

**Commonwealth State / Territory Disability Agreement
Annual Public Report 2002-03**

Commissioned by the National Disability Administrators

Prepared by Australian Healthcare Associates

July 2004

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Acknowledgments

The Australian, State and Territory Governments provided information regarding services funded under the Commonwealth State/Territory Disability Agreement (CSTDA).

The project was overseen by a project Steering Committee consisting of representatives from the Australian Government Department of Family and Community Services; Department of Human Services, Victoria; Disability Services Queensland; and Disability Services Commission, Western Australia.

The data used in these tables come 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 Data Agency for the NDA.

The contributions of disability service providers in providing data to funding agencies in all jurisdictions are gratefully acknowledged.

This is the first year of data from the redeveloped CSTDA NMDS. It is expected that the data quality and completeness, will improve in future years.

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Foreword

This report describes the third five year Commonwealth State/Territory Disability Agreement (CSTDA) 2002-2007, and highlights its progress and achievements in 2002-03, the first year of its operation. It has been commissioned by the National Disability Administrators – the group of government officials charged with the responsibility of implementing the Agreement.

Underpinning the CSTDA is a shared vision that in Australia, governments work cooperatively to build inclusive communities where people with disabilities, their families and carers are valued and are equal participants in all aspects of life.

Families and carers meet most needs of people with disabilities. Services provided under the CSTDA support the pivotal role of family and carers.

The CSTDA is built on the two previous agreements and continues the partnership which has been forged between the Australian, State and Territory Governments in the delivery of specialist disability services. Governments have committed \$16.2 billion over the five years to the delivery of specialist disability services under the CSTDA.

The third Agreement incorporates several important features:

- five national policy priorities that set directions for working collaboratively to improve the quality of life of people with disabilities;
- joint work between the Australian Government and individual States and Territories to address issues of local importance, formalised through bilateral agreements;
- new data collection arrangements that will provide better information about who receives services, the services they receive, carer arrangements, service outlets and costs; and
- improved performance reporting to increase accountability and transparency about activities, progress and how funds are spent.

This report is part of the improved performance reporting arrangements to which all governments have committed under the CSTDA. It is the first in a series of annual reports which will be published about activities, progress and achievements made under the existing Agreement.

Some information from the new CSTDA data collection is presented in this report. This identifies the number and characteristics of the people who received CSTDA-funded services and the types of services they received in the first six months of 2003. More comprehensive information for the whole of 2003-04 will be presented in the next annual report.

The National Disability Administrators (NDA) welcomes any comments and suggestions you may have about the report and encourages you to complete the feedback sheet at the back of the report.

*National Disability Administrators
July 2004*

1. Introduction

A Partnership between Governments

The five year Commonwealth State/Territory Disability Agreement (CSTDA) sets the national framework for the delivery, funding and development of specialist disability services for people with disabilities who need ongoing or long-term episodic support.

Through the Agreement, the Australian, State and Territory Governments strive to enhance the quality of life experienced by people with disabilities through assisting them to live as valued and participating members of the community.

The CSTDA sets the administrative and funding arrangements for the delivery of specialist disability services for the five years, 2002-03 to 2006-07. It also establishes national policy priorities that set the themes and directions to guide action and developments.

The CSTDA represents a partnership between the Australian, State and Territory Governments in service and community development for people with disabilities, their families and carers.

Vision

The Agreement's Preamble includes its vision and core principles. It was developed jointly by the National Disability Administrators and the National Disability Advisory Council, in conjunction with State and Territory Disability Advisory Bodies.

Underpinning the Agreement is a shared vision that Australian, State and Territory Governments work cooperatively to build inclusive communities where people with disabilities, their families and carers are valued and are equal participants in all aspects of life.

The spirit of the CSTDA encompasses the Principles and Objectives contained in the Commonwealth *Disability Services Act 1986*, the Commonwealth *Disability Discrimination Act 1992* and complementary State and Territory legislation. It reaffirms the rights of people with disabilities under the United Nations Declaration of Disabled Persons, and the need for continued action in removing all forms of discrimination and in supporting equal rights and opportunities to all individuals throughout their life.

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;
- fostering the development of innovative solutions to address the broad scope and range of supports needed to enable people with disabilities, their families and carers to thrive and to have their opportunities enhanced; and
- continuing collaboration and partnership with individuals, families, carers, community agencies, service providers, advisory and advocacy bodies and local government.

1. Introduction

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 agreement operated from 1997 to 2001.

The First Agreement – 1991 to 1996

The first CSDA was a landmark in the administration of disability services in Australia.

One of the CSDA's major aims was to reduce the amount of duplication and administrative complexity that existed in funding and service arrangements for people with disabilities.

The Agreement defined the roles and responsibilities of Australian, State and Territory Governments in the delivery of specialist disability services. It represented a new approach, placing administrative responsibility for specific services with one level of government.

Specifically, the Australian Government undertook responsibility for administering employment services, and States and Territories undertook responsibility for administering accommodation, community support, community access, respite and other support services. This resulted in a transfer of administrative responsibility and funding. States and Territories transferred their funding for all employment services to the Australian Government to administer, and the Australian Government transferred its funding for accommodation and related services to States and Territories to administer. This 'net transfer' of funds formed the 'base' funding for the CSDA. Subsequent Agreements have provided for both indexation of the CSDA base funds, and varying levels of additional growth funding to meet additional needs.

The Agreement's principles were founded on those of the Commonwealth *Disability Services Act 1986* – namely, the right of people with disabilities to have equal access to the same services as other Australians. The Agreement also supported the enactment of State and Territory legislation mirroring the Commonwealth *Disability Services Act 1986*.

Improvements in data collection and quality to assist decision-making also began during the course of this agreement. The Agreement set out broad data requirements and the Commonwealth, States and Territories, in conjunction with the Australian Institute of Health and Welfare (AIHW) developed a minimum data set. The first collection took place in September 1995.

The Second Agreement – 1997 to 2002

The second CSDA was finalised in May 1998. It continued the broad responsibilities of the first Agreement. Bilateral agreements were introduced to complement the single multilateral agreement and provided a means for the Australian Government and individual States and Territories to work in partnership to address disability issues of local importance and joint interest.

New reporting arrangements were put in place where jurisdictions measured performance against agreed national objectives, and national quality standards for funded services were included.

1. Introduction

The Agreement also included a commitment to examine unmet demand for specialist disability services in Australia. The AIHW was commissioned to undertake a study of demand for disability services¹. The Australian, State and Territory Governments provided additional funding for unmet need totalling \$575 million over the Agreement's last two years. This funding has continued in the third Agreement.

A major disability data redevelopment process began in 1999 to provide better information on numbers and characteristics of people receiving services, and patterns and costs of service provision.

The Third Agreement – 2002 to 2007

The Agreement was renamed the Commonwealth State/Territory Disability Agreement (CSTDA) to reflect the roles of the two Territories. It also continued the broad responsibilities of the first two Agreements, and introduced a preamble developed in collaboration with the National Disability Advisory Council and State and Territory Disability Advisory Bodies.

The CSTDA consolidates the achievements of the first and second Agreements and takes the Agreement forward with restated and new national directions. The key features of this Third Agreement are identified in this report's Foreword.

¹ Australian Institute of Health and Welfare (AIHW) 1997. Demand for disability support services in Australia: size, cost and growth. Cat. No. DIS 8. Canberra, AIHW.

2. Scope of the CSTDA

The CSTDA sets the administrative and funding arrangements for the delivery of specialist disability services.

Roles and Responsibilities

Under the CSTDA, all governments have a shared role in providing funding for specialist disability services, participating in research and development, maintaining transparency and public accountability, planning and managing advocacy, information and print disability services, and supporting innovation and quality services.

States and Territories are responsible for planning, policy setting and management of accommodation, community support, community access, respite and other support services.

The Australian Government is responsible for the planning, policy setting and management of employment services for people with disabilities.

Target Group

Services are targeted to people with disabilities where:

- the disability is attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury, or some combination of these;
- 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.

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 and their purposes are summarised in Box 1.

Box 1 : Services provided under the CSTDA	
<i>Accommodation support services</i>	These services include accommodation (group homes, hostels and institutions) and support services (attendant care, personal care, in-home support) to enable people with disabilities to remain in their existing accommodation or move to more suitable accommodation.
<i>Community support services</i>	These services help people with disabilities to live and participate in the community. They include case management, regional resource and support teams, counselling, early childhood intervention services and other therapy services.

2. Scope of the CSTDA

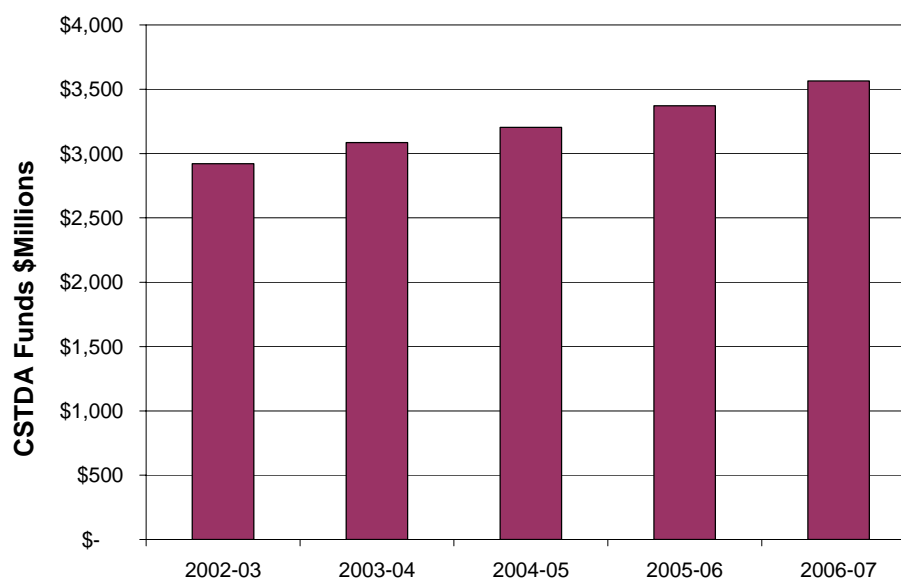
Box 1 : Services provided under the CSTDA	
<i>Community access services</i>	These services help people with disabilities to use and develop their abilities to enjoy social independence. They include learning and life skills development, recreation and holiday programs. People who do not attend school 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.
<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.

Funding Arrangements

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

Governments have currently committed \$16.2 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: Australian, State and Territory Governments 2004

2. Scope of the CSTDA

In 2002-03, funding of approximately \$2.9 billion was made available by governments under the Agreement. This is expected to increase by 22% to approximately \$3.6 billion in 2006-07.

Table 1 shows the amount contributed by each government for 2002-03, the amount transferred from the Australian Government to other governments, and the resulting amount administered by each government.

Table 1: CSTDA funding contributed and administered, by jurisdiction, 2002-03

Jurisdiction	Funding Contributed	Transfer from Australian Govt. to States/Territories	Funding Administered
	\$ Million	\$ Million	\$ Million
Australian Government	\$836	(\$532)	\$304
New South Wales	\$702	\$176	\$878
Victoria	\$719	\$120	\$839
Queensland	\$234	\$102	\$336
Western Australia	\$195	\$42	\$237
South Australia	\$124	\$60	\$184
Tasmania	\$58	\$19	\$77
Australian Capital Territory	\$39	\$7	\$46
Northern Territory	\$14	\$6	\$20
Total Funding - \$ Million	\$2,921	-	\$2,921

Source: *Australian, State and Territory Governments 2004*

Total CSTDA funding for 2002-03 (\$2,921 million), included \$836 million from the Australian Government and \$2,085 million from State and Territory Governments.

From the Australian Government's contribution of \$836 million, \$532 million was transferred to States and Territories to contribute to the provision of services administered by those jurisdictions, and \$304 million was spent on Australian Government provision of employment and other services.

Therefore, of the total CSTDA expenditure of \$2,921 million, the Australian Government was responsible for administering \$304 million, and State and Territory Governments were responsible for administering \$2,617 million of expenditure. Of this \$2,617 million, \$532 million (20%) was contributed by the Australian Government.

Ensuring Service Quality

All services funded under the CSTDA must meet, as a minimum, the *National Standards for Disability Services*.

2. Scope of the CSTDA

Accountability

The CSTDA incorporates improved performance reporting to increase accountability and transparency. Performance measures provide better information on activities, progress and how funds are spent, and better public reporting of information. They include:

- all jurisdictions reporting annually to the NDA on progress and achievements in implementing strategies to address national policy priorities;
- 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 performance reporting framework, its 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 2002-2003, New South Wales was the NDA Chair and provided secretariat services for the NDA.

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

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.

3. National Policy Priorities

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

New National Data Collection Arrangements

Improvements in data collection and quality have been a continuing priority under all three Agreements. A major advance was achieved with the introduction of new national data collection arrangements from October 2002. This followed a major disability data redevelopment process that began in 1999 during the life of the second Agreement. The NDA and the AIHW jointly undertook the redevelopment process. It involved extensive consultations with CSTDA service users and providers, carers and disability peak 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 revised national minimum data set 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 CSTDA national minimum data set (NMDS) has been revised to ensure that data collected reflect the types of specialist disability services delivered today and are relevant to current issues and information needs. Better information about the important and critical role of carers and the relationships between informal care and 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 will be available. This change will give a clearer picture of who receives services, the services they receive, carer arrangements, service outlets and costs.

New data collection arrangements commenced nationally from 1 October 2002. This report for 2002-03, primarily presents data for the six months to June 2003, rather than whole-of-year information.

For the next report, for 2003-04, a national profile of all people receiving a CSTDA-funded service will be available for the full financial year.

Services, Service Users and Funding

The information presented represents the first set of information from the redeveloped CSTDA NMDS collection. It gives an indication of the numbers of people who used CSTDA-funded services across Australia and the types of services they received in the first six months of 2003. Government funding data is also shown, covering the full year 2002-03.

Data Sources and Quality

The data used come primarily from the CSTDA NMDS national database. This database was developed and is maintained jointly by the NDA and the AIHW, in consultation with the disability services sector. The national database is compiled, and the tabulations prepared, by the AIHW as Data Agency for the NDA for this collection.

