

**Commonwealth State / Territory Disability Agreement
Annual Public Report 2003-04**

Commissioned by the National Disability Administrators

Prepared by Australian Healthcare Associates

August 2005

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The data used in these tables is sourced primarily from the CSTDA National Minimum Data Set (NMDS) national database. This database was developed and is maintained jointly by the National Disability Administrators (NDA) and the Australian Institute of Health and Welfare (AIHW), in consultation with the disability services sector. The national database is compiled, and the tabulations prepared, by the AIHW as the Data Agency for the NDA. This is the first full year of data from the new CSTDA NMDS.

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Foreword

This report is the second in a series of annual reports advising of the progress and achievements of the Australian, State and Territory Governments under the third Commonwealth State/Territory Disability Agreement (CSTDA), which operates from 2002 to 2007.

The Agreement resulted from a shared need to clarify administrative responsibility for various types of services for people with disabilities. It reflects a shared vision that governments will work collaboratively to build inclusive communities where people with disabilities, their families and carers are valued and are equal participants in all aspects of life. To this end, the CSTDA provides a framework for the Australian, State and Territory Governments to work together in the delivery of specialist disability services.

At the time of signing the CSTDA, governments committed around \$16.2 billion, over five years, to the delivery of specialist disability services for people with disabilities. Governments also agreed to work together towards five national policy priorities to improve the quality of life of people with disabilities by:

- strengthening access to generic services;
- strengthening linkages across governments;
- developing supports and services which strengthen individuals, families and carers;
- improving long-term strategies to respond to and manage demand for specialist disability services; and
- improving accountability, performance reporting and quality.

This report highlights the progress and achievements made, in 2003-04, towards these five priorities within and across jurisdictions, and nationally.

2003-04 also marks the first year for which whole of year data about the people who use CSTDA-funded services and the services they use became available. Previously, only part year and snapshot data were available. This data collection improvement gives a more detailed national picture of services delivered under the CSTDA. These data, in combination with full year financial information, enable this report to be used as a baseline for future, cross-year, comparisons.

The report is a publication of the National Disability Administrators (NDA), the group of Australian, State and Territory Government officials responsible for implementing the CSTDA. The NDA welcomes any suggestions and comments you may have about the report. Feedback can be provided by completing the form included with this report.

***National Disability Administrators
July 2005***

1. Introduction

A Partnership Between Governments

The Commonwealth State/Territory Disability Agreement (CSTDA) is the national framework under which the Australian, State and Territory Governments work together to provide support and make a positive difference in the lives of people with disabilities, their families and carers.

This CSTDA sets the administrative and funding arrangements for the delivery of specialist disability services over the five years, 2002-03 to 2006-07. It also establishes national policy priorities that set the themes and directions to guide action in service and community development to create opportunities for people with disabilities.

Vision

The preamble to the Agreement describes the vision and core principles that underpin the national framework established under the CSTDA. It was developed jointly by the NDA and the National Disability Advisory Council, in conjunction with State and Territory Disability Advisory Bodies.

Specifically, the Agreement is based on *"the premise that communities are enriched by the inclusion of people with disabilities and that positive assumptions about the gifts and capacities of people with disabilities, including those with high support need, are fundamental to their experience of a good life and to the development and delivery of policy, programs and services"*.

The Agreement *"recognises that both levels of government fulfil complementary roles in the development and delivery of public policy and services, and that both have a pivotal role in promoting the rights, equality of opportunity, citizenship and dignity of people with disabilities"*.

As such, the spirit of the CSTDA encompasses the Principles and Objectives outlined in the Commonwealth *Disability Services Act 1986*, the Commonwealth *Disability Discrimination Act 1992* and complementary State and Territory legislation.

Principles

The Agreement is based on the following core principles:

- responding to individual needs as they vary across stages and areas of life;
- acknowledging the heightened vulnerability of people with high support needs, Indigenous Australians with disabilities and people from culturally and linguistically diverse backgrounds;
- recognising and supporting the pivotal role of families and carers and others in close relationship with people with disabilities;
- promoting the development of innovative solutions to address the broad scope and range of supports needed to create conditions where people with disabilities, their families and carers can thrive and have their opportunities enhanced; and

1. Introduction

- continuing collaboration and partnerships with individuals, families, carers, community agencies, service providers, advisory and advocacy bodies and local government.

Building on Previous Agreements

The CSTDA builds on the work of two previous Agreements. The first Commonwealth State Disability Agreement (CSDA) operated from 1991 to 1996 and the second operated from 1997 to 2001. Each Agreement reflected the social service systems operating at that time, and represented continuing efforts to improve the administration and quality of services provided for people with disabilities.

Similarly, this third Agreement reflects the current policy environment and the significant reforms and initiatives on which all governments have embarked. It also incorporates emerging policy themes. The Agreement aims to build the capacity of individuals and communities, and promote the inclusion and participation of people with disabilities, across all areas of life. It seeks to achieve these aims in partnership with people with disabilities, their families and carers, service providers and the community.

2. Scope of the CSTDA

The CSTDA sets the administrative and funding arrangements for the delivery of specialist disability services for the five years 2002-03 to 2006-07.

Target Group

Services are provided to people with disabilities where:

- the disabilities:
 - are attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury, or some combination of these; and
 - are likely to be permanent; and
 - result in substantially reduced capacity for self care and management and/or mobility and/or communication; and
 - manifest before the age of 65 years; and
- the person requires significant ongoing or long-term episodic support.

Services Provided

The Agreement funds specialist disability services. These are services designed to meet the needs of people with disabilities who require ongoing or long-term episodic support.

The services covered by the Agreement at the time of this report and their purposes are summarised in *Table 1*.

Table 1: Services covered by the CSTDA

Service	Description
<i>Accommodation support services</i>	These are services for people with disabilities that provide accommodation (group homes, hostels and institutions) and/or provide community based support (attendant care, personal care, in-home support) to enable people with disabilities to remain in their existing accommodation.
<i>Community support services</i>	These services provide the support needed for people with disabilities to live in a non-institutional setting. They include case management, regional resource and support teams, counselling, early childhood intervention services and other therapy services.
<i>Community access services</i>	These services help people with disabilities to use and develop their abilities to enjoy social independence. They include day services, learning and life skills development, recreation and holiday programs. People who do not attend school or who are not employed full-time mainly use these services.
<i>Respite services</i>	Respite services provide a short-term and time-limited break for families and carers of people with disabilities to assist and support their primary care role while providing a positive experience for the person with a disability.

2. Scope of the CSTDA

Service	Description
<i>Employment services</i>	Employment services provide either assistance to people with disabilities in obtaining or retaining paid employment in another organisation (open employment) or support or employ people with disabilities within the same organisation (supported employment).
<i>Advocacy, information and print disability services</i>	These services help people with disabilities to increase their control over their lives by representing their interests and views in the community and by providing accessible information about services and equipment.

Roles and Responsibilities

Under the CSTDA, all governments have a continuing responsibility for funding specialist disability services, participating in research and development, maintaining transparency and public accountability and supporting innovation and quality services.

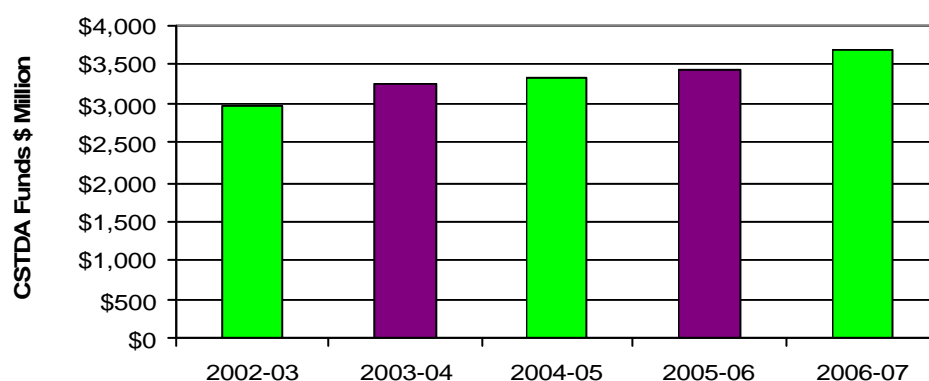
State and Territory Governments have responsibility for planning, policy setting and management of accommodation support, community support, community access and respite for people with disabilities. The Australian Government has similar responsibilities for specialised employment assistance. Planning and managing advocacy, information and print disability services is a shared responsibility.

Funding Arrangements

The Australian, State and Territory Governments each make funds available for the provision of services for people with disabilities. The CSTDA, at Schedule A1, records the level of funding and contributions each jurisdiction has agreed to make available for services under the Agreement.

Governments have currently committed \$16.7 billion over the five years of the CSTDA. *Chart 1* shows the total funding committed for each year.

Chart 1: CSTDA funding, 2002-03 to 2006-07



Source: CSTDA Schedule A1, 9 May 2005.¹

¹ 2002-03 and 2003-04 is actual funding, other years are estimates.

2. Scope of the CSTDA

In 2003-04, funding of approximately \$3.3 billion was made available by governments under the Agreement. This is expected to increase by 13% to approximately \$3.7 billion in 2006-07.

Table 2 shows the amount contributed by each government for 2003-04, the amount transferred from the Australian Government to other governments, and the resulting amount administered by each government.

Table 2: CSTDA funding contributed and administered, by jurisdiction, 2003-04

Jurisdiction	Funding Contributed	Transfer from Australian Govt. to States/Territories	Funding Administered
	\$ Million	\$ Million	\$ Million
Australian Government	\$899	(\$549)	\$350
New South Wales	\$810	\$182 ²	\$992
Victoria	\$792	\$124	\$916
Queensland	\$277	\$105	\$382
Western Australia	\$216	\$44	\$260
South Australia	\$137	\$61	\$198
Tasmania	\$64	\$19	\$83
Australian Capital Territory	\$44	\$8	\$52
Northern Territory	\$19	\$6	\$25
Total Funding - \$ Million	\$3,258	-	\$3,258

Source: CSTDA Schedule A1, 9 May 2005.

Total CSTDA funding for 2003-04 (\$3,258 million), included \$899 million from the Australian Government and \$2,359 million from State and Territory Governments.

From the Australian Government's contribution of \$899 million, \$549 million was transferred to States and Territories to assist in the provision of services administered by those jurisdictions, and \$350 million was spent on Australian Government provision of specialised disability employment and other services.

Therefore, of the total CSTDA expenditure of \$3,258 million, the Australian Government was responsible for administering \$350 million, and State and Territory Governments were responsible for administering \$2,908 million of expenditure.

Ensuring Service Quality

All services funded under the CSTDA must meet, as a minimum, the *National Standards for Disability Services*. Each jurisdiction is responsible for ensuring that services are provided in accordance with the Standards and the objectives of the Agreement and for working towards continuous improvement in services provided under this Agreement.

² An amount of \$10 million for NSW indexation in respect of 2002-03 was re-phased and paid in 2003-04 following a delay in the signing of a new agreement. This amount was reported in the 2002-03 CSTDA Annual Public Report.

2. Scope of the CSTDA

Accountability

The CSTDA incorporates improved performance reporting to increase accountability and transparency about activities, progress and how funds are spent. Performance reporting arrangements include:

- all jurisdictions reporting annually to the NDA on progress and achievements in implementing strategies to address national policy priorities;
- a new CSTDA National Minimum Data Set (NMDS) and associated data collection arrangements; and
- publication of an Annual Public Report about progress and achievements in implementing national policy priorities.

Implementing the Agreement

The National Disability Administrators (NDA) is responsible for overseeing the development and implementation of the CSTDA including its performance reporting framework, research and development program and the CSTDA implementation work plan. The NDA comprises the heads of Australian, State and Territory Government disability agencies. It reports to Disability Ministers on the CSTDA and on significant national policy issues relevant to specialist disability services.

Reflecting the partnership that underpins the Agreement, the NDA's Chairperson and Secretariat are provided on a two-year rotating basis by each government. For 2003-2004, Queensland was the NDA Chair and provided secretariat services for the NDA, while Western Australia coordinated the NDA research and development program.

3. National Policy Priorities

The CSTDA establishes five national policy priorities that set the themes and directions for working collaboratively to improve the quality of life of people with disabilities.

CSTDA National Policy Priorities

1. Strengthening access to generic services
2. Strengthening across government linkages
3. Strengthening individuals, families and carers
4. Improving long-term strategies to respond to and manage demand for specialist disability services
5. Improving accountability, performance reporting and quality

The five policy priorities represent areas of focus to be addressed by governments locally and nationally. They are mutually dependent. Together they provide an agenda for the ongoing development of services for people with disabilities, their families and carers in Australia.

Policy Priority 1: Strengthening access to generic services

Specialist disability services complement services designed for the community in general, such as health care, housing, recreation and transport (generic services). This policy priority focuses on strategies and initiatives that strengthen access to generic community services and enable people with disabilities to participate socially and economically in the community.

Policy Priority 2: Strengthening across government linkages

This policy priority is aimed at improving collaboration and cooperation across Australian, State and Territory and local governments to ensure people with disabilities have opportunities to access and move to services at all stages of their lives.

Policy Priority 3: Strengthening individuals, families and carers

This policy priority focuses on enhancing the wellbeing, contribution, capacity and inclusion of people with disabilities, their families and carers. It covers developing supports and services for individuals, families and carers, based on their needs and outcomes. It also covers providing increasing opportunities for people with disabilities, their families and carers to influence the development and implementation of supports and services through advocacy, representation and other measures.

Policy Priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

3. National Policy Priorities

The demand for specialist disability services is growing and this trend is expected to continue. This priority focuses on developing strategies to respond to and manage this increasing demand. Improvement strategies include enhanced prevention and early intervention strategies, better coordination across service systems and clear and transparent decision-making.

Policy Priority 5: Improving accountability, performance reporting and quality

This priority focuses on ensuring all jurisdictions provide or fund quality services in an efficient and effective way, and are accountable to those who use services, the disability sector and the community for the public resources used. It involves having information on how resources are used and spent, quality assurance mechanisms and ways to measure, assess and report performance against the national policy priorities.

4. National Developments and Progress

Introduction

An important feature of the CSTDA is the joint work undertaken across governments to address priority issues within the five national policy priorities.

Disability Ministers set the priority issues requiring national action. The NDA is responsible for developing and implementing national projects to further these priority issues and for reporting the progress and outcomes to Ministers. National projects are funded by the CSTDA national research and development fund, to which each jurisdiction makes an annual contribution. Much of this work is longer-term in nature as it aims to address emerging challenges and changing needs in disability services.

National Priority Issues

Disability Ministers identified the following eight priority issues for action during 2003-04:

1. Indigenous Australians with disabilities
2. Young people in nursing homes
3. People with disabilities who are ageing
4. Improving the employment/day options interface
5. Improving the CSTDA/HACC interface
6. Advocacy and information services
7. Demand management
8. Revision of CSTDA Performance Reporting Framework.

In response, a series of national projects are being pursued through the NDA. These projects aim to:

- understand the nature of each issue and its implications for people with disabilities;
- develop and encourage good practice to improve service access and coordination; and
- deliver opportunities for people with disabilities to access and move to services at all stages of their lives.

In 2003-04, a number of activities were commenced across several fronts.

