916</i>	<i>2,173</i>	<i>188</i>	<i>509</i>	<i>78,847</i>
<i>Per cent of column total</i>	<i>41.3</i>	<i>41.7</i>	<i>32.5</i>	<i>48.6</i>	<i>51.9</i>	<i>41.8</i>	<i>11.5</i>	<i>40.5</i>	<i>42.0</i>
Community access									
Learning and life skills development	3,514	12,225	3,733	1,524	3,178	268	267	118	24,821
Recreation/holiday programs	1,011	1,194	690	8,377	1,758	365	127	110	13,631
Other community access	2,207	5,496	1,182	1,183	133	968	32	75	11,270
<i>Total community access</i>	<i>6,483</i>	<i>18,441</i>	<i>5,354</i>	<i>10,354</i>	<i>4,827</i>	<i>1,493</i>	<i>419</i>	<i>286</i>	<i>47,636</i>
<i>Per cent of column total</i>	<i>14.9</i>	<i>27.0</i>	<i>20.3</i>	<i>45.2</i>	<i>25.3</i>	<i>28.7</i>	<i>25.6</i>	<i>22.7</i>	<i>25.4</i>
Respite									
Own home respite	23	655	454	295	319	38	0	14	1,798
Centre-based respite/respite homes	2,226	3,648	1,633	1,225	414	205	192	65	9,601
Host family respite/peer support respite	304	697	87	11	116	2	0	12	1,229
Flexible/combination respite	1,910	3,991	1,507	1,189	407	0	71	70	9,141
Other respite	129	837	71	151	327	0	0	7	1,522
<i>Total respite</i>	<i>4,153</i>	<i>8,607</i>	<i>3,306</i>	<i>2,464</i>	<i>1,390</i>	<i>238</i>	<i>255</i>	<i>155</i>	<i>20,547</i>
<i>Per cent of column total</i>	<i>9.5</i>	<i>12.6</i>	<i>12.5</i>	<i>10.8</i>	<i>7.3</i>	<i>4.6</i>	<i>15.6</i>	<i>12.3</i>	<i>10.9</i>

(continued)

Table A3.2 (continued): Users of CSTDA-funded services, service type by state/territory, 2003–04

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Employment									
Open employment	11,915	12,480	9,831	3,939	3,098	861	704	304	43,042
Supported employment	6,695	4,454	2,058	1,946	2,780	532	82	117	18,637
Open and supported	854	1,786	319	491	211	302	122	15	4,100
<i>Total employment</i>	<i>19,003</i>	<i>18,283</i>	<i>12,036</i>	<i>6,217</i>	<i>5,911</i>	<i>1,667</i>	<i>898</i>	<i>410</i>	<i>64,281</i>
<i>Per cent of column total</i>	<i>43.6</i>	<i>26.8</i>	<i>45.7</i>	<i>27.2</i>	<i>30.9</i>	<i>32.1</i>	<i>54.8</i>	<i>32.6</i>	<i>34.2</i>
Total	43,619	68,238	26,352	22,896	19,099	5,197	1,638	1,258	187,806

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Totals for Australia may not be the sum of the components since individuals may have accessed services in more than one state or territory during the 12-month period. Service group totals may not be the sum of service components since individuals may have accessed more than one service type outlet from a service group over the 12-month period. Grand totals may not be the sum of service group components since individuals may have accessed more than one service group over the 12-month period.
2. Service user data were not collected for all CSTDA service types (see AIHW 2005d:Section 2.2).
3. Employment totals do not include 1,004 people categorised as 'independent workers' during 2003–04.
4. Differences in service type outlet response rates between jurisdictions should be considered when comparing jurisdictional data.
5. Victorian data are reported to be significantly understated; errors in the 'date of last service received' as well as lower than expected response rates have led to under-counting of service users in the current year.

Table A3.3: Users of CSTDA-funded services, age group by sex and state/territory, 2004-05

State/territory	Males		Females		Total	
	No.	%	No.	%	No.	%
NSW						
0-4	2,787	10.1	1,445	8.3	4,236	9.4
5-14	4,850	17.5	2,441	14.0	7,301	16.2
15-24	6,310	22.8	3,734	21.5	10,057	22.3
25-44	8,294	29.9	5,661	32.5	13,971	30.9
45-64	4,692	16.9	3,520	20.2	8,225	18.2
65+	764	2.8	592	3.4	1,358	3.0
Not stated	—	—	—	—	—	—
Total	27,697	100.0	17,393	100.0	45,148	100.0
Row per cent	61.3		38.5		100.0	
Vic						
0-4	1,331	3.4	779	2.6	7,664	10.2
5-14	4,951	12.7	2,639	8.7	7,616	10.1
15-24	7,400	18.9	4,817	15.9	12,230	16.3
25-44	14,223	36.4	10,935	36.1	25,190	33.5
45-64	9,230	23.6	8,522	28.1	17,783	23.7
65+	1,929	4.9	2,560	8.4	4,493	6.0
Not stated	63	0.2	57	0.2	134	0.2
Total	39,127	100.0	30,309	100.0	75,110	100.0
Row per cent	52.1		40.4		100.0	
Qld						
0-4	617	3.8	432	4.0	1,049	3.9
5-14	2,018	12.3	1,193	11.0	3,211	11.8
15-24	4,244	25.9	2,434	22.4	6,678	24.5
25-44	6,087	37.2	4,025	37.1	10,113	37.1
45-64	3,125	19.1	2,459	22.7	5,584	20.5
65+	290	1.8	304	2.8	594	2.2
Not stated	—	—	—	—	—	—
Total	16,381	100.0	10,847	100.0	27,229	100.0
Row per cent	60.2		39.8		100.0	
WA						
0-4	570	4.4	332	3.2	902	3.9
5-14	3,352	25.8	1,776	17.2	5,128	22.0
15-24	2,458	18.9	1,573	15.2	4,033	17.3
25-44	3,270	25.2	2,378	23.0	5,649	24.2
45-64	2,126	16.4	2,077	20.1	4,203	18.0
65+	1,197	9.2	2,206	21.3	3,403	14.6
Not stated	12	0.1	13	0.1	28	0.1
Total	12,985	100.0	10,355	100.0	23,346	100.0
Row per cent	55.6		44.4		100.0	

(continued)

Table A3.3 (continued): Users of CSTDA-funded services, age group by sex and state/territory, 2004–05

State/territory	Males		Females		Total	
	No.	%	No.	%	No.	%
SA						
0–4	461	4.2	244	2.8	705	3.6
5–14	1,396	12.8	706	8.1	2,102	10.7
15–24	2,035	18.7	1,236	14.1	3,272	16.7
25–44	3,285	30.2	2,398	27.5	5,683	29.0
45–64	2,560	23.5	2,338	26.8	4,901	25.0
65+	1,068	9.8	1,749	20.0	2,817	14.4
Not stated	66	0.6	64	0.7	132	0.7
Total	10,871	100.0	8,735	100.0	19,612	100.0
<i>Row per cent</i>	55.4		44.5		100.0	
Tas						
0–4	236	7.5	142	7.1	378	7.3
5–14	414	13.2	206	10.3	621	12.0
15–24	731	23.2	356	17.7	1,088	21.1
25–44	1,010	32.1	705	35.1	1,716	33.3
45–64	704	22.4	533	26.6	1,237	24.0
65+	50	1.6	64	3.2	114	2.2
Not stated	—		—		—	
Total	3,145	100.0	2,006	100.0	5,154	100.0
<i>Row per cent</i>	61.0		38.9		100.0	
ACT						
0–4	468	20.0	279	19.8	754	20.1
5–14	996	42.7	455	32.4	1,455	38.8
15–24	243	10.4	172	12.2	415	11.1
25–44	474	20.3	345	24.5	820	21.8
45–64	147	6.3	150	10.7	297	7.9
65+	7	0.3	3	0.2	10	0.3
Not stated	—	—	2	0.1	2	0.1
Total	2,335	100.0	1,406	100.0	3,753	100.0
<i>Row per cent</i>	62.2		37.5		100.0	
NT						
0–4	79	9.4	46	5.6	125	7.6
5–14	149	17.8	110	13.5	259	15.6
15–24	182	21.7	139	17.0	321	19.4
25–44	243	29.0	273	33.4	516	31.2
45–64	120	14.3	164	20.1	284	17.2
65+	65	7.8	85	10.4	150	9.1
Not stated	—	—	—	—	—	—
Total	838	100.0	817	100.0	1,655	100.0
<i>Row per cent</i>	50.6		49.4		100.0	

(continued)

Table A3.3 (continued): Users of CSTDA-funded services, age group by sex and state/territory, 2004–05

State/territory	Males		Females		Total	
	No.	%	No.	%	No.	%
Australia						
0–4	6,522	5.8	3,681	4.5	15,768	7.9
5–14	18,061	16.0	9,499	11.6	27,601	13.8
15–24	23,526	20.8	14,410	17.6	37,966	18.9
25–44	36,771	32.5	26,653	32.6	63,476	31.7
45–64	22,676	20.1	19,728	24.2	42,451	21.2
65+	5,369	4.7	7,560	9.3	12,935	6.5
Not stated	141	0.1	136	0.2	296	0.1
Total	113,066	100.0	81,667	100.0	200,493	100.0
<i>Row per cent</i>	<i>56.4</i>		<i>40.7</i>		<i>100.0</i>	

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Totals for Australia may not be the sum of components since individuals may have accessed services in more than one state/territory during the 12-month period. Service user data were not collected for all CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services.
2. 'All service users' includes 5,760 service users whose sex was not stated.
3. Service users with missing age who responded 'child aged under 5 years (not applicable)' to the communication method data item were included in the 0–4 years age group.
4. 'Not stated/not collected' includes both service users accessing only 3.02 services for whom primary disability data were not collected (see AIHW 2006b:Section 2.2) and other service users with no response.

Table A3.4: Users of CSTDA-funded services, life area by frequency of support or assistance needed and state/territory, 2004–05

	Always		Sometimes		None but uses aids		None		NA		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW														
ADL	11,486	25.4	15,997	35.4	1,085	2.4	6,144	13.6	—	—	10,436	23.1	45,148	100.0
AIL	13,365	29.6	18,642	41.3	559	1.2	2,160	4.8	1,213	2.7	9,209	20.4	45,148	100.0
AWEC	15,074	33.4	16,716	37.0	482	1.1	1,206	2.7	2,025	4.5	9,645	21.4	45,148	100.0
Vic														
ADL	14,580	19.4	24,003	32.0	2,252	3.0	13,074	17.4	—	—	21,201	28.2	75,110	100.0
AIL	15,487	20.6	29,077	38.7	1,354	1.8	6,657	8.9	4,245	5.7	18,290	24.4	75,110	100.0
AWEC	21,770	29.0	23,699	31.6	1,730	2.3	4,255	5.7	4,636	6.2	19,020	25.3	75,110	100.0
Qld														
ADL	7,986	29.3	11,250	41.3	1,176	4.3	5,397	19.8	—	—	1,420	5.2	27,229	100.0
AIL	10,229	37.6	12,648	46.5	737	2.7	2,084	7.7	102	0.4	1,429	5.2	27,229	100.0
AWEC	11,392	41.8	11,081	40.7	751	2.8	1,450	5.3	958	3.5	1,597	5.9	27,229	100.0
WA														
ADL	5,325	22.8	9,361	40.1	712	3.0	2,870	12.3	—	—	5,078	21.8	23,346	100.0
AIL	6,190	26.5	10,291	44.1	297	1.3	1,150	4.9	492	2.1	4,926	21.1	23,346	100.0
AWEC	6,989	29.9	8,845	37.9	398	1.7	861	3.7	1,315	5.6	4,938	21.2	23,346	100.0
SA														
ADL	5,827	29.7	7,991	40.7	1,699	8.7	2,612	13.3	—	—	1,483	7.6	19,612	100.0
AIL	7,051	36.0	8,999	45.9	684	3.5	1,369	7.0	5	0	1,504	7.7	19,612	100.0
AWEC	7,927	40.4	7,478	38.1	920	4.7	1,118	5.7	659	3.4	1,510	7.7	19,612	100.0
Tas														
ADL	1,637	31.8	1,963	38.1	195	3.8	1,131	21.9	—	—	228	4.4	5,154	100.0
AIL	1,945	37.7	2,336	45.3	76	1.5	532	10.3	18	0.3	247	4.8	5,154	100.0
AWEC	2,128	41.3	2,012	39.0	47	0.9	346	6.7	413	8.0	208	4.0	5,154	100.0
ACT														
ADL	470	12.5	750	20.0	32	0.9	316	8.4	—	—	2,185	58.2	3,753	100.0
AIL	541	14.4	860	22.9	19	0.5	132	3.5	1,981	52.8	220	5.9	3,753	100.0
AWEC	550	14.7	853	22.7	18	0.5	92	2.5	2,025	54	215	5.7	3,753	100.0
NT														
ADL	496	30.0	456	27.6	50	3.0	203	12.3	—	—	450	27.2	1,655	100.0
AIL	591	35.7	529	32.0	8	0.5	77	4.7	2	0.1	448	27.1	1,655	100.0
AWEC	587	35.5	444	26.8	9	0.5	50	3.0	113	6.8	452	27.3	1,655	100.0

(continued)

Table A3.4 (continued): Users of CSTDA-funded services, life area by frequency of support or assistance needed and state/territory, 2004–05

	Always		Sometimes		None but uses aids		None		NA		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Australia														
Self-care	35,588	17.8	52,485	26.2	6,108	3.0	61,130	30.5	0	—	45,182	22.5	200,493	100.0
Mobility	27,301	13.6	47,131	23.5	10,187	5.1	72,108	36.0	0	—	43,766	21.8	200,493	100.0
Communication	32,889	16.4	61,921	30.9	5,621	2.8	57,008	28.4	0	—	43,054	21.5	200,493	100.0
Any ADL	47,607	23.7	71,575	35.7	7,184	3.6	31,670	15.8	0	—	42,457	21.2	200,493	100.0
Interpersonal interactions ^(a)	34,144	17.0	80,551	40.2	4,346	2.2	35,821	17.9	0	—	45,631	22.8	200,493	100.0
Learning ^(b)	37,722	18.8	79,464	39.6	5,336	2.7	27,153	13.5	9,797	4.9	41,021	20.5	200,493	100.0
Domestic life	35,747	17.8	56,431	28.1	5,046	2.5	35,223	17.6	18,440	9.2	49,606	24.7	200,493	100.0
Any AIL	55,183	27.5	83,143	41.5	3,725	1.9	14,136	7.1	8,046	4.0	36,260	18.1	200,493	100.0
Education	44,731	22.3	68,451	34.1	5,747	2.9	27,315	13.6	10,083	5.0	44,166	22.0	200,493	100.0
Community (civic) and economic life	41,756	20.8	64,108	32.0	5,848	2.9	33,103	16.5	10,388	5.2	45,290	22.6	200,493	100.0
Working	48,609	24.2	62,607	31.2	4,286	2.1	13,774	6.9	21,241	10.6	49,976	24.9	200,493	100.0
Any AWEC	66,168	33.0	70,944	35.4	4,345	2.2	9,364	4.7	12,103	6.0	37,569	18.7	200,493	100.0

(a) The full name for the life area 'interpersonal interactions' is 'interpersonal interactions and relationships'.

(b) The full name for the life area 'learning' is 'learning, applying knowledge and general tasks and demands'.

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Totals for Australia may not be the sum of the components since individuals may have accessed services in more than one state or territory during the 12-month period. Service user data were not collected for CSTDA service types. Service user data were not collected for CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services.
2. The frequency of support needed for a service user for each of the three broad groups (ADL, AIL and AWEC) is based on the highest support need category of the service user for that group. For example, if a service user reports 'always or unable to do' for the life area of self-care (one of the ADL areas) then that service user will be placed into the 'always or unable to do' category for ADL, regardless of their support needs for mobility or communication (the other two ADL areas). Therefore, the totals for each of the broad groups (ADL, AIL and AWEC) cannot be calculated by adding totals from the three component life areas.
3. 'Not stated/not collected' includes both service users accessing only 3.02 services for whom support needs data were not collected (see AIHW 2006b:Section 2.2) and other service users with no response.

Table A3.5: Users of CSTDA-funded services, service group by frequency of support needed in activities of daily living (ADL) and state/territory, 2004-05

Frequency of support needed	Accommodation support		Community support		Community access		Respite		Employment		All service groups	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW												
Always or unable to do	2,919	48.8	6,318	33.1	2,923	43.2	2,017	48.8	2,488	13.1	11,486	25.4
Sometimes	1,970	32.9	3,880	20.3	2,113	31.3	1,246	30.2	10,293	54.1	15,997	35.4
None but uses aids	70	1.2	335	1.8	78	1.2	52	1.3	698	3.7	1,085	2.4
None	421	7.0	792	4.2	495	7.3	135	3.3	4,905	25.8	6,144	13.6
NA/not stated	600	10	7,757	40.7	1,152	17	679	16.4	653	3.4	10,436	23.1
Total	5,980	100.0	19,082	100.0	6,761	100.0	4,129	100.0	19,037	100.0	45,148	100.0
Victoria												
Always or unable to do	4,281	32.4	8,255	24.6	5,219	26.7	3,940	35.3	1,474	7.9	14,580	19.4
Sometimes	5,016	38	6,943	20.7	6,960	35.6	3,561	31.9	9,273	49.9	24,003	32.0
None but uses aids	237	1.8	622	1.9	816	4.2	113	1.0	849	4.6	2,252	3.0
None	2,471	18.7	2,928	8.7	3,568	18.3	1,056	9.5	6,384	34.4	13,074	17.4
NA/not stated	1,194	9.0	14,773	44.1	2,977	15.2	2,480	22.2	587	3.2	21,201	28.2
Total	13,199	100.0	33,521	100.0	19,540	100.0	11,150	100.0	18,567	100.0	75,110	100.0
Queensland												
Always or unable to do	2,534	50.3	4,532	53.3	2,572	40.2	2,019	53.7	1,112	9.0	7,986	29.3
Sometimes	1,891	37.6	2,818	33.2	2,517	39.4	1,378	36.6	5,925	48.0	11,250	41.3
None but uses aids	64	1.3	367	4.3	95	1.5	55	1.5	713	5.8	1,176	4.3
None	535	10.6	623	7.3	537	8.4	295	7.8	4,014	32.5	5,397	19.8
NA/not stated	10	0.2	157	1.8	671	10.5	14	0.4	576	4.7	1,420	5.2
Total	5,034	100.0	8,497	100.0	6,392	100.0	3,761	100.0	12,340	100.0	27,229	100.0
WA												
Always or unable to do	1,719	51.0	4,057	24.6	1,694	38.2	1,386	50.5	833	13.5	5,325	22.8
Sometimes	1,380	40.9	6,180	37.4	1,900	42.9	1,164	42.4	3,390	55.1	9,361	40.1
None but uses aids	39	1.2	424	2.6	160	3.6	48	1.7	221	3.6	712	3.0
None	197	5.8	1,183	7.2	389	8.8	106	3.9	1,628	26.5	2,870	12.3
NA/not stated	36	1.1	4,667	28.3	288	6.5	40	1.5	79	1.3	5,078	21.8
Total	3,371	100.0	16,511	100.0	4,431	100.0	2,744	100.0	6,151	100.0	23,346	100.0
SA												
Always or unable to do	1,866	41.0	3,597	36.6	1,366	28.1	743	50.5	1,080	18.2	5,827	29.7
Sometimes	1,862	40.9	3,721	37.8	2,015	41.4	525	35.7	2,951	49.9	7,991	40.7
None but uses aids	379	8.3	991	10.1	475	9.8	25	1.7	370	6.3	1,699	8.7
None	227	5.0	945	9.6	412	8.5	92	6.3	1,467	24.8	2,612	13.3
NA/not stated	216	4.7	578	5.9	595	12.2	85	5.8	51	0.9	1,483	7.6
Total	4,550	100.0	9,832	100.0	4,863	100.0	1,470	100.0	5,919	100.0	19,612	100.0

(continued)

Table A3.5 (continued): Users of CSTDA-funded services, service group by frequency of support needed in activities of daily living (ADL) and state/territory, 2004-05

Frequency of support needed	Accommodation support		Community support		Community access		Respite		Employment		All service groups	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Tasmania												
Always or unable to do	596	52.8	924	47.6	557	36.8	141	53.2	157	8.9	1,637	31.8
Sometimes	403	35.7	699	36	476	31.5	105	39.6	833	47.1	1,963	38.1
None but uses aids	18	1.6	86	4.4	44	2.9	4	1.5	75	4.2	195	3.8
None	110	9.8	220	11.3	256	16.9	15	5.7	670	37.9	1,131	21.9
NA/not stated	1	0.1	14	0.7	180	11.9	0	0	33	1.9	228	4.4
Total	1,128	100.0	1,943	100.0	1,513	100.0	265	100.0	1,768	100.0	5,154	100.0
ACT												
Always or unable to do	157	46.4	245	9.8	111	29.7	135	47	56	7.1	470	12.5
Sometimes	157	46.4	179	7.1	84	22.5	102	35.5	459	57.9	750	20
None but uses aids	5	1.5	9	0.4	5	1.3	2	0.7	18	2.3	32	0.9
None	19	5.6	52	2.1	20	5.3	20	7.0	237	29.9	316	8.4
NA/not stated	0	0	2,023	80.7	154	41.2	28	9.8	23	2.9	2,185	58.2
Total	338	100.0	2,508	100.0	374	100.0	287	100.0	793	100.0	3,753	100.0
NT												
Always or unable to do	110	57.9	298	32.7	101	33.1	76	41.8	41	10.4	496	30.0
Sometimes	65	34.2	203	22.3	104	34.1	24	13.2	180	45.6	456	27.6
None but uses aids	1	0.5	26	2.9	9	3.0	0	0	18	4.6	50	3.0
None	14	7.4	35	3.8	24	7.9	4	2.2	155	39.2	203	12.3
NA/not stated	0	0	348	38.2	67	22	78	42.9	1	0.3	450	27.2
Total	190	100.0	910	100.0	305	100.0	182	100.0	395	100.0	1,655	100.0
Australia												
Always or unable to do	14,180	42.0	28,108	30.4	14,539	32.9	10,428	43.5	7,231	11.2	47,607	23.7
Sometimes	12,744	37.7	24,583	26.5	16,163	36.6	8,099	33.8	33,236	51.3	71,575	35.7
None but uses aids	813	2.4	2,853	3.1	1,681	3.8	299	1.2	2,958	4.6	7,184	3.6
None	3,993	11.8	6,769	7.3	5,700	12.9	1,721	7.2	19,407	29.9	31,670	15.8
Not stated/not collected	2,057	6.1	30,297	32.7	6,083	13.8	3,404	14.2	2,003	3.1	42,457	21.2
Total	33,787	100.0	92,610	100.0	44,166	100.0	23,951	100.0	64,835	100.0	200,493	100.0

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Row totals may not be the sum of components since individuals may have accessed more than one service type during the 12-month period. Totals for Australia may not be the sum of the components since individuals may have accessed services in more than one state or territory during the 12-month period. Service user data were not collected for all CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services.
2. 'Not stated/not collected' includes both service users accessing only 3.02 services for whom support needs data were not collected (see AIHW 2006b:Section 2.2) and other service users with no response. Refer to Table A1.1 for a breakdown of these two categories.