4. National Developments and Progress

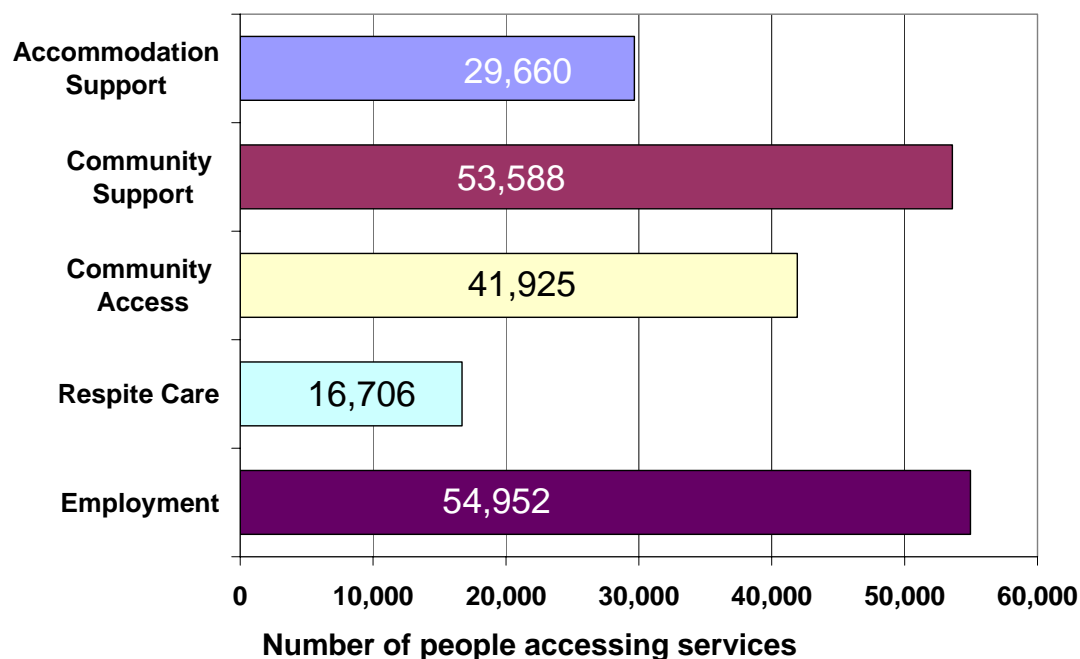
Information from the AIHW indicates that across Australia, 9,297 service outlets provided CSTDA-funded services to people with disabilities during the first six months of 2003. The AIHW identified that, of these outlets, 75% (7,007 outlets) provided useable data for the CSTDA NMDS. Across jurisdictions the response rates ranged from 59% to 100%.

Data quality and completeness is expected to improve in future years.

Services and Service Users

During the first six months of 2003, 155,707 people used CSTDA-funded specialist disability services, provided by the 7,007 service outlets Australia-wide that submitted useable data. Disability services include five broad types of service - accommodation support, community support, community access, respite and employment services. Chart 2 shows the number of people accessing each of these types of service during the six month period. Some people received more than one type of service.

Chart 2: Service users of CSTDA-funded services, January to June 2003



Source: Australian Institute of Health and Welfare (AIHW) 2004.²

Employment services and community support were the most widely accessed service types:

- 35% (54,952) of consumers used employment services, including open employment, supported employment, and open and supported employment.
- 34% (53,588) of consumers used community support services, which include services to assist people with disabilities to engage and participate in the community.

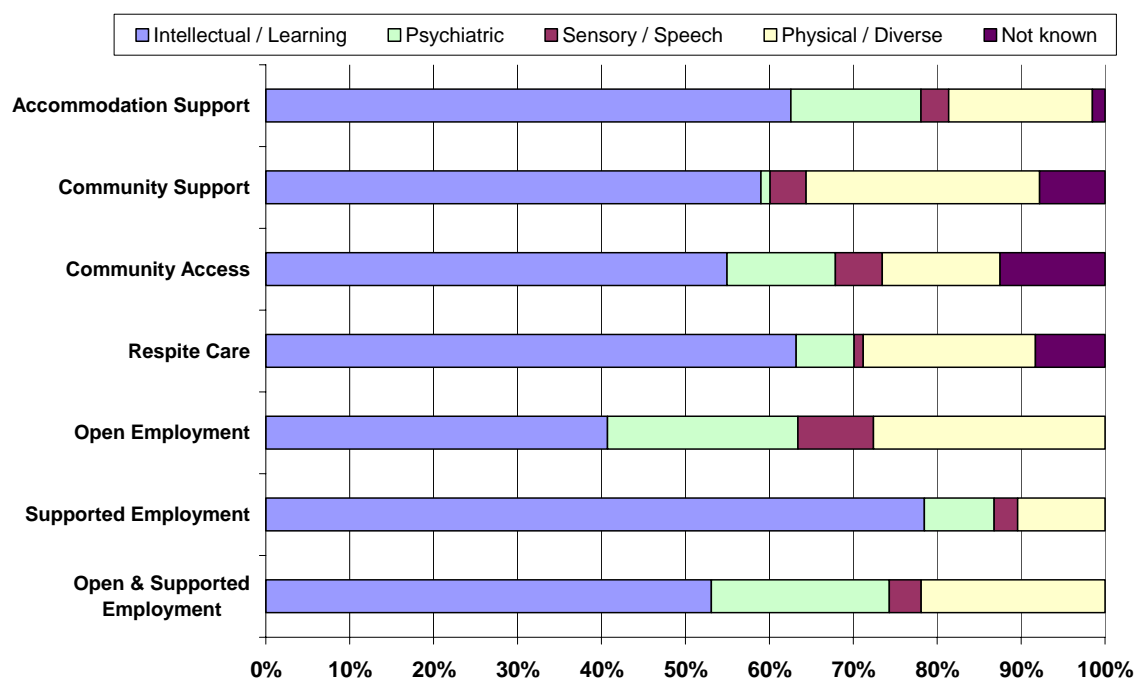
² For employment services, all (100%) CSTDA funded service providers provided data for the six month period. However for the other four service types illustrated, only 69% to 76% of service providers provided useable data. Therefore for all non-employment service types, the number of service users shown in the chart for the six month period, is likely to be understated.

4. National Developments and Progress

Disability Group

Patterns of service use varied among different primary disability groups. Service users reporting that their primary disability was an intellectual disability were the most represented group in all service types, as Chart 3 shows.

Chart 3: Primary disability group of service users, by service type, 2002-03



Source: AIHW 2004.

To simplify Chart 3, high level groupings of primary disability type are presented. The intellectual/learning disability group includes people with development delay, intellectual disabilities, specific learning/attention deficit disorder, and autism. The sensory/speech disability group includes people with vision, hearing, speech and deafblind disabilities. The physical/diverse group includes people with physical disabilities, acquired brain injury and neurological disabilities. Further details are provided for each service type in subsequent sections.

People reporting that their primary disability was an intellectual/learning disability, were the most represented group of supported employment service users (78% of service users) and also of accommodation support and respite care service users (both 63%). Of the people receiving community support, very few (1%) were people with a psychiatric disability as their primary disability.

Sex of Service Users

Of the total reported service users, 60% were male, and 40% were female. As Chart 4 shows, this pattern varies across some service types.

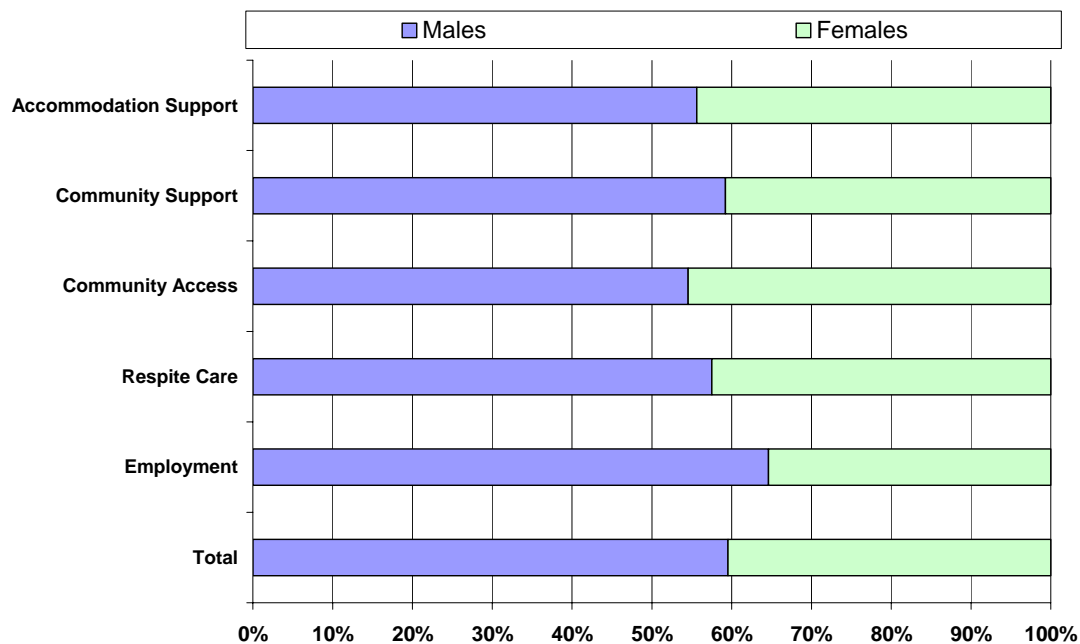
Compared to the representation across all CSTDA service types:

- a slightly higher proportion of employment service users were male, (65%) compared to female (35%) service users.

4. National Developments and Progress

- for accommodation support and for community access, there were slightly lower proportions of males, (56% and 55%) relative to females (44% and 45%).

Chart 4: Sex of service users, by service type, 2002-03

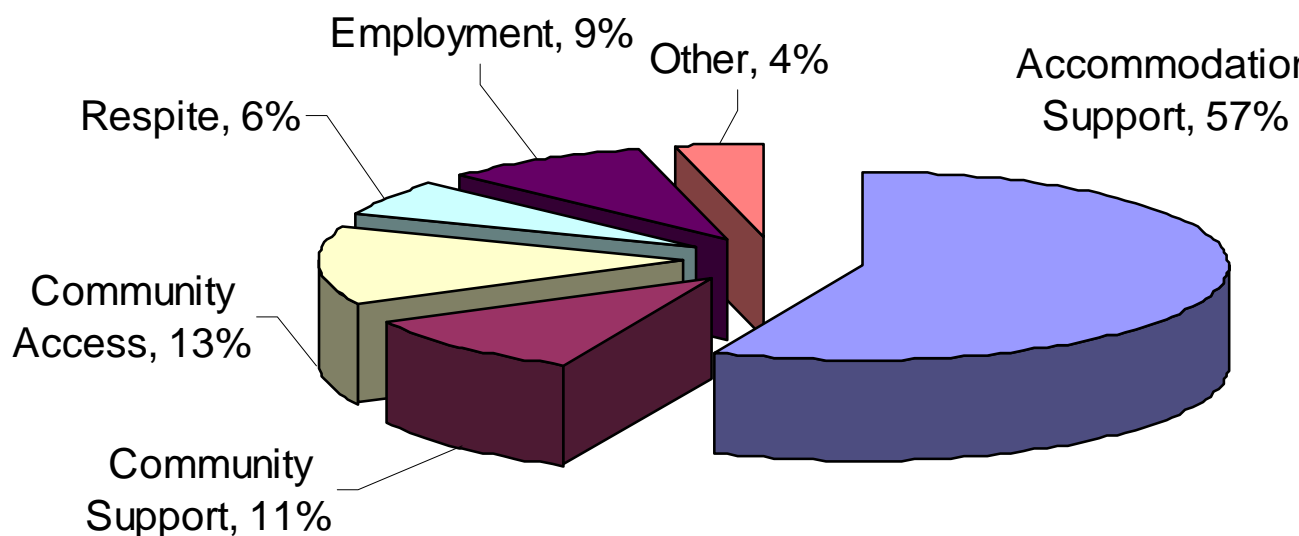


Source: AIHW 2004.

Government Expenditure by Service Type

Chart 5 shows how government funding is allocated between service types. The chart is based on the funding provided by all governments for the year 2002-03. Administrative costs are not included.

Chart 5: CSTDA government expenditure, by service type, 2002-03



Source: Australian, State and Territory Governments 2004

4. National Developments and Progress

Accommodation support services accounted for over half (57%) of 2002-2003 CSTDA expenditure by governments. Around 13% of the total funds was spent on community access services, 11% was spent on community support services, 9% 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.

Government Expenditure per Capita of the Potential Population

The AIHW, through analysis of ABS statistics, has estimated the potential population of those 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.

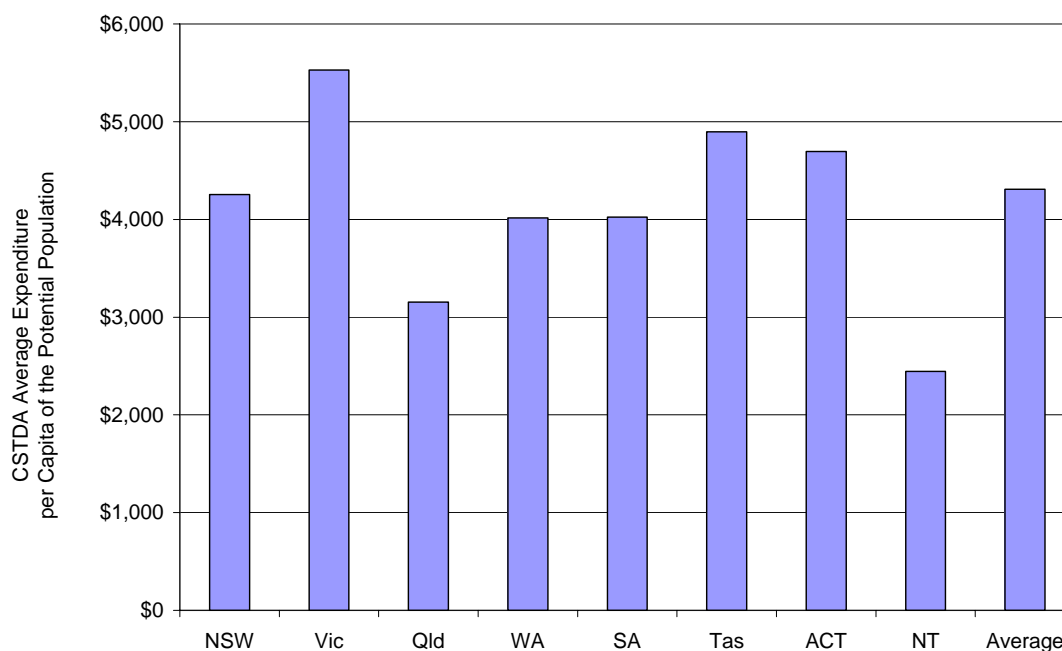
The AIHW estimated that the potential population totalled 708,000 people across Australia. For disability employment services, a smaller potential population was estimated, totalling 357,000 people. This smaller estimate is based on state-specific labour force participation rates. This estimate recognises that to be eligible for employment services, people with disabilities must be aged from 15 to 65, and therefore it does not include children and the elderly. It also does not include those people choosing not to undertake paid employment.

