

**Commonwealth State Territory Disability Agreement
Annual Public Report 2004-05**

Commissioned by the National Disability Administrators

Prepared by Australian Healthcare Associates

August 2006

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Published by the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA).

Additional copies are available from:

The Department of Families, Community Services and Indigenous Affairs
GPO Box 7788, Canberra Mail Centre, ACT 2610
www.facsia.gov.au

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Acknowledgments

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

This project was overseen by a Steering Committee comprising representatives from the Australian Government Department of Families, Community Services and Indigenous Affairs, Disability Services Queensland, Department of Human Services, Victoria and Department of Health and Human Services, Tasmania.

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

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

Contents

FOREWORD.....	4
1. AN OVERVIEW OF THE AGREEMENT	5
A National Framework	5
Vision and Core Principles.....	5
Target Group	6
Services Provided.....	6
Roles and Responsibilities.....	7
Funding Arrangements	7
Ensuring Service Quality	7
Accountability.....	8
2. NATIONAL POLICY PRIORITIES	9
3. NATIONAL DEVELOPMENTS..	10
Implementing the Agreement.....	10
National Priority Issues	10
Addressing Access to Services for People with Disabilities who are Ageing and their Carers.....	11
Meeting the Needs of Young People Living in Aged Care Facilities	11
Access to Employment and Day Options Services: Monitoring the Effects of Government Reforms	12
Children and Young People with Disabilities and their Families	12
Addressing the Needs of Indigenous Australians with Disabilities	13
Responding to Demand	13
Workforce Requirements and Capacity	13
Improving the CSTDA Performance Reporting Framework	14
NDA Website - For Further Information	14
4. JURISDICTIONAL ACHIEVEMENTS.....	15
Introduction	15
The Australian Government.....	16
New South Wales	20
Victoria.....	23
Queensland	27
Western Australia	30
South Australia	34
Tasmania.....	38
Australian Capital Territory	41
Northern Territory	45

Contents

5. BILATERAL ACHIEVEMENTS – SUPPORTING LOCAL COLLABORATION.....	48
Role of Bilateral Agreements	48
Building Local Partnerships	48
Improving Transition from School to Employment and Alternatives to Work.....	48
Younger People with Disabilities Living in Aged Care Facilities.....	49
Meeting the Needs of Older People with Disabilities who are Ageing and their Carers	49
Addressing the Needs of Young People with Challenging Behaviours	50
Responding to the Needs of People with Acquired Brain Injury.....	50
Better Positioning Service Responsibilities	50
Addressing the Needs of Indigenous Australians with Disabilities	50
Improving Advocacy Services.....	51
Coordinated Service Planning and Provision.....	51
6. SERVICES AND SERVICE USERS.....	52
National Data Collection Arrangements.....	52
Data Sources and Quality.....	52
Total Services Users.....	53
Potential Population.....	57
Accommodation Support Services.....	60
Community Support Services	62
Community Access Services	63
Respite Services.....	64
Employment Services	65
7. GOVERNMENT EXPENDITURE	67
Total Government Expenditure	67
Expenditure by Service Type.....	68
Expenditure per Service User	68
Expenditure per Potential Population.....	69
Further Information	71
GLOSSARY AND ACRONYMS	72

Contents

Tables

Table 1:	Core principles of CSTDA	5
Table 2:	Services covered by the CSTDA.....	6
Table 3:	CSTDA funding contributed and administered, by jurisdiction, 2004-05.....	67

Charts

Chart 1:	Service users of CSTDA-funded services, 2004-05	53
Chart 2:	Primary disability group of service users, by service type, 2004-05	54
Chart 3:	Primary disability group of service users, by State / Territory, 2004-05.....	55
Chart 4:	Age of service users, by service type, 2004-05	56
Chart 5:	Proportion of service users who have an informal carer, by service type, 2004-05.....	57
Chart 6:	Users of services other than employment, per 1000 potential population, by State / Territory, 2004-05.....	58
Chart 7:	Service users of accommodation support services, per 1000 potential population, by service type category, by State / Territory, 2004-05	60
Chart 8:	Service users of accommodation support services, by primary disability group, 2004-05	61
Chart 9:	Service users of community support services, by primary disability group, 2004-05.....	62
Chart 10:	Service users of community access services, by primary disability group, 2004-05.....	63
Chart 11:	Service users of respite services, by primary disability group, 2004-05	64
Chart 12:	Service users of employment services, by service type category, by State / Territory, 2004-05	65
Chart 13:	Service users of open employment services, by primary disability group, 2004-05.....	66
Chart 14:	Service users of supported employment services, by primary disability group, 2004-05.....	66
Chart 15:	CSTDA funding, 2002-03 to 2006-07	67
Chart 16:	CSTDA government expenditure, by service type, 2004-05.....	68
Chart 17:	CSTDA government expenditure for services other than employment, in each State / Territory, per capita of the potential population, 2003-04 and 2004-05	70

Foreword

FOREWORD

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

The Australian Government and State and Territory Governments have committed an estimated \$17.1 billion over the five years of the current CSTDA.

The Agreement is of practical and symbolic importance. It affirms the partnership between the Australian, State and Territory Governments in pursuing a just and inclusive society. The Agreement provides for both levels of government to fulfil complementary roles in the development and delivery of public policy and services to make a positive difference to the lives of people with disabilities, their families and carers.

The Agreement provides a national framework for the Australian, State and Territory Governments to work together in the provision of services for people with disabilities. It acknowledges the essential and complementary nature of specialist and generic services, including those that lie outside the Agreement.

The framework contains five strategic policy priorities that all jurisdictions have agreed to pursue under the Agreement. These are:

- strengthening access to generic services for people with disabilities;
- strengthening across government linkages;
- strengthening individuals, families and carers;
- improving long-term strategies to respond to and manage demand for specialist disability services; and
- improving accountability, performance reporting and quality.

In addition to the CSTDA Multilateral Agreement, Bilateral Agreements have been entered into between the Australian Government and each individual state or territory to address key issues for people with disabilities.

This report details the significant achievements and progress made by all jurisdictions during 2004-05.

The annual report is a publication of the National Disability Administrators (NDA), the group of Australian, State and Territory Government officials responsible for implementing the CSTDA.

*National Disability Administrators
July 2006*

1. An Overview of the Agreement

A National Framework

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

The CSTDA is the third agreement between Australian, State and Territory governments for the delivery and funding of specialist disability services. The first Commonwealth State Disability Agreement (CSDA) operated from 1991 to 1996; and the second operated from 1997 to 2001.

This CSTDA sets the administrative and funding arrangements for the delivery of specialist disability services over the five years, 2002-03 to 2006-07. Specialist disability services are designed to meet the needs of people with disabilities who require ongoing or long-term episodic support. The CSTDA also establishes national policy priorities that set the themes and directions to guide action in service and community development to create opportunities for people with disabilities.

Vision and Core Principles

The CSTDA's preamble describes the vision and core principles that underpin the national framework. The NDA and the National Disability Advisory Council, in conjunction with State and Territory Disability Advisory Bodies, jointly developed the preamble.

The CSTDA reflects a shared vision that governments will work collaboratively to build inclusive communities where people with disabilities, their families and carers are valued and equal participants in all aspects of life. Its spirit encompasses the Principles and Objectives outlined in the Commonwealth *Disability Services Act 1986*, the Commonwealth *Disability Discrimination Act 1992* and complementary State and Territory legislation.