Table A3.6: Users of CSTDA-funded services: presence of an informal carer by age and state/ territory, 2004–05

Age of service user	Yes		No		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
NSW								
Under 15	9,141	79.2	245	2.1	2,151	18.6	11,537	100.0
15–24	4,422	44.0	3,841	38.2	1,794	17.8	10,057	100.0
25–44	4,992	35.7	6,021	43.1	2,958	21.2	13,971	100.0
45–64	1,866	22.7	3,958	48.1	2,401	29.2	8,225	100.0
65+	177	13	729	53.7	452	33.3	1,358	100.0
Total	20,598	45.6	14,794	32.8	9,756	21.6	45,148	100.0
Vic								
Under 15	5,734	37.5	1,242	8.1	8,304	54.3	15,280	100.0
15–24	5,331	43.6	5,025	41.1	1,874	15.3	12,230	100.0
25–44	7,258	28.8	13,753	54.6	4,179	16.6	25,190	100.0
45–64	3,636	20.4	10,330	58.1	3,817	21.5	17,783	100.0
65+	960	21.4	2,664	59.3	869	19.3	4,493	100.0
Not stated	64	47.8	31	23.1	39	29.1	134	100.0
Total	22,983	30.6	33,045	44.0	19,082	25.4	75,110	100.0
Qld								
Under 15	3,702	86.9	139	3.3	419	9.8	4,260	100.0
15–24	3,474	52.0	2,523	37.8	681	10.2	6,678	100.0
25–44	3,519	34.8	5,898	58.3	696	6.9	10,113	100.0
45–64	1,538	27.5	3,657	65.5	389	7.0	5,584	100.0
65+	211	35.5	366	61.6	17	2.9	594	100.0
Total	12,444	45.7	12,583	46.2	2,202	8.1	27,229	100.0
WA								
Under 15	5,664	93.9	13	0.2	353	5.9	6,030	100.0
15–24	2,913	72.2	711	17.6	409	10.1	4,033	100.0
25–44	2,889	51.1	1,868	33.1	892	15.8	5,649	100.0
45–64	1,438	34.2	1,295	30.8	1,470	35.0	4,203	100.0
65+	183	5.4	160	4.7	3,060	89.9	3,403	100.0
Not stated	—	—	—	—	28	100	28	100.0
Total	13,087	56.1	4,047	17.3	6,212	26.6	23,346	100.0
SA								
Under 15	2,730	97.3	77	2.7	—	—	2,807	100.0
15–24	2,316	70.8	793	24.2	163	5.0	3,272	100.0
25–44	3,237	57.0	2,098	36.9	348	6.1	5,683	100.0
45–64	2,459	50.2	2,098	42.8	344	7.0	4,901	100.0
65+	1,128	40.0	1,590	56.4	99	3.5	2,817	100.0
Not stated	52	39.4	80	60.6	—	—	132	100.0
Total	11,922	60.8	6,736	34.3	954	4.9	19,612	100.0

(continued)

Table A3.6 (continued): Users of CSTDA-funded services: presence of an informal carer by age and state/territory, 2004–05

Age of service user	Yes		No		Not stated		Total		
	No.	%	No.	%	No.	%	No.	%	
Tas									
Under 15	919	92.0	27	2.7	53	5.3	999	100.0	
15–24	426	39.2	474	43.6	188	17.3	1,088	100.0	
25–44	492	28.7	1,081	63.0	143	8.3	1,716	100.0	
45–64	311	25.1	853	69.0	73	5.9	1,237	100.0	
65+	20	17.5	87	76.3	7	6.1	114	100.0	
Total	2,168	42.1	2,522	48.9	464	9.0	5,154	100.0	
ACT									
Under 15	148	6.7	22	1.0	2,039	92.3	2,209	100.0	
15–24	210	50.6	147	35.4	58	14.0	415	100.0	
25–44	260	31.7	439	53.5	121	14.8	820	100.0	
45–64	78	26.3	171	57.6	48	16.2	297	100.0	
65+	3	30.0	5	50.0	2	20	10	100.0	
Not stated	—	—	1	50.0	1	50	2	100.0	
Total	699	18.6	785	20.9	2,269	60.5	3,753	100.0	
NT									
Under 15	384	100.0	—	—	—	—	384	100.0	
15–24	227	70.7	59	18.4	35	10.9	321	100.0	
25–44	422	81.8	67	13	27	5.2	516	100.0	
45–64	249	87.7	29	10.2	6	2.1	284	100.0	
65+	148	98.7	2	1.3	—	—	150	100.0	
Total	1,430	86.4	157	9.5	68	4.1	1,655	100.0	
Australia									
Under 15	28,291	65.2	1,761	4.1	13,317	30.7	43,369	100.0	
15–24	19,224	50.6	13,542	35.7	5,200	13.7	37,966	100.0	
25–44	22,970	36.2	31,148	49.1	9,358	14.7	63,476	100.0	
45–64	11,537	27.2	22,370	52.7	8,544	20.1	42,451	100.0	
65+	2,826	21.8	5,603	43.3	4,506	34.8	12,935	100.0	
Not stated	116	39.2	112	37.8	68	23.0	296	100.0	
Total	84,964	42.4	74,536	37.2	40,993	20.4	200,493	100.0	

Note: Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Totals for Australia may not be the sum of the components since individuals may have accessed services in more than one state or territory during the 12-month period. Service user data were not collected for CSTDA service types. Service user data were not collected for all CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs.

Table A3.7: Users of CSTDA-funded services with an informal carer, age group of informal carer by relationship to service user and state/territory, 2004–05 (per cent)

Relationship of service user to carer	Less than 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Not stated	Total
NSW							
Spouse	—	3.7	1.3	5.0	6.5	8.1	4.4
Mother	—	89.1	91.6	74.9	67.1	67.7	78.9
Father	—	0.5	3.6	8.5	11.7	9.0	6.6
Other	4.6	5.2	2.2	10.2	14.4	13.6	8.0
Not stated	95.4	1.5	1.4	1.4	0.3	1.6	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Vic							
Spouse	—	16.1	9.9	14.9	17.6	8.2	12.0
Mother	—	24.8	75.7	63.4	58.9	46.6	62.1
Father	—	—	3.4	7.5	11.7	5.7	6.1
Other	64.3	54.7	9.6	13.1	11.2	29.7	16.4
Not stated	35.7	4.3	1.4	1.2	0.6	9.9	3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Qld							
Spouse	—	3.8	4.6	10.0	12.5	6.3	7.2
Mother	—	64	84.5	69.9	62.9	57.0	70.7
Father	—	1.6	3.7	7.5	13.3	7.1	6.4
Other	95.7	29.6	6.8	12.4	10.7	12.8	10.8
Not stated	4.3	1.1	0.3	0.2	0.5	16.7	4.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
WA							
Spouse	—	4.9	3.3	9.7	7.7	6.4	5.9
Mother	—	61.3	87.1	68.5	63.7	45.4	73.1
Father	—	1.2	4.6	7.6	13.6	4.8	6.1
Other	100.0	31.9	4.6	13.4	13.5	9.5	8.8
Not stated	—	0.6	0.3	0.8	1.4	33.8	6.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
SA							
Spouse	—	2.6	9.7	25.4	31.8	5.0	15.8
Mother	—	39.7	76	50.3	44.4	40.5	53.6
Father	—	3.4	4.6	7.2	13.0	7.5	7.3
Other	100.0	50.9	9.3	16.4	10.6	15.1	13.8
Not stated	—	3.4	0.3	0.6	0.3	31.8	9.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Tas							
Spouse	—	5.9	3.1	14.8	8.1	9.2	7.6
Mother	—	80.4	88.6	62.5	65.1	67.4	76.1
Father	—	2.0	3.9	7.9	18	9.2	6.9
Other	100.0	11.8	4.2	13.5	8.7	11.7	8.5
Not stated	—	—	0.3	1.3	—	2.5	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(continued)

Table A3.7 (continued): Users of CSTDA-funded services with an informal carer, age group of informal carer by relationship to service user and state/territory, 2004–05 (per cent)

Relationship of service user to carer	Less than 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Not stated	Total
ACT							
Spouse	—	—	3.8	3.5	1.4	2.5	2.9
Mother	—	100.0	84.6	72.0	63.4	70.2	72.1
Father	—	—	1.5	12.5	25.4	13.7	12.0
Other	12.5	—	6.2	9.5	8.5	7.4	7.9
Not stated	87.5	—	3.8	2.5	1.4	6.3	5.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
NT							
Spouse	—	4.0	8.2	15.5	40.4	7.7	9.9
Mother	—	62.0	63.8	38.7	42.1	24.1	36.4
Father	—	—	4.3	9.4	7.0	2.9	4.1
Other	100.0	34.0	23.4	34.8	8.8	19.3	22.4
Not stated	—	—	0.3	1.7	1.8	46.1	27.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Australia							
Spouse	0	6.4	5.2	13.2	16.8	7.2	8.9
Mother	—	62.1	84	65	58.3	52.9	67.9
Father	—	1.0	3.9	7.7	12.7	7.1	6.5
Other	32.1	28.5	6	13	11.7	17.4	11.8
Not stated	67.8	2.0	0.9	1.0	0.6	15.4	4.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Totals for Australia may not be the sum of the components since individuals may have accessed services in more than one state or territory during the 12-month period. Service user data were not collected for CSTDA service types.
2. 'Not stated/not collected' includes both service users accessing only 3.02 services for whom informal carer data were not collected (see AIHW 2006b:Section 2.2) and other service users with no response. Service users who accessed employment services only (service types 5.01–5.03) and did not submit a response are also included in the 'not collected' category for 'age group of carer'. These service users were not required to complete this data item.
3. Other relationships of service user to carer include: daughter, son, daughter-in-law, son-in-law, other male/female relative or friend/neighbour (male/female).

Table A3.8: CSTDA-funded service users with an informal carer, age group of service user by age group of carer and state/territory, 2004–05 (per cent)

Age group of service user	Age group of carer						Not stated	Total
	Less than 15 years	15–24 years	25–44 years	45–64 years	65 years and over			
NSW								
Under 15	1.3	4.0	79.4	9.3	1.8	4.2	100.0	
15–24	0.5	0.2	22.3	33.6	2.6	40.9	100.0	
25–44	0.2	0.2	4.5	26.0	9.2	60.0	100.0	
45–64	0.1	1.0	3.7	18.4	17.5	59.3	100.0	
65+	—	—	8.5	31.1	30.5	29.9	100.0	
Total	0.7	2	41.5	19.6	5.4	30.8	100.0	
Vic								
Under 15	0.1	1.2	73.9	12.4	0.7	11.6	100.0	
15–24	0	0.7	27.6	44.0	1.8	25.9	100.0	
25–44	0	0.8	12.4	39.3	14.3	33.3	100.0	
45–64	0.1	2.4	10.0	38.9	20.7	28.0	100.0	
65+	—	0.4	8.1	32.9	44.4	14.2	100.0	
Not stated	1.6	3.1	25.0	43.8	6.3	20.3	100.0	
Total	0.1	1.1	30.7	33.4	10.2	24.5	100.0	
Qld								
Under 15	0.1	3.4	79.0	9.7	0.5	7.3	100.0	
15–24	—	0.2	27.5	35.6	1.3	35.3	100.0	
25–44	0.4	0.7	9.6	38.2	11.2	39.9	100.0	
45–64	0.5	1.8	7.8	30.6	23.5	35.8	100.0	
65+	—	0.5	6.2	29.9	48.8	14.7	100.0	
Total	0.2	1.5	35.0	27.9	7.4	28.0	100.0	
WA								
Under 15	—	1.9	83.5	10.0	0.5	4.0	100.0	
15–24	—	0.4	39.5	38.8	1.7	19.5	100.0	
25–44	0.1	0.8	10.3	41.1	15.2	32.6	100.0	
45–64	0.1	1.6	8.0	31.9	29.3	29.1	100.0	
65+	—	0.5	6.0	32.2	41.0	20.2	100.0	
Total	0	1.2	48.2	26.0	7.7	16.8	100.0	
SA								
Under 15	—	1.9	73.4	10.0	0.7	14.0	100.0	
15–24	—	0.3	29.9	36.3	1.9	31.6	100.0	
25–44	0.5	0.6	11.3	36.4	16.5	34.7	100.0	
45–64	0.3	1.3	6.2	36.9	20.0	35.2	100.0	
65+	—	0.3	7.4	25.4	43.0	23.9	100.0	
Not stated	—	—	—	—	—	100	100.0	
Total	0.2	1.0	27.7	29.3	13.2	28.7	100.0	

(continued)

Table A3.8 (continued): CSTDA-funded service users with an informal carer, age group of service user by age group of carer and state/territory, 2004–05 (per cent)

Age group of service user	Age group of carer						Total
	Less than 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Not stated	
Tas							
Under 15	—	4.6	85.6	6.4	0.5	2.8	100.0
15–24	—	0.5	36.2	32.6	2.1	28.6	100.0
25–44	—	0.6	7.9	44.9	14.2	32.3	100.0
45–64	0.6	1.3	8.7	37.3	25.1	27.0	100.0
65+	—	—	5.0	35.0	50.0	10.0	100.0
Total	0.1	2.4	46.5	25.0	7.9	18.1	100.0
ACT							
Under 15	—	3.4	45.9	8.1	—	42.6	100.0
15–24	1.0	—	21.4	36.7	1.4	39.5	100.0
25–44	1.5	—	5.4	32.7	17.7	42.7	100.0
45–64	1.3	—	3.8	33.3	25.6	35.9	100.0
65+	33.3	—	—	—	66.7	—	100.0
Total	1.1	0.7	18.6	28.6	10.2	40.8	100.0
NT							
Under 15	—	8.6	49.5	7.3	—	34.6	100.0
15–24	—	1.8	14.1	15.4	0.9	67.8	100.0
25–44	0.5	1.4	7.6	12.3	4.5	73.7	100.0
45–64	—	2.0	11.6	12.4	5.6	68.3	100.0
65+	0.7	1.4	14.2	23.6	14.9	45.3	100.0
Total	0.2	3.5	21.3	12.7	4.0	58.4	100.0
Australia							
Under 15	0.5	2.8	78.1	10.1	1.0	7.5	100.0
15–24	0.1	0.4	28.4	37.8	1.9	31.4	100.0
25–44	0.2	0.6	9.6	35.6	13.0	41.0	100.0
45–64	0.2	1.7	7.6	32.6	21.3	36.6	100.0
65+	0.1	0.4	7.9	29.0	41.5	21.1	100.0
Not stated	0.9	1.7	13.8	24.1	3.4	56.0	100.0
Total	0.3	1.4	36.3	27.0	8.5	26.5	100.0

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Service user data were not collected for CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services. Totals for Australia may not be the sum of components since individuals may have accessed services in more than one state or territory during the 12-month period.
2. Service users with missing age who responded 'child aged under 5 years (not applicable)' to the communication method data item were included in the 0–14 years age group.
3. 'Not stated/not collected' includes both service users accessing only 3.02 services for whom informal carer data were not collected (see AIHW 2006b:Section 2.2) and other service users with no response. Service users who accessed employment services only (service types 5.01–5.03) and did not submit a response are also included in the 'not collected' category for 'age group of carer'. These service users were not required to complete this data item.

Table A3.9: Users of CSTDA-funded services, Indigenous status by presence of an informal carer, 2004–05

Indigenous status	Yes		No		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
NSW								
Indigenous	850	54.3	452	28.9	263	16.8	1,565	100.0
Non-Indigenous	19,275	46.1	13,940	33.3	8,639	20.6	41,854	100.0
Vic								
Indigenous	438	44.4	490	49.7	58	5.9	986	100.0
Non-Indigenous	14,511	36.4	21,927	55.0	3,462	8.7	39,900	100.0
Qld								
Indigenous	709	55.9	515	40.6	44	3.5	1,268	100.0
Non-Indigenous	11,693	45.9	11,872	46.6	1,930	7.6	25,495	100.0
WA								
Indigenous	841	73.7	187	16.4	113	9.9	1,141	100.0
Non-Indigenous	12,104	68.6	3,812	21.6	1,734	9.8	17,650	100.0
SA								
Indigenous	476	74.8	145	22.8	15	2.4	636	100.0
Non-Indigenous	11,025	61.1	6,486	35.9	532	2.9	18,043	100.0
Tas								
Indigenous	43	27.9	94	61.0	17	11.0	154	100.0
Non-Indigenous	2,108	44.5	2,364	49.9	262	5.5	4,734	100.0
ACT								
Indigenous	14	28.0	14	28.0	22	44.0	50	100.0
Non-Indigenous	679	19.2	761	21.6	2,091	59.2	3,531	100.0
NT								
Indigenous	473	91.3	31	6.0	14	2.7	518	100.0
Non-Indigenous	864	82.8	126	12.1	53	5.1	1,043	100.0
Australia								
Indigenous	3,818	60.7	1,921	30.6	546	8.7	6,285	100.0
Non-Indigenous	71,922	47.4	61,163	40.3	18,689	12.3	151,774	100.0

Note: Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Service user data were not collected for CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services. Totals for Australia may not be the sum of components since individuals may have accessed services in more than one state or territory during the 12-month period.