Addressing the Needs of Indigenous Australians with Disabilities

A *National Indigenous Disability Strategies Forum* was held in Sydney in February 2004 to share information, experiences and best practice projects involving Indigenous people with disabilities, their families, carers and communities. Each jurisdiction provided a snapshot of current and planned programs and services, discussed barriers in accessing CSTDA funded services and supports, and considered future strategies for addressing this priority area. Identified strategies included:

- developing the cultural competency of disability service providers;

4. National Developments and Progress

- developing the Indigenous workforce; and
- improving the availability of advocacy services outside the main metropolitan or regional centres.

These matters are being addressed in 2004-05 through the NDA research and development program.

Meeting the Needs of Non-Aged People in Nursing Homes

This national priority issue is examining the needs of non-aged people with disabilities living in aged care nursing homes and alternative models of support. There are growing concerns about the number of younger people with disabilities living in residential aged care. Concerns relate to:

- appropriateness of residential aged care accommodation for younger people with disabilities;
- availability of more appropriate support models for younger people with high clinical care and support needs; and
- access to other disability support services such as recreation and day options.

Activities in 2003-04 focused on obtaining information from each jurisdiction on current policies, programs and initiatives to address the needs of young people in nursing homes, and initiating a major research project to examine and report on *Support Needs and Models for Younger People with High Clinical Care Needs*. This research project will provide a profile of younger people in residential aged care in Australia, review Australian and international literature on service and funding models, and examine alternative support models for use in Australia. Results will inform future national discussions and activities.

Addressing Access to Services for People with Disabilities with Aged Care Needs

The number of people with disabilities aged 70 years and over is increasing. People with certain disabilities may experience an exacerbation of those disabilities as they age or acquire additional disabilities. The changing needs and expectations of people with disabilities as they age, and their carers, and the services and supports required to meet their needs, are being examined as part of this national priority issue. An important focus is access to services and support for people with disabilities who retire and are no longer in employment. Another is access to community and residential aged care services at critical life stages.

The NDA has initiated a major research project on *Disability and Ageing* to examine the profile of people with disabilities who are ageing and their service needs, and to review service models and approaches including the interface with health and aged care services. Results will inform national policy and funding discussions.

4. National Developments and Progress

Improving the Interface between Employment and Day Options

This national priority issue addresses the interface between employment services and community access services (day options and alternatives to work) for people with disabilities. Service needs are changing in response to several factors including:

- changing patterns of employment;
- ageing of the disability population;
- retirement from the workforce; and
- changing working hours.

It is important to ensure people with disabilities have the opportunity to move between and access an appropriate mix of services at all stages of their lives. This project builds upon a number of projects being undertaken through the NDA and CSTDA bilateral activities. Information gained from these projects will be used to scope this project in 2004-05.

Improving the CSTDA / HACC Interface

This national priority issue aims to examine opportunities for greater coordination and collaboration across Home and Community Care (HACC) funded and CSTDA funded services and programs to provide smoother pathways for people with disabilities. The HACC program provides community care to the frail aged, younger people with disabilities, and their carers. The program is jointly funded by the Australian and State and Territory Governments.

There are areas of potential confusion between CSTDA funded services and HACC funded services. The target group for HACC funded services includes younger people with disabilities, and the program provides accommodation support and community access programs for people with disabilities in the community. The Australian Government is undertaking a review of the community care system. In 2003, it commenced a consultation process to improve the community care system with the release of a consultation paper *The Way Forward - A New Strategy for Community Care*. Action on this priority issue was deferred in 2003-04 in light of the Australian Government's review and consultation process.

Improving Advocacy and Information Services - Auslan Interpreter Services

In 2003-04, the Australian Government, with the NDA's co-operation, commissioned a study of the supply and demand for Auslan interpreting services. Auslan, Australian sign language, is the predominant language of Australia's deaf community. The study was initiated in response to the growing demand for interpreting services and the resulting problems experienced in service access and availability. The study showed that there is a shortage of accredited Auslan interpreters in Australia, particularly in regional and rural areas. It also highlighted the difficulties Auslan users experienced in accessing interpreting services when needing to visit a doctor. Increasing the supply of accredited Auslan interpreters has been identified as an objective that has been referred to the Australian Government Department of Education for action. A new national Auslan interpreter booking service commenced in January 2005, which provides accredited interpreters free of charge to people who are deaf attending specified private medical consultations.

4. National Developments and Progress

Managing Demand

This national priority issue involves investigating strategies for responding to and managing the growing demand for specialist disability services. The first step has involved examining current approaches, strategies and programs used across jurisdictions to respond to and manage demand. The NDA has also commissioned a major research project to develop a national assessment and resource allocation framework that covers assessment of eligibility, need, priority and service response, resource allocation and demand management.

Revising the CSTDA Performance Reporting Framework

This national priority issue focuses on continuing improvements in the CSTDA Performance Reporting Framework over the course of the Agreement. In 2003-04, the NDA refined the CSTDA performance reporting arrangements and the NMDS in light of experience in 2002-03. A major national development is the availability of whole of year data about the people who use CSTDA-funded services and the services they receive. This information gives a more detailed national picture of services delivered under the CSTDA. The new CSTDA NMDS also collects information on informal carer arrangements. Results of these data developments are presented in *Chapter 7*.

5. Jurisdictional Achievements

Introduction

Services for people with disabilities, their families and carers continued to develop and improve across all jurisdictions in 2003-04.

This chapter gives an overview of activities, progress and achievements during the year for each jurisdiction.

Examples are provided against each of the five policy priorities to illustrate the nature and range of activities. Many initiatives relate to several priorities, however there are many initiatives not covered by these examples. Some case studies are presented to highlight particular developments and achievements. Advice about where to obtain further information about each jurisdiction's activities is also given.

5.1 The Australian Government

SETTING THE SCENE

In meeting its responsibilities for the planning, policy setting and management of specialised disability employment services under the CSTDA, the Australian Government is reforming the way that employment assistance for people with disabilities is delivered. These changes are focused on improving service quality, giving greater choice, ensuring fairer wages and conditions, and delivering better employment outcomes for individuals. The Australian Government also provides significant financial assistance to State and Territory Governments to meet the demand for services in their areas of responsibility under the Agreement.

One significant change announced during 2004 was to bring the provision of open employment services for people with disabilities more in line with mainstream employment assistance. The Australian Government announced, in November 2004, that responsibility for open employment would be placed in the Department of Employment and Workplace Relations. It also announced substantial increases in specialist employment assistance places and associated supports, and commensurate changes to eligibility criteria for the Disability Support Pension from 1 July 2006.

Other activities during 2003-04 centred on implementing the reforms to employment support services for people with disabilities and culminated in the April 2004 release of the *Security, Quality Services and Choice for People with a Disability* package. Development of collaborative working arrangements across Australian Government agencies and with State and Territory Governments continued as a major focus.

PROGRESS AND ACHIEVEMENTS DURING 2003-04

Policy priority 1: Strengthening access to generic services

United Nations Convention on Rights of People with Disabilities

Australian Government representatives contributed to two meetings of the United Nations Ad Hoc Committee established to develop a Convention on the rights of people with disabilities. A draft text of a Convention was discussed at the May 2004 meeting.

Review of Disability Discrimination Act 1992

The Productivity Commission received submissions and conducted public hearings into the efficiency and effectiveness of the *Disability Discrimination Act 1992* in addressing the physical and attitudinal barriers that prevent people with disabilities from making the most of their abilities and participating fully in the community. The inquiry report was released in July 2004.

Commonwealth Disability Strategy – Taking a whole of government approach to removing barriers

The *Commonwealth Disability Strategy* assists and guides agencies in removing barriers that might prevent people with disabilities accessing Australian Government delivered programs, services and facilities. During 2003-04, an independent evaluation of the strategy commenced,

to assess progress made in removing barriers, its overall effectiveness and ways in which this might be improved.

Policy priority 2: Strengthening across government linkages

Working collaboratively with State and Territory Governments

Work commenced with individual States and Territories to address issues of local importance identified through the CSTDA bilateral agreements. Further information on these activities is provided in *Chapter 6*.

Advocacy and representation – building links between government and people with a disability, their families and carers

The Australian Government draws advice on disability issues from a wide range of sources. Sources include people with disabilities, their supporters and carers; organisations representing their interests; formal advisory bodies; and government departments. Activities of formal advisory bodies in 2003-04 included:

- The *National Disability Advisory Council* met four times, held community consultations in Alice Springs, Geraldton and Mt Gambier, and met with State and Territory disability advisory bodies in September 2003 to discuss issues of mutual interest.
- The *National Family Carers Voice* advisory group worked throughout 2003-04 to provide the Minister for Family and Community Services with the direct views of family members caring for people with disabilities and to highlight areas of importance to carers.

The Australian Government continued to work in partnership with a range of other government departments on progression of the welfare reform initiatives. The Department of Family and Community Services and the Department of Employment and Workplace Relations commenced an evaluation of *Australians Working Together* (AWT) initiative. An interdepartmental AWT Evaluation Steering Group was established and has an overarching role in the development and implementation of the evaluation strategy.

Other members of the Evaluation Steering Group include: Department of Finance and Administration (Finance); Department of the Treasury; Department of the Prime Minister and Cabinet (PM&C); Department of Education, Science and Training (DEST); Aboriginal and Torres Strait Islander Commission (ATSIC); and Centrelink.

Policy priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

Improving employment outcomes and business service viability

The *Security, Quality Services and Choice for People with a Disability* package was announced, on 21 April 2004, by the Prime Minister and the Minister for Family and Community Services. The \$99.1 million package of extra funding over four years will assist approximately 17,000 Australians with disabilities who work in a business service, by providing service continuity to keep people in employment (where it is their choice) or supporting individuals and their families/advocates to choose alternative services.

Older Carers Respite Measure

An initiative to provide additional respite services to meet the needs of older parent carers of children with disabilities was announced in the 2004-05 Federal Budget, on 11 May 2004.

The Australian Government offered to commit \$72.5 million over four years, subject to matching commitments by State and Territory Governments, to provide:

- up to four weeks respite care a year for parent carers aged 70 years and over, caring for a son or daughter with a disability; and
- up to two weeks respite care a year for parent carers aged between 65 and 69 years of age, caring for a son or daughter with a disability and who need to spend time in hospital.

This was part of a package of assistance to carers worth \$461 million, which also includes:

- one off bonus payments to people who received Carer Payment and Carer Allowance;
- extension of the Carer Allowance to carers who do not live with the care recipient, but provide substantial personal care;
- in-home respite care for younger carers to assist them in completing their education; and
- a commitment to work with States and Territories to develop options to help older parent carers plan for the future care needs of their sons and daughters.

These measures will be implemented in 2004-05.

Policy priority 5: Improving accountability, performance reporting and quality

Quality Strategy for Disability Employment Assistance Organisations

Work continued on the implementation of the Quality Strategy, introduced in July 2002 as part of employment assistance reforms. The Strategy requires all organisations funded by the Australian Government to provide disability employment assistance to people with disabilities to be certified against the Disability Services Standards by the end of 2004. More than \$17 million over four years was allocated to fund this new quality assurance system including reasonable certification costs, development of an independent complaints mechanism and a continuous improvement program.

The Department of Family and Community Services provided various practical tools to assist services to meet quality assurance requirements. Tools include Quality Assurance and Continuous Improvement handbooks, workshops on the Quality Standards and business skills, newsletters and establishment of Quality Assurance Managers in each State and Territory to assist organisations to better prepare for certification.

CASE STUDIES

Case-Based Funding (Policy Priority 4)

Case-Based Funding is a major initiative of the Australian Government's reforms for open and supported employment services. It replaces current block grant funding arrangements in a way that is fair and equitable. It is a fee-for-service arrangement where fees are paid to providers to assist job seekers with disabilities to find and keep employment. Fees are based on the job seeker's support needs and employment outcomes achieved.

During 2003-04, a range of supports was put in place to help Business Services make an early transition to case-based funding. Supports included training in management skills and client assessment, and client assessments for existing workers to determine funding levels.

The response from Business Services was greater than anticipated, with 191 outlets delivering disability employment services nominating for early transition. The majority of Business Services nominating for early transition will be financial winners under the new funding arrangements.

The Department of Family and Community Services licensed 16 organisations across Australia to deliver training in operating in a case-based funding environment. Five of these organisations are licensed to deliver training packages in both management skills and client assessment. During 2003-04, 48% of all outlets accessed client assessment training. The take up rate for management training was 10% of all outlets.

FOR MORE INFORMATION

More information on policies and programs for people with disabilities can be found on the websites of responsible Australian Government agencies.

- Information on the changes to responsibilities and the welfare reform process can be found at www.workplace.gov.au
- Information on open employment assistance for people with disabilities can be found at www.jobable.gov.au
- Information on disability employment services and the CSDTA can be found at www.facs.gov.au/internet/facsinternet.nsf/disabilities/nav.htm
- Information on assistance to carers can be found at www.facs.gov.au/internet/facsinternet.nsf/disabilities/carers-nav.htm

5.2 New South Wales

SETTING THE SCENE

In 2003-04, New South Wales continued to respond to the challenges of delivering support to people with disabilities, their families and carers, through long-term planning, increased funding, and effective partnerships with community stakeholders.

The year saw expansion in a number of program areas including flexible respite care, high-level personal care and intensive family support services. An additional \$72 million was allocated in a mid-year budget review to provide support for a higher than anticipated number of school leavers requiring post-school programs; increase capacity in the emergency response system for people with disabilities; and additional capital funding to assist in moving people out of large residential homes and into the community.

The Department of Ageing, Disability and Home Care (DADHC) developed a comprehensive action plan - *Living in the Community – Putting Children First* - to improve outcomes for children and young people with disabilities and their families. 2003-04 also saw the completion of DADHC's new regional and corporate structure. The new structure provides better access for clients and greater capacity for DADHC to respond to a family's specific needs.

PROGRESS AND ACHIEVEMENTS DURING 2003-04

Policy priority 1: Strengthening access to generic services

- *The Community Transport Strategy* was developed to target resources in the community transport sector more effectively so that it can better service the needs of its clients, including people with disabilities.
- Review of advocacy and information services for people with disabilities continued. Work centred on the development of a policy framework for these services based on the extensive public consultation process that occurred in 2003.

Policy priority 2: Strengthening across government linkages

- *The Community Participation Pilot Project* commenced in 2003-04 to develop better ways of providing assistance to people with a newly acquired spinal cord injury to enable them to move from rehabilitation centres back into the community. It aims to facilitate cross agency collaboration, improve coordination across services and prevent duplication in service provision.
- 2003-04 saw the further implementation of the *Human Services Better Service Delivery Program* (BSDP) with the conduct of two Electronic Client Referral trials. The BSDP is designed to improve the coordination of service and information between government

agencies and between government and non-government (NGO) agencies in the NSW human services sector.

- Implementation of the *Partnership Against Homelessness* project continued. This is a whole-of-government initiative to improve services for homeless men and women, including the specific needs of people with disabilities within this broader target group.

Policy priority 3: Strengthening individuals, families and carers

- Substantial progress was made in the relocation of people from large residential centres to community-based accommodation. By June 2004, 207 residents had relocated resulting in the closure of three large residences.
- The *Flexible Respite* initiative was commenced to provide additional flexible respite care for carers of children and young people with disabilities. It focuses on prevention and early intervention through investment in innovative models of respite that support families in their caring role.
- The *Service Access System* (SAS) - a funding pool used to provide the disability service system with emergency response capacity - supported more than 600 people in 2003-04. In December 2003, SAS funding increased by \$10 million to \$45 million annually.
- The number of individual clients with severe challenging behaviour, supported by the *Behavioural Intervention Service* (BIS), increased by approximately 30% in 2003-04.