The following analysis uses the potential population estimates to calculate the average CSTDA expenditure per capita of the potential population, in each State and Territory. This per capita expenditure includes expenditure by both the Australian Government and the respective State/Territory Government. The calculated values allow useful comparison of expenditure across States and Territories.

Total CSTDA government expenditure for 2002-03 was \$2,921 million. This represented expenditure of \$4,308 per capita of the potential population, as shown in the following chart. This is based on a potential population of 357,000 for employment services and 708,000 for all other CSTDA-funded service types.

Chart 6: CSTDA expenditure in each State / Territory, per capita of the potential population, 2002-03

4. National Developments and Progress



Source: Australian Healthcare Associates analysis, based on data from the Australian, State and Territory Governments 2004 and AIHW 2004.

CSTDA expenditure in Victoria was the highest of all regions, at \$5,528 per capita of the potential population. Expenditure in NT was lowest at \$2,445 per capita of the potential population. This data is also shown in the following table.

Table 2: CSTDA expenditure in each State / Territory, per capita of the potential population, 2002-03

State / Territory	Expenditure per Capita of the Potential Population
New South Wales	\$4,255
Victoria	\$5,528
Queensland	\$3,153
Western Australia	\$4,016
South Australia	\$4,023
Tasmania	\$4,897
Australian Capital Territory	\$4,694
Northern Territory	\$2,445
Expenditure per Capita of the Potential Population	\$4,308

Source: Australian Healthcare Associates analysis, based on data from the Australian, State and Territory Governments 2004 and AIHW 2004.

4. National Developments and Progress

It is important to note that the calculated values do not represent expenditure per client. The average expenditure for each client was substantially greater than the amounts shown in Table 2. The main purpose of the calculation is to allow comparison of CSTDA expenditure in each State and Territory.

In comparing States and Territories, it is important to note that many factors may cause expenditure per capita to vary between jurisdictions. For example:

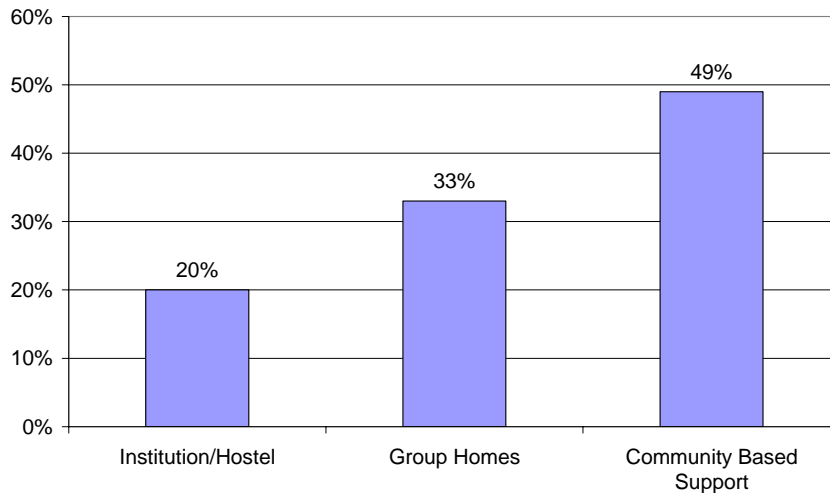
- The profile of service delivery within a State/Territory, in particular the mix between accommodation and community based services, affects expenditure per capita. The cost per client to government for residential accommodation services is significantly more than for community based services. States/Territories with relatively low expenditure per capita of the potential population, may be delivering a different mix of services rather than providing fewer services.
- Some States/Territories include some services for people with psychiatric disabilities as part of their CSTDA program, whereas other jurisdictions classify such services as part of their health or other programs. States/Territories which classify such services within their CSTDA program, are likely to have relatively high CSTDA expenditure per capita of the potential population.

4. National Developments and Progress

Accommodation Support Services

From January to June 2003, 29,660 people received accommodation support services. Chart 7 indicates the type of accommodation service they received.

Chart 7: Service users of CSTDA-funded accommodation support services, by service type category, 2002-03



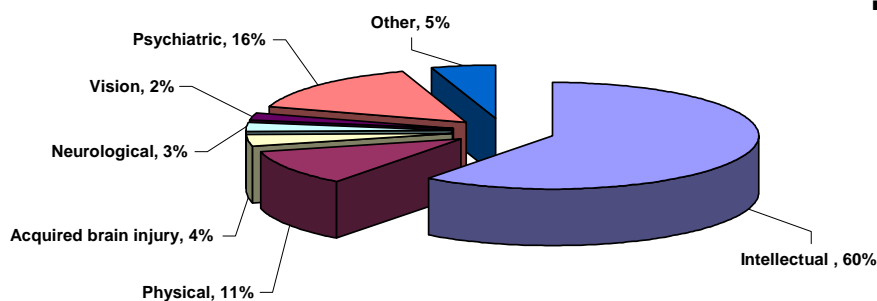
- A third (33%) of accommodation support service users were provided with accommodation in group homes, while 20% were provided with accommodation in institutions or hostels.
- A further 49% received support services to live in the community in their own or family home. Services include attendant care, personal care, and in-home support.

Source: AIHW 2004.

Over 10,000 (35%) of the 29,660 accommodation support service users also received community access services such as learning and life skills development, recreation and holiday programs.

Chart 8 below provides the percentage 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 and those for whom the primary disability is unknown.

Chart 8: Service users of CSTDA-funded accommodation support services, by primary disability group, 2002-03



- Service users reporting an intellectual disability as their primary disability were the most represented group using accommodation support services (60%), followed by people with psychiatric (16%) and physical (11%) disabilities.

Source: AIHW 2004.

Service users of accommodation support services were generally older than those using other CSTDA-funded service types. Most service users (82%) were aged between 20 and 59 years.

4. National Developments and Progress

Less than 9% of accommodation support service users were under 20 years of age and 10% were aged 60 years and over.

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 2002-03 were:

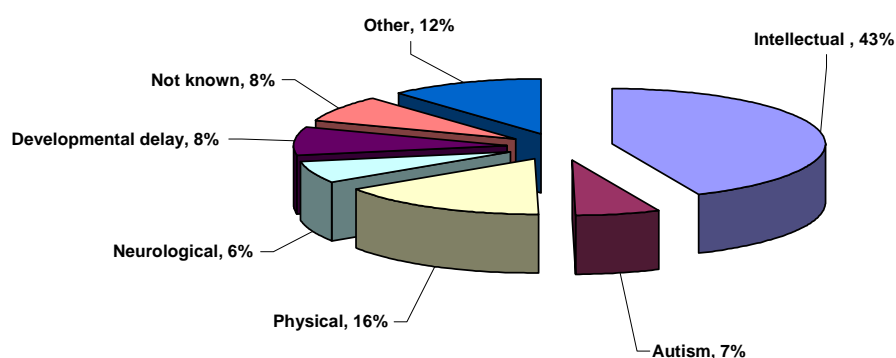
- Institutions and Hostels: \$48,562 per service user
- Group Homes: \$69,573 per service user
- Community Based Support: \$6,127 per service user.

As indicated previously, service user information was collected for only six months, and only 75% of service outlets provided useable data. Given these limitations, the accuracy of the above cost data is uncertain, and should therefore be used with caution.

Community Support Services

In the first six months of 2003, 53,588 people accessed CSTDA-funded community support services. These services include services to assist people with a disability to live and participate in the community and they include case management, counselling, early intervention therapy and other therapy services.

Chart 9: Service users of CSTDA-funded community support services, by primary disability group, 2002-03



- Service users with an intellectual disability as their primary disability represent the largest group accessing community support services (43%), followed by those with physical disabilities (16%) and developmental delay (8%).
- A further 7% of service users were people with autism and 6% were people with a neurological disability.
- Service users with other primary disabilities, or where the primary disability was not known, made up the remaining 12% of service users.

Source: AIHW 2004.

Community support and respite service users, were relatively young compared with service users of other service types. Over half (54%) of the service users of community support services were aged 19 years or under. A further 24% were aged between 20 to 39 years, and 17% were aged 40 to 59 years.

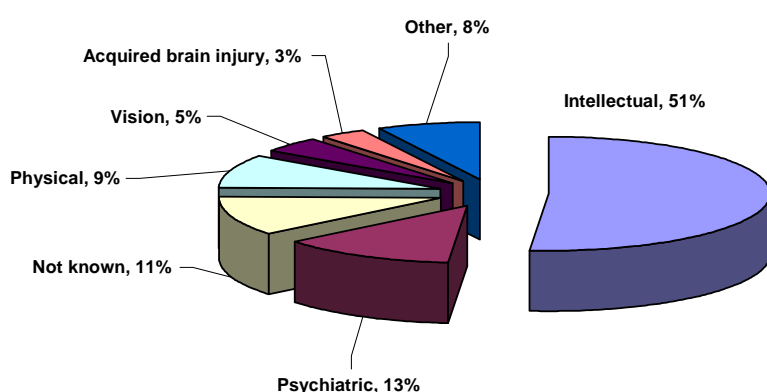
4. National Developments and Progress

Community support services were estimated to cost government, on average, \$3,521 per service user for 2002-03³.

Community Access Services

Over the period January to June 2003, 41,925 people accessed 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.

Chart 10: Service users of CSTDA-funded community access services, by primary disability group, 2002-03



- Over half (51%) of all service 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 psychiatric (13%), physical (9%), or a vision (5%) disability.
- Service users with other primary disabilities, or where the primary disability was not known, made up the remaining 19% of service users.

Source: AIHW 2004.

Community access service users were generally older than community support and respite service users. Forty-three per cent (43%) were aged 20 to 39 years and 27% were aged 40 to 59 years. Service users aged 19 years and under made up 18% of all community access service users.

In 2002-03, the cost to government of community access services was, on average, \$5,633 per service user⁴.

Respite Services

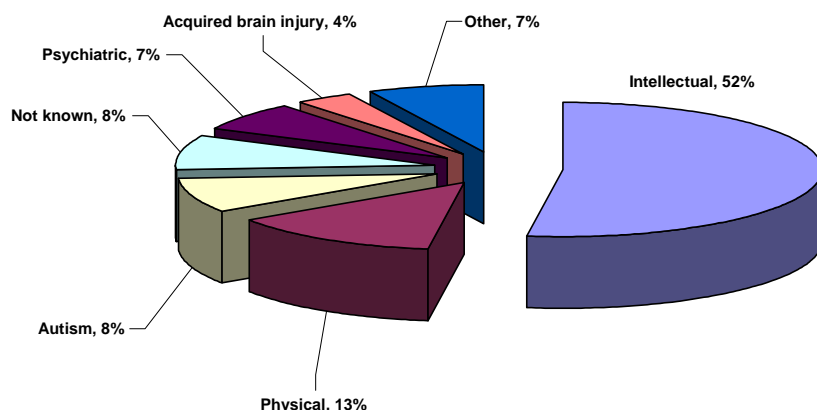
In the first six months of 2003, 16,706 people accessed CSTDA-funded respite services. Respite services provide a short-term break for families and other voluntary carers of people with disabilities.

³ Due to data collection limitations, the accuracy of all 'cost per service user' information is uncertain, and should therefore be used with caution.

⁴ Due to data collection limitations, the accuracy of all 'cost per service user' information is uncertain, and should therefore be used with caution.

4. National Developments and Progress

Chart 11: Service users of CSTDA-funded respite services, by primary disability group, 2002-03



- Over half (52%) of the service users of respite services reported their primary disability was an intellectual disability, followed by physical (13%), autism (8%) and psychiatric (7%) disabilities.

Source: AIHW 2004.

People using respite services, and people using community support services, were generally younger than service users of other service types. Just over half (54%) of respite service users were aged 19 years or under, 30% were aged 20 to 39 years, and 13% were aged 40 to 59.

The cost to government of respite services for 2002-03 was, on average, \$4,365 per service user⁵.

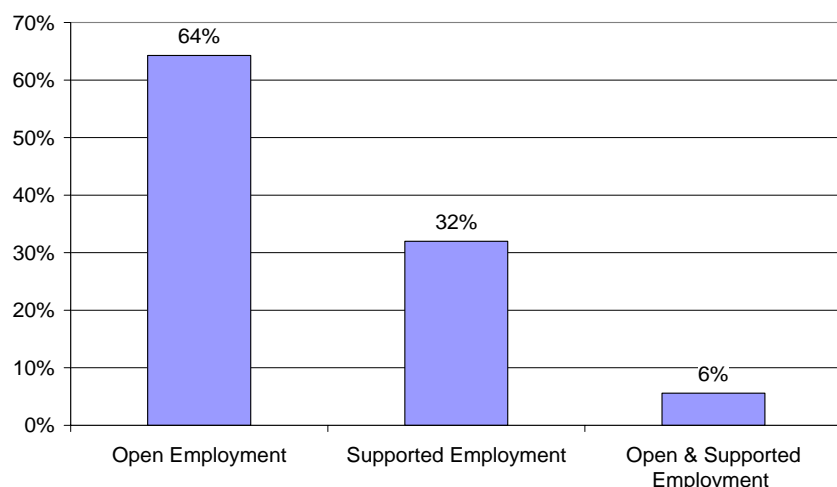
Employment Services

In the first six months of 2003, 54,952 people accessed CSTDA employment services. Employment services provide support to people with disabilities to assist them to obtain and/or retain employment.

⁵ Due to data collection limitations, the accuracy of all 'cost per service user' information is uncertain, and should therefore be used with caution.