Table A3.10: Users of CSTDA-funded services, primary disability by Indigenous status and state/territory, 2004–05

Primary disability group	Indigenous		Non-Indigenous		Not stated/not collected		Total	
	No.	%	No.	%	No.	%	No.	%
NSW								
Intellectual/learning	1,009	64.5	24,673	59.0	969	56.0	26,651	59.0
Physical/diverse	221	14.1	6,918	16.5	156	9.0	7,295	16.2
ABI	36	2.3	1,197	2.9	31	1.8	1,264	2.8
Sensory/speech	114	7.3	2,944	7.0	153	8.8	3,211	7.1
Psychiatric	100	6.4	3,780	9.0	187	10.8	4,067	9.0
Not stated	85	5.4	2,342	5.6	233	13.5	2,660	5.9
<i>Total</i>	<i>1,565</i>	<i>100.0</i>	<i>41,854</i>	<i>100.0</i>	<i>1,729</i>	<i>100.0</i>	<i>45,148</i>	<i>100.0</i>
Vic								
Intellectual/learning	455	46.1	17,616	44.2	6,923	20.2	24,994	33.3
Physical/diverse	172	17.4	7,584	19.0	4,307	12.6	12,063	16.1
ABI	43	4.4	1,620	4.1	1,133	3.3	2,796	3.7
Sensory/speech	73	7.4	2,147	5.4	2,222	6.5	4,442	5.9
Psychiatric	64	6.5	4,789	12.0	745	2.2	5,598	7.5
Not stated	179	18.2	6,144	15.4	18,894	55.2	25,217	33.6
<i>Total</i>	<i>986</i>	<i>100.0</i>	<i>39,900</i>	<i>100.0</i>	<i>34,224</i>	<i>100.0</i>	<i>75,110</i>	<i>100.0</i>
Qld								
Intellectual/learning	600	47.3	12,745	50.0	155	33.3	13,500	49.6
Physical/diverse	337	26.6	6,137	24.1	109	23.4	6,583	24.2
ABI	93	7.3	972	3.8	15	3.2	1,080	4.0
Sensory/speech	61	4.8	1,382	5.4	67	14.4	1,510	5.5
Psychiatric	173	13.6	3,599	14.1	74	15.9	3,846	14.1
Not stated	4	0.3	660	2.6	46	9.9	710	2.6
<i>Total</i>	<i>1,268</i>	<i>100.0</i>	<i>25,495</i>	<i>100.0</i>	<i>466</i>	<i>100.0</i>	<i>27,229</i>	<i>100.0</i>
WA								
Intellectual/learning	678	59.4	10,937	62.0	110	2.4	11,725	50.2
Physical/diverse	226	19.8	3,962	22.4	2,653	58.2	6,841	29.3
ABI	46	4.0	547	3.1	89	2.0	682	2.9
Sensory/speech	52	4.6	869	4.9	58	1.3	979	4.2
Psychiatric	35	3.1	917	5.2	55	1.2	1,007	4.3
Not stated	104	9.1	418	2.4	1,590	34.9	2,112	9.0
<i>Total</i>	<i>1,141</i>	<i>100.0</i>	<i>17,650</i>	<i>100.0</i>	<i>4,555</i>	<i>100.0</i>	<i>23,346</i>	<i>100.0</i>

(continued)

Table A3.10 (continued): Users of CSTDA-funded services, primary disability by Indigenous status and state/territory, 2004–05

Primary disability group	Indigenous		Non-Indigenous		Not stated/not collected		Total	
	No.	%	No.	%	No.	%	No.	%
SA								
Intellectual/learning	298	46.9	8,374	46.4	39	4.2	8,711	44.4
Physical/diverse	133	20.9	3,897	21.6	106	11.4	4,136	21.1
ABI	128	20.1	1,546	8.6	25	2.7	1,699	8.7
Sensory/speech	56	8.8	3,181	17.6	6	0.6	3,243	16.5
Psychiatric	12	1.9	788	4.4	8	0.9	808	4.1
Not stated	9	1.4	257	1.4	749	80.3	1,015	5.2
<i>Total</i>	<i>636</i>	<i>100.0</i>	<i>18,043</i>	<i>100.0</i>	<i>933</i>	<i>100.0</i>	<i>19,612</i>	<i>100.0</i>
Tas								
Intellectual/learning	93	60.4	2,769	58.5	39	14.7	2,901	56.3
Physical/diverse	25	16.2	1,095	23.1	15	5.6	1,135	22
ABI	13	8.4	340	7.2	3	1.1	356	6.9
Sensory/speech	4	2.6	149	3.1	5	1.9	158	3.1
Psychiatric	19	12.3	379	8.0	37	13.9	435	8.4
Not stated	—	—	2	0	167	62.8	169	3.3
<i>Total</i>	<i>154</i>	<i>100.0</i>	<i>4,734</i>	<i>100.0</i>	<i>266</i>	<i>100.0</i>	<i>5,154</i>	<i>100.0</i>
ACT								
Intellectual/learning	18	36.0	1,059	30.0	2	1.2	1,079	28.8
Physical/diverse	5	10.0	282	8.0	3	1.7	290	7.7
ABI	1	2.0	75	2.1	1	0.6	77	2.1
Sensory/speech	4	8.0	174	4.9	2	1.2	180	4.8
Psychiatric	6	12.0	194	5.5	18	10.5	218	5.8
Not stated	16	32.0	1,747	49.5	146	84.9	1,909	50.9
<i>Total</i>	<i>50</i>	<i>100.0</i>	<i>3,531</i>	<i>100.0</i>	<i>172</i>	<i>100.0</i>	<i>3,753</i>	<i>100.0</i>
NT								
Intellectual/learning	190	36.7	380	36.4	4	4.3	574	34.7
Physical/diverse	185	35.7	196	18.8	5	5.3	386	23.3
ABI	49	9.5	39	3.7	—	—	88	5.3
Sensory/speech	38	7.3	73	7.0	—	—	111	6.7
Psychiatric	11	2.1	64	6.1	6	6.4	81	4.9
Not stated	45	8.7	291	27.9	79	84	415	25.1
<i>Total</i>	<i>518</i>	<i>100.0</i>	<i>1,043</i>	<i>100.0</i>	<i>94</i>	<i>100.0</i>	<i>1,655</i>	<i>100.0</i>

(continued)

Table A3.10 (continued): Users of CSTDA-funded services, primary disability by Indigenous status and state/territory, 2004–05

Primary disability group	Indigenous		Non-indigenous		Not stated/not collected		Total	
	No.	%	No.	%	No.	%	No.	%
Australia								
Intellectual/learning	3,328	52.9	78,283	51.6	12,195	28.7	111,540	55.6
Physical/diverse	1,294	20.5	29,944	19.7	4,256	10.1	20,303	10.1
ABI	406	6.5	6,315	4.2	100	0.2	1,705	0.9
Sensory/speech	399	6.4	10,903	7.2	3,543	8.4	28,128	14.0
Psychiatric	416	6.6	14,472	9.5	437	1.0	4,615	2.3
Not stated	442	7.0	11,857	7.8	21,903	51.6	34,202	17.1
<i>Total</i>	6,285	100.0	15,1774	100.0	42,434	100.0	200,493	100.0

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Service user data were not collected for CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services. Totals for Australia may not be the sum of components since individuals may have accessed services in more than one state or territory during the 12-month period.
2. In tables the term 'Indigenous' refers to service users who identified as Aboriginal and/or Torres Strait Islander people. 'Non-Indigenous' refers to service users who reported not being of Aboriginal or Torres Strait Islander background.
3. 'Not stated/not collected' includes both service users accessing only 3.02 services for whom Indigenous and primary disability data were not collected (AIHW 2006b:Section 2.2) and other service users with no response.

Table A3.11: Users of CSTDA-funded services, service group by Indigenous status and state/territory, 2004–05

Indigenous	Accommodation support		Community support		Community access		Respite		Employment		All service groups	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
NSW												
Indigenous	145	2.4	765	4.0	207	3.1	194	4.7	608	3.2	1,565	3.5
Non-Indigenous	5,665	94.7	17,594	92.2	6,460	95.5	3,851	93.3	17,703	93.0	41,854	92.7
Not stated	170	2.8	723	3.8	94	1.4	84	2.0	726	3.8	1,729	3.8
<i>Total</i>	<i>5,980</i>	<i>100.0</i>	<i>19,082</i>	<i>100.0</i>	<i>6,761</i>	<i>100.0</i>	<i>4,129</i>	<i>100.0</i>	<i>19,037</i>	<i>100.0</i>	<i>45,148</i>	<i>100.0</i>
Vic												
Indigenous	374	2.8	439	1.3	369	1.9	266	2.4	195	1.1	986	1.3
Non-Indigenous	8,809	66.7	10,998	32.8	12,747	65.2	6,869	61.6	17,086	92.0	39,900	53.1
Not stated	4,016	30.4	22,084	65.9	6,424	32.9	4,015	36.0	1,286	6.9	34,224	45.6
<i>Total</i>	<i>13,199</i>	<i>100.0</i>	<i>33,521</i>	<i>100.0</i>	<i>19,540</i>	<i>100.0</i>	<i>11,150</i>	<i>100.0</i>	<i>18,567</i>	<i>100.0</i>	<i>75,110</i>	<i>100.0</i>
Qld												
Indigenous	226	4.5	606	7.1	245	3.8	202	5.4	407	3.3	1,268	4.7
Non-Indigenous	4,808	95.5	7,890	92.9	6,100	95.4	3,559	94.6	11,515	93.3	25,495	93.6
Not stated	0	0	1	0	47	0.7	0	0	418	3.4	466	1.7
<i>Total</i>	<i>5,034</i>	<i>100.0</i>	<i>8,497</i>	<i>100.0</i>	<i>6,392</i>	<i>100.0</i>	<i>3,761</i>	<i>100.0</i>	<i>12,340</i>	<i>100.0</i>	<i>27,229</i>	<i>100.0</i>
WA												
Indigenous	190	5.6	927	5.6	162	3.7	177	6.5	213	3.5	1,141	4.9
Non-Indigenous	3,160	93.7	11,210	67.9	4,205	94.9	2,539	92.5	5,860	95.3	17,650	75.6
Not stated	21	0.6	4,374	26.5	64	1.4	28	1.0	78	1.3	4,555	19.5
<i>Total</i>	<i>3,371</i>	<i>100.0</i>	<i>16,511</i>	<i>100.0</i>	<i>4,431</i>	<i>100.0</i>	<i>2,744</i>	<i>100.0</i>	<i>6,151</i>	<i>100.0</i>	<i>23,346</i>	<i>100.0</i>
SA												
Indigenous	86	1.9	497	5.1	104	2.1	59	4.0	107	1.8	636	3.2
Non-Indigenous	4,308	94.7	9,221	93.8	4,175	85.9	1,358	92.4	5,761	97.3	18,043	92.0
Not stated	156	3.4	114	1.2	584	12.0	53	3.6	51	0.9	933	4.8
<i>Total</i>	<i>4,550</i>	<i>100.0</i>	<i>9,832</i>	<i>100.0</i>	<i>4,863</i>	<i>100.0</i>	<i>1,470</i>	<i>100.0</i>	<i>5,919</i>	<i>100.0</i>	<i>19,612</i>	<i>100.0</i>

(continued)

Table A3.11 (continued): Users of CSTDA-funded services, service group by Indigenous status and state/territory, 2004–05

Indigenous	Accommodation support		Community support		Community access		Respite		Employment		All service groups	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Tas												
Indigenous	30	2.7	33	1.7	37	2.4	4	1.5	91	5.1	154	3.0
Non-Indigenous	1,096	97.2	1,902	97.9	1,304	86.2	261	98.5	1,593	90.1	4,734	91.9
Not stated	2	0.2	8	0.4	172	11.4	0.0	0	84	4.8	266	5.2
<i>Total</i>	<i>1,128</i>	<i>100.0</i>	<i>1,943</i>	<i>100.0</i>	<i>1,513</i>	<i>100.0</i>	<i>265</i>	<i>100.0</i>	<i>1,768</i>	<i>100.0</i>	<i>5,154</i>	<i>100.0</i>
ACT												
Indigenous	3	0.9	29	1.2	3	0.8	4	1.4	17	2.1	50	1.3
Non-Indigenous	335	99.1	2,445	97.5	253	67.6	282	98.3	757	95.5	3,531	94.1
Not stated	0	0	34	1.4	118	31.6	1	0.3	19	2.4	172	4.6
<i>Total</i>	<i>338</i>	<i>100.0</i>	<i>2,508</i>	<i>100.0</i>	<i>374</i>	<i>100.0</i>	<i>287</i>	<i>100.0</i>	<i>793</i>	<i>100.0</i>	<i>3,753</i>	<i>100.0</i>
NT												
Indigenous	105	55.3	291	32.0	84	27.5	54	29.7	90	22.8	518	31.3
Non-Indigenous	85	44.7	598	65.7	154	50.5	124	68.1	302	76.5	1,043	63.0
Not stated	0	0	21	2.3	67	22.0	4	2.2	3	0.8	94	5.7
<i>Total</i>	<i>190</i>	<i>100.0</i>	<i>910</i>	<i>100.0</i>	<i>305</i>	<i>100.0</i>	<i>182</i>	<i>100.0</i>	<i>395</i>	<i>100.0</i>	<i>1,655</i>	<i>100.0</i>
Australia												
Indigenous	1,159	3.4	3,573	3.9	1,210	2.7	956	4.0	1,722	2.7	6,285	3.1
Non-Indigenous	28,263	83.7	61,681	66.6	35,386	80.1	18,810	78.5	60,448	93.2	151,774	75.7
Not stated	4,365	12.9	27,356	29.5	7,570	17.1	4,185	17.5	2,665	4.1	42,434	21.2
<i>Total</i>	<i>33,787</i>	<i>100.0</i>	<i>92,610</i>	<i>100.0</i>	<i>44,166</i>	<i>100.0</i>	<i>23,951</i>	<i>100.0</i>	<i>64,835</i>	<i>100.0</i>	<i>200,493</i>	<i>100.0</i>

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Total for service groups may not be the sum of components since individuals may have accessed services from more than one service group over the 12-month period. Totals for Australia may not be the sum of components since individuals may have accessed services in more than one state or territory during the 12-month period. Service user data were not collected for CSTDA service types. Information was not collected for service users accessing advocacy, information and print disability, other support and recreation/holiday programs services.
2. 'Not stated/not collected' includes both service users accessing only 3.02 services for whom Indigenous data were not collected (see AIHW 2006b:Section 2.2) and other service users with no response.

Table A3.12: Number of staff hours in the reference week, by service group 2004–05, ('000)

Service group	2003–04	2004–05
Accommodation support	536.0	568.1
Community support	214.3	213.9
Community access	108.5	117.9
Respite	264.8	207.2
Employment	98.9	86.3

Notes

1. A service type outlet may, in some cases, represent two or more locations that provide the same service type.
2. Data for hours worked are the total number of hours reported over one 7-day week in June 2005.
3. Data exclude 616 services where mean staff hours could not be calculated owing to missing data. These were for outlets with both paid and unpaid staff hours in the reference week missing; if only one of these variables was missing, it was assumed to be zero.

Table A3.13: Number of staff hours per service user per service group, 2003–04 and 2004–05

Service group	2003–04			2004–05		
	No. of hours	No. of users	Hours per user	No. of hours	No. of users	Hours per user
Accommodation support	536.0	16,418	32.6	568.1	15,566	36.5
Community support	214.3	17,271	12.4	213.9	18,621	11.5
Community access	108.5	78,847	1.4	117.9	92,610	1.3
Respite	264.8	47,636	5.6	207.2	44,166	4.7
Employment	98.9	20,547	4.8	86.3	23,951	3.6

Notes

1. A service type outlet may, in some cases, represent two or more locations that provide the same service type.
2. Data for hours worked are the total number of hours reported over one 7-day week in June 2005.

Table A3.14: Users of CSTDA-funded services with hours recorded in the reference week, distribution of hours received by selected service type, 2004–05

Hours of service received	Non-residential accomm. support	Learning/life skills development	Respite
1 hour	20.0	6.5	18.8
2–5 hours	27.8	21.2	31.1
6–9 hours	12.1	16.0	10.6
10–12 hours	5.0	7.1	4.9
13–19 hours	7.6	12.7	7.5
20–34 hours	9.0	31.5	11.0
35+ hours	18.5	5.1	16.2

Notes

1. Hours of service received are as reported in a reference week during June 2005.
2. 'Non-residential accommodation support' refers to CSTDA service types 1.05–1.07. 'Learning and life skills development' refers to service type 3.01. 'Respite' refers to service types 4.01–4.05.

Table A5.1: Projected population^(a) of persons with a profound or severe core activity restriction living in households, by age and sex, 2003 and 2005 ('000)

Age	2003 survey data			2005 estimates ^(b)		
	Males	Females	Persons	Males	Females	Persons
0-4	20.7	15.0	35.7	21.5	15.5	37.0
5-9	43.2	20.6	63.7	43.7	21.0	64.7
10-14	42.5	23.1	65.5	44.8	24.0	68.8
15-19	16.2	14.4	30.6	16.8	14.8	31.6
20-24	14.6	15.1	29.7	14.7	14.8	29.5
25-29	17.0	14.9	31.9	16.2	14.2	30.4
30-34	16.0	17.4	33.4	15.8	17.4	33.2
35-39	18.0	21.8	39.9	18.3	22.3	40.6
40-44	26.1	28.2	54.3	26.5	28.8	55.3
45-49	24.9	32.9	57.7	25.8	34.4	60.2
50-54	28.5	39.5	68.0	29.2	41.3	70.5
55-59	35.1	45.1	80.2	37.8	49.7	87.5
60-64	30.7	40.0	70.8	34.2	44.3	78.5
65-69	30.0	33.7	63.6	33.0	37.0	70.0
70-74	28.7	51.3	80.0	29.3	51.3	80.6
75-79	36.4	49.9	86.3	39.5	51.5	90.9
80-84	30.9	63.1	94.1	34.2	68.7	102.9
85+	21.6	61.3	82.9	24.5	67.4	91.9
Total	481.2	587.2	1,068.4	505.8	618.3	1,124.2
Total 5-64	312.8	312.9	625.7	323.8	327.0	650.8
Total 15-64	227.1	269.3	496.4	235.3	282.0	517.3
Total 0-64	333.5	328.0	661.4	345.4	342.4	687.8
Total 18-64	217.4	260.7	478.1	225.2	273.1	498.3
Total 65+	147.7	259.3	406.9	160.5	275.9	436.4

(a) ABS estimated resident population as at 30 June 2005.

(b) Estimated numbers were calculated using age- and sex-specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A5.2: People aged under 65 years with a severe or profound core activity restriction living in households, who reported having an unmet need for formal services with core activities, by number of activity in which assistance needed and frequency of need for assistance, 1998

Frequency of need for assistance	Age		Total
	0-4	5-64	
	Number ('000)		
(A) One ADL at least 3-5/day	*2.8	*5.9	*8.7
(B) Two ADLs at least one \geq 2/day	**0.9	19.4	20.4
(C) Three ADLs at least one \geq 1/day	*3.7	21.1	24.8
Other lower frequencies	*4.2	98.8	103.0
Total	11.6	145.3	156.9
Total (A) + (B) + (C) (accommodation & respite)	*7.4	46.5	53.9
	Per cent		
(A) One ADL at least 3-5/day	24.3	*4.1	*5.6
(B) Two ADLs at least one \geq 2/day	*8.2	13.4	13.0
(C) Three ADLs at least one \geq 1/day	31.6	14.6	15.8
Other lower frequencies	36.0	68.0	65.6
Total	100.0	100.0	100.0
Total (A)+(B)+ (C) (accommodation & respite)	64.0	32.0	34.4

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A5.3: People aged 15–64 years with a severe or profound core activity limitation in households, who were not in the labour force, requirements to enable workforce participation, by how often attended supervised activity programs for disability 2003, ('000)

Frequency of attendance at supervised activity	Requirements to enable workforce participation				Total
	Could work with special assistance	Not applicable	Could not work at all	Not applicable	
Not applicable	**0.6	*4.4	**1.0	*4.0	5.0
Does not attend	12.0	289.4	214.2	87.2	301.4
5 days a week or more for less than 4 hours a day	—	**0.8	**0.4	**0.4	0.8
5 days a week or more for 4 hours or more a day	—	*5.4	*4.4	**1.0	5.4
3–4 days a week for less than 4 hours per day	—	**1.6	**0.6	**1.0	1.6
3–4 days a week for 4 hours or more per day	**0.4	*2.1	**1.4	**1.2	2.5
1–2 days a week for less than 4 hours per day	**1.8	11.0	8.5	*4.3	12.8
1–2 days a week for 4 hours or more per day	—	*3.9	*3.1	**0.8	3.9
Once a fortnight for less than 4 hours	—	**1.5	**1.1	**0.4	1.5
Once a fortnight for 4 hours or more	—	**1.3	**0.9	**0.4	1.3
Attends occasionally	**0.5	10.3	*5.5	*5.2	10.7
Total attended	2.7	37.9	25.9	14.6	40.5
Total	15.3	331.7	241.2	105.8	347.0