The Agreement's core principles are summarised in *Table 1*.

Table 1: Core principles of CSTDA

Core principles of CSTDA
• Responding to <i>individual needs</i> as they vary across stages and areas of life.
• Acknowledging the <i>heightened vulnerability</i> of people with high support needs, Indigenous Australians and people from culturally and linguistically diverse backgrounds.
• Recognising and supporting the pivotal <i>role of families, carers and others</i> in close relationship with people with disabilities.
• Promoting the development of <i>innovative solutions</i> to address the broad scope and range of supports needed to create conditions where people with disabilities, their families and carers can thrive and have their opportunities enhanced.
• Continuing <i>collaboration and partnerships</i> with individuals, families, carers, community agencies, service providers, advisory and advocacy bodies and local government.

1. An Overview of the Agreement

Target Group

The Agreement targets the provision of services to people with disabilities where:

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

Services Provided

Specialist disability services covered by the Agreement at the time of this report and their purposes are summarised in *Table 2*.

Table 2: Services covered by the CSTDA

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

1. An Overview of the Agreement

Service	Description
<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.

Information about the number and types of services provided in 2004-05, and the people who used them, is provided in *Chapter Six* of this report.

Roles and Responsibilities

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

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

Funding Arrangements

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

Governments have currently committed \$17.1 billion over the five years of the CSTDA. In 2004-05, government expenditure totalled \$3.6 billion. Further information about CSTDA funding and expenditure is provided in *Chapter Seven*.

Ensuring Service Quality

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

1. An Overview of the Agreement

Accountability

The CSTDA incorporates a performance reporting framework to promote accountability and transparency about activities, progress and how funds are spent. Arrangements include:

- a CSTDA National Minimum Data Set (NMDS) and associated data collection arrangements;
- annual reporting between governments on funding spent and progress and achievements in implementing strategies to address national policy priorities; and
- publication of an Annual Public Report about progress and achievements in implementing national policy priorities.

This report represents the third annual public report and highlights progress and achievements made in 2004-05.

2. 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 mutually dependent areas for governments to address locally and nationally over the life of the Agreement. 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 transition between 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

Demand for specialist disability services is rising. This priority includes the development of strategies to respond to and manage this increasing demand. Strategies include enhanced prevention and early intervention, better coordination across service systems and clear and transparent decision-making.

Policy priority 5: Improving accountability, performance reporting and quality

This priority aims to ensure that 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.

3. National Developments

Implementing the Agreement

The National Disability Administrators (NDA) is responsible for overseeing the management and implementation of the CSTDA. 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.

Disability Ministers set the strategic priority issues within the five national policy priorities requiring national action. The NDA is responsible for developing and implementing national projects to further these priority issues. Projects form the basis of the CSTDA Implementation Work Plan. This joint work undertaken across governments to address priority issues is an important feature of the CSTDA.

The CSTDA research and development fund, to which each jurisdiction makes an annual contribution, is used to inform priority issues and support the NDA Implementation Work Plan. Research and development projects are set out in the CSTDA research and development program and feed into the CSTDA Implementation Work Plan. Projects are funded to:

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

The NDA's Chairperson, its Secretariat and the coordination of its research and development program, are provided on a two-year rotating basis by each jurisdiction. This arrangement reflects the partnership that underpins the Agreement. For 2004-05, Queensland was the NDA Chair and provided secretariat services for the NDA, while Western Australia coordinated the NDA research and development program. Each NDA work plan or research and development project is coordinated by one lead jurisdiction. Each year the NDA reports to Disability Ministers on progress and outcomes.

National Priority Issues

Disability Ministers identified fourteen priority issues for action during the lifetime of the third CSTDA.

CSTDA National Priority Issues

1. Access to health care
2. Access to transport
3. Access to housing
4. Access to services for people with disabilities who are ageing
5. Employment/day options interface
6. Younger people in nursing homes
7. Advocacy and information services
8. Children and young people with disabilities
9. Maintaining informal carers
10. Indigenous Australians with disabilities

3. National Developments

CSTDA National Priority Issues

11. Language services – Auslan interpreters service
12. Responding to demand
13. Workplace requirements and capacity
14. Revision of CSTDA Performance Reporting Framework.

In 2004-05, activities built on the previous year's work and explored new areas. Much of this work is longer-term in nature as it aims to address emerging challenges and changing needs in disability services. The rest of this chapter reports on developments and progress in 2004-05.

For the language services priority issue, a new National Auslan Interpreter Booking and Payment Service commenced in January 2005. Further information about this initiative is provided in *Chapter 4: Jurisdictional Achievements – The Australian Government*.

Addressing Access to Services for People with Disabilities who are Ageing and their Carers

The number and proportion of people with disabilities who are ageing are growing. Also, people with certain disabilities may experience the effects of ageing at an earlier age or an exacerbation of their disabilities as they age. These trends present challenges for disability, aged care and health services. This national priority issue is examining the changing needs and expectations of people with disabilities and their carers as they age, and the services and supports required to meet their needs. The aim is to develop a framework to guide the development and provision of services for people with disabilities who are ageing.

During 2004-05, work proceeded on the NDA-commissioned research project on *Disability and Ageing*. This major project is establishing a profile of people with disabilities who are ageing and their service needs, considering current and future service capacity, and reviewing service models and approaches including the interface with health and aged care services. The project is due for completion in early 2006 with results informing the policy framework.

In addition, a multi-jurisdictional working group was formed to examine options to help ageing parents plan for future accommodation and support for their children with disabilities, including financial options, and to report to Disability Ministers.

Meeting the Needs of Young People Living in Aged Care Facilities

Improving residential options for young people with disabilities living in residential aged care has been identified as a national priority issue by Disability Ministers and the Council of Australian Governments (COAG). Concerns relate to:

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

3. National Developments

Activities over 2004-05 concentrated on several information and research initiatives to better understand the nature of the problem and its implications for people with disabilities, and to examine good practice in service access, provision and coordination. They built on the work initiated in 2003-04 and were aimed at contributing to national policy discussion and directions. Activities included:

- reviewing information from each jurisdiction on current policies, programs and measures to address the needs of young people in residential aged care;
- conducting a major research project on Support Needs and Models for Younger People with High Clinical Care Needs to provide a profile of younger people (those under 50 years of age) in residential aged care in Australia, review Australian and international literature on service and funding models, and examine alternative support models; and
- piloting, through the Australian Government Department of Health and Ageing (DoHA) Innovative Pool Initiative, several projects examining and exploring alternative models of accommodation and support locally.

These activities were supported by projects undertaken in several jurisdictions under CSTDA bilateral agreements (See *Chapter Five: Bilateral Achievements – Supporting Local Collaboration*).

Access to Employment and Day Options Services: Monitoring the Effects of Government Reforms

In November 2004, Disability Ministers agreed that the effects of Australian Government business services reforms and State and Territory day options services reforms on people with disabilities should be monitored. This project was added to the NDA Implementation Work Plan and project development and planning began.

Children and Young People with Disabilities and their Families

The NDA sponsored a national forum on *Support for Children and Young People and their Families* in Sydney in July 2004 for jurisdictions to share information, experiences and practices in the area of disability, prevention and early intervention and the child protection interface, and to identify national research priorities. The forum highlighted the importance of supporting families at key transition points such as at birth or point of diagnosis or school entry.