4. National Developments and Progress

Chart 12: Service users of CSTDA-funded employment services, by service type category, 2002-03

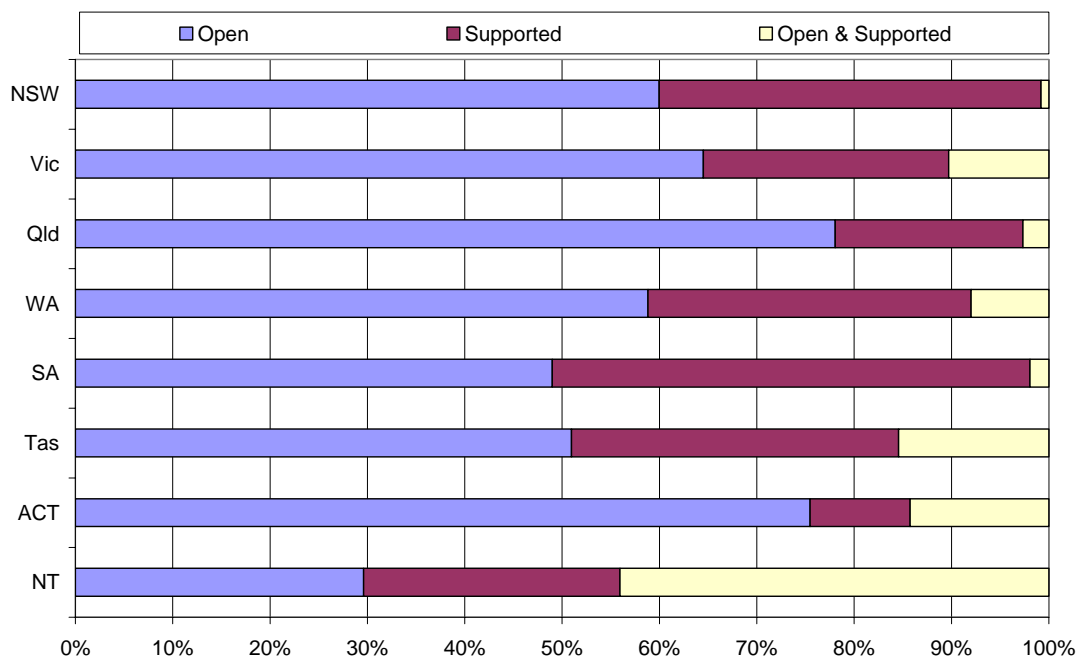


- Most employment service users (64%) received open employment services – that is, assistance to obtain or retain paid employment in another organisation.
- Just under a third (32%) received supported employment services - that is where an organisation supports or employs people within the same organisation.
- 6% of employment service users received open and supported employment services.

Source: AIHW 2004.

Patterns of employment service use varied between States and Territories, as *Chart 13* shows.

Chart 13: Service users of CSTDA-funded employment services, by service type category, by State / Territory, 2002-03



Source: AIHW 2004⁶.

⁶ 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%.

4. National Developments and Progress

Overall, 63% of employment service consumers received open employment services, 31% supported, and 5% open and supported services. The profiles for NSW, Victoria and WA were broadly similar to this national profile.

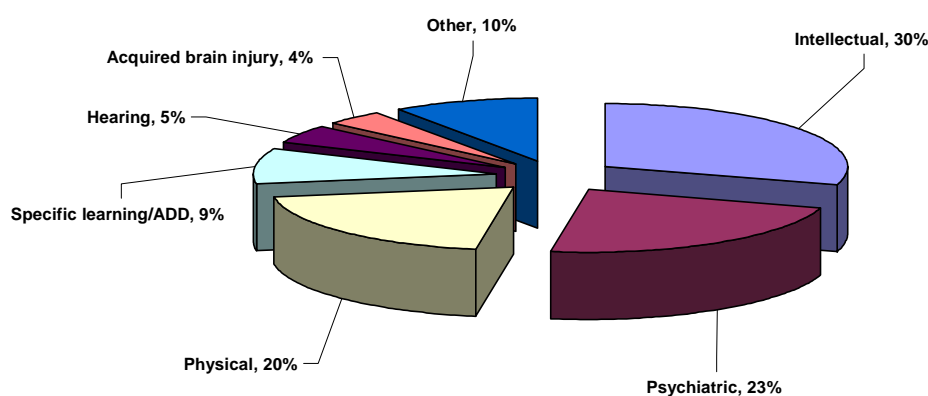
For Queensland and ACT, a greater proportion of employment service consumers used open employment services than the national average – 78% and 75% respectively.

Around half of the employment service users in Tasmania (51%) and SA (49%), used open employment services. In SA 49% used supported employment services, whereas in Tasmania 34% used supported and 15% used open and supported employment services.

The profile of NT employment services consumers was unlike other States/Territories. NT had the lowest proportion of open employment service users (30%) but the highest proportion of open and supported service users (44%).

Patterns of employment service use also varied among different primary disability groups, as Chart 14 and Chart 15 indicate.

Chart 14: Service users of CSTDA-funded open employment services, by primary disability group, 2002-03

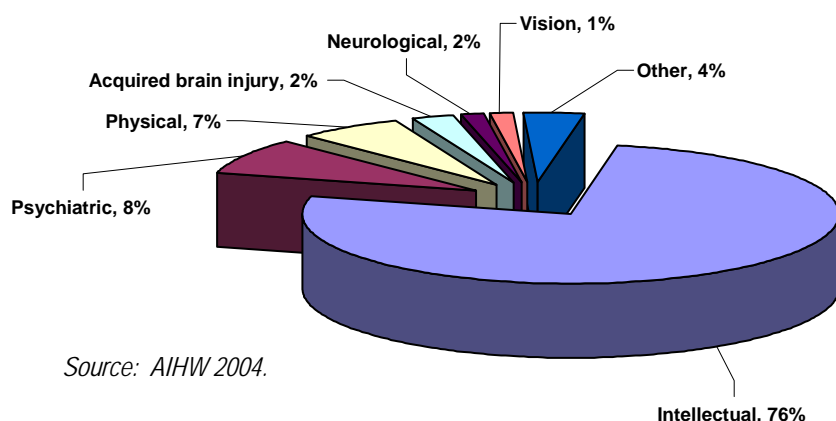


- Twenty three percent (23%) of service users of open employment services reported that their primary disability was psychiatric disability, followed by physical (20%) and specific learning disability or attention deficit disorder (9%).
- Less than a third (30%) of open employment service users reported that their primary disability was an intellectual disability. This contrasts with supported employment (76%).

Source: AIHW 2004.

4. National Developments and Progress

Chart 15: Service users of CSTDA-funded supported employment services, by primary disability group, 2002-03

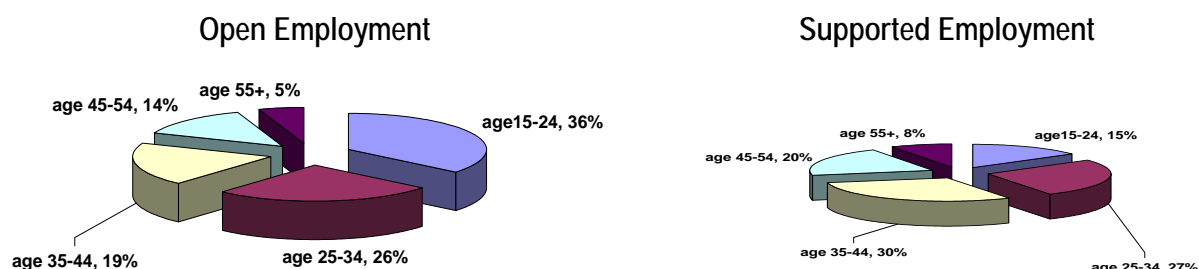


Source: AIHW 2004.

- Service users who reported an intellectual disability as their primary disability were the most represented group of supported employment service users (76%) followed by psychiatric (8%) and physical (7%) disability service users.

There was also variation in the age profiles of service users of different types of employment services. Open employment services have a younger service user profile than supported employment services, as Chart 16 illustrates. The age group 15-24 years represented 36% of open employment users compared with 15% of supported employment users.

Chart 16: Service users of CSTDA-funded open employment and supported employment services, by age group, 2002-03



Source: AIHW 2004.

The average cost to government of providing CSTDA-funded employment services, for the year 2002-03, was:

- \$3,016 per open employment service user
- \$6,203 per supported employment service user
- \$3,983 per open and supported employment service user.

The average cost to government per service user of supported employment services (\$6,203) was more than twice the cost to government for open employment services (\$3,016) ⁷.

⁷ Due to data collection limitations, the accuracy of all 'cost per service user' information is uncertain, and should therefore be used with caution.

5. Progress by Jurisdiction

Introduction

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

2002-03 saw continuing development of services for people with disabilities, their families and carers across all jurisdictions.

Examples of work against each of the five policy priorities are provided to illustrate the nature and extent of activities. Many initiatives relate to several priorities however, and there are many initiatives not covered by these examples.

5.1 The Australian Government

Setting the Scene

Under the CSTDA, the Australian Government is responsible for planning, policy setting and management of employment services for people with disabilities, and has a shared role with other jurisdictions for advocacy and information and print disability. It also contributes funding to State and Territory Governments under the Agreement.

The provision of employment assistance for people with disabilities complements the Australian Government's broader role in income support for people who are unable to engage in employment.

A key government role is to assist people with a disability obtain and retain paid employment, as having a job is vital to a person's wellbeing and their participation in the social and economic life of the community.

The Australian Government has been engaged in a long process of reforming the way that employment assistance for people with disabilities is delivered. These changes are improving service quality, giving greater choice, ensuring fairer wages and conditions, and resulting in better outcomes for individuals. They are part of a series of broader reforms to Australia's welfare system.

Progress and Achievements during 2002-03

Activities during this year included the continuation of reforms to employment support services for people with disabilities, and the development of collaborative working arrangements across Australian Government agencies and with State and Territory Governments.

Policy priority 1: Strengthening access to generic services

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

The *Disability Discrimination Act 1992* (DDA) applies just as much to government programs, policies, services and facilities as it does to other enterprises. 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.

However, unlike other organisations, the Australian Government agencies cannot use 'undue hardship' as a defence against complaints under the DDA. It is therefore essential that they design and deliver policies, programs and services that are fully accessible to people with disabilities. Agencies report progress in implementing the strategy in their annual reports. An independent evaluation will be conducted in 2004 to assess the progress made in removing barriers, the strategy's overall effectiveness and ways in which this might be improved.

Employer Incentives Strategy – Accessing job opportunities

This strategy encourages employers to provide lasting job opportunities for people with disabilities. Assistance and funding is provided for workplace modifications, wage subsidies, supported wage assessments and for the Disability Recruitment Coordination Service. This

service links larger employers wishing to recruit people with disabilities with agencies providing relevant employment support.

In 2002-03:

- 236 people were assisted through workplace modifications and purchase of equipment;
- 2,835 people were assisted through wage subsidies; and
- 3,010 people were assisted through supported wage system scheme.

Policy priority 2: Strengthening across government linkages

Working collaboratively with State and Territory Governments

A key theme of the third CSTDA is the need for collaborative arrangements across governments and a breaking down of barriers between services, while retaining clear responsibilities. In 2002-03, the Australian Government was involved in collaborative activities in areas such as:

- improving service provision to older people and people with disabilities, through joint planning approaches - with New South Wales.
- improving service access for people with disabilities from diverse, cultural and linguistic backgrounds - with Queensland.
- strengthening disability advocacy assistance services – with Victoria and Western Australia.
- facilitating the transition from school and access, to post school options – with New South Wales, South Australia and Tasmania.
- developing innovative approaches to delivering employment assistance to people with disabilities, through business services to Indigenous communities – with Northern Territory, Western Australia and South Australia.
- streamlining referral and assessment strategies for employment support – with Queensland.

Futures for Young Adults – Streamlining service arrangements with Victoria

The *Futures for Young Adults* program helps young Victorians with disabilities leaving school to make a successful transition to a range of post school service options. In 2002-03 the Australian Government assumed funding responsibility for the employment assistance component of this Victorian Government initiative.

Policy priority 3: Strengthening individuals, families and carers

Employment assistance services for people with disabilities

The Australian Government provides funding to employment support services which assist people with disabilities to find and keep jobs. In 2002-03, over 66,000 job seekers received assistance and 7,130 new places were released as part of employment assistance reforms. The percentage of people receiving Disability Support Pensions who report earnings from employment is slowly increasing, and is currently 9.4%.

Advocacy and representation – Building links between government and people with disabilities, their families and carers

The Australian Government wishes to ensure that it has a broad range of informed advice on disability issues. Advice comes from a range of sources - from people with disabilities, their supporters and carers, from organisations representing their interests and from formal advisory bodies, as well as from government departments. Initiatives in this area include:

- The *National Disability Advisory Council* provides consumer-focused advice to the Australian Government Minister for Family and Community Services on disability issues. It provides one path for consultation between government and people with disabilities, families, carers and service providers.
- All jurisdictions provide funding to support *disability advisory bodies*. The Australian Government provides funding to the State and Territory governments to assist them to provide advice to the State and Territory Ministers. The disability advisory bodies meet with the National Disability Advisory Council annually to keep them informed of developments and issues and to ensure a whole-of-government approach from the community perspective.
- Under the *National Secretariat Program*, eight disability peak bodies were funded to represent the needs of people with various disabilities to government.
- The *National Family Carers Voice Advisory Group* was established in 2002-03 to provide the Minister for Family and Community Services with the views of family members caring for people with disabilities, to provide a forum for any concerns to be expressed, and to identify and inform government of areas of importance to carers.

Disability Advocacy Services – Protecting and respecting individual rights

The Australian Government provides funding to disability advocacy organisations across the country, assisting people with disabilities and their families to demand that their rights are recognised and honoured. In 2002-03, over 10,000 people were assisted under this program.

Governments provide funds to disability services and expect them to meet certain standards, including ensuring that people receiving those services are not abused or neglected. The *National Disability Abuse and Neglect Hotline* is a single contact point for anyone to report claims of abuse and neglect against people with disabilities in any Australian, State or Territory Government run or funded disability service.

People With Disabilities (NSW) Inc, an independent non-government organisation, is funded by the Australian Government to operate the Hotline. It is staffed by people who understand disability issues and are sensitive to the needs of people with disabilities.

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

Case-based funding in employment services – Linking funding to individual need

Case-based funding is a key part of the reforms for employment support services for people with disabilities. It represents a significant improvement in how such organisations are funded, with a transparent *fee-for-service* arrangement for providers that assist job seekers with disabilities to find and keep a job. These fees are based on the job seeker's support needs, and on the employment outcomes achieved. Case-based funding will replace historical block funding arrangements and is fairer and more equitable.

Case-based funding was trialled extensively and evaluated over 1999 to 2002. The trial found that this funding approach enhances job seeker access and choice of service, and delivers durable employment outcomes.

Following completion of the trial in October 2002, extensive consultations were held with agencies providing employment support to people with disabilities, and with people with disabilities seeking employment, to canvass views about case based funding and associated implementation and transition arrangements. Consultations confirmed the desire for funding reform. Service providers expressed concerns about the timing of fee payments and the impact on cash flow and viability, and these will be addressed in the final model. Consumers' concerns centred on quality outcomes, having flexible re-entry arrangements, changing service providers and reassessment of support needs. These will similarly be addressed in the final model.

The 2001-02 Budget provided for approximately 16,350 new job seekers to receive disability employment assistance nationally over three 3 years, commencing September 2002, with total funding of approximately \$102 million.