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.1: Projected population of persons with a severe or profound core activity limitation by age and sex, NSW, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	36.7	36.5	36.3	36.1	36.0
15–19	*5.6	*5.6	*5.7	*5.7	*5.7
20–29	10.6	10.7	10.8	10.9	10.9
30–44	21.6	21.6	21.6	21.6	21.7
45–64	45.8	47.0	48.2	49.1	50.0
65+	73.8	76.2	78.6	81.3	84.1
Total 0–64	120.2	121.4	122.5	123.5	124.3
Total 15–64	83.6	84.9	86.2	87.3	88.3
<i>Total</i>	<i>194.1</i>	<i>197.6</i>	<i>201.1</i>	<i>204.7</i>	<i>208.4</i>
Females					
0–14	20.1	20.0	19.9	19.8	19.7
15–19	*4.9	*5.0	*5.0	*5.0	*5.0
20–29	*10.1	*10.2	*10.3	*10.3	*10.4
30–44	23.6	23.6	23.6	23.6	23.7
45–64	59.9	61.6	63.3	64.6	65.8
65+	143.0	146.6	150.1	153.9	157.8
Total 0–64	118.6	120.3	122.0	123.4	124.7
Total 15–64	98.6	100.4	102.1	103.6	105.0
<i>Total</i>	<i>261.6</i>	<i>266.9</i>	<i>272.2</i>	<i>277.3</i>	<i>282.5</i>
Persons					
0–14	56.8	56.5	56.2	55.9	55.7
15–19	10.5	10.6	10.7	10.7	10.7
20–29	20.7	20.8	21.0	21.2	21.4
30–44	45.3	45.2	45.2	45.3	45.5
45–64	105.7	108.6	111.5	113.8	115.8
65+	216.8	222.8	228.7	235.2	241.9
Total 0–64	238.9	241.7	244.6	246.9	249.0
Total 15–64	182.1	185.3	188.4	190.9	193.4
<i>Total</i>	<i>455.7</i>	<i>464.5</i>	<i>473.3</i>	<i>482.1</i>	<i>490.9</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.2: Projected population of persons with a severe or profound core activity limitation by age and sex, Vic, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	26.5	26.4	26.2	26.1	25.9
15–19	*4.1	*4.1	*4.2	*4.2	*4.2
20–29	*8.0	*8.1	*8.1	*8.2	*8.3
30–44	15.9	15.9	15.9	16.0	16.0
45–64	33.0	33.9	34.7	35.4	36.1
65+	54.1	56.0	57.8	59.8	62.0
Total 0–64	87.5	88.3	89.2	89.9	90.5
Total 15–64	61.0	62.0	62.9	63.8	64.6
<i>Total</i>	<i>141.6</i>	<i>144.3</i>	<i>147.0</i>	<i>149.7</i>	<i>152.5</i>
Females					
0–14	14.5	14.4	14.3	14.3	14.2
15–19	*3.7	*3.7	*3.7	*3.8	*3.8
20–29	*7.7	*7.8	*7.9	*8.0	*8.0
30–44	17.8	17.8	17.8	17.8	17.9
45–64	44.3	45.6	46.8	47.9	48.8
65+	105.7	108.5	111.5	114.6	117.7
Total 0–64	88.1	89.3	90.6	91.7	92.7
Total 15–64	73.6	74.9	76.3	77.4	78.5
<i>Total</i>	<i>193.7</i>	<i>197.9</i>	<i>202.1</i>	<i>206.2</i>	<i>210.4</i>
Persons					
0–14	41.0	40.8	40.6	40.3	40.0
15–19	*7.8	*7.8	*7.9	*8.0	*8.0
20–29	15.7	15.9	16.0	16.2	16.3
30–44	33.7	33.7	33.7	33.8	33.9
45–64	77.4	79.4	81.5	83.3	84.9
65+	159.7	164.5	169.3	174.4	179.7
Total 0–64	175.6	177.7	179.8	181.5	183.2
Total 15–64	134.6	136.9	139.2	141.2	143.1
<i>Total</i>	<i>335.3</i>	<i>342.2</i>	<i>349.0</i>	<i>355.9</i>	<i>362.8</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.3: Projected population of persons with a severe or profound core activity limitation by age and sex, Qld, 2006-10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0-14	22.4	22.4	22.5	22.5	22.5
15-19	*3.4	*3.5	*3.6	*3.6	*3.7
20-29	*6.2	*6.4	*6.5	*6.6	*6.7
30-44	12.1	12.2	12.2	12.3	12.5
45-64	27.0	27.9	28.7	29.5	30.1
65+	39.5	41.2	43.0	44.9	47.0
Total 0-64	71.1	72.3	73.5	74.5	75.5
Total 15-64	48.7	49.8	51.0	52.0	53.0
<i>Total</i>	<i>110.5</i>	<i>113.5</i>	<i>116.4</i>	<i>119.4</i>	<i>122.5</i>
Females					
0-14	12.2	12.2	12.3	12.3	12.3
15-19	*3.0	*3.1	*3.2	*3.2	*3.3
20-29	*6.0	*6.1	*6.1	*6.2	*6.3
30-44	13.8	13.9	14.0	14.1	14.2
45-64	35.5	36.9	38.2	39.4	40.5
65+	71.5	74.0	76.6	79.4	82.4
Total 0-64	70.5	72.1	73.8	75.3	76.6
Total 15-64	58.3	59.9	61.5	62.9	64.3
<i>Total</i>	<i>142.0</i>	<i>146.1</i>	<i>150.4</i>	<i>154.6</i>	<i>159.0</i>
Persons					
0-14	34.6	34.7	34.8	34.8	34.8
15-19	*6.4	*6.6	*6.7	*6.8	*6.9
20-29	12.2	12.4	12.6	12.8	13.1
30-44	25.9	26.0	26.2	26.4	26.7
45-64	62.5	64.7	67.0	68.9	70.6
65+	110.9	115.2	119.5	124.3	129.4
Total 0-64	141.6	144.4	147.3	149.8	152.1
Total 15-64	107.0	109.7	112.5	115.0	117.3
<i>Total</i>	<i>252.5</i>	<i>259.6</i>	<i>266.8</i>	<i>274.0</i>	<i>281.5</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.4: Projected population of persons with a severe or profound core activity limitation by age and sex, SA, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	*7.8	*7.7	*7.6	*7.5	*7.4
15–19	**1.2	**1.2	**1.2	**1.2	**1.2
20–29	*2.3	*2.3	*2.3	*2.3	*2.3
30–44	*4.6	*4.6	*4.5	*4.5	*4.4
45–64	10.7	11.0	11.2	11.4	11.5
65+	18.9	19.4	19.9	20.5	21.2
Total 0–64	26.6	26.7	26.8	26.9	26.9
Total 15–64	18.8	19.0	19.2	19.4	19.5
<i>Total</i>	<i>45.5</i>	<i>46.1</i>	<i>46.8</i>	<i>47.4</i>	<i>48.1</i>
Females					
0–14	*4.3	*4.2	*4.2	*4.1	*4.1
15–19	**1.1	**1.1	**1.1	**1.1	**1.1
20–29	**2.1	**2.1	**2.1	**2.1	**2.1
30–44	*5.0	*5.0	*4.9	*4.8	*4.8
45–64	14.4	14.7	15.1	15.3	15.5
65+	37.7	38.6	39.5	40.4	41.4
Total 0–64	26.9	27.1	27.3	27.5	27.6
Total 15–64	22.6	22.9	23.2	23.4	23.5
<i>Total</i>	<i>64.6</i>	<i>65.7</i>	<i>66.8</i>	<i>67.9</i>	<i>68.9</i>
Persons					
0–14	12.0	11.9	11.8	11.6	11.5
15–19	*2.3	*2.3	*2.3	*2.3	*2.3
20–29	*4.4	*4.4	*4.4	*4.5	*4.5
30–44	*9.6	*9.5	*9.4	*9.3	*9.2
45–64	25.1	25.7	26.3	26.7	27.0
65+	56.6	58.0	59.5	61.0	62.5
Total 0–64	53.5	53.8	54.2	54.4	54.5
Total 15–64	41.5	41.9	42.4	42.7	43.0
<i>Total</i>	<i>110.1</i>	<i>111.9</i>	<i>113.6</i>	<i>115.3</i>	<i>117.0</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.5: Projected population of persons with a severe or profound core activity limitation by age and sex, WA, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	11.1	11.1	11.1	11.1	11.0
15–19	**1.8	**1.8	**1.8	**1.8	**1.8
20–29	*3.2	*3.3	*3.4	*3.4	*3.5
30–44	*6.4	*6.4	*6.4	*6.5	*6.5
45–64	13.9	14.3	14.8	15.1	15.5
65+	18.9	19.8	20.6	21.6	22.6
Total 0–64	36.4	36.9	37.4	37.9	38.3
Total 15–64	25.3	25.8	26.4	26.8	27.3
<i>Total</i>	<i>55.3</i>	<i>56.7</i>	<i>58.1</i>	<i>59.5</i>	<i>60.9</i>
Females					
0–14	*6.1	*6.1	*6.1	*6.0	*6.0
15–19	**1.6	**1.6	**1.6	**1.6	**1.6
20–29	*3.1	*3.1	*3.2	*3.2	*3.2
30–44	*7.0	*7.0	*7.0	*7.0	*7.1
45–64	17.8	18.4	19.1	19.6	20.1
65+	35.4	36.6	37.8	39.1	40.5
Total 0–64	35.5	36.2	36.9	37.5	38.1
Total 15–64	29.4	30.1	30.8	31.5	32.1
<i>Total</i>	<i>70.9</i>	<i>72.8</i>	<i>74.7</i>	<i>76.6</i>	<i>78.6</i>
Persons					
0–14	17.2	17.2	17.1	17.1	17.1
15–19	*3.3	*3.4	*3.4	*3.4	*3.4
20–29	*6.3	*6.4	*6.5	*6.6	*6.7
30–44	13.4	13.5	13.5	13.5	13.6
45–64	31.7	32.7	33.8	34.7	35.6
65+	54.3	56.4	58.5	60.7	63.1
Total 0–64	71.9	73.1	74.3	75.4	76.4
Total 15–64	54.7	56.0	57.2	58.3	59.4
<i>Total</i>	<i>126.2</i>	<i>129.5</i>	<i>132.8</i>	<i>136.1</i>	<i>139.5</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.6: Projected population of persons with a severe or profound core activity limitation by age and sex, Tas, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	*2.6	*2.5	*2.5	*2.5	*2.4
15–19	**0.4	**0.4	**0.4	**0.4	**0.4
20–29	**0.6	**0.6	**0.7	**0.7	**0.7
30–44	**1.3	**1.3	**1.3	**1.2	**1.2
45–64	*3.4	*3.5	*3.5	*3.6	*3.6
65+	*5.5	*5.7	*5.9	*6.1	*6.3
Total 0–64	*8.3	*8.3	*8.4	*8.3	*8.3
Total 15–64	*5.8	*5.8	*5.8	*5.9	*5.9
<i>Total</i>	13.9	14.1	14.3	14.4	14.6
Females					
0–14	**1.4	**1.4	**1.4	**1.4	**1.3
15–19	**0.4	**0.4	**0.4	**0.3	**0.3
20–29	**0.6	**0.6	**0.6	**0.6	**0.6
30–44	**1.5	**1.5	**1.4	**1.4	**1.4
45–64	*4.5	*4.6	*4.7	*4.8	*4.9
65+	10.8	11.0	11.3	11.6	11.9
Total 0–64	*8.4	*8.5	*8.5	*8.6	*8.6
Total 15–64	*7.0	*7.1	*7.2	*7.2	*7.2
<i>Total</i>	19.2	19.5	19.8	20.1	20.4
Persons					
0–14	*4.0	*3.9	*3.9	*3.8	*3.8
15–19	**0.8	**0.8	**0.7	**0.7	**0.7
20–29	**1.3	**1.3	**1.3	**1.3	**1.3
30–44	*2.8	*2.8	*2.7	*2.7	*2.6
45–64	*7.9	*8.1	*8.3	*8.4	*8.5
65+	16.3	16.8	17.2	17.7	18.2
Total 0–64	16.8	16.8	16.9	16.9	16.9
Total 15–64	12.8	12.9	13.0	13.1	13.1
<i>Total</i>	33.1	33.6	34.1	34.6	35.1

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.7: Projected population of persons with a severe or profound core activity limitation by age and sex, ACT, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	**1.8	**1.7	**1.7	**1.7	**1.7
15–19	**0.3	**0.3	**0.3	**0.3	**0.3
20–29	**0.6	**0.6	**0.6	**0.6	**0.6
30–44	**1.1	**1.1	**1.1	**1.1	**1.1
45–64	**2.1	*2.2	*2.2	*2.3	*2.3
65+	*2.5	*2.6	*2.7	*2.9	*3.0
Total 0–64	*5.8	*5.9	*5.9	*5.9	*6.0
Total 15–64	*4.1	*4.1	*4.2	*4.2	*4.3
<i>Total</i>	*8.3	*8.5	*8.6	*8.8	*9.0
Females					
0–14	**1.0	**1.0	**1.0	**1.0	**1.0
15–19	**0.3	**0.3	**0.3	**0.3	**0.3
20–29	**0.6	**0.6	**0.6	**0.6	**0.6
30–44	**1.2	**1.2	**1.2	**1.2	**1.2
45–64	*2.9	*3.0	*3.1	*3.1	*3.2
65+	*4.7	*4.9	*5.1	*5.3	*5.5
Total 0–64	*5.9	*6.0	*6.1	*6.1	*6.2
Total 15–64	*5.0	*5.0	*5.1	*5.2	*5.2
<i>Total</i>	10.6	10.9	11.1	11.4	11.6
Persons					
0–14	*2.7	*2.7	*2.7	*2.7	*2.7
15–19	**0.6	**0.6	**0.6	**0.6	**0.6
20–29	**1.2	**1.2	**1.2	**1.2	**1.2
30–44	*2.2	*2.2	*2.2	*2.2	*2.3
45–64	*5.1	*5.2	*5.3	*5.4	*5.5
65+	*7.2	*7.5	*7.8	*8.1	*8.5
Total 0–64	11.8	11.9	12.0	12.1	12.1
Total 15–64	*9.0	*9.2	*9.3	*9.4	*9.5
<i>Total</i>	19.0	19.4	19.8	20.2	20.6

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.8: Projected population of persons with a severe or profound core activity limitation by age and sex, NT, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	**1.4	**1.4	**1.4	**1.4	**1.4
15–19	**0.2	**0.2	**0.2	**0.2	**0.2
20–29	**0.4	**0.4	**0.4	**0.4	**0.4
30–44	**0.7	**0.7	**0.7	**0.7	**0.7
45–64	**1.2	**1.3	**1.3	**1.3	**1.4
65+	**0.7	**0.8	**0.8	**0.8	**0.9
Total 0–64	*4.0	*4.0	*4.0	*4.1	*4.1
Total 15–64	*2.6	*2.6	*2.6	*2.7	*2.7
<i>Total</i>	*4.7	*4.8	*4.8	*4.9	*5.0
Females					
0–14	**0.8	**0.8	**0.8	**0.8	**0.8
15–19	**0.2	**0.2	**0.2	**0.2	**0.2
20–29	**0.3	**0.4	**0.4	**0.4	**0.4
30–44	**0.8	**0.8	**0.8	**0.8	**0.8
45–64	**1.4	**1.5	**1.5	**1.6	**1.6
65+	**0.9	**1.0	**1.0	**1.0	**1.1
Total 0–64	*3.4	*3.5	*3.6	*3.6	*3.7
Total 15–64	*2.7	*2.7	*2.8	*2.9	*2.9
<i>Total</i>	*4.4	*4.5	*4.6	*4.7	*4.8
Persons					
0–14	*2.2	*2.2	*2.2	*2.2	*2.2
15–19	**0.3	**0.3	**0.4	**0.4	**0.4
20–29	**0.7	**0.8	**0.8	**0.8	**0.8
30–44	**1.5	**1.5	**1.5	**1.5	**1.5
45–64	*2.6	*2.7	*2.8	*2.9	*3.0
65+	**1.7	**1.7	**1.8	**1.9	**2.0
Total 0–64	*7.4	*7.5	*7.6	*7.7	*7.8
Total 15–64	*5.2	*5.3	*5.4	*5.5	*5.6
<i>Total</i>	*9.1	*9.2	*9.4	*9.6	*9.8

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.9: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, 2006–10 (per cent)

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.4	–0.4	–0.4	–0.5	–1.7
15–19	1.1	1.1	0.9	0.5	3.6
20–29	1.3	1.1	1.1	1.0	4.6
30–44	0.0	0.0	0.2	0.6	0.7
45–64	2.7	2.7	2.1	1.8	9.6
65+	3.6	3.5	3.7	3.8	15.5
Total 0–64	1.1	1.1	0.9	0.8	3.9
Total 15–64	1.7	1.7	1.4	1.3	6.3
<i>Total</i>	2.0	2.0	2.0	2.0	8.2
Females					
0–14	–0.4	–0.4	–0.4	–0.5	–1.6
15–19	1.1	0.9	0.6	0.5	3.1
20–29	1.1	1.1	1.1	1.0	4.2
30–44	0.0	0.0	0.1	0.4	0.5
45–64	3.0	2.9	2.4	2.1	10.8
65+	2.8	2.8	2.9	2.9	11.8
Total 0–64	1.6	1.6	1.3	1.2	5.8
Total 15–64	2.0	1.9	1.6	1.5	7.3
<i>Total</i>	2.3	2.2	2.1	2.1	9.0
Persons					
0–14	–0.4	–0.4	–0.4	–0.5	–1.7
15–19	1.1	1.0	0.7	0.5	3.3
20–29	1.2	1.1	1.1	1.0	4.4
30–44	0.0	0.0	0.2	0.5	0.6
45–64	2.9	2.8	2.3	2.0	10.3
65+	3.1	3.0	3.2	3.2	13.1
Total 0–64	1.3	1.3	1.1	1.0	4.8
Total 15–64	1.9	1.8	1.5	1.4	6.9
<i>Total</i>	2.2	2.1	2.1	2.1	8.7

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.10: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, NSW, 2006–10 (per cent)

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.6	–0.5	–0.5	–0.5	–1.9
15–19	1.1	0.9	0.6	0.0	2.7
20–29	0.9	0.9	0.9	0.8	3.6
30–44	–0.1	–0.1	0.1	0.5	0.5
45–64	2.6	2.6	2.0	1.6	9.1
65+	3.2	3.1	3.4	3.4	13.9
Total 0–64	0.9	1.0	0.8	0.7	3.4
Total 15–64	1.6	1.6	1.3	1.2	5.7
<i>Total</i>	<i>1.8</i>	<i>1.8</i>	<i>1.8</i>	<i>1.8</i>	<i>7.4</i>
Females					
0–14	–0.5	–0.4	–0.4	–0.5	–1.8
15–19	0.8	0.6	0.3	0.2	1.8
20–29	0.9	0.8	0.9	0.8	3.4
30–44	0.0	–0.1	0.2	0.4	0.5
45–64	2.8	2.7	2.1	1.9	9.9
65+	2.5	2.4	2.5	2.5	10.4
Total 0–64	1.4	1.4	1.2	1.0	5.1
Total 15–64	1.8	1.8	1.5	1.3	6.6
<i>Total</i>	<i>2.0</i>	<i>2.0</i>	<i>1.9</i>	<i>1.9</i>	<i>8.0</i>
Persons					
0–14	–0.5	–0.4	–0.5	–0.5	–1.9
15–19	0.9	0.8	0.4	0.1	2.3
20–29	0.9	0.9	0.9	0.8	3.5
30–44	–0.1	–0.1	0.1	0.5	0.5
45–64	2.7	2.6	2.1	1.8	9.5
65+	2.7	2.7	2.8	2.9	11.6
Total 0–64	1.2	1.2	1.0	0.9	4.3
Total 15–64	1.7	1.7	1.4	1.3	6.2
<i>Total</i>	<i>1.9</i>	<i>1.9</i>	<i>1.9</i>	<i>1.8</i>	<i>7.7</i>

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.11: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, Vic, 2006–10 (per cent)

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.4	–0.5	–0.7	–0.7	–2.2
15–19	1.0	0.8	1.0	0.5	3.4
20–29	1.0	0.8	0.9	0.8	3.6
30–44	0.0	0.0	0.3	0.5	0.8
45–64	2.5	2.5	2.1	1.8	9.2
65+	3.5	3.3	3.5	3.5	14.6
Total 0–64	1.0	1.0	0.8	0.7	3.4
Total 15–64	1.5	1.6	1.4	1.3	5.9
<i>Total</i>	<i>1.9</i>	<i>1.9</i>	<i>1.9</i>	<i>1.8</i>	<i>7.7</i>
Females					
0–14	–0.5	–0.6	–0.6	–0.7	–2.4
15–19	0.9	0.7	0.6	0.4	2.6
20–29	1.1	1.1	1.0	0.9	4.1
30–44	0.0	–0.1	0.1	0.3	0.3
45–64	2.8	2.7	2.2	2.0	10.1
65+	2.7	2.7	2.8	2.8	11.4
Total 0–64	1.4	1.4	1.2	1.1	5.2
Total 15–64	1.8	1.8	1.5	1.4	6.7
<i>Total</i>	<i>2.1</i>	<i>2.1</i>	<i>2.1</i>	<i>2.0</i>	<i>8.6</i>
Persons					
0–14	–0.4	–0.5	–0.6	–0.7	–2.3
15–19	1.0	0.8	0.8	0.5	3.0
20–29	1.0	1.0	0.9	0.9	3.8
30–44	0.0	0.0	0.2	0.4	0.5
45–64	2.7	2.7	2.1	1.9	9.7
65+	3.0	2.9	3.0	3.0	12.5
Total 0–64	1.2	1.2	1.0	0.9	4.3
Total 15–64	1.7	1.7	1.4	1.3	6.3
<i>Total</i>	<i>2.1</i>	<i>2.0</i>	<i>2.0</i>	<i>1.9</i>	<i>8.2</i>

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.12: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, Qld, 2006–10 (per cent)