The NDA is commissioning research to examine the elements of practice that are critical to building family resilience. Initially, the project will focus on families with children aged 0-8 years while the 9-18 years of age range will be examined in a secondary stage. The results will contribute to development of services that have a better balance between preventative strategies and responding to higher level, immediate or crisis needs.

3. National Developments

Addressing the Needs of Indigenous Australians with Disabilities

Activity in 2004-05 focussed on responding to the outcomes of A *National Indigenous Disability Strategies Forum* held by the NDA in February 2004. The NDA initiated a major research project - *Building Culturally Secure Services for Indigenous Australians* - to address the topics the forum identified for further study.

This research project will examine ways to build the cultural competency of disability staff; develop curricula and training modules to attract Indigenous Australians to gain disability-related qualifications; and review current and alternative approaches to advocacy that meet the needs of Indigenous Australians with disabilities. It will be completed in late 2006.

Responding to Demand

This national priority issue involves investigating strategies for responding to and managing the growing demand for specialist disability services. During 2004-05, current strategies and programs in place across jurisdictions were identified and international demand management practices were examined.

Work continued on the first stage of the major research project that the NDA has commissioned to develop a *National Assessment and Resource Allocation Framework*. The framework's aim is to promote a nationally consistent approach to demand management across jurisdictions. The first stage has involved the development of a national framework to assess eligibility, need, priority and service response, resource allocation and demand management.

A second research project, to investigate the nature and extent of demand within each jurisdiction and analyse projected future demand, has been added to the NDA research and development program.

Workforce Requirements and Capacity

The disability sector, like the rest of the community services industry, is experiencing growth in service use and difficulties in recruiting and retaining a sufficient workforce to meet service needs.

Ensuring the availability of appropriately qualified and skilled direct-care staff and specialist therapy staff is a major concern. This priority area aims to gain a better understanding of the extent and nature of workforce capacity issues facing the disability sector in Australia and to examine strategies to address them.

In 2004-05, the NDA conducted an initial study to identify workforce capacity issues across jurisdictions. Results were used to target a national research project – *Investigation into Workforce Capacity Issues*. This research focussed on the following issues:

- analysis of the impact of an ageing workforce on the disability sector;
- development of a sustainable and responsive attraction and retention strategy for the disability sector as an 'industry of choice'; and

3. National Developments

- strategic analysis of recruitment and selection practices to ensure high quality and diverse applicant pools.

Improving the CSTDA Performance Reporting Framework

This national priority issue focuses on continuing improvements in the CSTDA Performance Reporting Framework over the course of the Agreement. In 2004-05, the NDA refined the CSTDA performance reporting arrangements in light of the 2003-04 experience.

NDA Website - For Further Information

A new website was developed over 2004-05 for disseminating information about the work of the NDA, the results of research projects and reports, and for fostering discussion about important issues in the disability sector. It may be accessed at www.nda.gov.au

4. Jurisdictional Achievements

Introduction

All jurisdictions report annually to the NDA on progress and achievements in implementing strategies to address national policy priorities.

This chapter gives an overview of activities, progress and achievements during the 2004-05 for each jurisdiction.

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

THE AUSTRALIAN GOVERNMENT

Setting the Scene

The Australian Government's vision for people with disabilities is to achieve better outcomes and to provide more opportunities for participation in the economic and social life of the community. The Australian Government recognises that workforce participation brings not only the economic benefit of a regular income and contribution to superannuation, but also the social benefits of engagement in the community.

Following the October 2004 Federal Election, the Prime Minister announced Machinery of Government changes. Responsibility for employment support for people with disabilities in the open labour market (open employment assistance) was transferred to the Department of Employment and Workplace Relations (DEWR). Transferred responsibilities included payment of the Disability Support Pension and administration of programs such as the workplace modifications scheme, mobility allowances and workplace subsidies.

Specialised supported employment services (known as business services) remained with the Department of Family and Community Services (FaCS).

The transfer integrates income support and employment services for people with disabilities into the Australian Government's broader participation and employment services framework. It forms an important part of the Australian Government's approach to strengthening access to generic services for people with disabilities.

Business services are currently going through a process of reform to enable job seekers and employees with disabilities to have more choice and access to services and employment opportunities, as well as to help the sector become commercially viable.

Progress and Achievements During 2004-05

Policy priority 1: Strengthening access to generic services
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United Nations Convention on Rights of People with Disabilities

The Australian Government continued its active participation in the development of the proposed *UN Convention on the Rights of People with Disabilities*. During 2004-05, Australian Government representatives contributed to two (fourth and fifth session) meetings of the United Nations Ad Hoc Committee. An Australian Government delegation (including FaCS) and the disability community have attended every session of the UN Ad Hoc Committee.

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

The *Commonwealth Disability Strategy* assists and guides agencies in removing barriers that might prevent people with disabilities accessing Australian Government delivered programs, services and facilities. During 2004-05, further work on the evaluation of the strategy was undertaken to assess progress made in removing barriers, its overall effectiveness and ways in which this might be improved.

4. Jurisdictional Achievements *The Australian Government*

Auslan Interpreter Service

The National Auslan Interpreter Booking and Payment Service commenced in January 2005 and provided 3,000 hearing impaired people with access to Auslan interpreters free of charge when attending medical consultations during 2004-05. Deaf people, doctors and health professionals can book accredited interpreters through this national service.

The Australian Caption Centre completed a twelve month \$50,000 contract to provide audio description of ten contemporary DVD's.

Policy priority 2: Strengthening across government linkages

Working collaboratively with State and Territory Governments

All jurisdictions have been regularly meeting with representatives from FaCS to progress the issues identified in bilateral agreements. (Refer *Chapter Five: Bilateral Achievements – Supporting Local Collaboration*).

Policy priority 3: Strengthening individuals, families and carers

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

National Disability Advisory Council

The *National Disability Advisory Council* was established in 1996 to provide the Minister for Family and Community Services with independent policy advice on issues affecting people with disabilities, their families and carers. The Council met four times in 2004-05, and continued to undertake extensive consultations with disability consumer organisations, service providers, State and Territory disability advisory bodies and people with disability, their families and carers. Council was also represented at conferences, workshops and meetings.

New Ministerial Council

In December 2004, the Minister for Family and Community Services announced the establishment of a new Ministerial Council to provide advice on issues affecting people with disabilities, carers and the process of caring. The selection process for the new Council is progressing.

National Disability Conference Funding

The Australian Government, through FaCS, provided \$225,000 to help people with disabilities to participate in national and international disability conferences. This was an increase of \$50,000 over the \$175,000 allocated in the 2003-04 round. Funding is provided to conference organisers. Assistance may cover conference costs (such as conference fees, accommodation and/or travel), use of interpreters, provision of material in alternative forms and use note takers.

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

Case Based Funding for Business Services

Case based funding in disability business services has been introduced progressively since 2002. It aims to ensure that funding is more closely matched to the support needs of workers in business services. Overall levels of funding to the sector have increased and more assistance has been provided to workers with severe or profound core activity limitations.

4. Jurisdictional Achievements *The Australian Government*

Since 2002, the number of business service users with a profound core activity limitation has grown by 38 per cent to 4,591. This compares to a 10 per cent increase in the overall number of business service users over the same period. People with a profound core activity limitation now represent 27 per cent of business service users.

Security, Service Quality and Choice

Work proceeded on the implementation of the *Security, Quality Services and Choice for People with Disability* package that was announced in April 2004. FaCS worked closely with financial consultants and disability business services to develop business strategies to contribute to the achievement of a viable and sustainable sector.