In 2002-03, approximately 7,000 new places were distributed amongst more than 700 providers in 137 areas. Approximately 5,759 new job seekers were assisted by this measure in 2002-2003 (funded under the case based funding model), which is more than expected for that year.

Policy priority 5: Improving accountability, performance reporting and quality

Improving the quality of employment services for people with disabilities

New quality assurance requirements are being put in place as part of the reforms to employment assistance services. Activities during the year include:

- In July 2002, quality assurance requirements were put into legislation, ensuring that employment services move to meet minimum standards.
- Part of this was a requirement that services meet the Disability Services Standards by the end of 2004. A service will need to demonstrate that it is well managed, meets individual needs and has in place fair employment conditions. The reforms make certification against the standards a funding requirement.
- Over 2002-03, national workshops and seminars were held to provide information and support to service providers preparing for quality assurance.
- Training and support was also provided to people with disabilities to aid their understanding of and participation in quality assurance processes.
- By 30 June 2003, 21 per cent of organisations had been certified, with most other services indicating that they will seek certification in 2003-04.

National Disability Complaint Resolution and Referral Service – Service accountability

The *Disability Complaint Resolution and Referral Service* opened in July 2002 to receive and help resolve complaints about Australian Government funded employment and advocacy services. People With Disabilities (NSW) Inc operates the service.

5.2 Australian Capital Territory

Setting the Scene

The year was a period of significant reform and change for the Australian Capital Territory (ACT) flowing from the *Report of the Board of Inquiry into Disability Services*.

The ACT Government's response – *Steps to Reform* – provides a three-year framework and plan for reform of the disability service sector and environment in the ACT.

New organisational and governance arrangements were put in place for a coordinated and integrated disability service sector. A new *Department of Disability, Housing and Community Services* has been established to implement the reform agenda, and *Disability ACT* has been created as a dedicated division within the Department.

Reforms are being developed and implemented in partnership with people with disabilities, their families and carers, service providers and the ACT community. A new *Disability Advisory Council* has been established to provide advice to the ACT Government about disability issues. Reform working groups have been set up to advise Disability ACT on future directions.

Progress and Achievements during 2002-03

Efforts have centred on implementing the reform agenda and on setting the foundations of the ACT's disability services system. 2002-03 represents the first year of operation.

Policy priority 1: Strengthening access to generic services

New Department of Disability, Housing and Community Services – Integrated policy and delivery

The new Department of Disability, Housing and Community Services began operations from 1 July 2002. It brings together responsibilities for the development of policy and delivery of a range of human services in the ACT under one agency. Previously, these roles and responsibilities were spread across several ACT government agencies. The new agency's role is to coordinate and integrate policy development and service delivery.

Disability ACT – A dedicated disability agency

Disability ACT has been established as a dedicated disability agency within the new Department of Disability, Housing and Community Services. It is responsible for policy, planning, service delivery and partnership development. Previously, service planning and delivery occurred across several agencies. The Disability Reform Group developed the new agency's vision and values statement, following extensive community consultation. Disability ACT's vision is that - *All people with disabilities achieve what they want to achieve, live how they choose to live, and are valued as full and equal members of the ACT community.*

Access to Government Audit Kit – Taking a whole of government approach to removing barriers

This audit kit aims to help ACT Government departments and agencies to identify the problems that people with disabilities experience in accessing their programs, services and facilities. The Disability Advisory Council and Disability ACT jointly developed the kit. It provides information

on how to conduct audits, how to identify areas where access may be improved and how to develop action plans to address identified access issues for people with disabilities. The audit kit forms part of the Access to Government Strategy that is being implemented across the ACT Government. The Department of Disability, Housing and Community Services has responsibility for coordinating the strategy's implementation.

Policy priority 2: Strengthening across government linkages

Therapy ACT – Better service coordination and integration

A new service that brings together therapy services for young people and adults with a disability was developed during the year. This change in the organisation and delivery of therapy programs follows the *Review of Therapy Services for School Students with a Disability*. Consultations were held with the community and staff during the year about the new combined service. Therapy ACT began operations on 1 July 2003.

Respite Care – Coordinated planning and service delivery across the ACT

A major examination of respite services funded and delivered across ACT Government departments and programs was conducted during the year. The review was undertaken as a partnership project across the ACT Government, with ACT Health as the lead agency. Current respite services were mapped and gaps and areas of unmet need identified. The report on *Met and Unmet Needs in Respite Care* was completed in June 2003. It includes recommendations for coordinated service planning and service delivery over the next five years.

Policy priority 3: Strengthening individuals, families and carers

Individual Support Packages - Enhancing services for individuals

Additional funding was provided for individual support packages for people with disabilities as part of the Government's commitment to respond progressively to the Report of the Board of Inquiry into Disability Services. The extra funds were targeted to provide supports for people with high and complex needs. Following an open application process, funding was allocated to 22 people with a variety of support needs.

Evaluation of Individual Support Packages – Meeting individual needs

An evaluation of individualised funding was conducted during 2002-03 to assess its effectiveness in delivering person-centred outcomes. The evaluation included extensive consultations with people with disabilities who already access individualised funding to ensure that their stories and experiences are taken account of in developing better funding arrangements. Disability ACT will act on the report's recommendations in 2003-04.

Disability Innovation Fund – Encouraging new approaches

This initiative encourages innovative projects to trial new approaches to enhancing opportunities for people with disabilities to participate in the ACT community and develop their skills and capacity. Funding was provided to six projects to commence in 2003.

ACT Taxi Subsidy Scheme – Improving access and participation

A new taxi subsidy scheme was introduced to help people with disabilities undertake essential activities. It updates the previous scheme that had operated in the ACT for the past 15 years.

Community Involvement in Disability Reform – Building partnerships

The joint community and government ***Disability Reform Group*** provided advice to the ACT Government on the recommendations in the *Report of the Board of Inquiry Report into Disability Services* and guidance on associated issues. The Group completed its term of membership in February 2003.

The role of the ***Ministerial Disability Advisory Council*** was strengthened to cover the provision of strategic advice to the ACT Government and Minister on disability reforms. A new Disability Advisory Council was established and commenced its term in April 2003. It replaced the previous Council that had completed their term of membership. The Council's role is to provide strategic advice and direction to the ACT Government on issues affecting people with disabilities and the families that care for them. The new Council was selected following public advertisement.

Five ***Disability Reform Working Groups*** have been established to advise Disability ACT on future directions for delivering services. They are focusing on issues relating to access and funding; legislation; housing; quality and standards; and workforce development.

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

Children with Autism – Early intervention and prevention strategies

Services for children with autism were strengthened during the year. Additional funding was provided to the Department of Employment, Youth and Family Services for an early intervention playgroup and early intervention units for children with autism. Funding was also provided to Therapy ACT for additional psychology, therapy and social support.

Disability ACT - Strategic planning

Disability ACT began work on development of its four-year strategic plan. *Future Directions* will outline strategic drivers, key activities and priorities for Disability ACT over the period 2004-2008. The strategic plan will be released in late 2004.

Policy priority 5: Improving accountability, performance reporting and quality

Review of Purchasing Contracts – Improving efficiency and effectiveness

The process of reviewing purchasing contracts with ACT disability service providers commenced during the year. Information about the effectiveness and suitability of purchasing contracts was gathered from all providers. Results will inform the development of revised purchasing processes and the introduction of a standard purchasing contract for human services across the ACT Government.

5.3 New South Wales

Setting the Scene

2002-03 saw significant change and development in the way services are delivered to people with disabilities, their families and carers in New South Wales.

The Department of Ageing, Disability and Home Care put in place a new regional organisational structure. Eight new regions were created to improve planning and service delivery at the local level. A 9th 'State-wide' region for Aboriginal services was also created.

During the year, efforts to improve access to services and to provide supports to assist people to live in their local communities continued. The local support coordination network was expanded and the number of attendant care places for people with physical disabilities was increased. There was an increasing focus on improving family and informal community support systems, and prevention and early intervention strategies. Joint projects were undertaken with other government agencies to explore new models of service planning and delivery.

Systems to support regional service planning and delivery were put in place. Improved systems for coordinated services with other NSW Government human service agencies were also developed as well as continuation of improved service monitoring to ensure service quality.

Progress and Achievements during 2002-03

Policy priority 1: Strengthening access to generic services

Spinal Cord Forum – Community participation project and other initiatives

The *NSW Premier's Forum on Spinal Cord Injury and Conditions* was held in January 2003. The forum brought together people with spinal cord injuries, their families and carers, as well as experts in medical research, rehabilitation and support services. Participants identified the need for improved coordination of services to support people with spinal cord injury so that they may participate in the community. Following the forum, a joint community participation project was developed with the Motor Accidents Authority. It will trial a model of community participation where independent living coordinators assist people with traumatic spinal cord injury move from rehabilitation centres back into the community.

Funding was also provided to expand the number of attendant care places for people with a physical disability and for biomedical research into spinal cord injury and neurological conditions.

Advocacy and Information – Improving service access and information

A major review of disability advocacy and information services was conducted. These types of services play an important role in assisting people with disabilities, their families and carers to know about and access generic and specialist services. The review involved extensive public consultation. This is informing the development of a NSW Advocacy and Information Plan. Additional funding was also allocated to services for regional and remote areas, culturally and linguistically diverse (CALD) communities and Indigenous communities.

Policy priority 2: Strengthening across government linkages

Better Service Delivery Program – Working with other human service agencies

The *Better Service Delivery Program* aims to improve coordination between agencies involved in the provision of human services in NSW through a common service directory and technology-based intake and referral systems. Two system features were piloted during the year - the Service Link (a web based service directory) and Referral Link (an electronic referral system). The pilots demonstrated the effectiveness of the technology in assisting people to find and be referred to appropriate services across the NSW human services network. Work will continue in 2003-04.

Memorandum of Understanding – Working with community services

A Memorandum of Understanding was developed between the Department of Ageing, Disability and Home Care and the Department of Community Services to foster a collaborative approach to the assessment, planning and delivery of services to children and young people with a disability who are at risk of harm and their families. It sets out the respective roles of the two agencies in the provision of services to children and young people with a disability and their families.

Intellectual Disability and Criminal Justice – Working with the criminal justice sector

A *Senior Officers' Group on Intellectual Disability and Criminal Justice* was established with representation from all NSW human services and justice agencies. Its role is to address issues for people with an intellectual disability who come into contact with or are at risk of entering the criminal justice system. Issues include developing interagency pre- and post-release support for people in detention who identify as Aboriginal and who have an intellectual disability and indicators of mental health issues; mapping current government service provision; development of a Memorandum of Understanding between the Department of Ageing, Disability and Home Care and Department of Juvenile Justice.

Policy priority 3: Strengthening individuals, families and carers

Expansion of Local Support Coordination – Improving service delivery

The *Local Support Coordination* initiative was expanded during the year with the addition of 20 coordinators. By the end of 2003, there will be 28 coordinators across regional and rural NSW, up from the original 8 established in May 2001. Local area coordinators support people with a disability and their families living in regional and rural NSW. Each coordinator supports 50 to 70 people at any given time. A review of the local support coordination initiative was undertaken during the year. It showed that local support coordination was effective in strengthening the connections between people with a disability and their carers and local communities. Work also began on developing a model of local area coordination that is applicable to NSW metropolitan areas.

Closure of Large Residential Centres- Moving into the community

The closure of large residential centres continued with 75 more people moving to community-based accommodation in 2002-03, bringing the total to 145 residents since relocations began in 2000. An expert working group was established to examine implementation to date, to inform future planning and to develop new and innovative models of support.

ATLAS Reforms - Moving from school

Reform of the *Adult Training Learning and Support (ATLAS)* initiative continued. Reforms focused on improving client assessment, establishing better links with employment assistance and industry training, and helping the transition to employment. Two action-learning focus groups and several 'transition to work' pilots were established. In 2002-03, ATLAS and related Post School Options and Day Programs assisted 3,138 people with a disability to make the transition from school to work and to participate in the local community.

Ensuring Good Nutrition – Improving nutritional health

Work continued on improving the nutritional health of people with a disability living in accommodation support. The *Ensuring Good Nutrition Policy* was developed. Annual nutritional assessments of clients and increased engagement of health professionals are two of the policy's key elements. Several resources were produced – a *Nutrition Information Kit*, *Food Services Manual* and *Nutrition in Practice Manual*. The kit provides nutrition facts sheets for people with a disability and their families, and a staff protocol for managing complex nutrition and swallowing issues.

Expansion of Early Intervention and Family Support - Supporting families and carers

The *Early Intervention and Family Support* service was expanded during the year with the establishment of four services in rural NSW – at Shoalhaven, Albury, Cooma and Casino. Support is provided to families with children or young persons with a disability between 6 to 18 years. Support is centred on the needs of the family. Services are offered at times when needed and emphasis is placed on families accessing local activities and services.

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

Better Vacancy Management

A vacancy management policy for Government-provided accommodation support services was implemented during 2002-03. The policy aims to ensure that clients with the greatest need for supported accommodation are prioritised within available resources and that decisions about client placements are made in a way that is equitable and transparent. Work is now progressing at regional level to develop and implement a whole-of-sector vacancy management policy.

Policy priority 5: Improving accountability, performance reporting and quality

Service Monitoring - Ensuring Quality

Work continued on the development of a performance monitoring system to improve service quality and strengthen service provider accountability to government. The approach will enable monitoring to be integrated into continuous improvement systems.

Review of Grants' Administration– Improving efficiency, effectiveness and accountability

A review of the administration of grants programs across NSW government agencies continued during the year. This broad NSW Government initiative aims to rationalise and streamline

planning and administration of grants for service providers and strengthen their accountability and reporting.

Improved Data Collection – Support and assistance

A range of assistance was provided to disability service providers to support implementation of the new electronic CSTDA NMDS across NSW. Assistance included provision of IT infrastructure, new data collection software, training and helpdesk support.

5.4 Northern Territory

Setting the Scene

2002-03 has been a year of substantial review and change in the Northern Territory.

The Department of Health and Community Services, which has responsibility for disability services, was reviewed. A new organisation structure was introduced. The funder-purchaser-provider model was replaced with a program structure that integrates policy development and delivery. Development of a five-year planning framework for the Territory's health and community services commenced.

Disability services are now a Territory-wide program. Enabling people with disabilities to live as independently as possible in the community is a central priority. Under the CSTDA, the Northern Territory is taking a leading role in developing strategies to improve services for Indigenous people with disabilities.