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	0.3	0.1	0.1	0.0	0.5
15–19	2.1	2.3	1.9	1.5	8.0
20–29	2.1	1.9	1.9	1.8	7.9
30–44	0.5	0.6	0.7	1.2	3.1
45–64	3.3	3.2	2.6	2.2	11.7
65+	4.5	4.2	4.5	4.7	19.1
Total 0–64	1.7	1.7	1.4	1.3	6.2
Total 15–64	2.3	2.3	2.0	1.8	8.8
<i>Total</i>	2.7	2.6	2.6	2.6	10.8
Females					
0–14	0.2	0.3	0.2	0.1	0.7
15–19	2.6	2.0	1.5	1.5	7.7
20–29	1.5	1.4	1.6	1.5	6.2
30–44	0.7	0.6	0.8	1.1	3.2
45–64	3.8	3.7	3.1	2.7	14.1
65+	3.5	3.5	3.6	3.8	15.2
Total 0–64	2.3	2.3	2.0	1.8	8.7
Total 15–64	2.8	2.7	2.4	2.2	10.4
<i>Total</i>	2.9	2.9	2.8	2.8	12.0
Persons					
0–14	0.3	0.2	0.1	0.0	0.6
15–19	2.3	2.2	1.7	1.5	7.9
20–29	1.8	1.7	1.8	1.6	7.0
30–44	0.6	0.6	0.8	1.1	3.1
45–64	3.6	3.5	2.9	2.5	13.1
65+	3.9	3.8	3.9	4.1	16.6
Total 0–64	2.0	2.0	1.7	1.6	7.4
Total 15–64	2.6	2.5	2.2	2.0	9.7
<i>Total</i>	2.8	2.8	2.7	2.7	11.5

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.13: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, SA, 2006–10 (per cent)

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	-1.1	-1.2	-1.2	-1.4	-4.8
15–19	0.0	0.1	-0.4	0.0	-0.3
20–29	0.6	0.8	0.6	0.3	2.3
30–44	-1.1	-1.4	-1.1	-0.6	-4.2
45–64	2.2	2.1	1.6	1.3	7.3
65+	2.8	2.8	3.0	3.1	12.3
Total 0–64	0.4	0.3	0.2	0.1	1.0
Total 15–64	1.0	0.9	0.8	0.6	3.4
<i>Total</i>	<i>1.4</i>	<i>1.4</i>	<i>1.4</i>	<i>1.4</i>	<i>5.7</i>
Females					
0–14	-1.3	-1.3	-1.2	-1.4	-5.1
15–19	0.3	0.4	0.0	0.0	0.6
20–29	0.5	0.6	0.5	0.4	2.0
30–44	-1.3	-1.3	-1.2	-0.8	-4.5
45–64	2.4	2.2	1.7	1.2	7.6
65+	2.4	2.3	2.3	2.3	9.6
Total 0–64	0.9	0.8	0.6	0.4	2.6
Total 15–64	1.3	1.2	0.9	0.7	4.1
<i>Total</i>	<i>1.8</i>	<i>1.7</i>	<i>1.6</i>	<i>1.5</i>	<i>6.7</i>
Persons					
0–14	-1.2	-1.2	-1.2	-1.4	-4.9
15–19	0.1	0.2	-0.2	0.0	0.1
20–29	0.6	0.7	0.6	0.3	2.1
30–44	-1.2	-1.4	-1.1	-0.7	-4.4
45–64	2.3	2.1	1.6	1.2	7.5
65+	2.5	2.5	2.5	2.6	10.5
Total 0–64	0.6	0.6	0.4	0.2	1.8
Total 15–64	1.2	1.1	0.8	0.6	3.8
<i>Total</i>	<i>1.6</i>	<i>1.6</i>	<i>1.5</i>	<i>1.5</i>	<i>6.3</i>

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.14: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, WA, 2006–10 (per cent)

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.1	–0.1	–0.2	–0.2	–0.6
15–19	0.5	0.8	0.7	0.4	2.4
20–29	2.0	1.5	1.6	1.4	6.7
30–44	0.2	0.2	0.4	0.8	1.6
45–64	3.2	3.2	2.6	2.3	11.8
65+	4.5	4.3	4.6	4.6	19.2
Total 0–64	1.4	1.4	1.2	1.1	5.3
Total 15–64	2.1	2.1	1.8	1.7	7.9
<i>Total</i>	2.5	2.4	2.4	2.4	10.0
Females					
0–14	–0.1	–0.2	–0.2	–0.2	–0.8
15–19	0.6	0.9	0.5	0.4	2.4
20–29	1.7	1.6	1.5	1.3	6.3
30–44	0.2	0.0	0.3	0.6	1.2
45–64	3.4	3.4	2.9	2.7	13.0
65+	3.4	3.3	3.4	3.5	14.4
Total 0–64	1.9	1.9	1.7	1.6	7.3
Total 15–64	2.3	2.3	2.0	2.0	8.9
<i>Total</i>	2.7	2.6	2.6	2.6	10.8
Persons					
0–14	–0.1	–0.2	–0.2	–0.2	–0.7
15–19	0.5	0.8	0.6	0.4	2.4
20–29	1.9	1.6	1.5	1.4	6.5
30–44	0.2	0.1	0.3	0.7	1.4
45–64	3.3	3.3	2.8	2.5	12.5
65+	3.8	3.7	3.8	3.9	16.1
Total 0–64	1.7	1.6	1.4	1.4	6.3
Total 15–64	2.2	2.2	1.9	1.8	8.4
<i>Total</i>	2.6	2.5	2.5	2.5	10.5

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.15: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, Tas, 2006–10 (per cent)

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	-1.4	-1.5	-1.8	-1.9	-6.5
15–19	-1.0	-0.4	-0.2	-0.4	-1.9
20–29	1.2	0.6	0.4	0.3	2.6
30–44	-2.3	-2.0	-1.6	-1.0	-6.8
45–64	1.9	1.8	1.0	1.0	5.8
65+	3.3	3.2	3.5	3.4	14.2
Total 0–64	0.0	0.0	-0.4	-0.3	-0.6
Total 15–64	0.7	0.7	0.3	0.4	2.1
<i>Total</i>	1.3	1.3	1.3	1.3	5.3
Females					
0–14	-1.5	-1.5	-1.5	-1.7	-6.1
15–19	-0.3	-0.3	-0.8	0.0	-1.4
20–29	0.5	0.3	0.3	-0.2	1.0
30–44	-2.1	-2.0	-1.9	-1.4	-7.1
45–64	2.3	2.1	1.7	1.2	7.5
65+	2.4	2.4	2.4	2.4	9.9
Total 0–64	0.6	0.5	0.4	0.2	1.7
Total 15–64	1.1	0.9	0.7	0.5	3.3
<i>Total</i>	1.6	1.6	1.5	1.5	6.3
Persons					
0–14	-1.5	-1.5	-1.7	-1.9	-6.3
15–19	-0.7	-0.3	-0.5	-0.2	-1.7
20–29	0.9	0.5	0.4	0.1	1.8
30–44	-2.2	-2.0	-1.8	-1.2	-6.9
45–64	2.2	2.0	1.4	1.1	6.8
65+	2.7	2.7	2.8	2.8	11.4
Total 0–64	0.3	0.3	0.0	-0.1	0.6
Total 15–64	0.9	0.8	0.5	0.5	2.8
<i>Total</i>	1.5	1.5	1.4	1.4	5.9

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.16: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, ACT, 2006–10 (per cent)

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.5	–0.5	–0.5	–0.8	–2.3
15–19	0.1	0.3	0.0	0.2	0.6
20–29	0.4	0.5	0.4	0.3	1.6
30–44	0.0	0.1	0.4	0.6	1.0
45–64	2.2	2.1	1.4	1.3	7.1
65+	4.9	4.6	4.9	4.8	20.6
Total 0–64	0.7	0.7	0.5	0.4	2.3
Total 15–64	1.2	1.2	0.9	0.9	4.3
<i>Total</i>	<i>2.0</i>	<i>1.9</i>	<i>1.9</i>	<i>1.8</i>	<i>7.8</i>
Females					
0–14	–0.7	–0.5	–0.7	–0.6	–2.4
15–19	0.2	–0.2	–0.2	–0.4	–0.5
20–29	0.3	0.3	0.3	0.3	1.2
30–44	–0.2	0.0	0.0	0.3	0.1
45–64	2.6	2.2	1.8	1.4	8.3
65+	4.0	3.9	4.0	3.9	16.8
Total 0–64	1.2	1.1	0.8	0.7	3.8
Total 15–64	1.5	1.4	1.1	0.9	5.0
<i>Total</i>	<i>2.4</i>	<i>2.3</i>	<i>2.3</i>	<i>2.2</i>	<i>9.5</i>
Persons					
0–14	–0.5	–0.5	–0.6	–0.7	–2.3
15–19	0.2	0.1	–0.1	–0.1	0.1
20–29	0.4	0.4	0.3	0.3	1.4
30–44	–0.1	0.0	0.2	0.5	0.5
45–64	2.4	2.2	1.6	1.3	7.8
65+	4.3	4.1	4.3	4.2	18.1
Total 0–64	0.9	0.9	0.7	0.6	3.1
Total 15–64	1.4	1.3	1.0	0.9	4.7
<i>Total</i>	<i>2.2</i>	<i>2.1</i>	<i>2.1</i>	<i>2.0</i>	<i>8.8</i>

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.17: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, NT, 2006–10 (per cent)

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	—	0.3	—	–0.1	0.2
15–19	1.9	0.6	1.4	1.1	5.1
20–29	1.3	1.4	1.3	1.4	5.5
30–44	0.3	–0.1	0.4	0.8	1.3
45–64	2.4	2.8	2.4	1.9	9.8
65+	4.9	4.3	4.7	5.1	20.4
Total 0–64	1.0	1.1	1.0	0.9	4.2
Total 15–64	1.6	1.6	1.6	1.4	6.4
<i>Total</i>	1.6	1.6	1.6	1.6	6.7
Females					
0–14	0.2	0.2	0.2	0.1	0.7
15–19	0.8	0.8	1.2	0.7	3.6
20–29	1.3	1.3	1.1	1.3	5.1
30–44	0.5	0.4	0.6	0.6	2.2
45–64	3.6	3.7	3.0	2.9	13.7
65+	3.7	3.8	4.3	4.2	17.0
Total 0–64	1.8	1.8	1.6	1.5	6.9
Total 15–64	2.3	2.3	2.0	1.9	8.7
<i>Total</i>	2.2	2.2	2.2	2.1	9.1
Persons					
0–14	0.1	0.3	0.1	—	0.4
15–19	1.4	0.7	1.3	0.9	4.4
20–29	1.3	1.4	1.2	1.3	5.3
30–44	0.4	0.1	0.5	0.7	1.7
45–64	3.1	3.3	2.7	2.4	11.9
65+	4.2	4.0	4.5	4.6	18.5
Total 0–64	1.4	1.5	1.3	1.2	5.5
Total 15–64	1.9	1.9	1.8	1.7	7.6
<i>Total</i>	1.9	1.9	1.9	1.9	7.8

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.18: Intellectual disability group: projected population of persons with a severe or profound core activity limitation by age and sex, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	69.5	69.3	69.0	68.7	68.3
15–19	13.8	13.9	14.1	14.2	14.3
20–29	16.9	17.1	17.2	17.4	17.6
30–44	19.2	19.2	19.2	19.2	19.3
45–64	19.7	20.2	20.6	21.0	21.3
65+	50.6	52.6	54.6	56.7	59.0
Total 0–64	139.2	139.7	140.2	140.6	140.9
Total 15–64	69.6	70.4	71.2	71.9	72.5
<i>Total</i>	<i>189.8</i>	<i>192.3</i>	<i>194.8</i>	<i>197.3</i>	<i>199.9</i>
Females					
0–14	34.7	34.6	34.5	34.3	34.1
15–19	11.4	11.5	11.6	11.6	11.7
20–29	*8.0	*8.1	*8.1	*8.2	*8.3
30–44	*10.4	*10.4	10.5	10.5	10.5
45–64	20.0	20.6	21.1	21.6	22.1
65+	102.5	105.9	109.2	112.5	116.0
Total 0–64	84.4	85.1	85.8	86.3	86.7
Total 15–64	49.7	50.5	51.3	51.9	52.5
<i>Total</i>	<i>186.9</i>	<i>191.0</i>	<i>194.9</i>	<i>198.7</i>	<i>202.6</i>
Persons					
0–14	104.3	103.9	103.5	103.0	102.5
15–19	25.2	25.4	25.7	25.9	26.0
20–29	24.9	25.1	25.4	25.6	25.8
30–44	29.6	29.6	29.7	29.7	29.8
45–64	39.7	40.7	41.8	42.6	43.4
65+	153.1	158.5	163.7	169.2	175.0
Total 0–64	223.6	224.8	225.9	226.8	227.6
Total 15–64	119.3	120.9	122.5	123.8	125.1
<i>Total</i>	<i>376.7</i>	<i>383.3</i>	<i>389.7</i>	<i>396.0</i>	<i>402.5</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.19: Psychiatric disability group: projected population of persons with a severe or profound core activity limitation by age and sex, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	38.2	38.0	37.9	37.7	37.5
15–19	*9.8	*9.9	*10.0	*10.1	*10.1
20–29	16.0	16.1	16.3	16.5	16.6
30–44	30.5	30.5	30.6	30.6	30.8
45–64	43.7	44.6	45.6	46.4	47.2
65+	75.6	78.5	81.4	84.5	87.9
Total 0–64	138.1	139.2	140.3	141.3	142.2
Total 15–64	99.9	101.2	102.5	103.6	104.7
<i>Total</i>	<i>213.7</i>	<i>217.7</i>	<i>221.7</i>	<i>225.9</i>	<i>230.1</i>
Females					
0–14	17.1	17.0	16.9	16.9	16.8
15–19	*8.8	*8.9	*8.9	*9.0	*9.0
20–29	15.2	15.4	15.5	15.7	15.9
30–44	31.0	31.0	31.0	31.1	31.2
45–64	83.3	85.9	88.4	90.5	92.4
65+	165.1	170.1	175.0	180.1	185.6
Total 0–64	155.3	158.1	160.8	163.1	165.2
Total 15–64	138.2	141.1	143.9	146.2	148.4
<i>Total</i>	<i>320.4</i>	<i>328.2</i>	<i>335.9</i>	<i>343.2</i>	<i>350.8</i>
Persons					
0–14	55.2	55.0	54.8	54.6	54.3
15–19	18.5	18.7	18.9	19.0	19.1
20–29	31.2	31.5	31.8	32.2	32.5
30–44	61.5	61.6	61.6	61.7	62.0
45–64	127.0	130.5	134.0	137.0	139.5
65+	240.7	248.6	256.4	264.7	273.5
Total 0–64	293.4	297.3	301.2	304.4	307.4
Total 15–64	238.2	242.3	246.3	249.9	253.1
<i>Total</i>	<i>534.1</i>	<i>545.9</i>	<i>557.6</i>	<i>569.1</i>	<i>580.9</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.20: Sensory/speech disability group: projected population of persons with a severe or profound core activity limitation by age and sex, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	59.3	59.1	58.9	58.6	58.3
15–19	*8.8	*8.9	*9.0	*9.1	*9.1
20–29	14.7	14.9	15.1	15.3	15.5
30–44	24.3	24.3	24.3	24.3	24.5
45–64	58.4	60.0	61.5	62.8	63.9
65+	142.2	147.7	153.3	159.5	165.8
Total 0–64	165.6	167.1	168.8	170.1	171.2
Total 15–64	106.3	108.1	109.9	111.5	112.9
<i>Total</i>	<i>307.7</i>	<i>314.9</i>	<i>322.1</i>	<i>329.5</i>	<i>337.1</i>
Females					
0–14	33.5	33.3	33.2	33.1	32.9
15–19	*4.4	*4.4	*4.5	*4.5	*4.5
20–29	*6.0	*6.1	*6.2	*6.2	*6.3
30–44	12.5	12.3	12.3	12.3	12.4
45–64	46.1	47.5	48.8	50.0	51.0
65+	223.6	230.8	238.0	245.1	252.6
Total 0–64	102.5	103.7	105.0	106.1	107.1
Total 15–64	69.0	70.4	71.8	73.0	74.2
<i>Total</i>	<i>326.1</i>	<i>334.5</i>	<i>342.9</i>	<i>351.2</i>	<i>359.7</i>
Persons					
0–14	92.8	92.4	92.1	91.7	91.2
15–19	13.2	13.4	13.5	13.6	13.7
20–29	20.7	21.0	21.3	21.5	21.8
30–44	36.8	36.6	36.6	36.6	36.8
45–64	104.6	107.4	110.3	112.7	114.9
65+	365.8	378.6	391.3	404.6	418.5
Total 0–64	268.0	270.8	273.7	276.2	278.3
Total 15–64	175.3	178.4	181.7	184.5	187.1
<i>Total</i>	<i>633.8</i>	<i>649.4</i>	<i>665.0</i>	<i>680.8</i>	<i>696.8</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.21: ABI disability group: projected population of persons with a severe or profound core activity limitation by age and sex, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	*10.3	*10.2	*10.2	*10.1	*10.1
15–19	*3.3	*3.3	*3.4	*3.4	*3.4
20–29	*7.5	*7.6	*7.7	*7.8	*7.9
30–44	17.4	17.4	17.4	17.4	17.5
45–64	26.4	27.0	27.7	28.2	28.7
65+	29.5	30.5	31.5	32.7	33.9
Total 0–64	64.9	65.6	66.3	67.0	67.6
Total 15–64	54.6	55.4	56.1	56.8	57.5
<i>Total</i>	<i>94.4</i>	<i>96.1</i>	<i>97.8</i>	<i>99.7</i>	<i>101.5</i>
Females					
0–14	*3.1	*3.1	*3.1	*3.1	*3.1
15–19	**1.4	**1.5	**1.5	**1.5	**1.5
20–29	*5.8	*5.8	*5.9	*6.0	*6.0
30–44	10.9	10.9	10.8	10.9	10.9
45–64	18.8	19.5	20.1	20.7	21.2
65+	34.5	35.6	36.7	37.9	39.2
Total 0–64	40.1	40.8	41.5	42.1	42.7
Total 15–64	36.9	37.7	38.4	39.0	39.6
<i>Total</i>	<i>74.6</i>	<i>76.4</i>	<i>78.2</i>	<i>80.0</i>	<i>81.9</i>
Persons					
0–14	13.4	13.3	13.3	13.2	13.2
15–19	*4.7	*4.8	*4.8	*4.9	*4.9
20–29	13.3	13.5	13.6	13.8	14.0
30–44	28.3	28.3	28.2	28.3	28.4
45–64	45.2	46.5	47.8	48.9	49.9
65+	64.0	66.2	68.3	70.6	73.1
Total 0–64	104.9	106.3	107.8	109.1	110.3
Total 15–64	91.5	93.0	94.5	95.8	97.1
<i>Total</i>	<i>169.0</i>	<i>172.5</i>	<i>176.1</i>	<i>179.7</i>	<i>183.4</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.22: Physical/diverse disability group: projected population of persons with a severe or profound core activity limitation by age and sex, 2006–10, ('000)

Age	2006	2007	2008	2009	2010
Males					
0–14	50.8	50.6	50.5	50.2	50.0
15–19	*7.0	*7.1	*7.1	*7.2	*7.2
20–29	15.1	15.4	15.6	15.8	16.0
30–44	52.5	52.5	52.5	52.6	52.9
45–64	128.4	132.0	135.6	138.5	141.1
65+	206.5	213.9	221.3	229.5	238.2
Total 0–64	253.9	257.6	261.3	264.3	267.1
Total 15–64	203.1	206.9	210.8	214.1	217.2
<i>Total</i>	<i>460.4</i>	<i>471.5</i>	<i>482.6</i>	<i>493.9</i>	<i>505.3</i>
Females					
0–14	28.5	28.4	28.3	28.1	28.0
15–19	*6.8	*6.8	*6.9	*6.9	*7.0
20–29	24.3	24.6	24.8	25.1	25.3
30–44	62.6	62.6	62.6	62.7	63.0
45–64	171.2	176.4	181.7	186.0	189.9
65+	392.1	403.1	414.3	426.2	438.5
Total 0–64	293.4	298.8	304.2	308.9	313.2
Total 15–64	264.9	270.5	276.0	280.7	285.2
<i>Total</i>	<i>685.5</i>	<i>702.0</i>	<i>718.5</i>	<i>735.0</i>	<i>751.7</i>
Persons					
0–14	79.3	79.0	78.7	78.4	78.0
15–19	13.7	13.9	14.0	14.1	14.2
20–29	39.4	39.9	40.4	40.9	41.3
30–44	115.1	115.1	115.1	115.3	115.8
45–64	299.6	308.4	317.3	324.5	331.0
65+	598.6	617.1	635.6	655.7	676.7
Total 0–64	547.3	556.4	565.5	573.2	580.4
Total 15–64	468.0	477.4	486.8	494.8	502.4
<i>Total</i>	<i>1,145.9</i>	<i>1,173.5</i>	<i>1,201.1</i>	<i>1,228.9</i>	<i>1,257.0</i>