Case management and targeted support were provided to workers with low productivity. Case managers facilitated funding for training, aids, workplace modifications and a range of other supports to help people with low productivity stay in the workforce, and gave advice on available service options (including non-employment activities) for those who wished to leave employment. Around 1,300 workers registered for case management and about 80% chose to remain in the workforce.

Policy priority 5: Improving accountability, performance reporting and quality

Case Based Funding for Disability Open Employment Services

Case Based Funding for Disability Open Employment Services is a major initiative of the Australian Government's disability service reforms. It replaces previous block grant funding arrangements with a performance-based, fee-for-service arrangement where fees are paid to providers to assist job seekers with disabilities to find and keep employment. Fees are based on job seekers' assessed level of support needs and employment outcomes achieved by providers.

Planning and consultation were completed for the 1 July 2005 implementation of a 100% case based funding model for all Disability Open Employment Services. This is an important step towards the integration of Disability Open Employment Services into the Department of Employment and Workplace Relations' comprehensive performance framework, ensuring consistency and transparency in reporting across all Commonwealth funded employment programmes. It will be complemented by the introduction of comparative provider performance assessments from July 2006. Performance ratings will be modelled on the Job Network Star Ratings and specifically developed and tailored to the characteristics and circumstances of disability employment services.

Disability Services Standards

All Australian Government funded disability employment assistance organisations achieved independent certification against the Disability Services Standards by the legislated deadline of the end of 2004.

Online Funds Management System

Disability Supported Employment providers were the first line of business to be uploaded onto FaCS's new online funds management system in April 2004. Immediate access to client records, intake assessment, funded support levels, exits and suspensions and the number of workers in any one business was available for the first time. Funding agreements include performance indicators on capacity utilisation and employment outcomes.

For More Information

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

- Information on changes to responsibilities and the welfare reform process can be found at www.workplace.gov.au
- Information on open employment assistance for people with disabilities can be found at www.jobable.gov.au
- Information on disability employment services and the CSTDA can be found at www.facsia.gov.au/internet.nfs/disabilities
- Information on assistance to carers can be found at www.facsia.gov.au/internet.nfs/disabilities-carers

NEW SOUTH WALES

Setting the Scene

In 2004-05, NSW enhanced its support program for children, young people and their families by progressing work under the *Improving Services for Children, Young People and Families Action Plan*. Reforms to post school programs commenced, bringing the 2004–05 expenditure to \$61 million. Pilots were carried out with 74 non-government service providers across the state as part of the integrated monitoring project.

The closure of large residential centres continued, with the relocation of 272 residents to community accommodation since 2000 and the Department of Ageing, Disability and Home Care (DADHC) initiated discussion on accommodation models for people with disabilities. Following the receipt of over 180 submissions from clients, parents and stakeholders, the Minister hosted three round table meetings to progress the ideas received.

Intake systems for new clients were improved, with eight regionally based information and referral services established, to receive requests to DADHC for support and to prioritise applicants' needs assessments. An integrated approach to vacancy management was developed to manage the placement of clients in both Department and non-government operated group homes to ensure that people in greatest need have priority of access to accommodation support.

Progress and Achievements During 2004-05

Policy priority 1: Strengthening access to generic services

- Under the *Community Transport Strategy*, regional community and public transport co-coordinators have been appointed to broaden the range of transport options available to people with disabilities.
- Negotiations between the NSW and Australian Governments were finalised to establish a statewide *Indigenous Disability Advocacy Service* to provide individual advocacy services.

Policy priority 2: Strengthening across government linkages

- In response to the acknowledged issues of *people with intellectual disability involved with the criminal justice system*, the NSW Government funded an initiative to support this target group. \$27 million will be allocated over four years to support eligible individuals and groups of people in supported accommodation options.
- *Partnership Against Homelessness* is a key NSW Government initiative bringing together government agencies that fund or administer programs for homeless people. The Partnership's aim is to develop strategies and facilitate a coordinated approach to the delivery of support services for those who are homeless or those at risk of homelessness, including people with disabilities.

- The *Integrated Services Project for Clients with Challenging Behaviour* is a 3-year interagency pilot project, led by the DADHC in partnership with NSW Health and the NSW Department of Housing that aims to provide intensive time limited assistance to a small group of clients with complex needs and challenging behaviours. Project development activity was undertaken to support service commencement in September 2005 and included the establishment of a senior interagency management committee and refurbishment of a short stay assessment unit.

Policy priority 3: Strengthening individuals, families and carers

- The *Emergency Response Program* was established in 2000 as the Service Access System (SAS) to assist people with disabilities who are in crisis and who are unable to access other support. The NSW Government provided Emergency Response funding of \$61.8 million in the 2004-05 financial year, an increase of \$16.8 million over the previous year.
- The NSW Government allocated \$30.6 million over four years (\$2.7m in 2004-05, increasing to \$9.8m in 2007-08) for the development of new services to *children and young people* with disabilities and their families.
- Training was delivered to disability services organisations in 14 locations across NSW to assist staff to implement the *Children's Standards in Action: A Resource for Service Providers Working with Children and Young People with a Disability* (April 2004). The standards focus on the delivery of services that are family-centred and build the capacity of families to develop and maintain resilience.
- The *Information and Referral Service* became operational across NSW in September 2004. It provides information about services and support available to older people, people with disabilities and their carers, and if required, referral to appropriate services.
- During the 2004-05 period, the focus of the *Behaviour Intervention Service* shifted from direct client intervention to input to the service systems supporting clients with severe challenging behaviours. This made it possible for service to offer support to many more clients and to increase the capacity of regional staff to manage complex and challenging clients.

Case study - Improving Outcomes for Families

During 2004-05, DADHC carried out extensive research to identify proven methods to support families with a child or young person with a disability. This research informed the development of a framework that describes the range of supports that families might require as they raise their child with a disability. The framework was used to strategically focus the \$30.6 million committed by the NSW Government in 2004 so that the service system provides a comprehensive range of supports for families and children with disabilities.

New approaches will also be introduced to provide practical support to families at an early stage to prevent further crises. Twenty new caseworker specialist positions will be established to support DADHC staff working with children and their families.

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

- Stage One of the *Nursing Restructure* was completed and saw the introduction of a new management and support structure to improve operations in Large Residential Centres. Stage Two involves a review of the staff mix of Registered Nurses/Enrolled Nurses and Assistants in Nursing to ensure the best support for clients.
- DADHC has operated *Regional Vacancy Management Committees* since August 2004 to support placement of eligible clients in both government and non-government accommodation services. Access is based on the best match to available vacancies with clients prioritised according to need.
- DADHC is considering a broader range of accommodation support services to respond to the increasing demand, and to provide a more flexible system to better meet clients' needs and enable clients to access appropriate services as their needs change over time.

Policy priority 5: Improving accountability, performance reporting and quality

- Development of the Integrated Monitoring Framework (IMF) for monitoring service delivery and performance under service provider funding agreements was finalised.

Case study - The Integrated Monitoring Framework

In 2004-05, the Department finalised the development of the *Integrated Monitoring Framework (IMF)* to help ensure that both DADHC-operated and funded services deliver quality services that meet client needs. The IMF represents a new approach to monitoring in DADHC. It will provide the Government with information about whether program funds are being used effectively and providers are performing in line with their funding agreements.