Policy priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

- Development of vacancy and capacity management processes for the NSW disability services sector continued with the establishment of a common set of principles and definitions for the identification of vacancies, and the determination of eligibility criteria.
- The *Information and Referral Function* was established to provide a single place through which people can seek information and assistance about the full range of services and programs provided and funded by DADHC. This function has a focus on prevention and encourages those seeking support to consider engaging mainstream support options, where appropriate. This function also assists in the tracking of unmet demand.
- Investment in prevention and early intervention initiatives continued as part of a broader strategy to reduce demand for high intensity services in the medium to longer term. This investment included enhancements in Local Support Coordination (LSC) Networks; increased flexible respite care packages for carers of children and young people with disabilities; and Early Intervention and Family Disability Support.
- Repositioning of NSW's Emergency Response system - SAS - commenced with improvements focusing on achieving program sustainability in the medium term. Regional resources are being reviewed including support models, referral into existing appropriate services and the role of other agencies in support.

Policy priority 5: Improving accountability, performance reporting and quality

- Substantial work was undertaken on the development of the *Integrated Monitoring System (IMS)* that draws together the various monitoring activities that DADHC undertakes into a single, consistent approach. Implementation will take place during 2004-05 in consultation with service providers.
- Benchmarked budgets were fully implemented for DADHC operated group homes during 2003-04, which is an important step in ensuring that national benchmarks for group home costs can be achieved in a measurable and accountable way.
- Improvements were made in systems for monitoring the SAS program, including increased monitoring of the outcomes of reviews of interim funding arrangements, which generally take place each three months.

CASE STUDIES

Electronic Registration of School Leavers (Policy Priority 2)

In 2003, NSW Government agencies and the NSW education sector combined to successfully electronically register and refer around 600 school leavers with disabilities to the *DADHC - Adult Training Learning and Support (ATLAS) Program*. The use of this method of registration made the assessment of needs easier and less intrusive for people with disabilities and their carers. The registration process used also protected the students' privacy in the collection, processing and transfer of information to DADHC. This trial resulted in a marked improvement on previous paper-based processes and the process will be used again to register 2004 school leavers.

Attendant Care (Policy Priority 3)

Assistance to people with a physical disability was considerably enhanced in 2003-4 with an additional 100 places being made available under the *Attendant Care Program*. This brought the total number of Attendant Care places to 314. The program enables people to live in less restrictive environments with greater independence and control over their lives, and increased participation in their community. It provides up to 34 hours per week of in-home personal care services. The program is available to persons with a physical disability who require high level care, and who are also capable of managing and directing their own care.

FOR MORE INFORMATION

For more information please see DADHC's Annual Report for 2003-04. The Report and other useful documents may be accessed at www.dadhc.nsw.gov.au

5.3 Victoria

SETTING THE SCENE

The *Victorian State Disability Plan 2002-12* aims to improve the quality of life for Victorians with disabilities, through supports that enhance people's independence, choice and community inclusion. It sets the directions and strategies for the continuing development of Victoria's disability services. Key issues over 2003-04 included:

- responding to increasing demand
- meeting complex support needs
- enhancing early intervention supports while maintaining an effective support system
- raising community awareness and fostering inclusive communities
- providing more flexible and responsive supports
- continuing quality improvement of supports provided
- actively involving people with disabilities, families and carers in decision-making.

PROGRESS AND ACHIEVEMENTS DURING 2003-04

Policy priority 1: Strengthening access to generic services

- The *Support and Choice Initiative* has supported families of children with disabilities. Each family has an individualised plan, which, wherever appropriate incorporates links to local community resources and non-disability funded supports. To date, more than 200 families have benefited.
- Through the *Support and Choice Initiative*, 21 people were able to move out of Shared Supported Accommodation to other more community-based options. Another 29 people are engaged in an intensive planning process to also move from Shared Supported Accommodation. This is creating capacity in the service system for other people who require this level of supported accommodation.
- A further 40 facilitators were trained to deliver *Signposts for Building Better Behaviour* that helps parents of children with an intellectual disability to manage the difficult behaviours of their school aged children.
- *Deaf Access Victoria* was launched in November 2003, which together with *RuralAccess* and *MetroAccess* initiatives, supports communities to become more welcoming and inclusive of people with disabilities.
- Over 6,000 *Companion Cards*, that assist people with disabilities requiring a companion to participate in sport, recreation and leisure opportunities, have been issued since its launch in November 2003.

- Nineteen agencies received Innovation Project grants of up to \$80,000 to bring about change in the community, disability and government sectors by fostering partnerships and promoting links essential for achieving the State Disability Plan's vision.

Policy priority 2: Strengthening across government linkages

- *MetroAccess* was launched with 4 pilot projects based in local government authorities and builds on the success of the *RuralAccess* initiative to develop new ways of including people with disabilities in the life of their community.
- A new *Disability Advisory Council of Victoria*, comprised solely of people with disabilities or parents of children with disabilities, was announced.
- Establishment of a disability advocacy service for women, along with the *Disability Advocacy Resource* and *Self-Advocacy Resource Units*, were announced.

Policy priority 3: Strengthening individuals, families and carers

- Additional government funding of \$77.9 million in the 2003-04 budget provided 920 flexible support packages through the *Support and Choice Initiative* and 420 respite episodes for families of people with disabilities.
- Relocation of residents from Kew Residential Services continued with 140 residents now moved to community-based accommodation and supports. Preliminary evaluation of the first 30 relocated residents reported high levels of satisfaction.
- An extensive consultation process for the review of Victorian disability legislation was completed.

Policy priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

- Consulted with peak bodies on the development of a Disability Services Industry Plan to ensure the industry has capacity to realise the goals of the Victorian State Disability Plan.
- Commenced development of a *Client Relationship Information System* (CRIS) with tools to support 'priority of access' decision-making processes and individualised planning and support principles.
- Developed a cross-departmental policy framework between Disability Services and Community Care to establish opportunities for early intervention and prevention for children and young people with disabilities, and their families.
- Completed a protocol between Disability Services and Juvenile Justice for early identification of adolescents with disabilities at risk of entering the criminal justice system.

Policy priority 5: Improving accountability, performance reporting and quality

- Commenced a review of funding and accountability arrangements with the first stage involving development of a funding methodology for internally delivered services.
- Completed draft revised *Victorian Standards for Disability Services* following mapping relevant principles, standards and quality frameworks from State and Commonwealth jurisdictions and extensive stakeholder consultation.
- 97 per cent of service outlets, across government and funded non-government disability support providers, undertook a self-assessment against the Victorian Standards for Disability Services and implemented an annual quality plan.
- Fifty-four disability support services, including 4 DHS services, participated in the strategic review program on the quality and sustainability of disability supports.

CASE STUDIES

Supporting Carers (Policy Priority 3)

Val and Norm are an elderly couple who, due to a range of circumstances, have taken on the role of primary carers for their twin grand-daughters, who are both profoundly deaf. Val and Norm had expressed the need for a break from their caring role and were exploring different respite options. Their grandchildren wanted to get involved in gym and ballet but because of Val and Norm's limited resources and poor health, this access had been limited.

Support provided to this family through a *Support and Choice* package has enabled them to continue to care for their grandchildren at home in a family environment. Their need for respite support has been met, as have the needs of the grandchildren who are participating in age-appropriate, community based activities.

Both children are enjoying access to community activities two evenings per week. The grandparents manage the weekly arrangements and feel confident that they can seek help should any issues arise. Val and Norm are also enjoying a break from their caring role. The carers report a better quality of life for them and their grandchildren.

Reorienting Disability Supports (Policy Priority 3)

Matthew was born with an intellectual disability. Seven years ago, Matthew's father, who was his primary carer, died suddenly. As a result of the loss of support, the trauma associated with his father's death and a range of behavioural issues, Matthew was placed in a Community Residential Unit (CRU). With the benefit of a range of skill development work over several years, some intensive planning and a *Support and Choice* package, Matthew no longer lives in a CRU.

FOR MORE INFORMATION

Further information is available on the Victorian Department of Human Services, Disability Services website at: www.dhs.vic.gov.au/disability and www.disability.vic.gov.au

5.4 Queensland

SETTING THE SCENE

In 2003-04, reform continued through implementation of the Queensland Government's policy framework *Future Directions for Disability Services*. *Future Directions* sets out the Queensland Government's plan for investment from 2003-04 to 2006-07, to support an efficient and responsive disability services system in Queensland. In implementing *Future Directions* during 2003-04, Disability Services Queensland progressed work relevant to each of the national policy priorities, in partnership with other government agencies, the disability sector and Queensland communities.

PROGRESS AND ACHIEVEMENTS DURING 2003-04

Policy priority 1: Strengthening access to generic services

- Completed the first stage of the review of the *Disability Services Act 1992*, including extensive public consultation.
- Commenced work, with the Australian Government and funded advocacy organisations, to develop a framework for the delivery of advocacy services in Queensland.
- Provided information to assist people to access available supports by responding to more than 12,000 telephone inquiries and through 32,372 instances of website access to the *Disability Information Awareness Line*.
- Allocated \$1.4 million to 20 organisations to trial flexible, innovative and sustainable community initiatives to support people with disabilities.

Policy priority 2: Strengthening across government linkages

- Developed a work plan with the Queensland Department of Housing to improve coordination and communication in providing housing and support for people with disabilities who require both services.
- Developed the *Queensland Government Carer Recognition Policy* for State Government agencies to follow when delivering programs and services for people with disabilities and their carers.
- Conducted trials with the Queensland Department of Employment and Training and Education Queensland to explore ways to provide employment and training opportunities for young people with disabilities, including those who are, or at risk of, homelessness.

Policy priority 3: Strengthening individuals, families and carers

- Supported more than 400 people with disabilities and community groups on more than 900 occasions to enhance opportunities for people to form social networks through the *Friendship Program*.
- Assisted 1,350 people in regional areas to access services and support through the *Local Area Coordination Program*, and expanded the Program from 17 to 23 locations with ten additional local government areas covered.
- Expanded the *Family Support Program* to include support to families with adults with a disability who have high and complex support needs and live with their parents.
- Increased the quality and availability of respite services through capital works and an increase in available hours and range of respite provided at 30 funded services.

Policy priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

- Continued work on the design and building of the *Disability Information System* to increase government's capacity to plan for, respond to and monitor the delivery of services.
- Continued support for the *Disability Council of Queensland* and *Regional Disability Councils* to assist in fostering a strong relationship with stakeholders in the community.
- Developed a consumer survey, in consultation with stakeholders, to contribute to measuring the quality of government and non-government funded disability services.
- Completed research as part of a review of needs assessment, prioritisation, services and funding approaches to investigate ways to improve delivery of specialist disability services.

Policy priority 5: Improving accountability, performance reporting and quality

- Provided support to funded agencies to meet their reporting requirements under the CSTDA through on-site support, local training and capacity building activities.
- Launched the *Queensland Disability Service Standards* as the first stage of implementing the State's *Disability Sector Quality System*.
- Continued to support the *Disability Sector Training Fund* to determine training needs of the disability workforce and arrange relevant skill development courses.
- Implemented the first stage of the new *Disability Services Queensland Business Model* to strengthen operations and increase levels of accountability and transparency.

CASE STUDIES

Recognising the Rights, Needs and Roles of Carers (Policy Priority 2)

The *Queensland Government Carer Recognition Policy*, released in October 2003, provides a clear set of guidelines for Queensland Government agencies to follow when designing and delivering programs and services for people with disabilities and their carers. It supports a commitment to work with carers to recognise their needs and concerns, and their role in service delivery. An Advisory Group has been established to provide community and carer input into an Action Plan to implement the Policy. Priority issues being considered include ageing carers, young carers, recognition of carers, education and information, and balancing learning, employment and caring responsibilities.

Quality Framework for the Disability Sector (Policy Priority 5)

The *Disability Sector Quality System* has been designed to emphasise quality improvement in recurrently funded disability services in Queensland. The *Queensland Disability Service Standards* were launched in March 2004 and the System implemented from 1 July 2004. The Service Standards, developed in consultation with the disability sector, set a benchmark for all services funded or provided by Disability Services Queensland. All recurrently funded service providers must implement and maintain policies and practices that meet these Service Standards. Grants of almost \$1 million have been provided to assist service providers to develop systems that support quality service delivery.

FOR MORE INFORMATION

- Visit the Disability Services Queensland website Disability Online at www.disability.qld.gov.au
- Disability Services Queensland Annual Report 2003-04 accessible at www.disability.qld.gov.au/publications/index.cfm

5.5 Western Australia

SETTING THE SCENE

The Disability Services Commission's primary focus is making a positive difference in the lives of people with disabilities, their families and carers. To achieve this, the Commission works in partnership with people with disabilities, their families and carers, service providers, departments across the three tiers of government, and the community.

In 2003-04, there was a continuing focus on improving access to generic services through a range of initiatives; significant progress in implementing the recommendations of the Accommodation Blueprint report and the review of Local Area Coordination; forging stronger partnerships with the disability sector, public sector agencies and the corporate sector; initiatives to further improve the quality of services; and the achievement of additional growth in the disability budget to help meet the needs of people with disabilities, their families and carers.

PROGRESS AND ACHIEVEMENTS DURING 2003-04

Policy priority 1: Strengthening access to generic services

- The Commission commenced development of a community education campaign to raise community awareness of people with disabilities.
- Legislative amendments were drafted in line with the recommendations of the 2002 review of the *Disability Services Act 1993*, including strengthening the requirement for State Government agencies and Local Government Authorities to develop and implement Disability Access and Inclusion Plans.
- With the Department of Justice, the Commission conducted a joint pilot of a court diversion program for people with intellectual disabilities.
- A self advocacy video, *Speaking Out*, was launched as part of a range of advocacy training projects designed to tackle discrimination against people with disabilities.

Policy priority 2: Strengthening across government linkages

- The Commission implemented a new partnership agreement with the Western Australian Country Health Service for the delivery of therapy services in regional areas.
- An interagency policy and support model for children with high medical support needs was developed with the Departments of Health and Community Development.
- A forum on physical activity for people with disabilities was held in collaboration with ACROD's Recreation Taskforce, the Department of Sport and Recreation and the Premier's Physical Activity Taskforce.
- A protocol was developed with the Department of Health around people with a dual diagnosis of mental illness and intellectual disability.

Policy priority 3: Strengthening individuals, families and carers

- *Family Initiatives Grants* totalling \$200,000 were allocated to innovative programs designed to benefit carers.
- Statewide consultations were held with Indigenous people with disabilities, families, carers and agencies to inform development of a policy framework to underpin the provision of services to Indigenous people.
- Implemented the 40 recommendations of the *Local Area Coordination Review*.
- The Commission initiated *disability first stop*, an information and support service for children and adults with a new diagnosis of disability, and their families and carers.
- Significant progress was made in developing a two-year pilot program to provide support for school leavers to make the transition to employment.