Developing innovative and appropriate ways of delivering services close to where people live remains a major priority and presents significant challenges. The Territory has a small and diverse population of less than 200,000 people spread over a vast area - 1.3 million square kilometres. There are extra costs in delivering services to remote areas, and the small population means that there is a lack of economies of scale.

Progress and Achievements during 2003-03

Over the year, activities have focused on reorienting services for people with disabilities to better meet individual needs, strengthening services for children, young people and families, and working collaboratively with Northern Territory Government agencies and other jurisdictions.

Policy priority 1: Strengthening access to generic services

Caring for Children – Building a strong framework for legal and professional practice

A review of the *Community Welfare Act 1983* was initiated in late 2002-03. Its purpose is to provide a contemporary legislative framework to support families and to protect children including those with a disability. At the same time, a review of the NT's child protection system began. Both initiatives form part of the NT's reform agenda to promote the health, wellbeing and safety of all children and to offer support to families and communities caring for children.

Early Childhood Intervention Services – Improving access across services

Implementation of the recommendations of the 2002 Review of Early Childhood Intervention Services in the NT began. The review examined the adequacy of existing generic and specialist early childhood services to meet current and future needs. Increasing capacity for prevention, early identification and early intervention activities was highlighted as an important need. Priorities include developing a skilled workforce across services and improving communication and collaboration between agencies, services, families and communities. Additional funding was provided to develop associated initiatives.

Improving Access to Services – Taking a whole of government approach

The Department of Health and Community Services worked with other NT Government departments to develop action plans to promote better access for people with disabilities to services, programs and facilities. Agencies were given help to identify access gaps and barriers for people with disabilities and develop action plans. Access action plans form part of the NT's whole-of-government approach to disability issues.

Policy priority 2: Strengthening across government linkages

Tri-State Agreement for Central Australia– Working with other jurisdictions

The Northern Territory is working in partnership with South Australia and Western Australia to develop a formal agreement for service planning and delivery to people with disabilities living in the Central Australia tri-state region. This project builds on the innovative joint funding approach that is in place for allied health services. Services provided by the three jurisdictions were mapped, and gaps and needs identified.

Indigenous Australians – Taking a leading role

Improving services for Indigenous people with disabilities is a national priority issue under the CSTDA. The Northern Territory, together with New South Wales, is taking a leading role in developing strategies to address this priority area. An initial focus is developing ways to share information, experiences and best practice projects involving Indigenous people with disabilities, their families, carers and communities. Planning began for a National Indigenous Strategies Meeting to be held in 2004, and an information and support network for staff working on Indigenous policy matters.

Better Housing Standards – Working with the housing sector

Standards to improve the physical design, accessibility and adaptability of housing for people with disabilities were developed collaboratively with the Indigenous Housing Authority of the NT (IHANT).

Implementing New Legislative Provisions – Working with the criminal justice sector

In 2002, the NT Government introduced new legislative provisions for the treatment of people who are found unfit to be tried or not guilty by reason of mental impairment. Procedures for addressing the needs of individuals coming under these new provisions were developed collaboratively with the NT Department of Justice and associated agencies. They cover the provision of secure accommodation outside a prison setting and maintenance of community safety.

Policy priority 3: Strengthening individuals, families and carers

Individual Funding Packages – Reorienting services to individuals

The Territory is reorienting services for people with disabilities so that they better respond to a person's needs across their lifespan and focus on all aspects of life. *Individual Funding Packages* play an important role in these new arrangements. They are tailored to suit individual circumstances and needs. In 2002-03, \$500,000 recurrent funding was allocated for Individual Funding Packages. Priority was given to people with high support needs.

Post School Options – Building effective pathways for young people

Post School Options is a collaborative initiative between the NT and Australian Governments to support the transition of young people with disabilities from school to employment and day activities. Activities during the year included:

- A trial of Post School Options program for young people with high support needs leaving school commenced in Darwin in September 2002.
- In Alice Springs, ongoing funding was allocated to *Bindi*, a disability employment service, to expand day options for young adults with high support needs. *Bindi* combines employment and community access options in a single service through joint NT and Australian Government funding. People accessing *Bindi* Day Options are able to graduate into employment and move between employment services and day services as needed.

24 Hour Call Service – Supporting individuals

A 24-hour call service was established to support people with disabilities living independently in the community. It complements other services such as vital call and emergency services. The service will be trialled for 12 months in Darwin and Palmerston.

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

Streamlining Processes – Fairer and more equitable access

Work commenced on streamlining administrative processes for accessing disability services and on developing procedures to ensure priority of access for those with the greatest need. These changes are part of a NT-wide approach to ensuring fairer and more equitable access to health and community services.

Machado-Joseph Disease – Research and service development

An action research project was funded in East Arnhem to look at ways to meet the needs of people with Machado-Joseph disease, a rare degenerative neurological condition. The project will examine ways to enable people to be supported in their communities in very remote places.

Policy priority 5: Improving accountability, performance reporting and quality

Improved Data Collection - Training support and assistance

Intensive training and assistance were provided to the non-government disability services sector to support implementation of the new CSTDA NMDS across the NT.

5.5 Queensland

Setting the Scene

The year was a period of continuing reform of disability services in Queensland.

The *Disability Funding Reform Project* was completed. Begun in 2001, the project represented the start of a long term strategy to reform the way the Queensland Government funds and delivers disability services and supports. It involved a detailed examination of the demand for disability services, the strengths and weaknesses of the existing disability program framework and the viability of non-government disability service providers.

The project showed the need for continuing reform and its outcomes have been documented in *Future Directions for Disability Services* that was released in June 2003. This document sets out the agenda for reforming the way disability services are delivered and funded, and committed \$290.5m of additional funding over the four years, 2003-04 to 2006-07.

Disability Services Queensland is the government agency responsible for disability services. The *Disability Council of Queensland* advises the Minister for Disability Services on issues that affect people with disabilities, their families and carers. *Regional Disability Councils* provide local communities with a voice to identify issues of concern and to work with local government and other groups to make communities more accessible.

Progress and Achievements during 2002-03

Policy priority 1: Strengthening access to generic services

Legislative Reform Project – Building strong foundations

This project has two important streams – a review of the *Disability Services Act 1992* and development of the *Queensland Government Carer Recognition Policy*, as follows:

- The review of the *Disability Services Act 1992* commenced in 2002. It will provide an improved legislative platform for contemporary disability policy and disability services. A series of issues papers were released in May 2003 for public consultation.
- Disability Services Queensland led development of the *Queensland Government Carer Recognition Policy* across the government sector and through public consultations. The policy establishes a framework for Queensland Government agencies to recognise the rights, needs and roles of carers.

Queensland Government Strategic Framework for Disability – Taking a whole-of-Government approach

The *Queensland Government Strategic Framework for Disability 2002-05* was updated during the year. It sets the directions for improved policies, programs and services across all Government agencies for people with disabilities, their families and carers. All agencies report against the Framework annually. A Framework Implementation Committee, an across government committee established in collaboration with the Disability Council of Queensland, monitors progress and oversees the preparation of annual progress reports. The first progress report was published in 2002-03.

Policy priority 2: Strengthening across government linkages

Agency Collaboration Projects – Working across the government sector

These projects foster agency collaboration on key issues affecting people with disabilities. They are part of the implementation of the *Queensland Government Strategic Framework for Disability 2002-05*. During 2002-03, Disability Services Queensland worked on:

- Education and training reform for the future – with Education Queensland and the Department of Employment and Training.
- Improving the coordination of therapy services – with Queensland Health and Education Queensland.
- Cape York pooled funding trial – with the Department of Aboriginal and Torres Strait Islander Policy and Queensland Health.
- People with an intellectual disability and the criminal justice system – with the Department of Justice and Attorney-General.
- Implementing the *Strategic Plan for Psychiatric Disability Services, 2000-05* - with Queensland Health.

People with a Dual Diagnosis – Working with the mental health sector

Guidelines for *Collaboration in the Provision of Services to People with an Intellectual Disability and a Co-Existing Mental Illness* were completed as a joint initiative between Disability Services Queensland and Queensland Health. These guidelines will foster improved collaboration and working relationships between disability and mental health service providers. During the year, the guidelines were trialed in four locations and revised in light of the results of these trials. They will be implemented at 15 sites in 2003-04.

Coordination of Housing and Disability Services – Working with the housing sector

A joint Ministerial Policy Statement – *Future Directions in Housing Assistance and the Provision of Support for People with a Disability* – was released. Developed by Disability Services Queensland and the Department of Housing, the Statement sets the framework for future policy development and service coordination between the two agencies. It also provides a policy basis for the development of an evidence base for best practice in providing housing and support services for people with disabilities.

Policy priority 3: Strengthening individuals, families and carers

Local Area Coordination – Innovation in service delivery

Local Area Coordination (LAC) supports people with disabilities and their families in rural and remote Queensland. A local area coordinator works with individuals, families and communities to facilitate changes that help people with disabilities live and participate in the community. LAC was introduced in 2002. By the end of 2002-03, it operated in 17 locations across Queensland. In 2002-03, LAC supported an additional 300 people and, since its commencement in 2002, 1,300 people have been assisted. An evaluation of the initiative's pilot phase was conducted during the year. It showed that LAC was delivering significant benefits to people with disabilities and their families, and is starting to have a community impact.

Expanding Services – Building strong supports

In 2002-03, additional funding was provided to enhance support services available to individuals, families and carers through a range of initiatives:

- The *Family Support Program* provided help to an additional 85 families, bringing the number of families receiving ongoing support to 487, and one-off supports were provided to more than 580 families.
- The *Post School Services - Adult Lifestyle Support Program* was expanded so that 165 young people with high and complex support needs leaving school received assistance, and 1,224 young adults received assistance.
- The *Friendship Program* was expanded with an additional 12 program coordinators across Queensland.
- Seven new and three enhanced *respite services* were established across Queensland to support an additional 590 people with disabilities and their families.
- *Project 300* supported 227 people with a psychiatric disability to live in the community, with an extra 36 people assisted in moving from long stay facilities to community living.

Individual Advocacy Services – Increasing safeguards and advocacy

Nine advocacy services were funded to provide individual advocacy for people with disabilities including the establishment of a service in Cairns for Project 300 clients.

The Queenslanders with a Disability Network was funded to provide a way for people with disabilities to comment on and influence the concerns and issues that affect their lives.

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

Disability Information System – Improved planning

Development of the *Disability Information System* commenced. The system will support improved planning and accountability of public funds. It will capture and manage information about clients, services and funding. It is expected to be fully operational by 2004-05.

Non-Government Reform Initiative – Reorienting disability supports

This initiative began in 2000 and provides funding to enable adults who live in non-government institutions to move to alternative accommodation. During 2002-03, a further 20 people with disabilities were assisted to make the transition from institutional care to supported community living arrangements.

Policy priority 5: Improving accountability, performance reporting and quality

Quality Framework for Disability Sector – Improving service quality

Development of Queensland's quality framework for the disability sector continued. The Disability Sector Quality System comprises standards, a quality assurance system and certification. During the year, trials of the standards were completed with 10 services, and standards and performance indicators were finalised. Implementation commenced in 2004.

Disability Sector Training Fund – Strengthening the disability workforce

This fund supports regional training coalitions across Queensland to identify the training needs of the disability workforce and arrange skills development courses. The fund is auspiced by the Queensland Community Services and Health Industry Training Council. During the year:

- 10 training coalitions received funding.
- 63 development events were held.
- All Disability Information Awareness Line (DIAL) staff received training for a Certificate IV in Workplace Assessment and Training.

5.6 South Australia

Setting the Scene

The year saw continuing development of services in South Australia for people with disabilities, their families and carers.

The *Disability Services Planning and Funding Framework (2000-2003)* set the directions and strategies for policy, planning and purchasing of disability services by the *South Australian Department of Human Services* over the year. The *Disability Services Office* is responsible for implementing the framework. The *Ministerial Disability Advisory Council* provides advice to the South Australian Government on disability issues. In June 2003, a report describing progress over the three years of the framework was published. Work began on the formulation of a new three-year plan.

Efforts continued to focus on improving access to services and strengthening supports for community living. The needs of Indigenous people with disabilities were a priority. Increasing emphasis was placed on prevention and early intervention strategies for families and carers to address problems before they reach a crisis point. Discussion commenced about the respective roles and responsibilities of the disability and mainstream sectors in service provision and funding. Initiatives to improve service quality and excellence, data collection and information accessibility continued.

Progress and Achievements during 2002-03

Policy priority 1: Strengthening access to generic services

Equity of Access – Improving access to health services

In May 2003, the Minister for Health launched the *Equity of Access to Health Services for People with Disabilities – Policy Statement and Strategic Directions*. This statement was developed in consultation with service providers, consumers and other stakeholders from the disability and health sectors. Its policy and strategic directions provide an agreed approach for achieving fair and equitable access to mainstream health services for people with disabilities.

Developing Partnerships – Building accessible and supportive communities

The Disability Services Office works in partnership with other government and non-government agencies to improve access to services and community participation. Initiatives included:

- Promoting the design of adaptable and accessible housing with South Australian housing authorities.
- Encouraging agencies that receive South Australian Government funding to create employment opportunities for people with disabilities.
- Facilitating the provision of a 24-hour Disability HelpLine in collaboration with the Crisis Care and Disability Information Resource Centre.

New Disability Services Framework – Taking a whole of government approach

Development of a new three-year *Disability Services Framework 2004-2007* began. The plan will build on the outcomes of its predecessor. One of its goals will be extending access to community services and facilities, particularly in health, recreation and transport.

Policy priority 2: Strengthening across government linkages

Improving Access and Transition across Services - Working within the human services portfolio

The Disability Services Office works with other agencies within the Department of Human Services to improve cooperation and coordination in service planning, funding and delivery.

Initiatives included:

- Developing consistent eligibility criteria for the Domiciliary Care and Options Coordination programs - with Aged and Community Care.
- Improving access to primary health care for children with disabilities – with Child and Youth Health
- Improving placement planning for children with disabilities under guardianship orders – with Family and Youth Services
- Setting priorities for the disability component of Home and Community Care (HACC) funding – with Aged and Community Care.

Developing Partnership Models – Working with other government agencies

A joint project was conducted with the Department of Education and Children's Services to improve pathways for children with acquired brain injury.

A Memorandum of Understanding was established with the housing sector for collaborative planning to meet the needs of people with disabilities requiring community housing.

The Brain Injury Rehabilitation Unit was integrated within the Hampstead Rehabilitation Centre and is now an outreach service of the Royal Adelaide Hospital, providing a State-wide specialist rehabilitation service.

Policy priority 3: Strengthening individuals, families and carers

Improved Accommodation – Providing alternatives

A further 25 residents of Julia Farr Services were assisted in their move to community living in five group homes where they are provided with community supports.