It will also enable DADHC and providers to engage in service improvement activities. The framework integrates existing and new monitoring and reporting activities within a single framework that is consistent with current approaches taken by other human services agencies. It also aligns with Department's obligations to other agencies such as Treasury and the Australian Government.

Establishing an integrated and consistent approach to monitoring, promotes transparent accountability mechanisms and reinforces community and government support for the services DADHC provides and funds.

For More Information

For more information, please see DADHC's Annual Report for 2004-05. This report and other useful documents may be accessed at www.dadhc.nsw.gov.au

VICTORIA

Setting the Scene

The *Victorian State Disability Plan 2002-2012* aims to improve the quality of life for Victorians with disabilities, through supports that enhance people's independence, choice and community inclusion. It sets the directions and strategies for the continuing development of Victoria's disability services. Key issues over 2004-05 included:

- responding to increasing demand;
- completing phase two of the review of disability services legislation;
- meeting complex support needs;
- continuing the redevelopment of Kew Residential Services;
- enhancing early intervention supports while maintaining an effective support system;
- raising community awareness and fostering inclusive communities through *RuralAccess* and the further rollout of *MetroAccess*;
- providing more flexible and responsive supports;
- continuing quality improvement of supports provided; and
- actively involving people with disabilities, families and carers in decision-making.

Progress and Achievements During 2004-05

Policy priority 1: Strengthening access to generic services

- The *Victorian State Disability Plan 2002-2012* was released in September 2002 and provides the context for which supports for Victorians with disabilities are provided. The vision of what type of place Victoria will be in 2012 is one with a stronger and more inclusive community. A place where diversity is embraced and celebrated, and where everyone has the same opportunities to participate in the life of the community, and the same responsibilities towards society as all other citizens of Victoria.
- A further 360 *Support and Choice* packages were made available to improve the quality of life outcomes of people with disabilities. 50 people were provided with the opportunity to move from *Shared Supported Accommodation* to more independent options in the community.
- *MetroAccess*, *RuralAccess* and *deaf access* were further developed and implemented. In particular, the second phase of *MetroAccess* was implemented through the allocation of funding to 14 local governments, taking the total to 18.
- The *Companion Card* has been distributed to 10,000 people and 800 organisations have been affiliated.

- An *Active Participation Policy, Framework, Guidelines and Action Plan* were developed to build and strengthen the participation of people with disabilities and their families and carers in individual, organisation and community decision-making processes.

Policy priority 2: Strengthening across government linkages

- *Disability Action Planning: A policy framework for Victorian government departments* was launched, requiring departments to develop access strategies related to employment, information and communication, consultation and decision-making, staff understanding and awareness, programs and services, and buildings and facilities.
- The development of an *Industry Plan* was progressed for current and future disability support providers to ensure the industry has the capacity to realise the goals of the *Victorian State Disability Plan*.
- Transparent pricing principles for external disability supports were established in conjunction with community service organisations.
- A workforce planning and development strategy was established to ensure workforce capacity and improve the skills base of the disability support workforce.
- As part of the learning and development strategy, 93% of government direct support staff are either qualified or completing their Certificate IV qualification.

Policy priority 3: Strengthening individuals, families and carers

- Phase 2 of the *review of the disability services legislation* was completed, which included developing recommendations, releasing a report and conducting public consultations.
- The redevelopment of *Kew Residential Services* continued with 192 people relocated to housing in the community by the end of June 2005.
- The *Aids and Equipment* program received an increase of \$5 million in funding to provide support to 5,360 individuals.
- An additional 650 episodes of *Respite* were provided to individuals and their carers.
- A project was undertaken to review and redevelop supports for children with disabilities and their families, with emphasis on the importance of forward planning for key transition points e.g. transition to primary school. A project has been established for the transition for eligible children from Early Childhood Intervention Services to Disability Services.
- 16 *Accommodation Innovation Grants* projects were funded and will support approximately 150 people who would otherwise enter facility-based accommodation.
- An evaluation of the *Support & Choice* initiative was conducted and an *Individual Planning and Support Advisory Group* has been established to provide a forum for community representatives, including people with disabilities, their families and carers.

- Through the *Futures for Young Adults* (FFYA) program, four pre-employment training programs for young people with disabilities were funded and a new online resource to support young people, families and schools in preparing for post-school life was created.
- Initiatives to reduce inequalities in health and well-being were conducted, including the *Strong Bones* program to heighten the awareness and inform of lifestyle change to reduce the risk of osteoporosis for people with disabilities, and *Go For Your Life - Edible Gardens* to promote the health and wellbeing benefits of creating and maintaining a vegetable and herb gardens.

Case study - Supporting Ageing Carers

An elderly mother of 75 years of age and her son who has a disability live in rural Victoria. The mother required surgery at short notice and usual supports for her son's care could not be accessed. Using the Respite for Ageing Carers Initiative, the rural region was able to provide the woman's son with two weeks out of home respite while his mother was in hospital, and additional home respite support for the mother when she returned home to help her recovery.

Case study - Support and Choice

Seven years ago a young man with a disability experienced the grief of losing his father. His father was a huge influence on his life and also his main carer. The loss of his father as the main carer had a profound impact on the young man, causing major changes in his behaviour and well-being. Given these changes, other accommodation could not be found. The young man was provided with accommodation support in a Community Residential Unit (CRU).

"When Dad died, I didn't really know what was going on and when things didn't work out with my family I ended up in residential care," he said. "I always wanted to live in my own place and when the staff at the CRU started helping me and they knew I could do it too, it all started to really happen."

In February 2006, the young man moved into his own private rental unit in Melbourne's south-eastern suburbs.

"It's wonderful and I'm never going back to residential care. I don't have people telling me what to do. I've made friends with my neighbours, and people at work and I have joined the branch of my local political party which has been the best thing."

He says the CRU staff were always supportive of him living more independently and have helped him to develop his living skills.

He found that, while he was at the CRU, he seemed to become involved in mostly disability-related activities. "I used to do swimming with Special Olympics and go out with work groups when they arranged weekends away. That was really good but now I don't really want to be with people with disabilities all the time."

"Everyone should have the same chance as me to have a go. Everything is happening for me, having my own flat, joining new groups and with an election coming up soon, I can't wait! Dad would be so proud."

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

- Referral, prioritisation and resource allocation processes were enhanced through the introduction of a new approach to funding disability supports through the Support & Choice initiative.
- Earlier intervention and prevention for people with disabilities and their families were promoted by providing training, information and support to help carers manage complex behaviours among children with disabilities through expanding the *Signposts* program.
- The complex needs strategy was further progressed through establishing partnerships with Mental Health, Department of Justice, Office for Children, Juvenile Justice and Youth Services.

Policy priority 5: Improving accountability, performance reporting and quality

- Ongoing training and support to assist disability agencies to collect data through the *Quarterly Data Collection* (QDC) was provided, contributing to a 98% response rate for returned data in the fourth quarter of 2004-05.
- The implementation of an *Integrated Quality Management Approach* (IQMA) continued by piloting a disability services personal outcomes measurement approach and beginning the development of an independent monitoring framework for disability supports.
- The *Disability In-Service Training and Support Service* was funded to develop a variety of competency-based recruitment tools and job profiles to complement their induction package *Ready4Work*. *Ready4Work* prepares new staff for disability direct support work, contributing to improved quality, risk management approaches, staff retention and human resource management.
- The consultation phase of the revision of the *Victorian Standards for Disability Services* was completed in April 2005 and involved people with disabilities and their family members and carers, service providers, advocacy groups, culturally and linguistically diverse and community organisations and other parts of government.