Policy priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

- Under the Commission's Business Plan, the State Government provided a total of \$7.92 million in additional growth funding for extra support and services for people with disabilities and their families.
- Significant progress was made in implementing the *Accommodation Blueprint* report's 60 recommendations.
- The Commission contributed to the development of the Western Australian Government Indexation Policy for the Non-Government Human Services Sector, providing a realistic rate of indexation for the non-government sector and a more sustainable future.

Policy priority 5: Improving accountability, performance reporting and quality

- The Commission undertook extensive consultation on the development of an additional Disability Services Standard relating to the prevention of abuse, neglect and exploitation.
- 135 independent standards monitoring assessments of services were conducted (up from 125 in 2002-03).
- The Commission granted *Disability Services Standards Achievement Awards* to recognise service providers' commitment towards achieving service excellence.
- The Commission enhanced *eCAEP*, the web-based management tool of the Community Aids and Equipment Program (CAEP), to include a rolling compliance audit to ensure equity and transparency in the use of CAEP funds.

CASE STUDIES

Improving Service Delivery - Implementing the Ministerial Review of Local Area Coordination (Policy Priority 3)

Local area coordination (LAC) operates throughout rural and remote Western Australia. Local area coordinators support people with disabilities, their families and carers to plan, select and receive services. This review, undertaken in 2002-03, found LAC to be highly successful and valued by people with disabilities and their families. Recommendations included making LAC more relevant and responsive to Indigenous Australians and people from culturally and linguistically diverse (CALD) backgrounds; improving recruitment, induction, training and supervision; and refocusing LAC's role to the core values of inclusion, community involvement and family empowerment. During 2004-05, the Disability Services Commission implemented the Review's 40 recommendations with the assistance of a Steering Committee with statewide representation.

Responding to Current and Projected Demand - Implementing the Accommodation Blueprint Report (Policy Priority 4)

This report provides a framework for responding to current unmet demand and projected growth for accommodation support services over the next five years. It examined key issues facing accommodation support providers. An implementation steering committee was appointed to oversee implementation of the Report's 60 recommendations and significant progress was made over 2003-04. Achievements included:

- budget growth in 2004-05 providing accommodation support to an anticipated 628 people over five years (80 above the Blueprint target);
- a biennial Churchill Fellowship to study best practice and innovation;
- an innovation think tank; and
- \$200,000 to train and develop support workers statewide.

FOR MORE INFORMATION

- General information about the Disability Services Commission may be obtained on the website at www.dsc.wa.gov.au.
- The Commission's annual report for 2003-04 is located at www.dsc.wa.gov.au/dsc/content/2004annual_report/content/default.asp

Telephone: (08) 9426 9200 Country callers: 1800 998 214
Fax: (08) 9226 2306 TTY: (08) 9426 9315

5.6 South Australia

SETTING THE SCENE

2003-04 saw continuing development of services for people with disabilities, their families and carers.

In March 2004, the South Australian Government released *South Australia's Strategic Plan*, a ten-year social, environmental and economic plan for improving the wellbeing of South Australians, building communities and extending opportunity to all. Within this context, a new three-year *Disability Services Framework 2004-2007* was developed following an extensive consultation process. One of its goals is to extend access to community services and facilities, particularly in health, recreation and support.

Initiatives to improve access to services and strengthen supports for community living were supported, resulting in additional accommodation places in the community sector. The needs of Indigenous people with disabilities continued to be a high priority. Work continued on the development of prevention and early intervention strategies for families and carers to address issues before they reach crisis point. Partnerships were established with mainstream sectors in service provision and funding to offer wider support to people with disabilities.

PROGRESS AND ACHIEVEMENTS DURING 2003-04

Policy priority 1: Strengthening access to generic services

- Commenced research for the implementation of the *Companion Card Scheme* to enable people with disabilities requiring a companion to participate in sport, recreation and leisure opportunities.
- Worked with the housing sector and the South Australian Housing Trust on the supply and management of specialised disability housing.
- Worked with mainstream hospital system to provide specialised allied care for people with disabilities.

Policy priority 2: Strengthening across government linkages

- Commenced development of a Memorandum of Understanding between Metropolitan Domiciliary Care and Options Coordination to align service provision criteria.
- Transfer of the Office of the Public Advocate and Guardianship Board from the Disability Services Office to the Auditor General's Department.
- Worked in partnership with Western Australia and the Northern Territory on the development of a Memorandum of Understanding and Tri-State Agreement for

disability service planning and delivery for indigenous people on the Anangu Pitjantjatjara Lands (APY).

- Julia Farr Services worked, in partnership with the Department of Health, to develop a plan for providing long-term acute care places (including for people who are ventilator dependent) to alleviate pressures in the public hospital system and share resources.

Policy priority 3: Strengthening individuals, families and carers

- Completed Stage 1 of the review of brokerage arrangements in *Options Coordination*.
- Transfer of Adult Therapy Services from the Crippled Children's Association to Independent Living Centre was completed.
- Completed a strategic review of services to people with autism/asperger syndrome and their carers.
- Developed a new accommodation service for eleven people with acquired brain injury and physical disability.
- Planning commenced for the establishment of a disability service in the remote locations of Amata and Ernabella to meet the needs of Indigenous people.
- Additional funding allocated to support older carers at risk of needing crisis intervention through the provision of respite services for parents who care for their adult children with disabilities.
- Worked with regional and remote community groups to establish and manage Enhanced Community Living Plans.
- Continued the movement of people from institutional places to community living options.

Policy priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

- Regional planning, based on the *Disability Services Framework*, commenced in the country areas of Mt Gambier, Port Augusta and the Riverland.
- Commenced a survey of the workforce across the disability sector as part of the People Development and Workforce Planning Committee.
- Commenced the development of the *Health Support Policy* to provide a framework for the credentialing of health care to support workers.

Policy Priority 5: Improving accountability, performance reporting and quality

- Significant progress was made in improving service quality across the sector through the *Service Excellence Framework*, with many approved service providers undertaking service excellence accreditation during 2003-04.

- Implemented major Information Technology initiatives to enhance data collection arrangements across the disability services sector.

CASE STUDIES

Regional Planning for Disability Services within South Australia - (Policy Priority 4)

Development of a Regional Plan for disability service providers and other key bodies involved in the delivery of services to people with a disability (e.g. transport, health and education) in the Riverland region was scheduled to start in February 2004. It is intended that this planning will result in a three-year local vision for the delivery of services to people with a disability within the Riverland region.

During this project, employees from the Disability Services Office will travel to the Riverland to facilitate discussions with local service providers and key stakeholders in areas of transport and health. These discussions are required to form the basis of a Riverland Regional Plan with the intention to publish this plan late in 2004. The aim of future discussion is:

- the identification of service priorities for the region;
- linking local actions with relevant identified strategic directions in the Disability Services Framework 2004-2007; and
- working collaboratively with local sector agencies to implement strategies and service improvements for the region.

The workshops are being well received by local community groups and are seen as a collective commitment of stakeholders within the region to ensure people with a disability and their families and carers have access to a range of specialist and generic services, and initiatives that in turn, produce better services for people in the Riverland community.

FOR MORE INFORMATION

Further information is available from the Department for Families and Communities, Disability Services website at www.dfc.sa.gov.au/disability-services/

5.7 Tasmania

SETTING THE SCENE

Tasmanian Disability Services' vision is to work towards a society where all people with disabilities are able to achieve their maximum potential. The intent of the Service is to work together with stakeholders to deliver integrated services promoting the health and well being of people with disabilities. In order to achieve this, five priority objectives are pursued:

- Promoting the *Rights and Inclusion* of people with disabilities within the community
- Ensuring appropriate *Information and Access* about the range and scope of services available
- *Maximizing Choice and Self-Determination* for people with disabilities and their families by ensuring involvement in the planning, development and evaluation of individual services
- *Ensuring Personalised Services* are provided to meet the individual needs of consumers and their families
- Developing and supporting *Effective and Viable Service Systems*.

A strong focus on the establishment of service protocols and procedures between agencies and community groups in 2002-03 contributed to improved service delivery trends in 2003-04. The year has also seen further development of established programs, in particular those helping people with high support needs to remain in their own homes and communities. Initiatives to improve service quality, accountability and access to information for people with disabilities continued.

PROGRESS AND ACHIEVEMENTS DURING 2003-04

Policy priority 1: Strengthening access to generic services

- Disability Services established a working party with the Australian Government Department of Health and Ageing to explore accommodation models for people who are ageing with a life-long disability.
- Significant work was undertaken throughout the year in the development of a whole of government disability framework to apply to all Tasmanian Government agencies.
- The draft *Disability Framework for Action* sets the principles and key strategies to guide the planning and provision of services to better meet the needs of Tasmanians with disabilities.

Policy priority 2: Strengthening across government linkages

- The *Ministerial Advisory Council for Disability Services* conducted a comprehensive, statewide consultation with people with disabilities, their families and carers.
- Forums identified a number of important areas for development - including need for a coordinated approach to improving access to information and transport services for people with disabilities.
- The Memorandum of Understanding between Tasmanian Police and the Department of Health and Human Services was reviewed.

Policy priority 3: Strengthening individuals families and carers

- A review of the administration of the *Individual Options Program* was conducted.
- Following the review, the *Individual Support Program* was established, bringing together a range of individualised funding programs and providing a more coordinated approach to funding clients.
- Additional individual funding packages were allocated through the *Individual Support Program* and the *Post School Options Program*.
- A discussion paper was developed to highlight issues related to supporting families with children with disabilities.

Policy priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

- A Community Forum, in December 2003, brought together many people with personal or professional knowledge and experience of the support requirements of young Tasmanians in Nursing Homes.
- The forum provided an opportunity to ensure that relevant information is presented when considering alternate support models within Tasmania.
- Disability Services staff were supported to attend the Institute of Applied Behaviour Analysis (IABA) advanced training course.
- Where the IABA process has been applied, improvements in outcomes for clients and reductions in the cost of service delivery have been recorded.

Policy priority 5: Improving accountability performance reporting and quality

- During 2003-04, Disability Services' Evaluation Unit conducted 11 formal evaluations, and worked with a further 43 funded services to develop and/or report on a quality improvement plan.
- Disability Services, together with Tasmanian advocacy services, compiled information about the role of advocates, and the practice framework under which they operate.

- This information was published in a booklet that has been circulated to the disability sector and broader community.
- Quality performance and monitoring mechanisms were implemented for clients receiving support through the Individual Support program.

CASE STUDIES

Agency Collaboration Strategy – Improving capacity to respond to the needs of people with complex and exceptional needs (Policy Priority 3)

The need to improve the response by the Tasmanian Department of Health and Human Services to people requiring a complex mix of services and supports lead to the development of the Agency Collaboration Strategy. During 2003 -2004, a draft policy paper was developed, outlining the principles and process to underpin the Strategy. The Board for Exceptional Needs endorsed this policy paper in February 2004.

The Strategy's goal is to bring together service providers, in a supportive environment, to systematically and openly solve existing and emerging problems that could not easily be resolved by one group alone. The strategy contains three tiers of intervention and identifies the key features that are required in responding to people with complex or exceptional needs.

FOR MORE INFORMATION

Copies of the Tasmanian Government's draft *Disability Framework for Action* document are available by visiting the Department of Premier and Cabinet's website at www.dpac.tas.gov.au

Information about Tasmania *Together* – the State's 20-year social, environmental and economic plan is available at www.tasmaniatgether.tas.gov.au/

The Department of Health and Human Services *Agency Collaboration Strategy* is available at www.dhhs.tas.gov.au/agency/publications/documents/PolicyforAgencyCollaborationStrategyFeb04.pdf

5.8 Australian Capital Territory

SETTING THE SCENE

The vision for people with disabilities in the ACT is that all people with disabilities achieve what they want to achieve, live how they chose to live and are valued as full and equal members of the ACT community. Disability ACT's role is to plan, co-ordinate, facilitate, find and where necessary, provide the services, supports and actions to enable achievement of the vision.

Over 2003-2004, the Department of Disability, Housing and Community Services (DHCS), in particular Disability ACT (DACT), consolidated its implementation of the Government's response to the *Board of Inquiry into Disability Services*. In addition, a major focus for the Department has been the development of *Future Directions: A Framework for the ACT 2004-08*, its policy framework to support people with disabilities over the next four years.

PROGRESS AND ACHIEVEMENTS DURING 2003-04

Policy priority 1: Strengthening access to generic services

- Commenced coordinating a whole of government approach to the *Access to Government Strategy*, including an audit of all buildings accommodating disability, housing and community services agencies.
- Between May and June 2004, released and extensively consulted on the proposed *Future Directions: A Framework for the ACT 2004-2008*.
- Initiated a project for a single point of contact within the DHCS for ACT-wide disability information, advice and referral.
- Completed a *Digital Divide Project* that provided funding for twenty people with disabilities to purchase Information Technology hardware, software, assistive technology, training and services.
- Provided an additional \$160,000 for fare subsidies to meet the increased demand and cost of the *Taxi Subsidy Scheme*.

Policy priority 2: Strengthening across government linkages

- A new multidisciplinary therapy and support service providing services to children and adults, *Therapy ACT*, commenced in July 2003.
- Funded fifty-four non-government organisations to assist them to build capacity and strengthen infrastructure, services and workforce development.
- In conjunction with ACT Health, issued a Request for Proposal for innovative respite service options across a range of programs including culturally and linguistically diverse services.

- The *Management Assessment Panel* (MAP) provides a service to facilitate the coordination of case planning and service provision across community and government agencies for members of the community whose complex service needs are poorly coordinated or inadequate.
- Piloted of the *Turnaround Program*, an integrated multidisciplinary service support for young people with high and complex needs aged 12 to 18 years, commenced.

Policy priority 3: Strengthening individuals, families and carers

- Commenced a pilot *Community Linking and Needs Assessment Services* (CLANAS) to support individuals and their families to identify their needs and build networks of informal and community supports as well as any paid support.
- In May 2004, the ACT Government announced funds address unmet needs and the development of a Local Area Coordination (LAC) type service in the ACT.
- In partnership with a community agency and a small group of families, DACT commenced development of a family governance pilot project.
- In February 2004, the ACT Government launched the *Caring for Carers Policy* to address the needs of carers, progress legislative provisions for the support and protection of young carers, and work with carers and support organisations to develop a Carer's Act.
- As part of the International Day of Disability 2003, DACT hosted the first ACT Inclusion Awards, in partnership with People with Disabilities ACT (PWDACT)

Policy priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

- Provided \$600,000 to respond to people with high and complex needs who were in immediate need of ongoing support. Funding was approved for 17 individuals on a recurrent basis and 8 people were assisted with non-recurrent funds.
- Undertook an evaluation of the *Individual Support Packages Program*, one of the mechanisms used to distribute funding to support people with disabilities living in the community.
- The Workforce Reform Working Group, consisting of government, community workers, volunteers and people with disabilities, developed a strategic plan for the disability workforce to ensure a sustainable and capable workforce in the sector.
- In partnership with ACT Department of Treasury, DACT is developing a Funding Plan that examines the demand and cost drivers impacting on the delivery of formal disability services in the ACT.
- DACT introduced the *Active Support* model into its accommodation services. Active Support focuses on engaging people with disabilities in a whole range of everyday activities and increases people's opportunities to participate in community activities.

Policy priority 5: Improving accountability performance reporting and quality.