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.23: Intellectual disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.4	–0.4	–0.5	–0.5	–1.7
15–19	1.1	1.1	0.9	0.5	3.6
20–29	1.1	0.9	1.0	1.0	4.0
30–44	–0.1	0.0	0.2	0.5	0.6
45–64	2.3	2.3	1.9	1.6	8.3
65+	3.9	3.8	4.0	4.0	16.6
Total 0–64	0.4	0.4	0.3	0.2	1.2
Total 15–64	1.1	1.1	1.0	0.9	4.2
<i>Total</i>	<i>1.3</i>	<i>1.3</i>	<i>1.3</i>	<i>1.3</i>	<i>5.3</i>
Females					
0–14	–0.4	–0.4	–0.4	–0.5	–1.7
15–19	1.1	0.9	0.6	0.5	3.1
20–29	0.8	0.8	0.9	0.8	3.3
30–44	0.6	0.3	0.1	0.2	1.2
45–64	2.8	2.8	2.3	2.0	10.4
65+	3.3	3.1	3.0	3.1	13.2
Total 0–64	0.8	0.7	0.6	0.5	2.6
Total 15–64	1.6	1.5	1.2	1.1	5.7
<i>Total</i>	<i>2.2</i>	<i>2.1</i>	<i>1.9</i>	<i>2.0</i>	<i>8.4</i>
Persons					
0–14	–0.4	–0.4	–0.4	–0.5	–1.7
15–19	1.1	1.0	0.7	0.5	3.3
20–29	1.0	0.9	0.9	0.9	3.8
30–44	0.2	0.1	0.2	0.4	0.8
45–64	2.6	2.6	2.1	1.8	9.3
65+	3.5	3.3	3.3	3.4	14.3
Total 0–64	0.5	0.5	0.4	0.3	1.8
Total 15–64	1.3	1.3	1.1	1.0	4.8
<i>Total</i>	<i>1.7</i>	<i>1.7</i>	<i>1.6</i>	<i>1.6</i>	<i>6.9</i>

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.24: Psychiatric disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.4	–0.4	–0.4	–0.5	–1.7
15–19	1.1	1.1	0.9	0.5	3.6
20–29	1.1	1.0	1.0	1.0	4.2
30–44	0.2	0.1	0.2	0.5	1.0
45–64	2.1	2.2	1.8	1.6	7.9
65+	3.8	3.7	3.9	4.0	16.3
Total 0–64	0.8	0.8	0.7	0.6	3.0
Total 15–64	1.3	1.3	1.1	1.0	4.8
<i>Total</i>	<i>1.9</i>	<i>1.8</i>	<i>1.9</i>	<i>1.9</i>	<i>7.7</i>
Females					
0–14	–0.4	–0.4	–0.4	–0.5	–1.8
15–19	1.1	0.9	0.6	0.5	3.1
20–29	1.1	1.1	1.1	1.0	4.4
30–44	0.0	0.0	0.1	0.4	0.6
45–64	3.1	3.0	2.4	2.0	10.9
65+	3.0	2.9	2.9	3.0	12.4
Total 0–64	1.8	1.7	1.4	1.3	6.4
Total 15–64	2.1	2.0	1.6	1.5	7.4
<i>Total</i>	<i>2.4</i>	<i>2.3</i>	<i>2.2</i>	<i>2.2</i>	<i>9.5</i>
Persons					
0–14	–0.4	–0.4	–0.4	–0.5	–1.7
15–19	1.1	1.0	0.7	0.5	3.3
20–29	1.1	1.1	1.1	1.0	4.3
30–44	0.1	0.1	0.2	0.4	0.8
45–64	2.8	2.7	2.2	1.9	9.9
65+	3.3	3.1	3.2	3.3	13.6
Total 0–64	1.3	1.3	1.1	1.0	4.8
Total 15–64	1.7	1.7	1.4	1.3	6.3
<i>Total</i>	<i>2.2</i>	<i>2.1</i>	<i>2.1</i>	<i>2.1</i>	<i>8.8</i>

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.25: Sensory/speech disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.4	–0.4	–0.4	–0.5	–1.7
15–19	1.1	1.1	0.9	0.5	3.6
20–29	1.4	1.3	1.2	1.1	5.1
30–44	–0.1	–0.1	0.2	0.6	0.6
45–64	2.6	2.6	2.1	1.8	9.3
65+	3.9	3.8	4.0	4.0	16.7
Total 0–64	0.9	1.0	0.8	0.7	3.4
Total 15–64	1.7	1.7	1.4	1.3	6.3
<i>Total</i>	2.3	2.3	2.3	2.3	9.5
Females					
0–14	–0.4	–0.4	–0.4	–0.5	–1.6
15–19	1.1	0.9	0.6	0.5	3.1
20–29	1.3	1.3	1.2	1.0	4.8
30–44	–0.9	–0.6	0.1	0.7	–0.7
45–64	2.9	2.9	2.3	2.0	10.5
65+	3.2	3.1	3.0	3.1	13.0
Total 0–64	1.2	1.2	1.0	1.0	4.5
Total 15–64	2.0	2.0	1.7	1.6	7.5
<i>Total</i>	2.6	2.5	2.4	2.4	10.3
Persons					
0–14	–0.4	–0.4	–0.4	–0.5	–1.7
15–19	1.1	1.0	0.8	0.5	3.4
20–29	1.4	1.3	1.2	1.1	5.0
30–44	–0.4	–0.2	0.1	0.6	0.2
45–64	2.7	2.7	2.2	1.9	9.8
65+	3.5	3.4	3.4	3.4	14.4
Total 0–64	1.0	1.1	0.9	0.8	3.8
Total 15–64	1.8	1.8	1.5	1.4	6.8
<i>Total</i>	2.5	2.4	2.4	2.4	9.9

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.26: ABI disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.3	–0.4	–0.4	–0.5	–1.6
15–19	1.1	1.1	0.9	0.5	3.6
20–29	1.5	1.4	1.3	1.1	5.4
30–44	–0.1	–0.1	0.2	0.6	0.6
45–64	2.4	2.4	2.0	1.7	8.7
65+	3.4	3.3	3.7	3.7	14.9
Total 0–64	1.1	1.1	1.0	1.0	4.3
Total 15–64	1.4	1.4	1.3	1.2	5.4
<i>Total</i>	<i>1.8</i>	<i>1.8</i>	<i>1.9</i>	<i>1.9</i>	<i>7.6</i>
Females					
0–14	–0.2	–0.4	–0.3	–0.3	–1.2
15–19	1.1	0.9	0.6	0.5	3.1
20–29	1.3	1.3	1.2	1.0	4.8
30–44	–0.4	–0.3	0.1	0.6	0.0
45–64	3.6	3.4	2.6	2.3	12.5
65+	3.2	3.1	3.1	3.4	13.4
Total 0–64	1.8	1.7	1.5	1.4	6.6
Total 15–64	1.9	1.9	1.6	1.6	7.2
<i>Total</i>	<i>2.4</i>	<i>2.3</i>	<i>2.3</i>	<i>2.3</i>	<i>9.7</i>
Persons					
0–14	–0.3	–0.4	–0.4	–0.4	–1.5
15–19	1.1	1.0	0.8	0.5	3.4
20–29	1.4	1.3	1.2	1.1	5.2
30–44	–0.3	–0.2	0.2	0.6	0.4
45–64	2.9	2.8	2.3	2.0	10.3
65+	3.3	3.2	3.4	3.5	14.1
Total 0–64	1.4	1.3	1.2	1.1	5.1
Total 15–64	1.6	1.6	1.4	1.4	6.1
<i>Total</i>	<i>2.1</i>	<i>2.1</i>	<i>2.0</i>	<i>2.1</i>	<i>8.5</i>

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.27: Physical/diverse disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10

Age	2006–07	2007–08	2008–09	2009–10	2006–10
Males					
0–14	–0.3	–0.4	–0.4	–0.5	–1.6
15–19	1.1	1.1	0.9	0.5	3.6
20–29	1.5	1.4	1.3	1.1	5.5
30–44	0.0	0.0	0.2	0.6	0.7
45–64	2.8	2.7	2.2	1.8	9.8
65+	3.6	3.5	3.7	3.8	15.3
Total 0–64	1.5	1.4	1.2	1.1	5.2
Total 15–64	1.9	1.9	1.6	1.4	6.9
<i>Total</i>	2.4	2.4	2.3	2.3	9.8
Females					
0–14	–0.4	–0.4	–0.4	–0.5	–1.7
15–19	1.1	0.9	0.6	0.5	3.1
20–29	1.1	1.0	1.0	0.9	4.1
30–44	0.0	–0.1	0.2	0.4	0.5
45–64	3.1	3.0	2.4	2.1	10.9
65+	2.8	2.8	2.9	2.9	11.8
Total 0–64	1.9	1.8	1.5	1.4	6.7
Total 15–64	2.1	2.0	1.7	1.6	7.7
<i>Total</i>	2.4	2.4	2.3	2.3	9.7
Persons					
0–14	–0.4	–0.4	–0.4	–0.5	–1.6
15–19	1.1	1.0	0.7	0.5	3.3
20–29	1.2	1.2	1.1	1.0	4.7
30–44	0.0	0.0	0.2	0.5	0.6
45–64	2.9	2.9	2.3	2.0	10.5
65+	3.1	3.0	3.2	3.2	13.0
Total 0–64	1.7	1.6	1.4	1.2	6.0
Total 15–64	2.0	2.0	1.7	1.5	7.3
<i>Total</i>	2.4	2.4	2.3	2.3	9.7

Note: Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A7.1: Support needs of ageing primary carers with a co-resident main recipient aged under 65 years, 2003

	Group A		Group B		All	
	'000	%	'000	%	'000	%
Geographic location						
Major cities of Australia	*10.1	*65.9	*4.5	*34.0	14.5	51.1
Inner regional Australia	*2.9	*19.3	*4.8	*36.4	*7.7	*27.2
Other areas	*2.3	*14.8	*3.9	*29.6	*6.1	*21.6
<i>Total</i>	15.3	100.0	13.1	100.0	28.4	100.0
Relationship of carer to the main recipient of care						
Spouse/partner	*8.2	*53.5	*7.9	*60.1	16.1	56.6
Father or mother	*4.1	*27.0	*4.0	*30.2	*8.1	*28.5
Son or daughter	**0.9	**5.6	**0.8	**6.2	**1.7	**5.9
Other relative, friend or neighbour	**2.1	**13.9	**0.5	**3.4	*2.6	*9.1
Disability status of primary carers						
No disability	*7.5	*49.4	*6.0	*46.0	13.6	47.8
Disability without severe or profound limitation	*5.8	*37.8	*5.1	*39.0	10.9	38.4
Disability with severe or profound limitation	**2.0	**12.8	**2.0	**15.0	*3.9	*13.8
<i>All with a disability</i>	*7.8	*50.6	*7.1	*54.0	14.8	52.2
Whether carer has been diagnosed with a stress-related illness						
Yes	**1.9	**12.5	**1.6	**12.2	*3.5	*12.4
No	11.3	74.2	*10.1	*76.9	21.4	75.5
Not stated	**2.0	**13.3	**1.4	**10.8	*3.5	*12.2
Availability of a fallback carer						
Has a fallback informal carer	*6.8	*44.5	*7.5	*57.2	14.3	50.4
Does not have a fallback informal carer	*7.1	*46.2	*4.1	*31.5	11.2	39.4
Don't know	**1.4	**9.3	**1.5	**11.3	*2.9	*10.3
Need for and receipt of assistance						
Receives assistance:						
Does not need further assistance	*6.0	*39.0	*2.4	*18.4	*8.4	*29.5
Needs further assistance	**2.1	**13.7	**2.1	**15.9	*4.2	*14.7
Does not receive assistance:						
Does not need assistance	*6.2	*40.5	*8.0	*60.6	14.1	49.8
Needs assistance	**1.0	**6.9	**0.7	**5.1	**1.7	**6.0

(continued)

Table A7.1 (continued): Support needs of ageing primary carers with a co-resident main recipient aged under 65 years, 2003

	Group A		Group B		All	
	'000	%	'000	%	'000	%
Need for and receipt of respite care						
Used respite care in the last 3 months:						
Does not need further care	**0.2	**1.5	**1.1	**8.7	**1.4	**4.8
Needs further care	**0.5	**3.5	**—	**—	**0.5	**1.9
<i>Total</i>	**0.8	**5.0	**1.1	**8.7	**1.9	**6.7
Used respite care but not in the last 3 months:						
Does not need care	**0.7	**4.7	**0.6	**4.6	**1.3	**4.7
Needs care	**0.9	**5.6	**0.6	**4.4	**1.4	**5.1
<i>Total</i>	**1.6	**10.4	**1.2	**9.0	*2.8	*9.7
Never used respite care:						
Does not need/want care	12.9	84.6	10.4	79.5	23.4	82.3
Needs care	**—	**—	**0.4	**2.8	**0.4	**1.3
<i>Total</i>	12.9	84.6	10.8	82.3	23.7	83.6
Whether primary carer has unmet demand for weekday respite care once per month						
Needs respite care on weekdays at least once a month	**1.4	**9.1	**0.6	**4.4	**2.0	**6.9
Needs respite care but not on weekdays	**—	**—	**0.4	**2.8	**0.4	**1.3
Does not need or want respite care	13.9	90.9	12.2	92.8	26.1	91.8
Whether primary carer has unmet demand for weeknights respite care once per month						
Needs respite care on weeknights at least once a month	**0.9	**5.6	**0.6	**4.4	**1.4	**5.1
Needs respite care but not on weeknights	**0.5	**3.5	**0.4	**2.8	**0.9	**3.2
Does not need or want respite care	13.9	90.9	12.2	92.8	26.1	91.8
Whether primary carer has unmet demand for weekend respite care once per month						
Needs respite care on weekends at least once a month	**1.4	**9.1	**0.9	**7.2	*2.3	*8.2
Does not need or want respite care	13.9	90.9	12.2	92.8	26.1	91.8
Whether primary carer has unmet demand for respite care at short notice or on an irregular basis						
Needs respite care at short notice or on irregular basis	**1.4	**9.1	**0.9	**7.2	*2.3	*8.2
Does not need or want respite care	13.9	90.9	12.2	92.8	26.1	91.8
Whether main recipient can manage at home alone for less than 1 hour						
Not applicable	**—	**—	**1.5	**11.7	**1.5	**5.4
Could and with no difficulty	12.8	83.6	*10.0	*75.8	22.7	80.0
Could but with difficulty	**0.3	**2.1	**0.7	**5.6	**1.1	**3.7
Could not manage	*2.2	*14.3	**0.9	**6.9	*3.1	*10.9

(continued)

Table A7.1 (continued): Support needs of ageing primary carers with a co-resident main recipient aged under 65 years, 2003

	Group A		Group B		All	
	'000	%	'000	%	'000	%
Whether main recipient can manage at home alone for a few hours						
Not applicable	**—	**—	**1.5	**11.7	**1.5	**5.4
Could and with no difficulty	*7.6	*49.8	*7.7	*58.5	15.3	53.8
Could but with difficulty	*3.7	*24.5	**0.9	**7.1	*4.7	*16.5
Could not manage	*3.9	*25.7	*3.0	*22.7	*6.9	*24.3
Whether main recipient can manage at home alone for a few days						
Not applicable	**—	**—	**1.5	**11.7	**1.5	**5.4
Could and with no difficulty	**1.4	**8.9	*3.5	*26.5	*4.8	*17.0
Could but with difficulty	**1.8	**11.6	**0.6	**4.7	*2.4	*8.4
Could not manage	12.1	79.4	*7.5	*57.1	19.6	69.1
Years in caring role						
Does not know	**0.8	**5.2	**—	**—	**0.8	**2.8
Less than 10 years	*6.3	*40.9	*4.2	*31.9	10.4	36.8
10–19 years	**2.0	**13.2	**1.1	**8.5	*3.1	*11.1
20–29 years	**1.6	**10.2	**—	**—	**1.6	**5.5
30 years or more	*4.7	*30.5	*7.8	*59.5	12.5	43.9
Hours per week spent actively caring or supervising						
Less than 20 hours	*3.4	*22.0	*5.5	*42.1	*8.9	*31.3
20 to less than 40 hours	*2.3	*15.1	**1.1	**8.2	*3.4	*11.9
40 hours or more	*7.7	*50.4	*4.6	*34.8	12.3	43.2
Not stated	**1.9	**12.5	**2.0	**14.9	*3.9	*13.6

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Notes

1. Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).
2. Group A includes primary carers aged 65 or more with a co-resident main recipient of care aged under 65 years.
3. Group B includes primary carers aged under 65 with a co-resident main recipient of care aged under 65 years, who either had been caring for 30 years or more or was aged 60–64 years living in a non-capital city.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A7.2: Support needs of ageing primary carers with a co-resident main recipient aged under 65 years, 2005

	Group A		Group B		All	
	'000	%	'000	%	'000	%
Geographic location						
Major cities of Australia	10.8	65.9	*4.8	*34.0	15.5	51.1
Inner regional Australia	*3.1	*19.3	*5.1	*36.4	*8.3	*27.2
Other areas	*2.4	*14.8	*4.2	*29.6	*6.6	*21.6
<i>Total</i>	16.3	100.0	14.0	100.0	30.3	100.0
Relationship of carer to the main recipient of care						
Spouse/partner	*8.7	*53.5	*8.4	*60.1	17.2	56.6
Father or mother	*4.4	*27.0	*4.2	*30.2	*8.6	*28.5
Son or daughter	**0.9	**5.6	**0.9	**6.2	**1.8	**5.9
Other relative, friend or neighbour	*2.3	*13.9	**0.5	**3.4	*2.8	*9.1
Disability status of primary carers						
No disability	*8.1	*49.4	*6.5	*46.0	14.5	47.8
Disability without severe or profound limitation	*6.2	*37.8	*5.5	*39.0	11.6	38.4
Disability with severe or profound limitation	*2.1	**12.8	*2.1	**15.0	*4.2	*13.8
<i>All with a disability</i>	*8.3	*50.6	*7.6	*54.0	15.8	52.2
Whether carer has been diagnosed with a stress-related illness						
Yes	**2.0	**12.5	**1.7	**12.2	*3.8	*12.4
No	12.1	74.2	10.8	76.9	22.9	75.5
Not stated	*2.2	*13.3	**1.5	**10.8	*3.7	*12.2
Availability of a fallback carer						
Has a fallback informal carer	*7.3	*44.5	*8.0	*57.2	15.3	50.4
Does not have a fallback informal carer	*7.5	*46.2	*4.4	*31.5	12.0	39.4
Don't know	**1.5	**9.3	**1.6	**11.3	*3.1	*10.3
Need for and receipt of assistance						
Receives assistance:						
Does not need further assistance	*6.4	*39.0	*2.6	*18.4	*8.9	*29.5
Needs further assistance	*2.2	*13.7	*2.2	*15.9	*4.5	*14.7
Does not receive assistance:						
Does not need assistance	*6.6	*40.5	*8.5	*60.6	15.1	49.8
Needs assistance	**1.1	**6.9	**0.7	**5.1	**1.8	**6.0

(continued)

Table A7.2 (continued): Support needs of ageing primary carers with a co-resident main recipient aged under 65 years, 2003

	Group A		Group B		All	
	'000	%	'000	%	'000	%
Need for and receipt of respite care						
Used respite care in the last 3 months:						
Does not need further care	**0.2	**1.5	**1.2	**8.7	**1.5	**4.8
Needs further care	**0.6	**3.5	**—	**—	**0.6	**1.9
<i>Total</i>	**0.8	**5.0	**1.2	**8.7	**2.0	**6.7
Used respite care but not in the last 3 months:						
Does not need care	**0.8	**4.7	**0.7	**4.6	**1.4	**4.7
Needs care	**0.9	**5.6	**0.6	**4.4	**1.5	**5.1
<i>Total</i>	**1.7	**10.4	**1.3	**9.0	*3.0	*9.7
Never used respite care:						
Does not need/want care	13.8	84.6	11.2	79.5	25.0	82.3
Needs care	**—	**—	**0.4	**2.8	**0.4	**1.3
<i>Total</i>	13.8	84.6	11.6	82.3	25.4	83.6
Whether primary carer has unmet demand for weekday respite care once per month						
Needs respite care on weekdays at least once a month	**1.5	**9.1	**0.6	**4.4	*2.1	*6.9
Needs respite care but not on weekdays	**—	**—	**0.4	**2.8	**0.4	**1.3
Does not need or want respite care	14.8	90.9	13.0	92.8	27.9	91.8
Whether primary carer has unmet demand for weeknights respite care once per month						
Needs respite care on weeknights at least once a month	**0.9	**5.6	**0.6	**4.4	**1.5	**5.1
Needs respite care but not on weeknights	**0.6	**3.5	**0.4	**2.8	**1.0	**3.2
Does not need or want respite care	14.8	90.9	13.0	92.8	27.9	91.8
Whether primary carer has unmet demand for weekend respite care once per month						
Needs respite care on weekends at least once a month	**1.5	**9.1	**1.0	**7.2	*2.5	*8.2
Does not need or want respite care	14.8	90.9	13.0	92.8	27.9	91.8
Whether primary carer has unmet demand for respite care at short notice or on an irregular basis						
Needs respite care at short notice or on irregular basis	**1.5	**9.1	**1.0	**7.2	*2.5	*8.2
Does not need or want respite care	14.8	90.9	13.0	92.8	27.9	91.8
Whether main recipient can manage at home alone for less than 1 hour						
Not applicable	**—	**—	**1.6	**11.7	**1.6	**5.4
Could and with no difficulty	13.6	83.6	10.6	75.8	24.3	80.0
Could but with difficulty	**0.3	**2.1	**0.8	**5.6	**1.1	**3.7
Could not manage	*2.3	*14.3	**1.0	**6.9	*3.3	*10.9

(continued)

Table A7.2 (continued): Support needs of ageing primary carers with a co-resident main recipient aged under 65, 2003

	Group A		Group B		All	
	'000	%	'000	%	'000	%
Whether main recipient can manage at home alone for a few hours						
Not applicable	**—	**—	**1.6	**11.7	**1.6	**5.4
Could and with no difficulty	*8.1	*49.8	*8.2	*58.5	16.3	53.8
Could but with difficulty	*4.0	*24.5	**1.0	**7.1	*5.0	*16.5
Could not manage	*4.2	*25.7	*3.2	*22.7	*7.4	*24.3
Whether main recipient can manage at home alone for a few days						
Not applicable	**—	**—	**1.6	**11.7	**1.6	**5.4
Could and with no difficulty	**1.5	**8.9	*3.7	*26.5	*5.2	*17.0
Could but with difficulty	**1.9	**11.6	**0.7	**4.7	*2.6	*8.4
Could not manage	13.0	79.4	*8.0	*57.1	21.0	69.1
Years in caring role						
Does not know	**0.9	**5.2	**—	**—	**0.9	**2.8
Less than 10 years	*6.7	*40.9	*4.5	*31.9	11.2	36.8
10–19 years	*2.2	*13.2	**1.2	**8.5	*3.4	*11.1
20–29 years	**1.7	**10.2	**—	**—	**1.7	**5.5
30 years or more	*5.0	*30.5	*8.4	*59.5	13.3	43.9
Hours per week spent actively caring or supervising						
Less than 20 hours	*3.6	*22.0	*5.9	*42.1	*9.5	*31.3
20 to less than 40 hours	*2.5	*15.1	**1.1	**8.2	*3.6	*11.9
40 hours or more	*8.2	*50.4	*4.9	*34.8	13.1	43.2
Not stated	**2.0	**12.5	*2.1	*14.9	*4.1	*13.6

* These estimates have an associated relative standard error of between 25% and 50% and should be used with caution.