For More Information

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

QUEENSLAND

Setting the Scene

This year, Queensland continued to pursue significant reforms to legislation and administrative arrangements to support a fair, responsive and efficient system for the delivery of disability services in this State. This occurred alongside continuing investment in a range of programs, as well as the development of new service models to enhance access, quality and availability of services for children, young people and adults with disabilities and their families and carers.

Progress and Achievements During 2004-05

Policy priority 1: Strengthening access to generic services

- Implemented a new disability advisory regime to strengthen the capacity to seek and receive community advice on disability issues and increase regional representation.
- Completed a review of the *Disability Services Act 1992*, including major public consultation.
- Provided \$1.4 million in *Innovative Funding grants* to foster community capacity and the development of flexible, innovative formal and informal supports for people with a disability.
- Continued to operate a statewide supported information resource to assist people to access available supports, responding to more than 11,000 inquiries.

Case study - Review of the *Disability Services Act 1992*

The Queensland Government began a review of the *Disability Services Act 1992* in 2002. Through consultation in 2003, 2004 and 2005, the disability sector made an important contribution to defining ways to strengthen this legislation. In May 2005, the Government endorsed a package of reforms to provide an improved legislative platform to recognise the rights of people with disabilities and for the delivery of disability services. Reforms focus on reaffirming the rights of people with disabilities, safeguarding people with disabilities who are receiving services, supporting greater quality of services and fostering accountability and monitoring of disability service providers.

Policy priority 2: Strengthening across government linkages

- Coordinated therapeutic interventions across disability, health, child protection and education for children with a disability in care who have extreme and complex behaviour support needs.
- Implemented the work plan arising from the Joint Ministerial Statement on Housing and Disability that was signed in 2003 by Ministers for Housing and for Disability Services Queensland.

- Commenced work, in consultation with other government departments and the community, on an action plan to implement the Queensland Government Carer Recognition Policy, acknowledging carers in Queensland.
- Continued to chair an interdepartmental committee to monitor activities to improve services under the implementation of the Queensland Government Strategic Framework for Disability 2002-2005.

Policy priority 3: Strengthening individuals, families and carers

- Supported people living in private residential services by assisting 30 people to find alternative accommodation following hostel closures and by conducting an evaluation of coordinated disability and health services for this client group (*Resident Support Program*).
- Developed an intensive behaviour support service delivery model to provide carers and individuals with preventative and early intervention strategies and timely consultation, assessment and intervention in complex situations.
- Assisted 1,547 young people with disabilities to make the transition from school to adult life (*Post School Services Program*) and a further 73 young people to develop and maintain community living and participation (*Young Adults Exiting the Care of the State Program*).
- Increased support for carers and families through an expansion of *Family and Early Childhood Services* and an increase in the quality and availability of *respite services*.

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

- Provided additional funding of \$12.8 million to 77 service providers to assist in supporting clients of high priority services within the areas of accommodation support, respite care and community access.
- Conducted a consumer satisfaction survey to contribute to measuring the quality of government and non-government funded disability services.
- Consulted widely with the community as part of a review of assessment, prioritisation, services and funding approaches for the delivery of disability services in Queensland.
- Continued work to build a new information system to manage information about clients, services and funding and increase the capacity to plan for, respond to and monitor the delivery of services.

Case study - Have Your Say: On Improving Disability Services in Queensland

In 2004-05, the Queensland Government invited communities to have their say regarding the proposed direction for the delivery of disability services in Queensland. The consultation paper *Have your say: On improving disability services in Queensland* detailed proposed approaches to assessment, prioritisation, services and funding. Over 11,000 copies of the consultation paper were distributed. Over 550 detailed written responses were received from individuals and organisations. Ninety-nine face-to-face consultations involving 910 participants were also conducted. Feedback from this consultation will inform the development of a better, fairer and more transparent disability service system in Queensland.

Policy priority 5: Improving accountability, performance reporting and quality

- Introduced the *Disability Sector Quality System* to support the establishment of a culture of quality and continuous improvement in the disability sector.
- Completed the implementation of the new *Disability Services Queensland Business Model* to streamline departmental internal processes and systems.
- Continued to support the *Disability Sector Training Fund* through which 140 training events were delivered to promote quality support for people with a disability.
- Conducted more than 310 activities to continue to support service providers to participate in the National Minimum Data Set collection, increasing levels of compliance to 98.8%.

For More Information

- Visit the Disability Services Queensland website at www.disability.qld.gov.au
- Look at Disability Services Queensland Annual Report 2004-05.

WESTERN AUSTRALIA

Setting the Scene

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

In 2004-05, Western Australia continued improving generic services in addition to working towards specific goals linked to the policy priorities of the CSTDA. At the state level, the Disability Services Commission has seen a continued increase of growth funding to improve services and to address unmet need.

Progress and Achievements During 2004-05

Policy priority 1: Strengthening access to generic services

- The innovative *You're Welcome - WA Access Initiative* provides accurate and easy-to-obtain information about the accessibility of local facilities and includes practical advice to help businesses make their information, services and facilities more accessible. Project partners are the City of Perth, Tourism WA, the Western Australian Local Government Association, ACROD (WA), the Ministerial Advisory Council on Disability and People with Disabilities (WA) Inc. The Access Information Pack for Business and Community Organisations has been in high demand since launched in December 2004. The project will be further developed in partnership with local governments statewide.
- As the result of a review of the *Disability Services Act 1993*, approximately 230 public authorities are now required to develop and implement Disability Access and Inclusion Plans (DAIPs). Amendments included the extension of access obligations to agents and contractors of public authorities.
- The Commission and ACROD (WA) developed a successful community awareness campaign, *Open Your Mind - Count Us In*, on the rights and aspirations of people with disabilities through a series of television and newspaper advertisements, all featuring people with disabilities. It was funded in part through LotteryWest.

Case study - Raising Community Awareness and Enhancing Access

A major initiative for 2004-05 was the *Open Your Mind - Count Us In* community awareness campaign to promote the inclusion of people with disabilities in all aspects of community life. The campaign was targeted at both the residential and business communities in metropolitan and regional areas. It focussed on the rights and aspirations of people with disabilities. Evaluation indicated that the campaign was positively received and made substantial inroads into public consciousness. It achieved its main goals of increasing the overall level of community understanding of the rights of people with disabilities and communicating the importance of including people with disabilities in all aspects of community life.

Policy priority 2: Strengthening across government linkages

- A formal service delivery agreement was drawn up between the State and Australian Governments allowing the Commission to provide a visiting Local Area Coordinator on the Indian Ocean Territories of Cocos (Keeling) and Christmas Islands.
- A four year *Tri-State Disability Strategic Framework (Tjulgula – We are Together)* was developed with South Australia and the Northern Territory for people with disabilities living in the Ngaanyatjarra Pitjantjatjara Yankuntjatjara (NPY) Lands of Central Australia.

Policy priority 3: Strengthening individuals, families and carers

- A new website, *Information for You*, was developed in response to recommendations from the Local Area Coordination Review. It contains useful information for people with disabilities and their families on a range of topics including advocacy, education and health issues, as well as support services available from the Commission.
- The Commission's Health Resource and Consultancy Team worked with Edith Cowan University and BreastScreen WA to develop resources to raise awareness of the importance of ensuring that women with intellectual disabilities receive mammography screening and education. A Personal Health Diary was developed to provide medical information about people with disabilities requiring hospitalisation.
- A ninth Disability Services Standard was announced, focusing on the protection of human rights and freedom from abuse and/or neglect. A training manual was developed and training sessions held in regional and metropolitan areas.