- DACT and the Disability Reform Quality and Standards Working Group prepared a project scoping document for the development of the ACT Quality Standards and Guidelines, including pilot testing of the self-assessment process.
- DACT developed a Funding Plan to comply with the ACT Government's Community Sector Funding Policy *Working Together*.
- Current funding contracts require funded service providers to report on actions taken to implement National Disability Standards.
- The Department conducted a survey of service providers about their satisfaction with the Government's administration of the contracts.

CASE STUDIES

Access to Government Strategy (Policy Priority 1)

The Access to the ACT Government Strategy aims to make ensure that services and facilities provided by the ACT Government are accessible to people with disabilities. Outcomes have included:

- development of a set of Access Guidelines for Public Consultations and Forums;
- refurbishment of the Department's office to improve accessibility; and
- contracting of design work for publications to designers who are aware of disability access requirements.

Challenge 2014 (Policy Priority 2)

Challenge 2014 sets out a ten-year vision for disability in the ACT and challenges the whole community, including the ACT Government, to take responsibility for effective change to support people with disabilities to achieve their vision. *Challenge 2014* was developed through a series of independent consultations with people with disabilities and their families, service providers from the Government and non-government sector, policy makers and advocates. It examines the practical effect and meaning of the vision and values statement. The ACT Disability Advisory Council released the document and is responsible for providing a biennial report to government on community and ACT progress towards meeting *Challenge 2014*.

FOR MORE INFORMATION

General information about the Department of Disability, Housing and Community Services and Disability ACT can be found at www.dhcs.act.gov.au

Disability ACT's strategic framework *Future Directions: A Framework for the ACT 2004-2008* can be found at www.dhcs.act.gov.au/DisabilityACT/Publications/Publications.htm.

Telephone: (02) 6207 1086

TTY: (02) 6205 0888

Email: DisabilityACT@act.gov.au

5.9 Northern Territory

SETTING THE SCENE

The Northern Territory Government (NTG) faces significant challenges in providing specialist disability services to the most remote and most sparsely populated areas in Australia. The NT continues to deliver innovative services to Territorians with disabilities. The NTG undertook major strategic, policy and program initiatives locally and at the national level.

NT initiatives focused on improved equity and access for remote Aboriginal people with disabilities and children with disabilities and their families. Trans-disciplinary Allied Health services were established in rural and remote communities and a community based specialist support service for people with Machado Joseph disease living in East Arnhem Land has been developed. Other initiatives focused on services for people with complex needs including the establishment of a Positive Behaviour Support Team and the review of the Post School Options programs.

At the national level the NT had a lead role in NDA research project, *Sharing Stories*, which documented innovative service delivery to Aboriginal people with disabilities in remote communities. NT also played a key role in the NDA's development work in the interfaces between employment and post-school options, disability and aged care.

PROGRESS AND ACHIEVEMENTS DURING 2003-04

Policy priority 1: Strengthening access to generic services

- Aboriginal people with disabilities in remote communities have access to planned and coordinated transdisciplinary aged and disability services.
- Individualised *Community Support Packages* provided to clients across the Territory.
- Implemented the *Willing and Able Strategy* that aims to attract and retain people with disabilities in the public sector.

Policy priority 2: Strengthening across government linkages

- Family and Children's Services and Aged and Disability are working under the joint service protocol to deliver a coordinated response to children with disabilities at risk.
- Post School Options (PSO) Evaluation Report was completed and an implementation plan developed. Additional funding was identified for the PSO services in Darwin and Alice Springs.
- *Sharing Stories* outlining best practice for indigenous service delivery has now been published and is available on the internet.

5. Progress by Jurisdiction

Northern Territory

- *NT Disability Advisory Council (DAC)* was established and is meeting quarterly. The DAC is taking a keen interest in the development of the disability program in the NT
- Changes to the Criminal Code in 2002 regarding mental impairment and unfitness to be tried necessitated clarification of roles and formalisation of responsibilities across NT Government agencies.

Policy priority 3: Strengthening individuals families and carers

- Machado Josephs disease (MJD) report distributed, and Coordination Service model developed in East Arnhem to provide case management, local care and brokering support services.
- Ten additional accommodation support services places established in Darwin, Katherine and Alice Springs.
- *Positive Behaviour Support Team* established in Central Australia to assist people with disabilities and challenging behaviour to remain in their communities.

Policy priority 4: Improving long-term strategies to respond to and manage demand for specialist disability services

- Aged and Disability Framework drafted outlining guiding principles, services provided program priorities, outcomes and guidelines.
- Case Management (CM) Framework drafted detailing key principles for service delivery and guidelines for service providers and clients of the Aged and Disability program.

Policy priority 5: Improving accountability performance reporting and quality

- New three-year Service Agreements were updated and include stronger provisions for client safety.
- Continued focus on improving quality data through NMDS collections.
- NT Departmental Aged and Disability services now accredited in Alice Springs with Darwin services passing a developmental review.

CASE STUDIES

Machado Joseph Disease (Policy Priority 3)

Culturally appropriate services for people with Machado Joseph disease (MJD) have been a major focus of remote service development in the NT. MJD is a rare degenerative neurological condition. This service development initiative has examined ways to enable people with MJD to be supported in their communities in very remote places. Phase one, in 2002-03, involved identification of key areas of need and development of Care Plan Guidelines. Phase two was undertaken during 2003-04 and focused on service development. It resulted in the development of a care coordination service model for implementation in 2004-2005. The model is a community based case management and support service located in Nhulunbuy servicing people with MJD throughout the East Arnhem region. An inter-sectoral plan will be developed to address future needs.

Post School Options (Policy Priority 3)

Post School Options services were established in 2002-03 to support the transition of young people with disabilities from school to employment and day activities. Two pilot services operate in Alice Springs and Darwin. Both services were evaluated in 2003-04. All of the evaluation report's recommendations were accepted and an Action Plan for their implementation was developed. The Action Plan's key themes include:

- Revising the current service and funding model for the Darwin service.
- Providing additional funding for the revised Darwin service and to enhance the Alice Springs service.
- Enhancing aspects of service delivery - for example, the referral and assessment process in Darwin, and the transition of clients from school to post school options in Alice Springs.

FOR MORE INFORMATION

Further information on NT disability services can be found through the NT Government website: www.nt.gov.au/health or by telephoning Aged and Disability on 08 8999 2809.

6. Bilateral Achievements - Supporting Local Collaboration

Role of Bilateral Agreements

An important feature of the CSTDA is the collaborative work undertaken between the Australian Government and individual States and Territories to address issues of local importance. Matters of mutual concern are formalised through the CSTDA bilateral agreements.

Projects under CSTDA bilateral agreements aim to foster collaboration across governments, break down barriers between programs and services funded by different levels of government, improve service access and coordination, and give people with disabilities opportunities to access appropriate services at all stages of their lives. They involve collaboration across both levels of governments, between government agencies and with other sectors such as education, employment and training, community services, health and aged care.

Bilateral activities under the third CSTDA commenced in 2003-04, with many initiatives being of a long-term nature. This chapter illustrates the types of activities under way, including some developments and achievements. Activities are grouped under themes that reflect the range of matters being examined. Some themes are similar to the national priority issues that are being addressed collaboratively through the NDA, as described in *Chapter 4 – National Developments and Progress*. Bilateral activities provide a local focus that complement and support national action.

Improving Transition from School to Employment and Alternatives to Work

Joint projects are examining opportunities to better support people with disabilities as they move from school to work and alternatives to work, and use employment and community access services. The projects focus on improving service planning and delivery, streamlining referrals and assessments for specialist employment services, developing new and flexible funding approaches, preparing school leavers, and increasing access to employment and income support. Examples of joint projects initiated in 2003-04 include:

- Developing pilot programs to support new and flexible ways of assisting school leavers to move to employment in New South Wales.
- Forging stronger links between Centrelink and State/Territory Government agencies to improve opportunities for people with disabilities to access Australian Government employment support programs.
- A pilot program to develop the work skills of school leavers with high support needs in Western Australia.
- In the Northern Territory, two pilot projects are underway to address the employment and training needs of people with disabilities, and the educational outcomes of students with disabilities are also being examined.
- Evaluating the effectiveness of current post-school services and supports provided to people with disabilities in the ACT.
- Identifying pathways related to the transition between education, training and employment services and exploring opportunities for more coordinated transition systems in Queensland.

6. Bilateral Achievements - Supporting Local Collaboration

- Monitoring the impact of the Australian Government reforms to supported employment and State Government changes to service provision, on access to employment and day services, by clients with high support needs.

Younger People with Disabilities Living in Aged Care Facilities

As highlighted in *Chapter 4 – National Developments and Progress*, improving residential options for young people with disabilities in nursing homes and other aged care facilities has been identified as a national priority issue by Disability Ministers and by the Council of Australian Governments. Projects initiated locally through bilateral agreements are informing national discussion and policy direction. For example:

- In Victoria, two pilot projects funded through the Australia Government's Innovative Pool Initiative are examining and exploring alternative models of accommodation and support. One project involves a community housing option while the other project focuses on provision of additional supports for people with multiple sclerosis living in group housing.
- In Queensland, work commenced to profile the needs of people under 50 years of age residing in aged care facilities in that State.

Meeting the Needs of Older People with Disabilities and Carers who are Ageing

The needs of older people with disabilities, and carers who are ageing, are being addressed across a number of jurisdictions. Initiatives in 2003-04 include:

- Examination of strategies to support ageing carers of people with disabilities by the Queensland and Australian Governments to support the implementation of the Queensland Government *Carer Recognition Policy*.
- In Western Australia, the *Senses' Disability and Ageing project* has been funded through the Australian Government's *Innovative Pool Initiative* to pilot new approaches for supporting people with disabilities who are ageing.
- In Tasmania, the *Oakdale Ageing in Place project* is piloting innovative and practical ways to support people with disabilities when they retire, to meet their social, emotional and recreational needs.

Addressing the Needs of People with Challenging Behaviours

Joint projects are examining the needs of young people with challenging behaviours and developing new models of service delivery. Activities include:

- In Victoria, jointly funding of *Signposts for Building Better Behaviour*, an early intervention and prevention project to assist families and carers.
- In Tasmania, examining options for improving service provision and supports.
- In the Northern Territory, investigating avenues of support to assist people with challenging behaviours and their families.

6. Bilateral Achievements - Supporting Local Collaboration

Responding to the Needs of People with Acquired Brain Injury

A joint Queensland and Australian Government project examining the issues facing people with acquired brain injury and their service needs commenced. Activities focused on identifying priorities for collaborative work.

Addressing the Needs of Indigenous Australians with Disabilities

The needs of Indigenous Australians are being examined through a range of collaborative projects:

- In NSW, an Indigenous Disability Advocacy Service has been established as a joint funding initiative to extend service access and provide expert advice about the needs of Indigenous people with disabilities.
- A pilot training project for Indigenous students with disabilities, based at Taoundi College in South Australia, is under way. The project aims to build students' confidence and assist in developing their career pathways.
- In Western Australia, alternative services models and opportunities for shared arrangements are being explored.
- In the Northern Territory, future work to support good practice in the delivery of services to Indigenous people with disabilities living in rural and remote communities is being considered in light of the *Sharing Stories* project, a NDA initiated guide to service planning and development.

Improving Advocacy Services

Under the CSTDA, Australian and State/Territory Governments share responsibility for administration and funding of advocacy services. Several jurisdictions – Victoria, Queensland and Western Australia – are working in partnership with the Australian Government to develop better approaches to advocacy service planning and provision and improve service coverage and quality. Activities include service mapping, needs assessment and the development of common performance reporting arrangements.

Coordinated Service Planning and Provision

Opportunities for coordinated planning and service delivery across governments are also being examined. Activities cover joint service mapping, improving access to services in rural and remote communities, exchanging information on service strategies and demand trends, and joint certification processes for funded agencies. Developments in 2003-04 include:

- In Western Australia, initiation of a joint project to map services in rural and remote communities to identify service gaps and requirements.
- Development of a joint certification process for agencies receiving Australian Government and South Australian Government funding for the provision of CSTDA services.

6. Bilateral Achievements - Supporting Local Collaboration

- In South Australia, a service mapping and needs assessment project of Australian and State Government-funded disability services to highlight service gaps and identify opportunities for coordinated planning.

Building Links between Governments and People with Disabilities, their Families and Carers

An important theme underpinning all bilateral agreements is the commitment to strengthen consultation and build partnerships in service development across governments and the disability community. Activities include regular briefings to jurisdictional advisory bodies, sharing information on service strategies and demand trends, participation in forums and briefings on developments.

7. Services, Service Users and Funding

7.1 National Data Collection Arrangements

Improvements in data collection and quality have been a continuing priority under all three disability Agreements. A major advance was achieved with the introduction of new national data collection arrangements from October 2002.

The NDA and the Australian Institute of Health and Welfare (AIHW) jointly undertook the redevelopment process. It involved extensive consultation with CSTDA service users and providers, carers and peak disability organisations, and field testing to ensure the practicality of collection.

The new arrangements improve the range and quality of information available about the people who receive CSTDA-funded services, the services they receive, service outlets and costs to government. They include two important changes - a new NMDS and collection of whole of year data. Privacy and data principles have been refined to reflect the new arrangements.

Revised national minimum data set

The NMDS has been revised to ensure that data collected reflect the types of specialist disability services delivered today and is relevant to current issues and information needs. For example, better information about the important and critical role of carers, and the relationships between informal care and the provision of services, is now collected.

Move to whole of year data

Data is now collected for the whole of the year whereas previously information was collected on a single 'snapshot' day. For the first time, a national profile of all people receiving CSTDA-funded services in a financial year is available.

Last year's public report presented data for the six months to June 2003. This report presents data for the full 2003-04 financial year.

7.2 Data Sources and Quality

The data used comes primarily from the CSTDA NMDS national database. The database is compiled, and the tabulations prepared, by the AIHW as the Data Agency for the NDA.

It is estimated that, across Australia, 9,466 service outlets provided CSTDA-funded services to people with disabilities during the year 2003-04. Of these outlets, 88% (8,347 outlets) provided useable data for the CSTDA NMDS. Across jurisdictions, the response rates ranged from 77% to 100%. Data quality and completeness is expected to continue to improve in future years.