A new aged care facility was opened at Northgate for older residents of the Strathmont Centre and 50 residents moved to the new facility.

Responding to the Needs of Indigenous People – Working collaboratively

The Disability Services Office held a State-wide conference in partnership with Indigenous people about the needs and issues facing people with disabilities, their families and community. The needs of people living in the Anangu Pitjantjatjara Lands (APY) were highlighted.

It has led to the development of an Action Plan for improving services for Indigenous people with disabilities.

Moving On Program - Building effective pathways for young people

Additional funding was provided to the *Moving On Program* that helps school leavers with disabilities access employment, vocational training opportunities and day options.

Supporting Families and Carers - Strengthening services

Improving supports and services for families and carers and reducing the pressure on families was a key area of activity over the year. Initiatives included:

- A strategic review of services to people with Autism/Asperger Syndrome and their carers was conducted and implementation of recommendations commenced.
- A report on meeting the needs of ageing carers and associated expenditure implications was completed and provided to the Australian Government.

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

Prevention and Early Intervention – Increasing focus

Additional funding was provided in 2002-03 for early intervention and practical supports for families supporting people with challenging behaviours.

An early childhood intervention strategic action plan was developed.

What Should Constitute Personal Support – Planning for the future

The Disability Services Office released a discussion paper entitled *What Should Constitute Personal Support* to initiate debate about future funding and delivery of services for people with disabilities in South Australia. The discussion paper seeks views about what services should be sourced from mainstream programs and what services should be funded through the CSTDA.

Policy priority 5: Improving accountability, performance reporting and quality

Compliance with National Standards - Improving quality

All funding and service agreements now require compliance with National Disability Standards (including a Standard on Abuse), access and equity policies and policies to incorporate Aboriginal inclusion. Compliance is monitored in external validation and certification checks.

Service Excellence Framework – Collaborative approach to quality in disability services

Introduction of the Service Excellence Framework for improvements across government and non-government services began. The framework brings together a number of key components of various Australian and South Australian Government requirements into a single management tool. Its purpose is to assist organisations to assess performance, compliance and identify opportunities for development.

Legislative and Administrative Reform – Building strong legislative framework

The need to bind the State to the services it provides and funds for people with disabilities will be examined. This will also address the need for compliance with service standards and for grievance mechanisms to protect the rights of people with disabilities.

Accessible Information – Better reporting and accountability

Statistics on the uptake of services by clients became available to inform reporting and decision making processes.

EnableNet and the Disability Information and Resource Centre were funded to establish and maintain a community resource manual.

The Disability Services web page was placed on the Department of Human Services website.

Superseded Department of Human Services computers and printers were allocated to people with disabilities.

5.7 Tasmania

Setting the Scene

The year saw continuing review and reshaping of Tasmania's disability services in response to the Sector Reform initiative.

Sector Reform arose out of the *Disability Sector Strategic Plan 1999-2004* that sets the framework for the planning and delivery of disability services in Tasmania. Its goal is to make services more accessible to people with disabilities and their families, and to ensure long-term viability. Collaboration between government and non-government sectors and community consultation are essential features of the Sector Reform initiative.

More broadly, disability reform initiatives are supporting and contributing to the achievement of Tasmania *Together* - the State's 20-year social, environmental and economic plan.

The *Department of Health and Human Services* plays a pivotal role in the planning and delivery of services to people with disabilities, their families and carers. During the year, a new *Ministerial Advisory Council for Disability Services* was established.

Progress and Achievements during 2002-03

Efforts over the year focused on further reform of community supports, improving service coordination, better responding to people with complex and multiple needs, and strengthening system foundations.

Policy priority 1: Strengthening access to generic services

Who's Included – Building inclusive schools and communities

A new curriculum package for school teachers in years 5 to 12 was developed as a joint initiative with the Tasmanian Department of Education. *Who's Included* helps teachers to understand the needs of children with a disability and their responsibilities. It is part of a broader initiative to promote understanding of the rights of people with disabilities and their participation in schools and in the community.

Developing Service Protocols - Supporting collaboration and integration

A major initiative is the development of protocols to improve access to services provided outside the disability sector. Protocols are being established with other areas of the Department of Health and Human Services, other government agencies and other service providers. They establish strategies for service coordination, and communication arrangements. Action during the year included:

- Disability Services established three intra-agency protocols – with Child Youth and Family Support, Aged Care Assessment Teams and Community Rehabilitation and Allied Health Services (CRAHS).
- An agency protocol was completed between the Tasmanian Police Department and Mental Health and Disability Services to improve communication and coordination across services for people with disabilities at risk of the criminal justice system.

- Discussions commenced with the general practice sector under the umbrella of the Department's Memorandum of Understanding with the Tasmanian General Practice Divisions Ltd.

Policy priority 2: Strengthening across government linkages

Agency Collaboration Projects – Working with the education sector

Disability Services and the Tasmanian Department of Education established an agency collaboration project to improve service access for children and young people with disabilities. During the year, work began on the development of common assessment practices, identification of priority clients and joint service development initiatives for two key services - *Post School Options* and *Therapy Services*.

Housing Replacement Project – Working with the housing sector

A post occupancy evaluation process was implemented as a joint initiative with Housing Tasmania. It will gain information about the suitability of housing designed for people with disabilities with specific access and home modification needs. Results will help Housing Tasmania to design more functional and accessible housing for people with disabilities.

Policy priority 3: Strengthening individuals, families and carers

Individual Options Program – Better meeting individual needs

Individual Options helps people with high and long-term support needs to remain in their homes. Flexible and individualised support strategies are provided for up to 34 hours a week to meet a person's needs. People living with ageing carers, and long-term carers are given high priority. One of the program's special features is the use of multi-skilled workers to provide support services. In 2002-03, additional funding was provided for *Individual Options*. During 2002-03, 392 individuals received support services to stay in their homes - twice as many as in the previous year.

Enhanced Respite Care for Young People with Disabilities - Improving access

Planning commenced on a new service model for the provision of respite care for young people with disabilities. The model proposes semi-permanent respite and accommodation for eight clients on a 'two week on - two week off' basis. School holiday respite options were also enhanced to provide access to holiday camps, activities and trips during school holiday periods.

Post School Options – Improving access to learning and life skills development

Post School Options helps young people with disabilities, mainly school leavers, to access training and employment options. Around 40 young people with disabilities are assisted each year.

New Disability Advisory Council – Building links between government and the community

The *Ministerial Advisory Council for Disability Services* was established. Its role is to advise the Minister for Health and Human Services on disability policy and planning issues, and developments in the sector, affecting people with disabilities.

Community Consultation – Building links between government and the community

During the year, regular forums and information sessions were held throughout Tasmania to seek community views and provide information about disability sector reform development and initiatives.

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

Review of Eligibility Criteria – Ensuring equity of access

Eligibility criteria for disability services were reviewed as part of the Sector Reform project. The review examined the appropriateness of current eligibility criteria. Historically, attention has focused on people with intellectual and developmental disabilities. The aim is to ensure access is based on need, not type of disability, and is consistent with the *Tasmanian Disability Services Act 1991*.

State Disability Services – Improving responsiveness and streamlining processes

State Disability Services was reorganised during the year to improve service responsiveness and to streamline processes. Action included:

- Regional offices now provide the contact point for people with disabilities, serving as information and resource centres and a referral source to other services.
- New guidelines and protocols were implemented to facilitate the transfer of clients to alternate service providers and to fill vacancies in funded services.

Policy priority 5: Improving accountability, performance reporting and quality

Disability Services Ethics Committee – Strengthening external oversight

The *Disability Services Ethics Committee* plays an important role in providing external oversight of services provided to people with disabilities. Its role was strengthened as part of Sector Reform initiatives. The Committee is an independent body that monitors programs and services for people with disabilities to ensure that they are designed and administered free from adverse, intrusive and restrictive practices. It also accepts inquiries relating to ethical issues that may affect service delivery to people with disabilities.

New Service Evaluation Process – Improving service quality

A new evaluation process for funded disability service providers was implemented as part of Sector Reform initiatives. Both the management standards of service outlets and personal outcomes of clients are now assessed. These new arrangements replace the self-assessment process that funded service providers used, and they place greater emphasis on client outcomes. Six services, from all regions of Tasmania and from government and non-government service providers, were evaluated against the new standards in 2002-03.

5.8 Victoria

Setting the Scene

In September 2002, the Victorian Government released the *Victorian State Disability Plan 2002-2012*. This 10-year plan was developed in consultation with the Victorian community. It sets the directions and strategies for promoting the inclusion and participation of people with disabilities across all areas of life. It also provides Victoria's framework for achieving the national objective and policy priorities set out in the CSTDA. The *Department of Human Services - Disability Services Division* is responsible for coordinating the plan's implementation. The *Disability Council of Victoria* provides advice to the Victorian Government about disability issues.

Progress and Achievements during 2002-03

Activities over 2002-03 focused on putting the framework into place and building partnerships.

Policy priority 1: Strengthening access to generic services

Community Partnership Projects – Building more inclusive communities

This initiative upgrades and refurbishes community facilities so that people with disabilities can use them. During 2002-03, the Don Tatnell Leisure Centre in Mordialloc was renovated through a partnership with Scope (Vic) Ltd and local government. It gives people with disabilities access to purpose built activity rooms, kitchen and change room facilities as well as the Centre's swimming pool and gymnasium. Other community-based projects are under way at Heidelberg West and Coburg in partnership with Scope.

RuralAccess Initiative - Building more inclusive communities

RuralAccess develops new ways of including people with disabilities in the life of their community. RuralAccess workers are based in local government and community health services. They plan and develop initiatives to improve access to local community services – including education, health, housing, transport and other community services as well as arts, cultural, sports and recreational activities. RuralAccess began as a demonstration project in the Grampians in 2000. By the end of 2002-03, there were 27 RuralAccess workers located across rural and regional Victoria.

Policy priority 2: Strengthening across government linkages

Municipal Association Access Project – Working with local government

Disability Services funded a 12-month project officer position, based at the Municipal Association of Victoria, to work with local government to develop strategies that promote access and inclusion for people with disabilities in their communities. During 2002-03, Disability Action Plans were put into place in most local government areas and support was provided to the Victorian Local Government Disability Network. The Network helps local government disability officers with information, resources and support. The project has been extended to 2006 in recognition of the important role that Victoria's 79 local government

authorities play in the development of inclusive communities. Its goal is to facilitate good policy, planning and practice.

Policy priority 3: Strengthening individuals, families and carers

Redevelopment of Kew Residential Services – Reorienting disability supports

During the year, the first stage in the closure and relocation of residents from Kew Residential Services (formerly known as Kew Cottages) was completed. Some 100 residents moved to new community-based accommodation, where they have their own space and access to shared living areas. They are also provided with individualised disability supports.

Reviewing Disability Legislation – Promoting and protecting people's rights

A major review of disability legislation in Victoria commenced in 2002-03. It focuses on the *Intellectually Disabled Persons' Services Act 1986* and the *Disability Services Act 1991*. Its aim is to develop a legislative framework that supports and is consistent with the principles and objectives of the Victorian State Disability Plan. In May 2003, a public discussion paper was released.

HomeFirst - Reorienting disability supports

HomeFirst assists people with disabilities to live in their own home by providing a range of different supports depending on their needs. More flexible support options were introduced in 2002-03. This change was achieved by merging the In Home Accommodation Support program with *HomeFirst*.

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

Responding to Demand – Growing service capacity

In 2002-03 services were expanded in Victoria in response to strong demand for support. Additional funding was provided for:

- Victoria's post-school options program (Futures for Young Adults)
- Supported and transitional accommodation services
- Community and home-based support.

A principal aim of growth funding was to assist people remain living in the community.

Learning and Development Strategy - Developing a strong and skilled workforce

This strategy aims to provide a comprehensive approach to the development of a skilled workforce across the government and non-government disability service sectors. Activities to date have centred on the government sector. These included:

- By the end of 2003, over 900 support workers from the government sector disability workforce had enrolled in traineeships in Certificate IV in Community Services (Disability Work).
- Over 180 supervisors and managers in disability accommodation support had completed training in frontline management and assessment competencies.

- Disability Study Scholarships that enable staff to study for base grade and higher qualifications in disability and the Ethel Temby Study Tour Awards that enable staff to travel and study overseas in specified areas of research.

Policy priority 5: Improving accountability, performance reporting and quality

Improving Data Collection – Better reporting

The new NMDS collection commenced in Victoria in October 2002. A number of reporting processes were amalgamated and streamlined to enable service providers to provide data electronically. A new electronic tool was developed for this purpose.

Disability Self Assessment System – Monitoring quality standards

The Disability Self Assessment System (DSAS) was introduced in 1999 for the use of all support providers as a quality management tool. It comprises self-assessment against the Victorian Standards for Disability Services and development of a quality plan and report.

During the year:

- 96 per cent of disability service providers completed a self-assessment against the standards, compared with an 80 per cent participation rate for the previous year.
- The state-wide response increased across all nine standards.
- For providers who completed a self-assessment, there was an increase in the proportion who also completed quality plans – up from 87% to 94% over the past three reporting periods.

Improving Quality Management

In 2002-03, the move from self-assessment to an integrated quality improvement and management approach began. All service outlets are required to develop a quality plan that includes two new quality improvement activities, based on an annual quality evaluation against the Victorian Standards for Disability Services.

Revising Victorian Standards for Disability

Revision of the Victorian Standards for Disability Services began in 2002-03 to address the shift in focus reflected in the Victorian State Disability Plan to improving service quality and to reorientating disability supports so that they centre on personal outcomes. A state-wide reference group with broad representation has been established to inform revision of the standards.

5.9 Western Australia

Setting the Scene

The *Disability Services Commission* is responsible for advancing opportunities, community participation and quality of life of Western Australians with disabilities. It works in partnership with people with disabilities, their families and carers, service providers, other government agencies and the community.

The *Ministerial Advisory Council for Disability Services* provides independent advice to the Minister for Disability Services on major issues affecting the lives of people with disabilities and their families.

2002-03 saw continuing development of services for people with disabilities, their families and carers in Western Australia, with a particular focus on improving access to services and providing supports to assist people to live in their local communities. Initiatives were undertaken to improve access to generic services, improve service quality and develop new and innovative approaches to services for Indigenous people and people living in rural and remote areas. Local Area Coordination continued its vital role in assisting and supporting people with disabilities throughout Western Australia.