Case study - Improving Service Delivery - Implementing the Commission's Access for Aboriginal People Policy and Practice

The Commission adopted the Access for Aboriginal and Torres Strait Islander People - Policy and Practice in December 2004. The document followed statewide consultations with Aboriginal people with disabilities, families, carers and service providers. Implementation strategies included informing Commission staff about the policy, education about Aboriginal culture and establishing links with local Aboriginal communities, people with disabilities and Aboriginal-controlled agencies.

Unique initiatives were developed to improve services in both metropolitan and remote areas and across agencies. They included an Aboriginal repair service for therapy equipment, establishment of Aboriginal disability support workers in remote areas, support for Aboriginal carers to attend the WA Carers Symposium and form a statewide network, and the provision of disability awareness training to Aboriginal students training in health related areas.

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

- In the 2004-05 State Budget, disability services received the biggest ever funding increase – approximately \$70 million over the next four years. For the 2004-05 financial year, the Commission received a recurrent allocation of \$227.084 million, a 9.5 per cent increase on the previous year's allocation of \$207.362 million.
- The *Remote Area Strategy* is a new initiative to create community-based models of support for people with disabilities living in remote areas of Western Australia. This two-year project will develop, trial and evaluate new models of support in remote areas such as the Murchison, East Kimberley, Western Desert, inland Gascoyne, Central Lands, Indian Ocean Territories and Northern Goldfields. A key element of the strategy will be the development of sustainability through community acceptance of new models of support.
- Work continued on the implementation of the recommendations from the Accommodation Blueprint with additional funding from the State Government resulting in the numbers of people receiving accommodation support exceeding all targets.
- In partnership with the disability sector, the Commission developed the inaugural *Disability Industry Plan* to ensure service sustainability and to increase sector capacity within existing resources. The plan provides for greater collaboration among both Government and non-government providers, and includes strategies to achieve improved services and outcomes for people with disabilities.

Policy priority 5: Improving accountability, performance reporting and quality

- The Commission and rural service providers developed and distributed a *Board Resource Kit* for ongoing governance education and training to develop new board members and maintain effectively functioning boards for non-government organisations.
- Service agreements were signed with the Commission's internal providers to ensure equity with other providers.
- All 40 recommendations of the *Ministerial Review of Local Area Coordination* have now been implemented across the two-year period of 2003-05. Achievements include the finalisation of a new streamlined accountability framework for direct funding grants under \$5000, the inaugural combined statewide LAC Orientation and Induction Program, the implementation of new supervision and management structures and processes, as well as the launch of the new website, *Information for You*.
- A Code of Conduct for Independent Standards Monitoring that forms part of the new panel contract for Independent Standards Monitoring was approved.

For More Information

General information about the Disability Services Commission may be obtained on the website at www.dsc.wa.gov.au

The Commission's annual report for 2004-05 is located at http://www.dsc.wa.gov.au/0/54/48/Publications_.pm#4

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SOUTH AUSTRALIA

Setting the Scene

2004-05 saw some administrative and organisational changes for the coordination of disability services within South Australia. The Office for Disability and Client Services was created to replace the Disability Services Office and it moved from the Department of Human Services to the newly formed Department for Families and Communities on 1 July 2004.

Work continued on the *Disability Services Framework 2004-2007* that was developed in 2004. Agencies from across the sector are using the framework to guide their planning and development.

During 2004-05, the framework's first year strategies were implemented including making available more community accommodation places, with an associated reduction in the number of residential places in institutions, and basing all new supported accommodation places funded under the Disability Services Program in the community.

An implementation plan for the framework for government disability services is currently being developed.

Progress and Achievements during 2004-05

Policy priority 1: Strengthening access to generic services

- Work on a *Companion Card Scheme* that aims to enable people with disabilities requiring a companion to participate in sport, recreation and leisure opportunities.
- Work with the housing sector and the South Australian Housing Trust on the supply and management of specialised disability housing resulted in a number of new eco-friendly houses for people with physical and intellectual disabilities and also those with high needs. Some of these houses have enabled the relocation of residents from a large institution to a community based independent living environment.
- Work continues with mainstream health system to provide specialised allied health care for people with disabilities.
- The Office for Disability and Client Services has created a new Manager, Disability Inclusion position to provide a stronger focus on facilitating access and inclusion in mainstream services for people with disabilities.
- The SA Government released the 5th progress Report against the Promoting Independence strategy that requires all State portfolios to report on progress of implementing Disability Action Plans. There are five key outcome areas that portfolio chief executives are required to report against, including an assessment against stated performance indicators. The SA Minister for Disability has asked all chief executives to set targets for the implementation of disability awareness training across the public sector and

the assessment of buildings and facilities to ensure they address any access issues, and to do more in the area of employment and disability.

- Worked in partnership with a community-controlled Aboriginal College to develop training in disability care for Aboriginal people from remote, rural and metropolitan Communities.

Policy priority 2: Strengthening across government linkages

- Working in partnership with Aboriginal Health Council of SA and Flinders University to develop training and career pathways for an Aboriginal Disability workforce.
- South Australia, in partnership with Western Australia and the Northern Territory, developed a Memorandum of Understanding and Tri-State Agreement for disability service planning and delivery for Indigenous people living in the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Lands of Central Australia.
- Working with the Office for the Ageing to develop Home and Community Care (HACC) programs for Aboriginal people with disabilities.
- Negotiating with the Commonwealth Aged Care Assessment Team to prevent the admission of young people with disabilities into aged care facilities where possible.
- Developed a Memorandum of Understanding between Disability and Housing sector to prioritise need and access.

Policy priority 3: Strengthening individuals, families and carers

- Completed the review of brokerage arrangements in *Options Coordination*.
- Established a disability service in the remote locations of Amata and Ernabella to meet the needs of Indigenous people.
- Continued work with regional and remote community groups to establish and manage Enhanced Community Living Plans.
- Continued the movement of people from institutional places to community living options resulting in a reduction in institutional places and an increase in group home and in-home accommodation support services.
- The Minister for Disability established a Working Party for Moving On, which provided parent representatives with the opportunity to have a say in the future direction of the Moving On program. A total of 22 recommendations were made with the central recommendation being the need to provide a five-day a week, 48 weeks per year, 6.5 hours a day service to clients who require it.
- Two pilot programs were established that provide a full-time day service to 24 school leavers with moderate to severe intellectual disabilities from 2005. The very positive feedback received from the 24 participants and their carers has resulted in these programs being confirmed as ongoing.

- A Request for Proposal was sent to all eligible agencies inviting them to submit proposals for the provision of five day a week day services. This process resulted in an increase of full-time day services to meet the needs of people with a moderate to severe intellectual disability and their carers who rely on day options to continue their regular activities including work, study and caring.
- The *independent living equipment program* provides people who have disabilities with equipment to help them to live independently in the community. A total one-off grant of \$5.9m was announced in December 2004 to purchase a range of items and to clear the waiting lists for both adults and children requiring equipment. By 30 June 2005, a significant number of clients had been either issued with their equipment or the process was underway.
- Developed a community plan for a rural community and homelands to develop disability services for Aboriginal people.
- Developing a disability awareness video for a rural community and includes a focus on Aboriginal people.
- Developing cultural day activity programs for Aboriginal people living in the metropolitan areas.