** These estimates have an associated relative standard error of greater than 50% and are considered too unreliable for general use.

Notes

1. Estimated numbers were calculated by applying national age and sex specific prevalence rates derived from the ABS 2003 Survey of Disability, Ageing and Carers to ABS population projections (Series 8).
2. Group A includes primary carers aged 65 or more with a co-resident main recipient of care aged under 65 years.
3. Group B includes primary carers aged under 65 with a co-resident main recipient of care aged under 65 years, who either had been caring for 30 years or more or was aged 60–64 years living in a non-capital city.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A7.3: Summary of views from the field relating to unmet demand and associated issues, as raised at the disability peaks discussion session held at the AIHW in October 2006 and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA^(a)

General issues
The language of need is negative and places the focus on the individual with a disability, rather than on broader issues of adequate community infrastructure and accessibility of both specialist and mainstream services
<p>CSTDA services operate on a crisis-management basis—crisis services are generally more costly to provide than early intervention services, and there are emotional and social costs associated with addressing needs only when crisis hits</p> <p>There is not enough emphasis on early intervention, which can improve participation, increase community capacity, and reduce future dependence on services</p> <p>CSTDA services generally meet only basic, minimum needs, rather than supporting people to achieve life goals—that is there is substantial under-met need</p> <p>Provision of inappropriate services can mask unmet demand e.g. residents of institutional accommodation settings and group homes may have many unmet needs</p>
<p>There is little reliable information on unmet demand; waiting lists are not a reliable source</p> <p>Better data are needed to assess the effectiveness of the CSTDA, e.g.</p> <ul style="list-style-type: none"> • outcomes-driven performance indicators • cross-jurisdictional comparisons • measurement against policy priorities or national benchmarks • measurement of outcomes related to health, wellbeing and quality of life • independent monitoring by an agency with disability representation <p>The CSTDA needs more resources for research, especially into projected demand, individualised funding models, service benchmarks, cost of disability, and needs of people from non-English speaking backgrounds with a disability</p>
<p>Groups with particularly high levels of unmet or under-met demand:</p> <ul style="list-style-type: none"> • people living in rural and remote areas • people with communication difficulties • people from non-English-speaking backgrounds • people with complex conditions or dual disability, for whom there is a lack of appropriate services <p>Generic services are poor at recognising and assisting people with less obvious disabilities, especially autism spectrum disorder</p> <p>Funding and service delivery needs to acknowledge the additional costs and issues related to rural, remote and Indigenous communities</p> <p>Lack of access to interpreters is a major problem for people from non-English-speaking backgrounds; the costs of providing interpreter services are not generally built into program funding, making many services effectively inaccessible to this group</p> <p>Staff skill levels are often inadequate to meet the needs of service users, especially people with ABI and young people</p>

(continued)

Table A7.3 (continued): Summary of views from the field relating to unmet demand and associated issues, as raised at the disability peaks discussion session held at the AIHW in October 2006 and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA^(a)

<p>There is a lack of uniformity in service availability between jurisdictions; the Australian Government should take overall responsibility for disability services</p> <p>Because no one level or area of government has overall responsibility for meeting the needs of people with disabilities there is not a coherent approach to service provision and many needs go unmet</p> <p>The CSTDA needs to be more explicit about the responsibilities of each level of government, to avoid blame shifting</p> <p>Many services are not portable across state and territory boundaries; this means people with disabilities and their families often feel they cannot move interstate</p> <p>Equipment is often not portable between jurisdictions, or between life stages or service types (e.g. a person may not be able to retain a piece of equipment when moving between primary and high school, or between school and the workforce).</p>
<p>Reasons for unmet need and unmet demand</p>
<p>There are high levels of latent need. People may not seek services because:</p> <ul style="list-style-type: none"> • they perceive that services are not available, or are of an inadequate standard • available services do not meet the needs of the person with a disability or their family (including particular cultural and religious needs) • they may not be aware of what services are available • they may not be aware that they have needs that could be met by support services (e.g. some parents have low expectations for their child with a disability and focus only on meeting the child's basic needs; some carers from different cultural backgrounds do not understand the concept of respite—the idea of taking a break is a foreign one) • people from some cultures may not feel comfortable asking for help
<p>Governments are reluctant to acknowledge the extent of unmet need</p>
<p>Better information and awareness raising is needed to inform people of what services are available and to educate about the importance of giving people with disabilities support to participate in diverse areas of life and pursue their personal life goals</p>
<p>Many providers are reluctant to advertise their services as this will increase demand</p>
<p>Individual advocacy services are being reduced</p> <p>Australian and state/territory governments need to better coordinate on advocacy issues and policy</p> <p>There is a need for self-advocacy skill development for people with disabilities; this would assist service access and make it easier to gauge real levels of unmet need</p>
<p>Factors contributing to increases in demand:</p> <ul style="list-style-type: none"> • population growth • numbers of young people with complex needs are increasing • population ageing, including increased life expectancy for people in some disability groups • policy changes in other service systems (particularly health, housing, employment and income support)—barriers to accessing mainstream services increase demand for specialist disability services • reduction in the supply of informal care
<p>Reasons for high levels of unmet demand:</p> <ul style="list-style-type: none"> • inadequate funding • insufficient staff numbers in the disability sector, especially paid carers
<p>Waiting list prioritisation practices of some agencies mean that, in some cases, only those people with very high levels of need receive any service at all</p>

(continued)

Table A7.3 (continued): Summary of views from the field relating to unmet demand and associated issues, as raised at the disability peaks discussion session held at the AIHW in October 2006 and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA^(a)

<p>Indexation of government funding to service agencies does not keep pace with wage and cost increases, so funding decreases in real terms</p> <p>Administration and compliance costs faced by services have increased substantially over recent years, putting pressure on service resources</p> <p>Different reporting requirements for different funders (e.g. at state/territory and Australian Government level for advocacy services) place additional resource burdens on some providers.</p>
<p>Service agencies often face difficulties recruiting and retaining staff; reasons include low job satisfaction due to the burden of administrative work, limited opportunity to pursue career paths, and uncompetitive wages</p> <p>Funding restrictions mean that agencies often do not have the resources to provide professional development for staff; this impacts on job satisfaction, and means staff cannot develop the skills to meet the needs of specific client groups, e.g. people from different cultural backgrounds</p>
<p>Regimented, inflexible funding models leave little space for innovation, creativity and the discretion needed to provide services that better meet people's needs</p> <p>Accountability measures imposed by the Australian Government add to the administrative burden on service providers, and impede innovation</p>
<p>Output-based funding means funds can be used only to provide very specific service types, forcing some agencies to charge client fees for services that fall outside the funded service types</p>
<p>Funding guidelines about how much service can be provided for people with different levels of measured need leave little room for discretion, so services are unable to respond to people's unique needs and circumstances</p>
<p>The needs assessments often required under case-based funding models can be very time consuming</p>
<p>Effects of unmet need</p>
<p>Lack of access to appropriate disability support services puts people with intellectual disabilities, acquired brain injury, and psychiatric disabilities at risk of entering the corrective services system; people with disabilities in the prison population are not generally included in estimates of unmet need for disability services</p>
<p>People with disabilities in prison may have their sentences extended if there are no appropriate accommodation or support services for them when they re-enter the community, they may not have the same level of access to rehabilitation services as other inmates, and may be particularly vulnerable to abuse</p>
<p>People inappropriately accommodated in institutions often have inadequate access to other services, including health services and may be subject to abuse</p>
<p>Unmet need has a cumulative effect—problems snowball and become whole-of-government and whole-of-community problems</p>
<p>Carers</p>
<p>Respite services tend to be underutilised by carers, especially ageing carers. Carers may not seek support services because:</p> <ul style="list-style-type: none"> • they do not have enough information about services available • they regard the standard or quality of available respite or accommodation support as inadequate • services do not meet the family's needs • culturally appropriate respite is not available

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Table A7.3 (continued): Summary of views from the field relating to unmet demand and associated issues, as raised at the disability peaks discussion session held at the AIHW in October 2006 and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA^(a)

<p>There is an undersupply and inequitable allocation of accommodation support services, so many carers feel they have no choice but to continue caring</p> <p>There is a need for increased levels of respite and in-home support, including in-home and facility-based respite</p> <p>Many carers need both respite services and accommodation support services to support them in their caring role</p> <p>Respite is difficult to access, with long waiting lists and restrictions</p> <p>More flexible respite models are needed, especially models tailored for people with psychiatric disability</p> <p>It is not clear with which level of government the responsibility for providing respite lies</p> <p>There is a need for services other than respite to support carers, e.g. training in injury prevention</p>
<p>Full-time carers should receive financial and material support, and be entitled to annual leave</p> <p>Carers need support to participate in the workforce e.g. respite, childcare, flexible conditions</p> <p>Carer support programs should be funded by the CSTDA and complement disability services</p> <p>Paid recreation leave for carers could help carers meet the extra costs associated with taking a holiday, e.g. paying for a family member to come and look after the person with a disability for weeks</p>
<p>Strategies needed to minimise the negative impact of the caring role on the health and well being of carers</p> <p>Carers injured in their caring role need access to compensation or insurance</p>
<p>Many carers have not put in place future care arrangements because they have not expected to still be in the caring role when their capacity to care is coming to an end; these carers may not be aware of the range of services available</p> <p>There is a need for support services to assist ageing carers with long-term planning</p>
<p>There is a need for provisions allowing carers to retire</p>
<p>Need for provisions to allow people with disabilities to move from family-based care to alternative accommodation support in a planned and orderly way</p>
<p>Accommodation support options for younger people with disabilities should be equivalent to those available to the older population</p>
<p>The caring role impacts heavily on younger carers; the current focus on meeting the needs of ageing carers is resulting in higher levels of unmet need among younger carers</p>
<p>Carers need greater representation on disability advisory bodies</p>
<p>Funding for family carer advocacy is needed to facilitate input into service planning</p>
<p>There is a lack of recognition of informal carers, i.e. the importance of their contribution, and that caring is work</p>
<p>Occupational Health & Safety regulations limit the type of work paid in-home carers will do, and so limit the support informal carers can get</p>
<p>Family carers may be held liable for injury sustained by paid support workers in the home</p>
<p>Family carers of children with disabilities receive less support than foster carers of children with disabilities—some parents claim that it is almost impossible to receive support (especially respite) without surrendering their parental rights</p>
<p>Carers of migrants with a disability wait 10 years before becoming eligible for the carers' pension</p>
<p><i>Service and funding models, and methods of managing demand</i></p>
<p>Allocation of services based on most urgent need can have unfortunate consequences if there is no account taken of other relevant circumstances (e.g. the preferences of residents of a group home as to who moves in to take up a vacancy)</p>
<p>Central management of registers can result in clients being offered a service place distant from their home, meaning they must give up access to local services and lose informal support networks</p>

(continued)

Table A7.3 (continued): Summary of views from the field relating to unmet demand and associated issues, as raised at the disability peaks discussion session held at the AIHW in October 2006 and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA^(a)

<p>Individualised funding:</p> <ul style="list-style-type: none"> • For some people, especially those with physical disability and less complex needs, individualised funding works well, giving the person with a disability or their family control over what services are purchased, and enabling them to use funds in flexible and creative ways to meet their needs and achieve goals • Individualised funding does not work well for many people with cognitive disabilities and more complex needs, because the job of service coordination is onerous • Individualised funding can promote choice, self-determination, portability, efficiency and quality • Overseas studies have shown this model to be cost-efficient and to produce good outcomes • Some legislation may inhibit the effectiveness of individualised funding, e.g. direct payments to individuals may count as income support • There is a need for research and trials of individualised funding that can be applied throughout the CSTDA
<p>Many people with disabilities still feel they do not have enough say in what services they get</p>
<p>Existing funding models are not flexible enough to meet the needs of people ageing with disability; new service and funding models are needed</p>
<p>The COAG Young People in Nursing Homes Initiative and the COAG National Action Plan on Mental Health were cited as good models of intergovernmental cooperation</p>
<p>Equipment</p>
<p>Demand for aids and equipment is increasing as the population ages, as more people live in the community rather than institutions, and as carers become more aware of health and safety issues</p>
<p>In general, the equipment needs of people with disabilities are poorly met; a uniform and comprehensive national equipment program is needed</p> <p>The exclusion of aids and equipment from the CSTDA has contributed to the fragmented nature of equipment schemes nationally</p> <p>Many equipment schemes have complex eligibility requirements</p> <p>It is difficult to update equipment to meet changing needs</p> <p>Many schemes require a concession card for eligibility, which disadvantages middle income families, and is a disincentive to work</p>
<p>Financial assistance (such as tax relief) towards home maintenance and other aids and equipment would help reduce unmet need due to lack of funds</p>
<p>Implications of changes to disability employment services, and interfaces with other services</p>
<p>The interface between business services and open employment services has broken down as these two service types are now administered by different departments. Many people are reluctant make the move from business services to open employment—if things do not work out they will have lost their business service (previously, their place was kept open until they had achieved a stable placement in a job)</p>
<p>Disability employment services are in a state of flux due to the implementation of the 'Welfare to work' legislation</p>
<p>Implications of the 'Welfare to work' changes may include:</p> <ul style="list-style-type: none"> • additional demands on carers and on other specialist disability services to support people finding and keeping a job • people with disabilities being referred to generic employment services where case managers do not have the time, skills or experience to provide the extra/specialised help needed • people with disabilities being referred from employment services into education and training, where there is inadequate support available

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Table A7.3 (continued): Summary of views from the field relating to unmet demand and associated issues, as raised at the disability peaks discussion session held at the AIHW in October 2006 and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA^(a)

The Centrelink 'new contact model' will require people with disabilities accessing mainstream employment services to attend fortnightly interviews. This may cause problems for some groups, e.g. people with ABI who may have difficulty remembering appointments, keeping track of documentation, and finding their way to the Centrelink office. Where carers are required to attend Centrelink interviews, this may mean an increased demand for respite services (i.e. to enable carers to leave the house and get to Centrelink)
There are problems with how Job Capacity Assessment works for people with disabilities—the assessment process does not take into account information about a person's current employment situation
The new policy environment has encouraged many people with disabilities to move into the labour force, increasing demand for disability employment services and other services needed to support people in the workforce
There is high unmet demand for open employment services, which are currently operating at 95%–100% capacity
Lack of places in employment services makes it difficult for many people with disabilities to make the transition from school to the labour force; many young people with disabilities quickly lose skills and confidence, and may not attempt to enter the labour force if services are not available to help them make the transition
Services are needed to help people already in work to keep their jobs—e.g. personal care support
There is a need for enhanced links between day programs and employment programs
Programs aimed at enhancing work readiness—including counselling, employer education, transport solutions and access to personal support—should be expanded
A program recently piloted in NSW was a staged retirement from business services for people with intellectual disability. It involved case management, and the development of age-appropriate day activities
Reduced access to employment services for people with high support needs (especially people with intellectual disability) has resulted in greater demand for state-funded day programs
<i>Interface with aged care</i>
People living in group homes cannot access ageing-in-place funding
Residents in supported accommodation are denied Commonwealth Community Aged Care packages
Residents of Australian Government aged care facilities cannot access CSTDA-funded disability services
People with disabilities aged under 65 years who experience premature ageing have difficulty accessing aged care services, e.g. Commonwealth Aged Care Assessment Teams
People retiring from supported employment services or day programs need better access to home support services
Individual funding should be transferred from the Australian Government to State/Territory when people with disabilities retire from supported employment
The innovative pool model is recognised as a good model that should be more widely implemented
Aged care services do not have the expertise to adequately support people with disabilities: <ul style="list-style-type: none"> • Training for staff in both the disability and aged care sectors is needed to increase understanding of mutually relevant issues • Specialist health services should be created for ageing people with disabilities • Disability services should be topped up with specialist aged care support as needed
Partnerships between disability and aged care services at the local level should be encouraged
People with a disability should be included in the definition of special needs groups in the <i>Aged Care Act 1997</i>
There is a need for investment in research and data concerning ageing, disability and service provision

(continued)

Table A7.3 (continued): Summary of views from the field relating to unmet demand and associated issues, as raised at the disability peaks discussion session held at the AIHW in October 2006 and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA^(a)

People with dual caring responsibilities—e.g. caring for a child with a disability and an ageing parent—have to deal with both Australian Government and state/territory departments when seeking support, and are often required to undergo separate assessment procedures for each
There is a lack of coordination between CSTDA, HACC, housing and mainstream health services
Access to HACC services for younger people with disabilities varies between regions, partly depending on levels of demand for HACC services from older people, and on attitudes of regional program coordinators towards providing services to younger people. Some HACC services do not advertise that young people with disabilities qualify for their services
'Age discrimination' in guidelines for allocation of resources under the National Respite for Carers Program and HACC results in a bias towards older people
<i>Interface with disability and health services</i>
People with psychiatric disabilities leaving crisis and post-crisis care provided by the health services system may not be referred on to appropriate support to help them function in the community, such as pre-employment programs
There are jurisdictional differences in what types of impairment are recognised as constituting 'disability' in relevant legislation and guidelines, which means that appropriate referral mechanisms are not in place in some jurisdictions
Many disability services are not equipped to meet the more complex needs of people with dual disabilities and so referral mechanisms break down. Often arbitrary decisions are made about which is the 'primary disability', and people may be referred to inappropriate services
There is a need for greater recognition under the CSTDA of mental illness and autism spectrum disorders
COAG's Better Health Initiatives should specifically target the disability sector to improve coordination of care e.g. Well Persons Health Check
People with disabilities access many services under the health system (e.g. physiotherapy) that directly relate to their disability, which they may have to pay for using health insurance
Replacement of health professionals with allied health assistants (under the COAG Health Worker reforms) will result in a loss of specialist skills in disability services
Coordination could be improved by allowing the use of individualised funding in any part of the health or disability service systems
Lack of cooperation between health, disability and community care sectors is in part responsible for many young people living in aged care accommodation
<i>Interface with transport services</i>
Access to transport services is often dependent on other forms of assistance being available, such as support for transfers
Improved generic transport and housing services, based on universal design principles, could substantially reduce pressure on disability services
<i>Interface with education</i>
Often, people are not identified as needing support at educational institutions until they start the course, which means they may have unmet needs while support is organised

(a) See also the report of the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA (Senate Standing Committee on Community Affairs 2007).

Appendix B: The ‘potential population’ receiving specialist disability services—data from the CSTDA NMDS

Background

‘Potential populations’ for CSTDA-funded services are calculated to provide an estimate of the size of the population from which the target group is likely to come. This estimate is intended to broadly indicate the number of people with the potential to require specialist disability services at some time. The estimate is based on the premise that the presence of ‘severe or profound core activity limitation’ (meaning that a person sometimes or always needs assistance with activities of self-care, mobility or communication) is an important population indicator of the need for CSTDA services.