7. Services, Service Users and Funding

The tables and charts presented throughout this report provide a comparative picture of CSTDA-funded disability services across Australia. The following factors should be considered when interpreting this data:

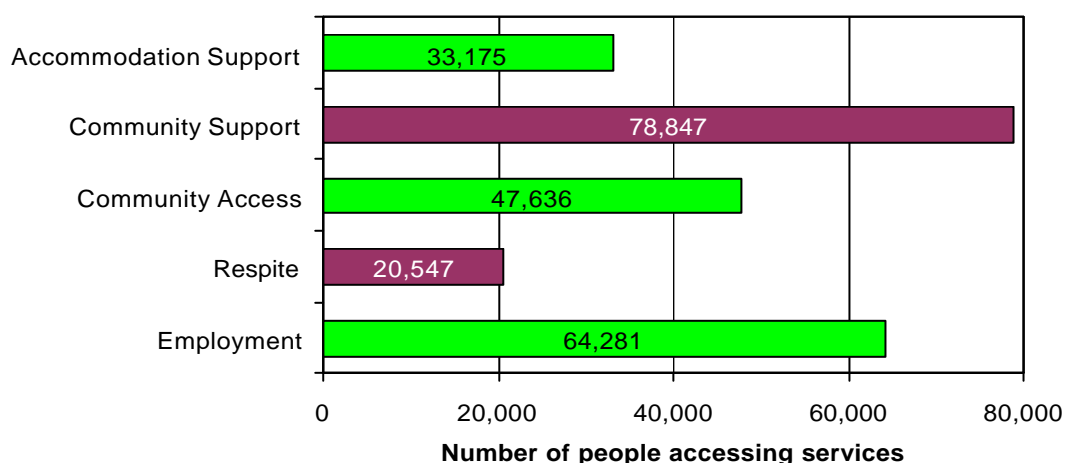
- ? Not all service outlets provided data for the period or submitted useable data. The number of service users reported is, therefore, likely to be understated, which means that the average cost per service user is probably lower than that reported.
- ? The mix or combination of services provided varies among jurisdictions. For example, some jurisdictions opt to provide more in-depth, and hence, more costly services than others.
- ? There are variations amongst jurisdictions in the collection of data relating to specialist psychiatric services. For instance, data relating to NSW, SA, Tas, ACT and NT exclude those users who only receive these services, resulting in a proportionally lower number of total users for these jurisdictions.

For these reasons, comparison of service costs and other variables between jurisdictions should be made with caution.

7.3 Services and Service Users

During the year 2003-04, an estimated 187,806 people used CSTDA-funded specialist disability services. These services include five broad types of service - accommodation support, community support, community access, respite and employment services. *Chart 2* shows the number of people who accessed each of these types of service during the year. Some people received more than one type of service.

Chart 2: Service users of CSTDA-funded services, 2003-04



Source: AIHW 2005.³

³ For employment services, all (100%) CSTDA-funded service outlets provided useable data for the period. However for the other four service types illustrated, an average of 86% of service outlets provided useable data. Therefore for all service types other than employment, the number of service users shown in the chart is likely to be understated.

7. Services, Service Users and Funding

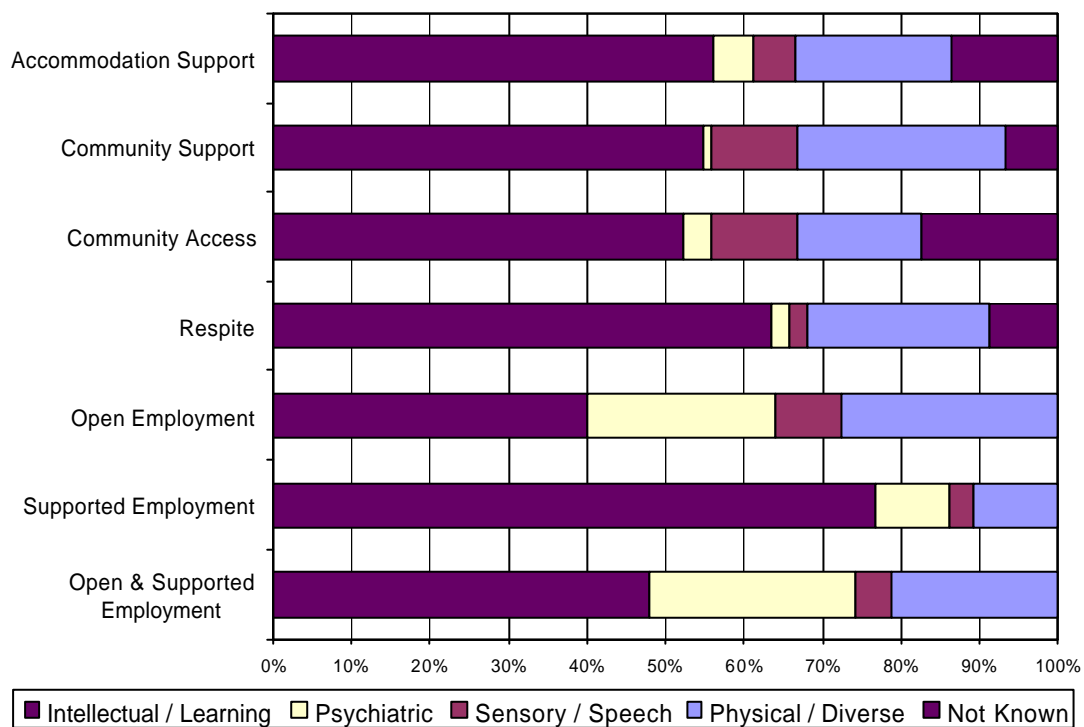
Community support and employment services were the most widely accessed service types:

- 42% (78,847) of service users accessed community support services, which include services to assist people with disabilities to engage and participate in the community.
- 34% (64,281) of service users utilised employment services, including open employment, supported employment, and open & supported employment.

Disability Group

The profile of service users, in terms of their reported primary disability, differs between service types, as *Chart 3* shows. To simplify presentation, primary disability groups have been combined into four higher-level groupings. The definition of each group is provided in the report glossary.

Chart 3: Primary disability group of service users, by service type, 2003-04



Source: AIHW 2005.

Service users reporting that their primary disability was an intellectual/learning disability were the most represented group for all service types. For each service type, more than half of service users reported that their primary disability was an intellectual/learning disability, with the exception of open employment (40%) and open & supported employment (48%) services.

For supported employment services, people reporting that their primary disability was an intellectual/learning disability represented over three quarters (77%) of service users.

People reporting that their primary disability was a psychiatric disability represented a relatively large proportion of open (24%) and open & supported (26%) employment service users. For other service types, relatively few service users reported that their primary disability was a psychiatric disability.

7. Services, Service Users and Funding

For all service types other than employment, the primary disability group of a small proportion of users (between 6% and 18%) was not known.

Further information is provided for each service type in subsequent sections.

Sex of Service Users

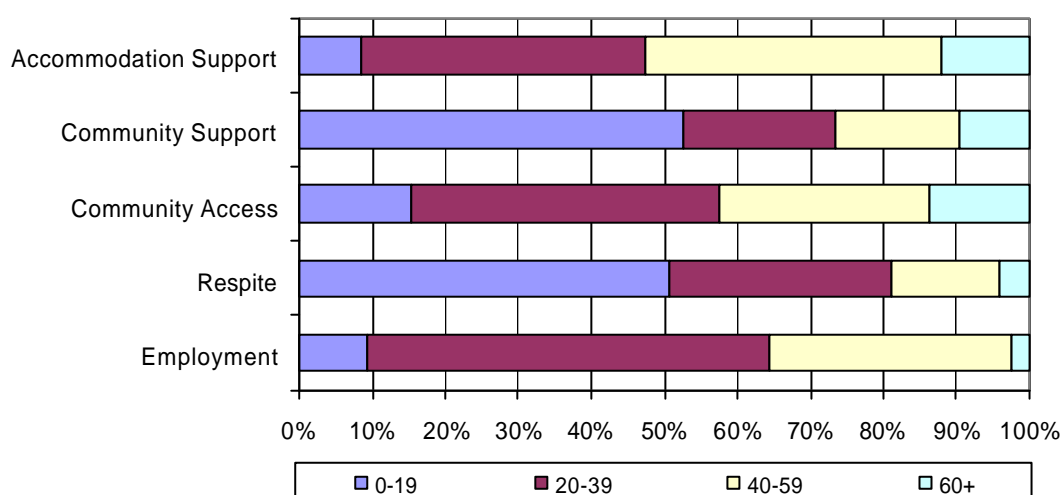
Of the total service users, 59% were male and 41% were female. This pattern varied across service types. In particular, compared to the representation across all CSTDA service types:

- a comparatively higher proportion of employment service users were male (64%).
- comparatively lower proportions of accommodation support and community access service users were male (55% and 54% respectively).

Age of Service Users

The age profile of service users varies across service types as shown in *Chart 4*.

Chart 4: Age of service users, by service type, 2003-04



Source: AIHW 2005.

There was a large proportion of younger service users (aged 0 - 19 years) for community support (53%) and respite care (51%) services, compared to other service types.

Accommodation support service users were generally older than those of other service types – more than half (53%) were aged 40 years and over. For employment services, over half of the service users (55%) were aged 20-39 years.

Service users aged 60 years and over represented a significant portion of the users of community access (14%), accommodation support (12%) and community support (10%)

⁴ Data regarding the number of service users in each age grouping has been adjusted in the chart, and throughout this chapter, to exclude the small proportion of service users whose age was not stated.

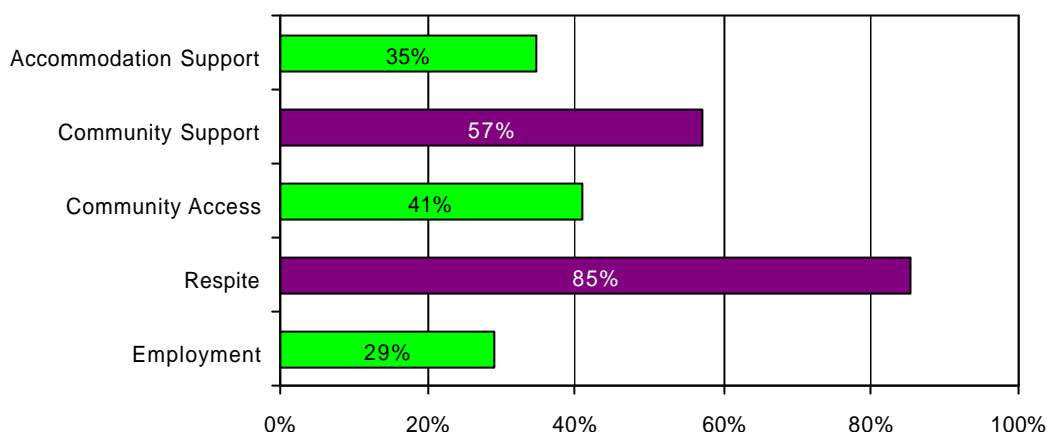
7. Services, Service Users and Funding

services. This highlights the need for effective coordination of disability services with aged care and related services.

Presence of an Informal Carer

An informal carer is a person such as a family member, friend or neighbour, who provides care and assistance on a regular and sustained basis. In 2003-04, 42%⁵ of service users reported that they had an informal carer. *Chart 5* identifies this information for each service type.

Chart 5: Proportion of service users who have an informal carer, by service type, 2003-04



Source: AIHW 2005.

For respite services, 85% of service users reported that they had an informal carer. A significant proportion of community support service users (57%) also reported the presence of an informal carer. For people who accessed accommodation support services (35%) or employment services (29%), the existence of an informal carer was less common.

Potential Population

The AIHW, through analysis of ABS statistics, has estimated the potential population of people in Australia who may at some time require access to specialist disability services. This estimate is intended to broadly indicate the number of people with the potential to require specialist disability services at some time. This potential population is not the same as the population needing services or the population choosing to access services. Further details are provided in the glossary.

The AIHW estimated that the potential population totalled 687,710 people across Australia. The following analysis uses AIHW estimates to calculate the average number of service users per 1000 potential population, in each State and Territory.

⁵ 42% reported that they had an informal carer, 38% reported that they did not have an informal carer and 20% did not provide this information. Given the high proportion of service users that did not report whether or not they had an informal carer, this information should be used with caution.

7. Services, Service Users and Funding

This analysis identifies the total number of service users for accommodation, community support, community access and respite services (i.e. services other than employment) compared to the potential population. A separate analysis follows for employment services.

In 2003-04, there were 135,288 users of services other than employment, compared to the potential population of 687,710⁶ people. This equates to 197 service users per 1000 potential population. *Chart 6* shows comparable information for each State/Territory.

Chart 6: Users of services other than employment per 1000 potential population, by State / Territory, 2003-04



Source: Australian Healthcare Associates analysis of data from AIHW 2005.

Not all service outlets provided data and the number of service users shown is therefore likely to be understated. Outlet participation rates varied between States / Territories, with NSW having the lowest rate. Given this variation, the data presented should be used with caution.

- Of the six States, Victoria had the highest number of service users (322) and NSW and Queensland the lowest (117) per 1000 potential population.
- Victoria, WA, SA and Tasmania each had more than 220 service users per 1000 potential population.
- ACT, NT, NSW and Queensland each had less than 120 service users per 1000 potential population.
- States/Territories with relatively more services users per 1000 potential population tended to maintain this pattern across all services types. For example, Victoria had more service users per 1000 potential population than NSW for each service type.

The preceding analysis relates to services administered by State and Territory Governments. This does not include disability employment services, which are administered by the Australian Government.

⁶ The AIHW is currently developing a separate estimate of the potential population for respite services. This estimate, to be utilised in subsequent annual reports, is expected to identify a lower potential population for respite services than that for accommodation support, community support and community access services. This separate potential population estimate will recognise that only service users with informal carers will have a need to access respite services.

7. Services, Service Users and Funding

For disability employment services, a smaller potential population was estimated by the AIHW, totalling 328,677 people. This smaller estimate recognises that people receiving employment services are aged 15 to 64 years and also takes into account the labour force participation rate of all people in Australia. This potential population estimate therefore, does not include children and the aged. It also does not include those people choosing not to undertake paid employment.

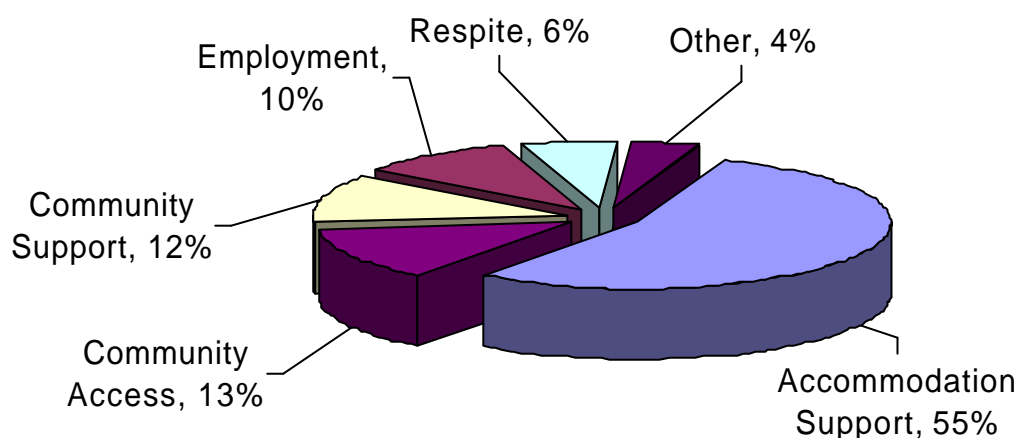
Across Australia, a total of 64,281 people received CSTDA-funded employment services in 2003-04 compared to the potential population for employment services of 328,677. This is equivalent to 196 service users per 1000 potential population.

7.4 Government Expenditure

Expenditure by Service Type

Chart 7 shows how government funding is allocated between service types. The chart is based on the funding provided by all governments for the year 2003-04. Administrative costs are not included.

Chart 7: CSTDA government expenditure, by service type, 2003-04



Source: AIHW 2005.

Accommodation support services accounted for over half (55%) of 2003-04 CSTDA expenditure by governments. Around 13% of the total funds was spent on community access services, 12% was spent on community support services, 10% on employment services, 6% on respite services and 4% on other service types. Other service types include advocacy services, information services and print disability services.