PROGRESS AND ACHIEVEMENTS DURING 2002-03

Policy priority 1: Strengthening access to generic services

Creating an accessible community

The Disability Services Commission works collaboratively with State Government agencies, local governments and people with disabilities to improve access for people with disabilities. Initiatives in 2002-03 included:

- *Easy Street* video on how to make communities physically accessible for all pedestrians including people with disabilities. It was produced in collaboration with Main Roads WA and the Western Australian Pedestrian Advisory Committee.
- *State Government Access Guidelines for Information, Services and Facilities* were developed and issued as a Premier's Circular to all government agencies.
- Resource materials promoting the inclusion of people with disabilities were published and revised, including *Guidelines for Hearing Augmentation in Cinemas* and *Expanding Your Sport and Recreation Markets*.

Improving Rural and Remote Service Access – Working through local partnerships

Local service delivery partnerships between the Disability Services Commission, Department of Health and country and professional service providers were strengthened to improve access to therapy services.

Review of the Disability Services Act (1993)

The *Disability Services Act (1993)* was reviewed, with a brief to examine complaints procedures, the effectiveness of Disability Services Plans, and structural and advisory mechanisms. Proposed changes will ensure greater consumer participation in the decision

making process; strengthening of disability service plans, including the extension of the requirement to services funded and/or contracted by State or local government agencies; and stronger representation of people with disabilities and their families who live in regional areas.

Improving Access to Health Care – the Health Resource and Consultancy Team

The *Health Resource and Consultancy Team (HRCT)* was established to assist people with disabilities to access quality health care from community-based medical services. The team also supports general practitioners, hospitals and specialists to become more accessible and responsive to people with disabilities.

Policy priority 2: Strengthening across government linkages

Improving Services for Indigenous People with disabilities – Developing partnerships

Research was undertaken, in conjunction with Edith Cowan University, to develop new and culturally appropriate models of supports and service delivery that are acceptable and responsive to local Indigenous communities.

An Indigenous policy officer was employed and extensive consultations with people with disabilities and their families were undertaken to identify local issues and more appropriate ways to respond to the needs of Indigenous people with disabilities.

Improving Access to Justice – Working in partnership across agencies

The Commission's Access to Justice Working Party, which involves representatives from the Department of Justice, Police, and the Office of Mental Health, continued its work on the development of a model for court diversion for minor offenders with an intellectual disability.

Policy priority 3: Strengthening individuals, families and carers

Initiatives for Carers – Strengthening supports

A total of \$250,000 was made available for the *Family Initiatives for Family Carers* grants program, resulting in 34 initiatives being funded across metropolitan and country areas. Some initiatives were specifically targeted to young carers and carers from culturally diverse and Indigenous backgrounds. A number of initiatives considered how families could plan into the future, and develop models of support that were independent of government funding.

Over \$269,000 was made available to 13 agencies to develop training packages for carers to enhance their capacity to care. These included workshop and video materials, looking at practical skills, understanding specific disabilities; strategies for managing challenging behaviour; relationships and stress management.

Local Area Coordination Review – Improving service delivery

A review of *Local Area Coordination (LAC)* was undertaken to determine whether the LAC program was clear and achievable and still providing value for money as a way of delivering individualised support to people with disabilities and their families. The review concluded that the LAC program is highly valued by people with disabilities and their families, and should

continue; that the program offers a high level of value for money; and that the full potential of the program is not being realised and some changes are required to refocus and strengthen it.

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

Managing Rising Costs – Planning for the future

The Disability Services Commission established a *Sector Development and Reform Working Party* to look at ways to increase the sector's capacity to deal with rising costs and unmet need.

The *Whole of Government Working Party on Contracting with Not-for-Profit Organisations* developed a policy on Funding and Purchasing Community Services, including the development of a Common Service Agreement Shell. This included the commencement of work on an indexation policy to support the financial viability and sustainability of non-government agencies.

Accommodation Blueprint – Responding to current and projected demand

The *Accommodation Blueprint* report provides a blueprint for accommodation support over the next five years. The Blueprint contains some 60 recommendations, including the recommendation that the current unmet demand and projected growth for accommodation support be met through the provision of additional funding from government; improved vacancy management; and improved capacity from within existing services. An implementation steering committee has been appointed to oversee the implementation of recommendations in 2003-04.

Streamlining Administrative Processes – Improving service responsiveness

Recommendations of the 2001 Review of the Accommodation Support Funding Process were implemented, including the creation of the *Options Exploration Process* for accommodation support, which has resulted in additional people being supported within existing resources.

Policy priority 5: Improving accountability, performance reporting and quality

Services Standards Compliance – Improving service quality

All funded disability service providers are required to meet the Disability Services Standards. The eight standards provide a customer-focused framework. Independent monitors undertake regular assessments of the quality of services to ensure compliance. During 2002-03, 125 services underwent independent standards monitoring. In addition, all service providers are required to provide an annual self-assessment of compliance with the standards.

Other Quality Management Initiatives – Improving quality

Work continued on the development and implementation of a quality management framework for the LAC program and for all accommodation services.

Country Services' operations were enhanced through further development of the quality management and supervision system, and staff training and skills development.

6. Future Developments

This report highlights key initiatives and activities that occurred during 2002-03, the first year of the current CSTDA. The CSTDA provides an agenda for ongoing service and community development for people with disabilities, their families and carers. The coming year will see activities across a range of areas to progress the CSTDA's national policy priorities and to realise its vision. This section gives a flavour of some of these developments, nationally and in each jurisdiction.

Collaborative Activities and Projects

A key theme of the CSTDA is to develop collaborative arrangements across governments to:

- break down barriers between services and programs
- improve service access and coordination
- ensure people with disabilities have opportunities to access and move to services at all stages of their lives.

A series of national and local projects will be pursued over future years to address the emerging challenges and changing needs in disability services. Collaborative projects will address such themes as:

- People with disabilities and carers who are ageing
- Younger people with a disability placed inappropriately in aged care facilities
- Improving the transition from school to employment and alternatives to work
- People with a dual disability and people with acquired brain Injury
- People with challenging behaviours
- Indigenous Australians with disabilities
- Improving advocacy services
- Opportunities for joint service provision.

Improvements in information and reporting will continue. The NDA will refine CSTDA performance reporting arrangements and the NMDS in light of experience in 2002-03.

Information for 2003-04, the first whole of year data collected by the AIHW under the new CSTDA NMDS arrangements, will be analysed in order to gain a clear picture of who receives services, the services they receive, carer arrangements, service outlets and costs, and to understand differences in patterns of use compared with previous data. Comprehensive information will be presented in the next national report.

Directions and Priorities within Jurisdictions

For the **Australian Government**, the coming year's priorities include:

- working with employers to enhance job opportunities and conditions for people with disabilities
- improving access to policies, programs and services delivered by Australian Government agencies
- responding to concerns raised in consultations as part of continuing implementation of employment assistance reforms

6. Future Developments

- working with States and Territories on bilateral agreement initiatives.

For the **Australian Capital Territory**, the coming year will be a period of consolidation of existing activities, and planning and consulting about future activities. These will include:

- improving individual planning and support strategies
- developing a strategic plan for the next four years and consulting on it
- making use of additional individual support funds to trial new approaches to funding and service delivery
- enhancing the risk management process for individuals in government services
- reviewing funding arrangements, leading to three year funding agreements with provider organisations under a new procurement plan.

For **New South Wales**, the coming year will be a period of consolidation. Priorities will include:

- continuing to better target and support those people with the highest needs who cannot be appropriately supported through existing specialist or mainstream services.
- undertaking further reforms to post-school programs to help school leavers with a disability transition from school to work
- strengthening supports for children through focusing on prevention and early intervention and working with other agencies to better coordinate support for children with a disability before they reach school age
- continuing to relocate people from Residences to more appropriate community based accommodation
- improving services for indigenous people and those from CALD backgrounds
- consolidating the regional planning and service delivery structure, including consolidation of the Statewide Aboriginal region
- strengthening the Department's customer service role

For the **Northern Territory**, the coming year's priorities will include:

- enhancing early childhood intervention services to reduce the life-long effects of disability on young children
- developing new models of service delivery for young people with challenging behaviours in remote areas
- addressing the needs of people with disabilities and their families at risk of the criminal justice system
- continuing development of the Post School Options program
- putting in place arrangements to ensure fairer and more equitable access to services
- establishing collaborative approaches with other agencies to deliver services to regional and remote communities.

For **Queensland**, the coming year's priorities will include:

- implementing the reform agenda set out in *Future Directions for Disability Services*

6. Future Developments

- consulting on key areas of *Assessment, Prioritisation, Funding and Services Approaches*
- developing a Strategic Framework for Advocacy Services
- developing an implementation plan to action the *Queensland Government Carer Recognition Policy*
- working collaboratively with the Department of Housing to implement *Future Directions in Housing Assistance and the Provision of Support for People with a Disability*
- Implementing the Disability Sector Quality System.

For **South Australia**, the coming year's priorities will include:

- continuing the move from institutional care to community options
- streamlining access points for specialist services
- extending opportunities for people with disabilities to access mainstream services – especially health, recreation and transport services
- strengthening early intervention and support strategies
- working in partnership with Indigenous organisations and communities to improve services for families, children and young people
- legislative reform
- formulating a new three year planning framework and action plans.

For **Tasmania**, priorities for the coming year include:

- continuing service development and improvement
- completing Sector Reform initiatives
- developing new models of service delivery across the target population and more specifically to address the needs of people with disabilities who require more intensive support as a result of their changing needs and challenging behaviours
- meeting the needs of people with complex needs including those with acquired brain injury and spinal cord injury
- strengthening support for families of people with disabilities
- bedding down new service quality evaluation arrangements
- strategic planning to develop a new five year framework for the Tasmanian disability sector.

For **Victoria**, priorities for the coming year include:

- continuing the relocation of residents of Kew Residential Services to alternative accommodation and supports tailored to individual needs
- developing flexible support options and individual support packages through improved individual planning and support for people with disabilities
- developing early intervention and support strategies that can help reduce crisis or urgent support issues for people with disabilities and their families

6. Future Developments

- providing innovation grants to fund projects that test new models of service delivery and practice that are consistent with the Victorian State Disability Plan
- fostering community development partnerships
- building the skills of the disability sector workforce.

For **Western Australia**, the coming year's priorities will include:

- implementation of recommendations from the *Accommodation Blueprint Report and Review of Local Area Coordination*
- developing strategies to enhance service capacity in rural and remote areas
- exploring options to support school leavers transition to employment
- piloting a court diversion program for people with an intellectual disability, in partnership with the Department of Justice
- amendments to the Disability Services Act (1993), strengthening the provision for disability service plans, and enhancing consumer involvement
- development of a whole of government indexation policy to ensure a viable and sustainable non government sector
- development of a policy framework to underpin the provision of services to Indigenous people
- working with the Australian Government to monitor the impact of the disability employment reforms and helping to ensure that people with high support needs are able to access employment services
- putting in place safeguards and quality assurance processes to prevent abuse, neglect and exploitation of people with disabilities.

7. Glossary and Acronyms

accommodation support services	Services that provide accommodation (group homes, hostels and institutions) and support services (attendant care, personal care, in-home support) to enable people with disabilities to remain in their existing accommodation or move to more suitable 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.
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's 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.
carers	People, such as family members or friends, who provide regular and sustained care and assistance to the person requiring support.
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	Services and programs that help people with disabilities to gain and use their abilities to enjoy social independence. They include 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.
community support services	Services that help people with disabilities to live and participate in the community. They include case management, regional resource and support teams, counselling, early childhood intervention services and other therapy services.

7. Glossary and Acronyms

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 1997-2002 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.
DDA	The Commonwealth Disability Discrimination Act 1992.
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 twelve month period from 1 July to 30 June.
hearing disability	Encompasses deafness, hearing impairment and hearing loss.
Indigenous	Australian of Aboriginal 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 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.
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 States and Territories.

7. Glossary and Acronyms

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 conditions such as multiple sclerosis and Parkinson's Disease.
NMDS	National Minimum Data Set is the set of nationally significant data items that are collected, according to an 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 (CSTDA).
open and 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.
potential population	The AIHW has estimated the number 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.
primary disability	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).
print disability services	Services that provide 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.

7. Glossary and Acronyms

psychiatric disability	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.
respite services	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.
response rate	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. Jurisdictions reported response rates based on the number of service type outlets responding out of the total number of outlets in the jurisdiction.
sensory/speech disability	This is a high level grouping of primary disability type which includes people with vision, hearing, speech and deafblind disabilities.
service outlet	Provider of a CSTDA-funded service.
service type	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.
service user	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.
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 verbal 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).

8. Contact List

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9. Feedback Form

Feedback on the 2002-03 Commonwealth State/Territory Disability Agreement Annual Public Report

This is the first CSTDA Annual Public Report. We would like to receive your feedback on the 2002-03 report so that we can keep improving future reports.

To provide your feedback and comments on the report, please cut out and complete this form, and post it to:

Merrick Ilett
Secretariat Coordinator
National Disability Administrators
GPO Box 806
Brisbane Qld 4001

Should you wish to discuss the report or require further information, please contact Merrick Ilett at merrick.ilett@disability.qld.gov.au

Please tick the boxes that apply and provide any additional comments in the spaces provided.

1. Who are you?

- | | | | |
|------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------|--------------------------|
| Disability service user | <input type="checkbox"/> | Researcher/student/academic | <input type="checkbox"/> |
| Carer/ family member/ friend of a person with a disability | <input type="checkbox"/> | Disability service provider/ support worker/ direct care worker / manager | <input type="checkbox"/> |
| Government/council representative or officer | <input type="checkbox"/> | Other (please specify)
_____ | <input type="checkbox"/> |

2. Which State/Territory are you from?

- | | | | |
|------------|--------------------------|--------------------------------------------------------|--------------------------|
| ACT | <input type="checkbox"/> | SA | <input type="checkbox"/> |
| NSW | <input type="checkbox"/> | Tasmania | <input type="checkbox"/> |
| NT | <input type="checkbox"/> | Victoria | <input type="checkbox"/> |
| Queensland | <input type="checkbox"/> | WA | <input type="checkbox"/> |
| | | Country other than Australia (please specify)
_____ | <input type="checkbox"/> |

3. (a) Did you find the report useful?

Yes No

If no, why?

9. Feedback Form

3. (b) Which Chapters or Sections did you find most useful?

4. (a) Did you find the tables and graphs useful and easy to understand?

Yes

No

If no, why?

4. (b) Do you prefer tables or graphs?

Tables

Graphs

Comments

4. (c) Did you find the text easy to understand?

Yes

No

If no, why?

5. What additional information would you like in future reports?

Comments

9. Feedback Form

6. What suggestions do you have for improving future reports?

Comments

Thank you for your feedback.

Please post this form to:

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