Potential population estimates also take into account an ‘Indigenous factor’, which is a weighting of the Indigenous population in each jurisdiction to account for the relatively higher rates of severe disability attributed to the Indigenous population. Through analysis of the recently available data on disability prevalence of the Indigenous population, the AIHW proposed an updated Indigenous factor of 2.4 to be used in the ‘potential population’ calculations (previously a factor of 2.0 was used). (See AIHW 2006b for details.)

The ‘potential population’ is used as the denominator of national performance indicators for disability services. A range of ‘potential population’ estimates are currently in use, each calculated slightly differently depending on the type of service provided – employment, respite, or all other services (see Box B.1 for details).

Potential population calculations

Table B.1 shows the potential population figures for each of the five main CSTDA-funded service groups, along with service users per 1,000 population rates for each state and territory. Tables B.2 and B.3 show detailed calculations relating to the potential population figures.

Potential population figures were calculated as follows:

- National 5-year age- and sex-specific rates of severe/profound core activity limitation were calculated using data from the 2003 ABS Survey of Disability, Ageing and Carers (number of people in Australia with a severe/profound core activity limitation in each sex and 5-year age group, divided by the total population for each group).
- These rates were applied to (multiplied by) estimated resident population numbers in each state and territory, as at 30 June 2005, to produce jurisdiction estimates of the number of people with severe/profound core activity limitations in each sex and 5-year age group.
- Five-year age group estimates were then summed into broader age categories (0–64 years and 15–64 years).
- An Indigenous factor was calculated for each state and territory (for people aged 0–64 years and 15–64 years) by weighting the Indigenous population at 2.4, and all other Australians at 1.

- Potential populations for accommodation support, community support and community access (0–64 years) were calculated by multiplying the estimated number of people with a severe/profound core activity limitation aged 0–64 years by the Indigenous factor for the relevant jurisdiction.
- Potential populations for respite were obtained as above, but by selecting only people from the 2003 ABS Survey of Disability, Ageing and Carers who had a primary carer.
- Potential populations for employment (that is, 15–64 years) were calculated by multiplying the estimated number of people with a severe/profound core activity limitation aged 15–64 years by the Indigenous factor and by state/territory-specific labour force participation rates.

Box B.1: Potential population estimates – definitions for each service type grouping

The number of people aged under 65 years with a severe or profound core activity limitation, multiplied by the Indigenous factor for each jurisdiction.

Respite

The number of people aged under 65 years with a severe or profound core activity limitation and a primary carer, multiplied by the Indigenous factor for each jurisdiction.

Employment

The number of people aged 15–64 years with a severe or profound core activity limitation, multiplied by both the Indigenous factor and the labour force participation rate of the general population for each jurisdiction.

Table B.1: Service users per 1,000 'potential population' by service group, for CSTDA-funded services, by state/territory, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Accommodation support									
Number of service users	5,980	13,199	5,034	3,371	4,550	1,128	338	190	33,787
Potential population	233,061	168,354	141,593	71,817	52,824	17,513	11,286	10,011	706,608
Service users per 1,000 potential population	25.7	78.4	35.6	46.9	86.1	64.4	29.9	19.0	47.8
Community support									
Number of service users	19,082	33,521	8,497	16,511	9,832	1,943	2,508	910	92,610
Potential population	233,061	168,354	141,593	71,817	52,824	17,513	11,286	10,011	706,608
Service users per 1,000 potential population	81.9	199.1	60.0	229.9	186.1	110.9	222.2	90.9	131.1
Community access									
Number of service users	6,761	19,540	6,392	4,431	4,863	1,513	374	305	44,166
Potential population	233,061	168,354	141,593	71,817	52,824	17,513	11,286	10,011	706,608
Service users per 1,000 potential population	29.0	116.1	45.1	61.7	92.1	86.4	33.1	30.5	62.5
Respite									
Number of service users	4,129	11,150	3,761	2,744	1,470	265	287	182	23,951
Potential population	72,497	52,296	44,110	22,326	16,491	5,488	3,503	3,087	219,848
Service users per 1,000 potential population	57.0	213.2	85.3	122.9	89.1	48.3	81.9	59.0	108.9
Employment									
Number of service users	19,037	18,567	12,340	6,151	5,919	1,768	793	395	64,835
Potential population	111,575	83,643	70,712	37,026	25,407	7,918	6,258	4,608	347,208
Service users per 1,000 potential population	170.6	222.0	174.5	166.1	233.0	223.3	126.7	85.7	186.7

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Totals for Australia may not be the sum of the components since individuals may have accessed services in more than one state or territory during the 12-month period.
2. See Box B.1 for potential population definitions for each service type grouping, and Table B.2 for potential population calculations.

Table B.2: Calculation of 'potential' populations: people aged less than 65 years and 15–64 years, by state/territory, 30 June 2005

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
People under 65 years									
All	5,848,179	4,344,119	3,483,832	1,772,573	1,307,278	414,838	293,858	193,390	17,660,608
All (%)	33.1	24.6	19.7	10.0	7.4	2.3	1.7	1.1	100.0
With profound or severe core activity limitation	234,081	173,102	139,503	70,700	53,300	17,146	11,484	7,293	706,608
Potential population (accommodation support, community support, community access)	233,061	168,354	141,593	71,817	52,824	17,513	11,286	10,011	706,608
With profound or severe core activity limitation and a primary carer	72,814	53,770	43,459	21,978	16,640	5,373	3,564	2,249	219,848
Potential population (respite)	72,497	52,296	44,110	22,326	16,491	5,488	3,503	3,087	219,848
People 15–64 years									
With profound or severe core activity limitation	177,783	132,179	104,956	53,589	41,138	13,010	8,827	5,160	536,642
Labour force participation rate (%)	63.0	64.7	66.6	68.2	62.2	59.8	71.9	67.1	64.7
Potential population (employment)	111,575	83,643	70,712	37,026	25,407	7,918	6,258	4,608	347,208

Notes

1. Data are estimates. Population estimates of 9,000 or less have a relative standard error of 25% or more.
2. Data for all people are ABS estimated resident populations at 30 June 2005 for people aged less than 65 years and 15–64 years.
3. 30 June 2005 data for people with profound or severe core activity limitation are estimates derived using the ABS 2003 Survey of Disability, Ageing and Carers data.
4. See Box B.1 for potential population definitions for each service type grouping.
5. Owing to the adjustment used in calculating the potential populations in each case, the sum of the jurisdictions is not necessarily equal to the total population for Australia.

Sources: ABS 2004c, ABS 2005a,2005b; and AIHW analysis of the ABS 2003 Survey of Disability, Ageing and Carers data.

Table B.3: Calculation of Indigenous factor: people aged less than 65 years and 15–64 years, Indigenous factor by state/territory, 2005

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
People under 65 years									
Indigenous Australians	139,762	29,501	133,195	68,845	26,803	17,842	4,224	58,679	479,078
Non-Indigenous Australians	5,708,417	4,314,618	3,350,637	1,703,728	1,280,475	396,996	289,634	134,711	17,181,530
All people (weighted)	6,043,846	4,385,420	3,670,305	1,868,956	1,344,802	439,817	299,772	275,541	18,331,317
All people (weighted per person)	1.03	1.01	1.05	1.05	1.03	1.06	1.02	1.42	1.04
<i>Indigenous factor</i>	<i>99.56</i>	<i>97.26</i>	<i>101.50</i>	<i>101.58</i>	<i>99.11</i>	<i>102.14</i>	<i>98.28</i>	<i>137.27</i>	<i>100.00</i>
People 15–64 years									
Indigenous Australians	85,291	18,601	80,801	42,968	16,836	11,031	2,629	37,883	296,191
Non-Indigenous Australians	4,443,438	3,366,922	2,595,966	1,330,331	1,006,832	307,291	228,781	104,986	13,386,196
All people (weighted)	4,648,136	3,411,564	2,789,888	1,433,454	1,047,238	333,765	235,091	195,905	14,097,054
All people (weighted per person)	1.03	1.01	1.04	1.04	1.02	1.05	1.02	1.37	1.03
<i>Indigenous factor</i>	<i>99.62</i>	<i>97.81</i>	<i>101.16</i>	<i>101.31</i>	<i>99.29</i>	<i>101.77</i>	<i>98.60</i>	<i>133.09</i>	<i>100.00</i>

Notes

1. Data are estimates. Figures for all people (weighted per person) and Indigenous factor are rounded to the nearest 0.01, though unrounded figures have been used for further calculations.
2. Indigenous population figures are based on ABS projections of the Indigenous population by state/territory for June 2005.
3. Data for all people (weighted) were calculated by multiplying the data for Indigenous Australians by 2.4 and adding the data for non-Indigenous Australians. Hence Indigenous Australians are weighted at 2.4 and non-Indigenous Australians at 1.
4. Data for all people (weighted per person) were calculated by dividing the all people (weighted) data by the sum of the Indigenous Australians data and the non-Indigenous Australians data.
5. The Indigenous factors adjust the data for all people (weighted per person) to figures relative to an arbitrary figure for Australia of 100. They were calculated by multiplying the all people (weighted per person) data by 100 and dividing by the all people (weighted per person) total for Australia.

Sources: ABS 2005a, 2005b.

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List of tables

Table 1.1: Expenditure on disability support services by Australian, state and territory governments, by service group and administration expenditure, 2004–05	9
Table 1.2: Users of CSTDA-funded services, service group by state/territory, 2004–05	11
Table 1.3: CSTDA service type outlets funded by Australian, state and territory governments, service type by state/territory, 2004–05	14
Table 2.1: Relating ABS data to the need for CSTDA services	23
Table 2.2: Response rates for service type outlets reported by jurisdictions, 2002–03 to 2004–05	25
Table 2.3: ‘Not stated’ and ‘not known’ response rates for service user data items, 2004–05 ..	27
Table 3.1: Users of CSTDA-funded services, by service type, 2003–04 and 2004–05	31
Table 3.2: Users of CSTDA-funded services, median age (years) by service group and state/territory, 2004–05	33
Table 3.3: Users of CSTDA-funded services, primary disability group and all significant disability groups, by state/territory, 2004–05	34
Table 3.4: Users of CSTDA-funded services with an informal carer aged 65 years or more, residency status of carer by primary status of carer, 2004–05	37
Table 3.5: Users of CSTDA-funded services, Indigenous status by state/territory and proportion of Indigenous people in the general population aged 0–64 years, 2004–05	38
Table 3.6: Users of CSTDA-funded services, service user location by state/territory, 2004–05	40
Table 4.1: Jurisdiction-wide method for managing demand and unmet demand in each state/territory	48
Table 4.2: Service types requested by applicants waiting for services at June 2005 – available data	56
Table 4.3: Main jurisdiction-wide method for managing need: applicants waiting for services at June 2004 and June 2005 – available data	57
Table 5.1: Estimates of unmet demand for accommodation and respite services, 2003 and 2005 (‘000)	64
Table 5.2: Frequency of need for help with core activities, by number of activities in which help is needed among candidates for community access services (day activities), 2003 and 2005 (‘000)	69
Table 5.3: People aged 15–64 years with a severe or profound core activity restriction living in households: labour force status, by employment restrictions, severity of employment restriction and requirements to enable workforce participation, 2003	72

Table 5.4: Changes in the estimates of unmet demand for disability services, 1998 (2001) and 2003 (2005).....	75
Table 5.5: Consolidated estimates of unmet demand, 2005.....	77
Table 5.6: People aged 15–64 years with a severe or profound core activity limitation in households: labour force status and attendance of day activities for people with a disability, 1998 and 2003.....	79
Table 5.7: People aged 15–64 years with a severe or profound core activity limitation who were employed, by age, 1998 and 2003	80
Table 6.1: Changes in the projected population of persons with a severe or profound core activity limitation, by age, sex and state/territory, 2006–10	87
Table 6.2: Projected population of persons with a severe or profound core activity limitation, by age and sex, 2006–10 ('000)	88
Table 6.3: Projected population of persons aged 0–64 years with a severe or profound core activity limitation, by state/territory, 2006–10 ('000)	89
Table 6.4: Projected population of persons aged 65 years and over with a severe or profound core activity limitation, by state/territory, 2006–10 ('000).....	89
Table 6.5: Projected population of persons with a severe or profound core activity limitation, by state/territory, 2006–10 ('000)	90
Table 6.6: Changes in the projected population of persons with a severe or profound core activity limitation, by age and sex, within disability groups, 2006–10	92
Table 6.7: Projected population of persons aged 0–64 years with a severe or profound core activity limitation, within disability groups, 2006–10 ('000)	93
Table 6.8: Projected population of persons aged 65 years and over with a severe or profound core activity limitation, within disability groups, 2006–10 ('000).....	93
Table 6.9: Projected population of persons with a severe or profound core activity limitation, within disability groups, 2006–10 ('000)	93
Table 7.1: HACC clients: clients and average hours received, by age, 2001–05.....	98
Table 7.2: Permanent residents in aged care homes, by age, 2001–05.....	100
Table 7.3: New households allocated public rental housing: special needs status and whether disability identified as a special need, 2001–06	104
Table 7.4: SAAP support periods, by main income source, 2000–01 to 2004–05	105
Table 7.5: Proportion of severe or profound core activity limitations among people aged under 65 years with a specific condition (based on all conditions), 2003.....	110

List of appendix tables

Table A3.1: Users of CSTDA-funded services, service type by state/territory, 2004-05	122
Table A3.2: Users of CSTDA-funded services, service type by state/territory, 2003-04.....	124
Table A3.3: Users of CSTDA-funded services, age group by sex and state/territory, 2004-05.....	126
Table A3.4: Users of CSTDA-funded services, life area by frequency of support or assistance needed and state/territory, 2004-05	129
Table A3.5: Users of CSTDA-funded services, service group by frequency of support needed in activities of daily living (ADL) and state/territory, 2004-05.....	131
Table A3.6: Users of CSTDA-funded services presence of an informal carer by age and state/territory, 2004-05	133
Table A3.7: Users of CSTDA-funded services with an informal carer, age group of informal carer by relationship to service user and state/territory, 2004-05	135
Table A3.8: CSTDA-funded service users with an informal carer, age group of service user by age group of carer and state/territory, 2004-05	137
Table A3.9: Users of CSTDA-funded services, Indigenous status by presence of an informal carer, 2004-05.....	139
Table A3.10: Users of CSTDA-funded services, primary disability by Indigenous status and state/territory, 2004-05.....	140
Table A3.11: Users of CSTDA-funded services, service group by Indigenous status and state/territory, 2004-05	143
Table A3.12: Number of staff hours in the reference week, by service group, 2004-05 ('000).....	145
Table A3.13: Number of staff hours per service user per service group, 2003-04 and 2004-05.....	145
Table A3.14: Users of CSTDA-funded services with hours recorded in the reference week, distribution of hours received by selected service type, 2004-05	145
Table A5.1: Projected population of persons with a profound or severe core activity restriction living in households, by age and sex, 2003 and 2005 ('000)	146
Table A5.2: People aged under 65 years with a severe or profound core activity restriction living in households, who reported as having an unmet need for formal services with core activities, by number of activity in which assistance needed and frequency of need for assistance, 1998	147
Table A5.3: People aged 15-64 years with a severe or profound core activity limitation in households, who were not in the labour force, requirements to enable workforce participation, by how often attended supervised activity programs for disability, 2003 ('000)	148
Table A6.1: Projected population of persons with a severe or profound core activity limitation, by age and sex, NSW, 2006-10 ('000)	149

Table A6.2: Projected population of persons with a severe or profound core activity limitation, by age and sex, Vic, 2006–10 ('000)	150
Table A6.3: Projected population of persons with a severe or profound core activity limitation, by age and sex, Qld, 2006–10 ('000)	151
Table A6.4: Projected population of persons with a severe or profound core activity limitation, by age and sex, SA, 2006–10 ('000).....	152
Table A6.5: Projected population of persons with a severe or profound core activity limitation, by age and sex, WA, 2006–10 ('000).....	153
Table A6.6: Projected population of persons with a severe or profound core activity limitation, by age and sex, Tas, 2006–10 ('000).....	154
Table A6.7: Projected population of persons with a severe or profound core activity limitation, by age and sex, ACT, 2006–10 ('000)	155
Table A6.8: Projected population of persons with a severe or profound core activity limitation, by age and sex, NT, 2006–10 ('000)	156
Table A6.9: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, 2006–10	157
Table A6.10: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, NSW, 2006–10	158
Table A6.11: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, Vic, 2006–10.....	159
Table A6.12: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, Qld, 2006–10.....	160
Table A6.13: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, SA, 2006–10	161
Table A6.14: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, WA, 2006–10	162
Table A6.15: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, Tas, 2006–10	163
Table A6.16: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, ACT, 2006–10	164
Table A6.17: Changes in the estimated population of persons with a severe or profound core activity restriction, by age and sex, NT, 2006–10.....	165
Table A6.18: Intellectual disability group: projected population of persons with a severe or profound core activity limitation, by age and sex, 2006–10 ('000).....	166
Table A6.19: Psychiatric disability group: projected population of persons with a severe or profound core activity limitation, by age and sex, 2006–10 ('000).....	167
Table A6.20: Sensory/speech disability group: projected population of persons with a severe or profound core activity limitation, by age and sex, 2006–10 ('000).....	168
Table A6.21: ABI disability group: projected population of persons with a severe or profound core activity limitation, by age and sex, 2006–10 ('000).....	169

Table A6.22: Physical/ diverse disability group: projected population of persons with a severe or profound core activity limitation, by age and sex, 2006–10 ('000).....	170
Table A6.23: Intellectual disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10	171
Table A6.24: Psychiatric disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10	172
Table A6.25: Sensory/ speech disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10.....	173
Table A6.26: ABI disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10.....	174
Table A6.27: Physical/ diverse disability group: percentage changes in the estimated population of persons with a severe or profound core activity restriction, 2006–10.....	175
Table A7.1: Support needs of ageing primary carers with a co-resident main recipient aged under 65 years, 2003	176
Table A7.2: Support needs of ageing primary carers with a co-resident main recipient aged under 65 years, 2005	179
Table A7.3: Summary of views from the field relating to unmet demand and associated issues, as raised at the disability peaks discussion session held at the AIHW in October 2006 and submissions made to the Senate Community Affairs Committee inquiry into the funding and operation of the CSTDA	185
Table B.1: Service users per 1,000 'potential population' by service group, for CSTDA-funded services, by state/territory, 2004–05	191
Table B.2: Calculation of 'potential' populations: people aged less than 65 years and 15–64 years, by state/territory, 30 June 2005.....	192
Table B.3: Calculation of Indigenous factor: people aged less than 65 years and 15–64 years, Indigenous factor by state/territory, 2005	193

List of figures and boxes

Box 1.1:	Definitions of service groups covered by the Commonwealth State/Territory Disability Agreement.....	6
Box 1.2:	Standard purposes and key principles for all states and territories, CSDA bilateral agreements in 2000	8
Figure 1.1:	Total nominal and real government expenditure (2004–05 dollars), by year (\$'000).....	10
Figure 1.2:	Users of CSTDA-funded services, age group by sex, 2004–05.....	12
Figure 1.3:	Users of CSTDA-funded services, primary disability group and all significant disability groups, 2004–05	13
Figure 2.1:	Statistical indicators of demand and need for services.....	17
Figure 2.2:	The process of drilling down through population data to develop baseline estimates of unmet need for accommodation and respite services in 2005	24
Figure 3.1:	Users of CSTDA-funded services, number of service users by service group, 2003–04 and 2004–05	30
Figure 3.2:	Users of CSTDA-funded services, number of service users by state/territory, 2003–04 and 2004–05	30
Figure 3.3:	Users of CSTDA-funded services, age by state/territory, 2004–05.....	32
Figure 3.4:	Users of CSTDA-funded services, percentage of service users who always or sometimes needed support, by life area, 2004–05.....	35
Figure 3.5:	Users of CSTDA-funded services, percentage of service users who always or sometimes needed support in activities of daily living, 2004–05.	35
Figure 3.6:	Users of CSTDA-funded services, percentage of service users with an informal carer, by state/territory, 2004–05.....	36
Figure 3.7:	Users of CSTDA-funded services with an informal carer, age group of informal carer, by state/territory, 2004–05.....	37
Figure 3.8:	Users of CSTDA-funded services, country of birth (English Proficiency Group) by state/territory, 2004–05	39
Figure 3.9:	Users of CSTDA-funded services with hours recorded in the reference week, distribution of hours of service received by selected service types, 2004–05	41
Figure 3.10:	Number of staff hours, by service group, 2003–04 and 2004–05	42
Figure 3.11:	Staff hours per service user, by service group, 2003–04 and 2004–05.....	42
Figure 5.1:	Step-by-step exclusion process for baseline estimates of unmet demand for accommodation and respite services, 2003 and 2005	65
Figure 5.2:	Process for calculating estimates of unmet demand for community access and employment services, 2003 and 2005.....	68
Box 7.1:	Changes to Disability Support Pension eligibility.....	102
Box B.1:	Potential population estimates – definitions for each service type grouping....	190