Expenditure per Potential Population

The AIHW estimated that the potential population totalled 687,710 people across Australia, as indicated previously. This estimate is intended to broadly indicate the number of people with the potential to require specialist disability services at some time.

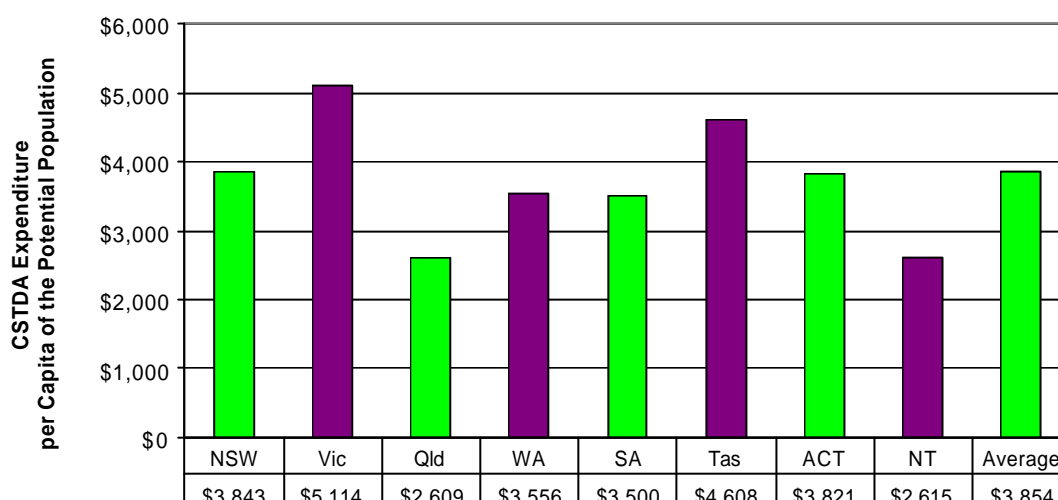
7. Services, Service Users and Funding

The following analysis identifies the average CSTDA expenditure per capita of the potential population for each jurisdiction. Administration expenses are not included.

Analysis is shown firstly for services administered by the States and Territories - accommodation support, community support, community access, respite and other services (i.e. services other than employment). A separate analysis is presented for employment services, which are administered by the Australian Government.

For services other than employment, total CSTDA expenditure in 2003-04 was \$2,650 million, excluding administration expenses. This equates to expenditure of \$3,854 per capita of the potential population of 687,710.

Chart 8: CSTDA expenditure for services other than employment in each State / Territory, per capita of the potential population, 2003-04



Source: Australian Healthcare Associates analysis based on data from the Productivity Commission Report on Government Services 2005 and AIHW 2005.

As shown in *Chart 8*, CSTDA expenditure in Victoria was the highest of all regions, at \$5,114 per capita of the potential population. Expenditure in Queensland and NT were lowest at \$2,609 and \$2,615 per capita of the potential population respectively.

It is important to note that the calculated values do not represent expenditure per service user. The average expenditure for each service user was substantially greater than the amounts shown. The main purpose of the calculation is to allow comparison of CSTDA expenditure in each State and Territory. It should also be noted that many factors may cause expenditure per capita to vary between jurisdictions, including the profile of service delivery. States/Territories with lower expenditure per capita of the potential population may be delivering a different mix of services, rather than providing fewer services.

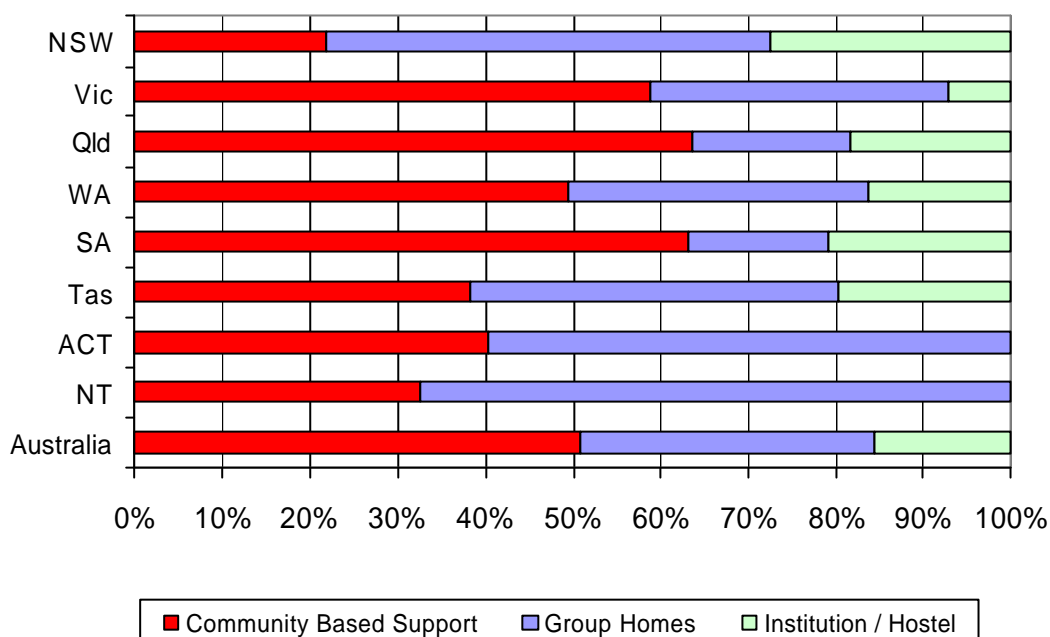
The above analysis relates to services other than employment. For employment services, \$301 million was expended in 2003-04 by the Australian Government, excluding administration expenses. This equates to \$917 per capita of the potential population, based on the potential population for these services of 328,677.

7. Services, Service Users and Funding

7.5 Accommodation Support Services

For the year 2003-04, 33,175 people received accommodation support services. *Chart 9* shows patterns of accommodation service use for each State and Territory as well as the average for Australia.

Chart 9: Service users of accommodation support services, by service type category, by State / Territory, 2003-04



Source: AIHW 2005⁷.

Overall, across Australia more than half (51%) of accommodation support service users received support to live in the community in their own or family home. Services include attendant care, personal care, and in-home support. A further third (33%) of accommodation support service users were provided with accommodation in group homes, while 16% were provided with accommodation support in institutions or hostels.

Compared to the average for Australia and all other States and Territories, NSW had a significantly lower proportion of accommodation service users receiving community based support (22%). In the ACT and NT, accommodation support services include community based support and support in group homes, but not provision of accommodation in institutions or hostels.

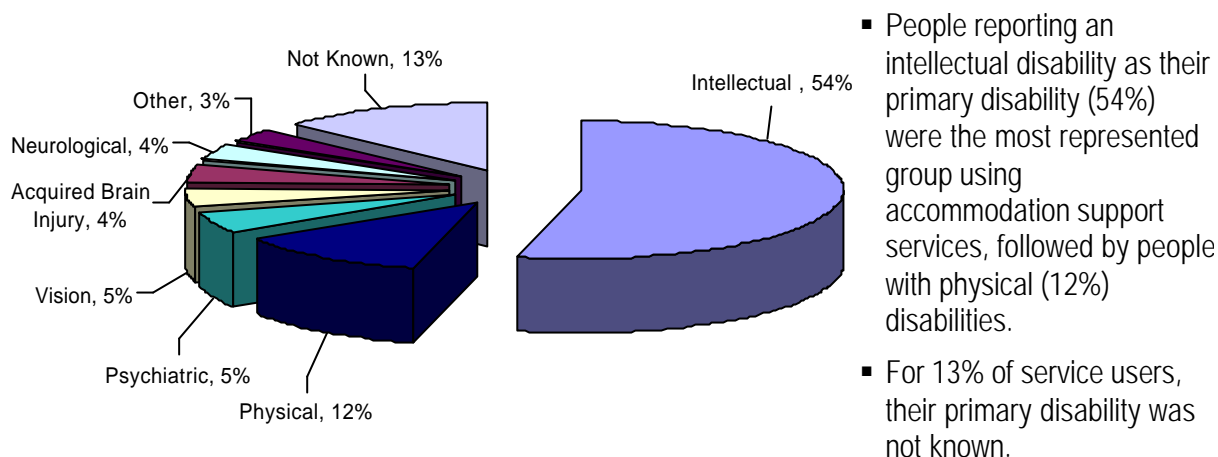
Over 14,000 (42%) of the 33,175 accommodation support service users also received community access services such as learning and life skills development, recreation and holiday programs.

⁷ Approximately 2% of service users received more than one type of accommodation service. The data for each State/Territory and for the total, therefore adds to slightly more than 100%. For ease of illustration, the data has been adjusted to add to 100%.

7. Services, Service Users and Funding

Chart 10 identifies the proportion of accommodation service users by primary disability group. The chart illustrates the six highest represented primary disability groups. The 'other' group includes service users with other primary disabilities.

Chart 10: Service users of accommodation support services, by primary disability group, 2003-04



Source: AIHW 2005.

Service users of accommodation support services were generally older than those using other CSTDA-funded service types. Over half (53%) were aged 40 years and over, including 12% aged 60 years and over. Less than 9% of accommodation support service users were under 20 years of age.

The average cost to government per service user varies across accommodation support categories, reflecting the different nature of services. The national average costs for the year 2003-04 were:

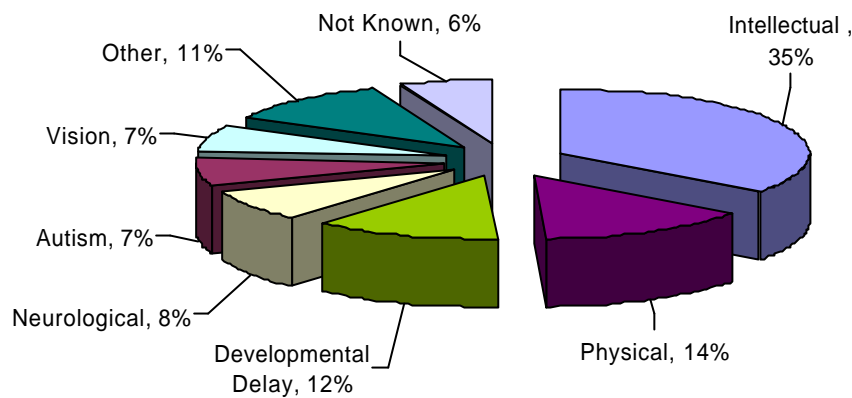
- Institutions and Hostels: \$74,461 per service user.
- Group Homes: \$83,098 per service user.
- Community Based Support: \$18,883 per service user.

7.6 Community Support Services

In the year 2003-04, 78,847 people accessed CSTDA-funded community support services. These services assist people with a disability to live and participate in the community and include case management, regional resource and support teams, counselling, early childhood intervention services and other therapy services.

7. Services, Service Users and Funding

Chart 11: Service users of community support services, by primary disability group, 2003-04



- People with an intellectual disability as their primary disability (35%) represented the largest group accessing community support services, followed by those with physical disabilities (14%) and developmental delay (12%).
- A further 8% of service users were people with a neurological disability, 7% were people with autism and 7% with people with a vision disability.
- People with other primary disabilities (11%) and those whose primary disability was not known (6%) made up the remaining 17% of service users.

Source: AIHW 2005.

Community support and respite care service users were relatively young compared with users of other service types. People aged 0-19 represented more than half (52%) of all users of these service types - a greater proportion of service users than for all other service types.

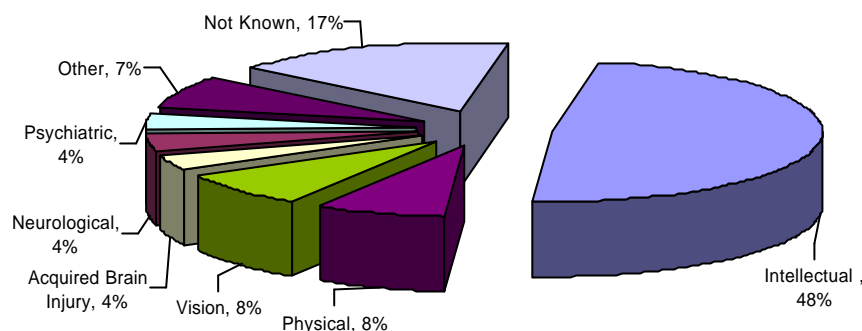
Community support services were estimated to cost government, on average, \$4,514 per service user for 2003-04.

7.7 Community Access Services

Over the period 2003-04, 47,636 people used CSTDA-funded community access services. These services help people with disabilities to use and develop their abilities to enjoy social independence. Services include learning and life skills development, recreation and holiday programs.

7. Services, Service Users and Funding

Chart 12: Service users of community access services, by primary disability group, 2003-04



- 48% of all users of community access services reported that their primary disability was an intellectual disability.
- The next most significant groups utilising community access services were people with a physical (8%) or a vision (8%) disability.
- For 17% of service users, their primary disability was not known.

Source: AIHW 2005.

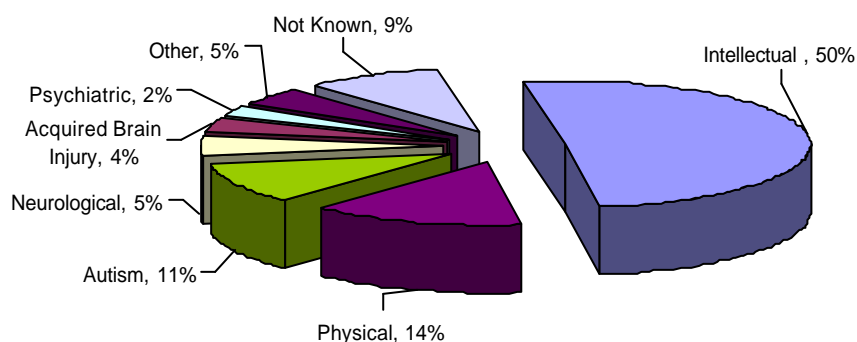
The age profile of community access service users was generally similar to the average age profile across all service types. People aged 20-39 years were the largest group of users of this service type, representing 42% of service users.

In 2003-04, the cost to government of community access services was, on average, \$8,038 per service user.

7.8 Respite Services

In 2003-04, 20,547 people with disabilities accessed CSTDA-funded respite services. Respite services provide a short-term break for families and other voluntary carers of people with disabilities.

Chart 13: Service users of respite services, by primary disability group, 2003-04



- Half (50%) of respite service users reported their primary disability was an intellectual disability, followed by physical (14%), autism (11%) and neurological (5%) disabilities.
- For 9% of service users, their primary disability was not known.

Source: AIHW 2005.

People using respite services and people using community support services, were generally younger than service users of other service types. Just over half (51%) of respite service users

7. Services, Service Users and Funding

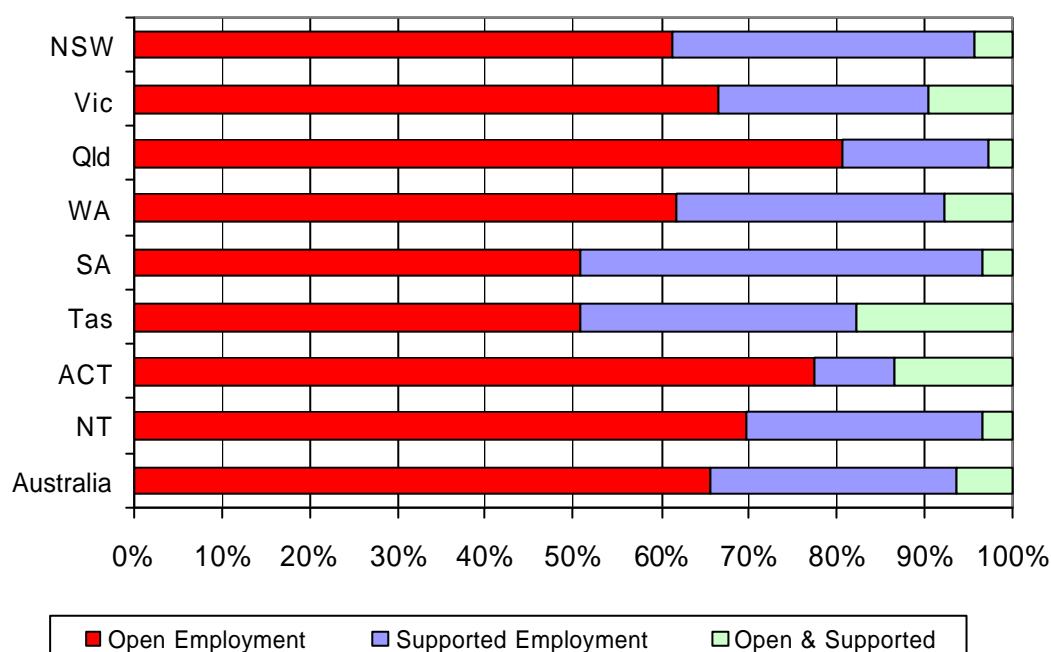
were aged 19 years or under and a further 31% were aged 20-39 years. In total, these two age groups represent 82% of all respite service users.

The cost to government of respite services for 2003-04 was, on average, \$8,668 per service user.

7.9 Employment Services

In 2003-04, 64,281 people accessed CSTDA employment services. Employment services provide support to people with disabilities to assist them to obtain and/or retain employment. *Chart 14* shows patterns of employment service use for each State and Territory as well as the average for Australia.

Chart 14: Service users of employment services, by service type category, by State / Territory, 2003-04



Source: AIHW 2005⁸.

Overall, 67% of employment service users received open employment services, 29% supported employment services, and 4% open & supported employment services. The profiles for NSW, Victoria and WA were broadly similar to this national profile.

Open employment services is assistance to obtain or retain paid employment in another organisation. Supported employment assistance is where an organisation supports or employs people within the same organisation.

For Queensland and the ACT, a greater proportion of employment service users accessed open employment services than the national average – 81% and 78% respectively.

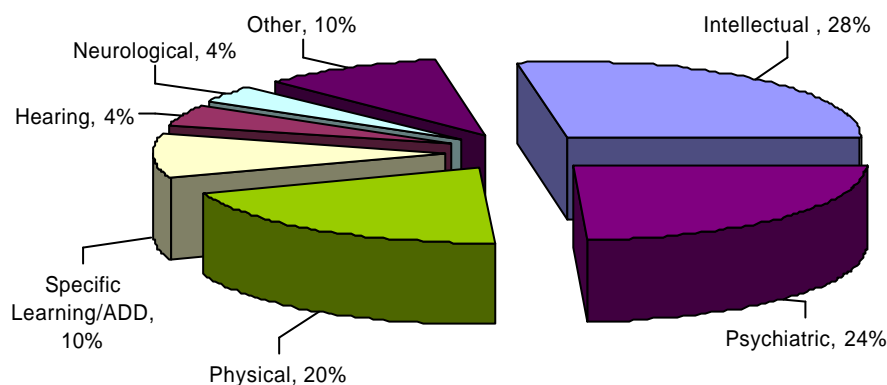
⁸ Approximately 2% of service users received more than one type of employment service. The data for each State/Territory and for the total, therefore adds to slightly more than 100%. For ease of illustration, the data has been adjusted to add to 100%.

7. Services, Service Users and Funding

Around half (51%) of the employment service users in both SA and Tasmania used open employment services. In SA a further 46% used supported employment services, while in Tasmania 31% used supported and 18% used open & supported employment services.

Patterns of employment service use also varied among different primary disability groups, as *Chart 15* and *Chart 16* indicate.

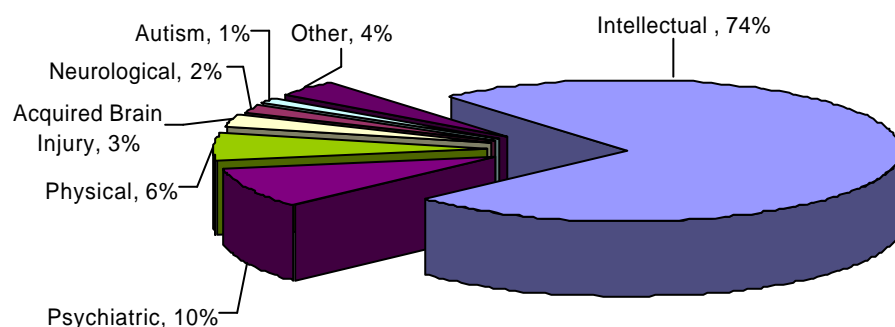
Chart 15: Service users of open employment services, by primary disability group, 2003-04



- Less than a third (28%) of open employment service users reported that their primary disability was an intellectual disability. This contrasts with supported employment (74%).
- Twenty four percent (24%) of service users of open employment services reported that their primary disability was psychiatric disability, followed by physical (20%) and specific learning disability/attention deficit disorder (10%).

Source: AIHW 2005.

Chart 16: Service users of supported employment services, by primary disability group, 2003-04



- People who reported an intellectual disability as their primary disability (74%) were the most represented group of supported employment service users followed by psychiatric (10%) and physical (6%) disability service users.

Source: AIHW 2005.

There was also variation in the age profiles of service users for different types of employment services. Open employment services have a younger service user profile than that of supported employment services. People aged 15-39 years represent 70% of open employment service users compared with 56% of supported employment service users. The average cost to government of providing CSTDA-funded employment services for the year 2003-04 was:

- \$3,401 per open employment service user.
- \$6,613 per supported employment service user.

7. Services, Service Users and Funding

- \$3,997 per open & supported employment service user.

The average cost to government per service user of supported employment services (\$6,613) was almost twice the cost to government for open employment services (\$3,401).

7.10 Further Information

This report highlights some of the information contained in the CSTDA NMDS for 2003-04.

More detailed and comprehensive information from the NMDS is available in the AIHW report - *Disability Support Services 2003-04: National Data on Services Provided under the Commonwealth State/Territory Disability Agreement.*⁹

⁹ AIHW 2005. Disability support services 2003-04: national data on services provided under the Commonwealth State/Territory Disability Agreement. AIHW cat. no. DIS 40. Canberra: AIHW.

8. Glossary and Acronyms

accommodation support services	These are services for people with disabilities that provide accommodation (group homes, hostels and institutions) and/or provide community based support (attendant care, personal care, in-home support) to enable people with disabilities to remain in their existing accommodation.
acquired brain injury	Multiple disabilities acquired after birth arising from damage to the brain. It results in deterioration in cognitive, physical, emotional or independent functioning. It can be as a result of accidents, stroke, brain tumours, infection, poisoning, lack of oxygen, degenerative neurological disease etc.
advocacy services	Services designed to help people with disabilities to increase the control they have over their lives through the representation of their interests and views in the community.
Agreement	Refers to the Commonwealth State/Territory Disability Agreement.
AIHW	Australian Institute of Health and Welfare, external data agency to the National Disability Administrators for the CSTDA National Minimum Data Set.
annual cost to government	The total annual funding provided to all outlets of the relevant service type categories, not including administration, as provided by all jurisdictions.
asperger syndrome	A developmental disorder that affects how the brain processes information. asperger syndrome is one of the 'autism spectrum disorders'.
autism	A pervasive developmental disorder involving disturbances in cognition, interpersonal communication, social interactions and behaviour (in particular obsessional, ritualistic, stereotyped and rigid behaviours). It includes asperger syndrome and Pervasive Developmental Delay.
average cost to government per service user	This is calculated as the total expenditure provided by government divided by the number of service users.
bilateral agreement	An agreement made between two parties, in this case the Australian Government and a State or Territory Government.
carer also informal carer	An informal carer is a person such as a family member, friend or neighbour, who provides care and assistance on a regular and sustained basis.
client	A client is a person with a disability who receives a CSTDA-funded service. A client may receive more than one service over a period of time or on a single day. Also described as a service user or consumer.
community access services	These services help people with disabilities to use and develop their abilities to enjoy social independence. They include day services, learning and life skills development, recreation and holiday programs. People who do not attend school or who are not employed full-time mainly use these services.

8. Glossary and Acronyms

community support services	These services provide the support needed for people with disabilities to live in a non-institutional setting. They include case management, regional resource and support teams, counselling, early childhood intervention services and other therapy services.
consumer	A consumer is a person with a disability who receives a CSTDA-funded service. A consumer may receive more than one service over a period of time or on a single day. Also described as a service user or client.
CSDA	Commonwealth State Disability Agreement. This term was used for the first two Agreements dating 1991-1996 and 1997-2001 respectively.
CSTDA	Commonwealth State/Territory Disability Agreement. This term has been used for the third Agreement i.e. Commonwealth State/Territory Disability Agreement 2002-2007.
deafblind	Dual sensory (vision and hearing) impairments that cause severe restrictions in communication and in the ability to participate in community life.
developmental delay	A term that is applicable to children aged 0-5 years only. It covers conditions appearing in the early developmental period, with no specific diagnosis.
employment services	Services that provide assistance to people with disabilities in obtaining or retaining employment.
financial year	The period from 1 July to 30 June in a given year.
generic services	Services designed for the community in general, such as health care, housing, recreation and transport generic services.
group home	Provide combined accommodation and community based residential support to people in a residential setting. Usually no more than 6 service users are located in any one house, although this can vary.
hearing disability	Encompasses deafness, hearing impairment and hearing loss.
hostel	Provide residential support in a congregate setting of usually less than 20 beds.
Indigenous	Australian of Aboriginal and/or Torres Strait Islander origin.
information services	Information services provide accessible information to people with disabilities, their carers, families and related professionals. This service type provides specific information about disability specific and generic services, equipment, and promotes the development of community awareness. Information includes contact by phone, print or e-mail that recommends a person to another service.
institution	Provides 24 hour residential support in a congregate or cluster setting of greater than 7 beds.

8. Glossary and Acronyms

intellectual disability	A condition appearing in the developmental period (age 0–18 years) associated with impairment of mental functions, difficulties in learning and performing certain daily life skills, and limitation of adaptive skills in the context of community environments compared to others of the same age. It includes Down Syndrome, tuberous sclerosis, cri-du-chat syndrome etc.
intellectual/learning disability	This is a high level grouping of primary disability type which includes people with development delay, intellectual disabilities, specific learning/attention deficit disorder and autism.
jurisdiction	Refers to each of the nine governments (State, Territory and Australian Government).
multilateral agreement	An agreement made between three or more parties, in this case between the Australian Government and all State and Territory Governments.
NDA	The National Disability Administrators is the group of government officials charged with the responsibility of implementing the Commonwealth State/Territory Disability Agreement.
neurological disability	Impairments of the nervous system occurring after birth, and includes epilepsy and organic dementias (e.g. Alzheimer's Disease) as well as such conditions as multiple sclerosis and Parkinson's.
NMDS	National Minimum Data Set is the set of nationally significant data items that are collected, and agreed method of collection and transmission, that facilitate the annual collation of nationally comparable data about services funded under the Commonwealth State/Territory Disability Agreement.
open & supported employment services	Services that provide a combination of open and supported employment services.
open employment services	Services that assist people with disabilities to obtain and retain paid employment in another organisation.
people with disabilities	People with disabilities where: the disability is attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or a combination of these); it is likely to be permanent and manifests before the age of 65 years; results in substantially reduced capacity for self care and management, mobility and/or communication; and the person therefore requires significant ongoing or long-term episodic support.
physical disability	Condition that is attributable to a physical cause or impacts on a person's ability to perform physical activities, such as mobility. Physical disability includes paraplegia, quadriplegia, muscular dystrophy, motor neurone disease, neuromuscular disorders, cerebral palsy, absence or deformities of limbs, spina bifida, arthritis, back disorders, ataxia, bone formation or degeneration, scoliosis etc. Impairments may affect internal organs such as the lung or liver.
physical/diverse disability	This is a high level grouping of primary disability type which includes people with physical disabilities, acquired brain injury and neurological disabilities.

8. Glossary and Acronyms

potential population	<p>The AIHW has estimated the potential population in Australia who may at some time require access to specialist disability services. This estimate is intended to broadly indicate the number of people with the potential to require specialist disability services at some time. This potential population is not the same as the population needing services.</p> <p>The basis for this estimate is complex. Details are available in the following AIHW report:</p> <p><i>AIHW 2005. Disability support services 2003-04: national data on services provided under the Commonwealth State/Territory Disability Agreement. AIHW cat. no. DIS 40. Canberra: AIHW.</i></p>
primary disability	<p>The disability group that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person (overall difficulty in daily life, not just within the context of the support offered by the service).</p>
print disability services	<p>Includes alternative formats of communication for people who by reason of their disabilities are unable to access information provided in a print medium. Alternative formats include radio, TTY, braille etc.</p>
psychiatric disability	<p>Includes recognisable symptoms and behaviour patterns associated with distress that may impair personal functioning in normal social activity. It includes conditions such as schizophrenias, affective disorders, anxiety disorders, addictive behaviours, personality disorders, stress, psychosis, depression and adjustment disorders.</p>
respite services	<p>Services that provide a short-term and time-limited break for families and carers of people with disabilities to assist and support their primary care role while providing a positive experience for the person with a disability.</p>
response rate	<p>Refers to the proportion of service type outlets for which service user and service received data are available, or the service type outlets providing data.</p> <p>Jurisdictions reported response rates based on the number of service type outlets responding out of the total number of outlets in the jurisdiction.</p>
sensory/speech disability	<p>This is a high level grouping of primary disability type which includes people with vision, hearing, speech and deafblind disabilities.</p>
service outlet	<p>Provider of a CSTDA-funded service.</p>
service type	<p>The support activity that the service outlet has been funded to provide under the Commonwealth State/Territory Disability Agreement. They include accommodation support, community support, community access, respite and employment services.</p>
service user	<p>A service user is a person with a disability who receives a CSTDA-funded service. A service user may receive more than one service over a period of time or on a single day. Also described as a consumer or client.</p>

8. Glossary and Acronyms

snapshot data	Data collected at a point in time, as opposed to over a period of time.
specialist disability services	Services designed to meet the needs of people with disabilities who require ongoing or long-term episodic support.
specific learning/attention deficit disorder (other than intellectual)	A general term referring to a group of disorders, presumed to be due to central nervous system dysfunction rather than an intellectual disability, covering significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical skills.
speech disability	Encompasses speech loss, impairment and/or difficulty in communication.
supported employment services	Provide employment for people within the service organisation and help them in their jobs with training, on the job support and other assistance. Also known as 'business services'.
vision disability	Encompasses blindness, vision impairment and visual handicap (not corrected by glasses or contact lenses).