Case study - Community Planning for a Rural Community and Homelands to Develop Disability Services for Aboriginal People

A strategy for planning a range of disability and generic services to Aboriginal people living in a rural township and homeland communities was developed with local Aboriginal people and agencies. The plan was locally driven. It was led by a local Aboriginal agency with administrative assistance from the Office for Disability and Client Services. It aimed to:

- establish service priorities based on an investigatory project that identified the number of Aboriginal people with disabilities, their needs and the service gaps;
- link local actions with local agencies that will also benefit other Aboriginal people; and
- work collaboratively with local agencies on planning implementation of strategies for service improvements.

There were a series of workshops with local Aboriginal people that either had a disability or family members or had an interest with the process and the outcomes. There was also a service provider workshop to finalise any actions according to their areas of responsibility that was checked again by the local community at a forum.

The strength of the plan is collaboration with opportunities to work across health, housing, transport, family, education, welfare and local government for improved access and support as it was recognised that Aboriginal people needed a holistic approach to their service needs.

This case study demonstrates the importance of working together and for Aboriginal people to develop local solutions to local issues.

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

- Regional planning, based on the *Disability Services Framework*, continued in the country areas of Mt Gambier, Port Augusta and the Riverland. The regional plans are a three-year local vision for the delivery of services to people with disabilities.
- Completed the survey of the workforce across the disability sector as part of the People Development and Workforce Planning Committee.
- Commenced a survey of the Aboriginal workforce across the disability sector to inform the People Development and Workforce Planning Committee.
- Implemented the *Health Support Policy* to provide a framework for the credentialing of health care to support workers.
- Major research project undertaken by the Disability Care and Protection Steering Committee in relation to children with disabilities who are under the guardianship of the Minister.

Policy Priority 5: Improving accountability, performance reporting and quality

- Continued work on in improving service quality across the sector through the *Service Excellence Framework*, with approved service providers undertaking service excellence accreditation during 2004-05.
- Continued work on data quality and information technology initiatives to enhance data collection arrangements across the disability services sector.

For More Information

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

TASMANIA

Setting the Scene

Tasmania Disability Services' vision is to work towards a society where all people with disabilities are able to achieve their maximum potential. The service's intent is to work together with stakeholders to deliver integrated services promoting the health and wellbeing of people with disabilities.

In recognition of the demand for disability services, additional funding was committed during the 2004-05 budget process with subsequent supplementation funding in November 2004. Funding enabled the continued growth of individual support packages and the commencement of planning for an *Intensive Support Service* for people with complex needs.

Progress and Achievements During 2004-05

Policy priority 1: Strengthening access to generic services

- A new program was piloted to *support new parents with a disability*. It is designed to provide support, education and information and facilitate access to generic parenting, child and family services for new parents with a disability. The pilot project was developed in partnership with local child and family health services, non-government specialist disability service providers and a child care service provider.

Policy priority 2: Strengthening across government linkages

- Disability Services Tasmania contributed to the development of new partnership agreements and revisions of existing partnership agreements through the *Tasmanian State and Local Government Partnerships Agreement Program*. Agreements aim to encourage local input to community and economic development and the promotion of shared responsibilities for better targeted service delivery.
- Current partnership agreements include commitments to improving access to community based services and facilities for people with disabilities and the development of working relationships between Disability Services, stakeholders and local government bodies through, for example, Local Government Access Advisory Committees.
- The Tasmanian Government undertook extensive community consultation on the development of the Whole of Government Disability Framework. The redrafted *Disability Framework for Action 2005-10*:
 - sets out the Government's vision for Tasmania as an inclusive and caring community;
 - applies to all Tasmanian Government agencies;
 - provides a direction for action by Government;
 - enables people with disabilities, their families and carers to work in partnership with the Government; and

- promotes leadership across all State Government agencies to institute a 'whole-of-government' approach to policy and planning, service delivery and evaluation.

Policy priority 3: Strengthening individuals, families and carers

- Disability Services and ACROD formed a joint working party to develop and *pilot a flexible Day Support model* designed to better meet the needs of working parents and people living in rural and remote areas.
- Significant increases in funding for the *Individual Options Program* were delivered in 2004-05, with over 90 new recurrent support and respite packages, and 34 one-off individual support packages, created.
- The Post School Options Program was renamed *Supporting Individual Pathways (SIP)*. The SIP program continues to aim to develop flexible and innovative options addressing the individual needs of young people with disabilities, including transition from school to work. Growth funding enabled the creation of an additional 35 packages of support through SIP.

Case study - Flexible Day Support Pilot

The aim of the flexible day support pilot was to provide day support to at least six 'priority one' Disability Services clients in recognition that their day support needs fall outside the current scope of conventional funded day support options.

Ten people nominated by Service Coordination were selected to participate. All had personal, family and/or carer needs that could not be met through existing Community Access models. Participants included people with a primary carer in full time employment and people living in rural and remote areas of Southern Tasmania. A review of the pilot will be undertaken in 2005-06.

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

- Development started on the *Intensive Support Service*, a new statewide service that will provide an enhanced range of support options for people with disabilities who have complex and exceptional needs.
- Additional group homes were constructed or purchased for the provision of supported accommodation.
- Development of a supported accommodation option for people with an acquired brain injury commenced.

Policy priority 5: Improving accountability, performance reporting and quality

- During the period July to December 2004, Disability Services' Evaluation Unit conducted nine service evaluations. Thirty-one services evaluated during, or prior to, this period also worked with the Evaluation Unit to develop and/or report on compliance with a current

quality improvement plan. Thirty-two organisations that were not yet formally evaluated worked with the Evaluation Unit to finalise a quality improvement plan.

- An external review of Disability Services evaluation process was conducted by the Centre for Developmental Disability Studies (CDDS) with recommendations to be implemented in 2005-06.
- *Disability Services Statewide Quality and Safety committee* commenced operation. Its role includes the assessment and evaluation of quality and safety aspects of funded services for people with disabilities, and reporting of serious incidents.
- An audit of Government managed residential services to ascertain compliance with the *Disability Services Act (1992)* was undertaken. As a result of the review, agreement was reached on the State exiting from the management of residential group home services. A project has been established to manage the transition of all government managed group home services to the non-government sector over a three-year period.

For More Information

Further information is available from the following websites:

- <http://www.dhhs.tas.gov.au/services/view.php?id=387>
- <http://www.dpac.tas.gov.au/divisions/policy/disability%20framework/index.html>

AUSTRALIAN CAPITAL TERRITORY

Setting the Scene

In September 2004, the ACT Government launched its strategic framework and priorities to support people with disabilities *Future Directions: A framework for the ACT 2004-2008 (Future Directions)*. *Future Directions* consolidates and builds on initiatives taken to date. The ACT Disability Advisory released on the same day the companion document, *Challenge 2014: A ten-year vision for disability in the ACT*.

Future Directions sets out four strategic directions:

1. Promote an inclusive society;
2. Strengthen the capacity of individuals and families to maximise control over their lives;
3. Improve planning and use of available funding; and
4. In partnership with the community sector, strengthen the sustainability and responsiveness of the service delivery sector.

Progress and Achievements During 2004-05

Policy priority 1: Strengthening access to generic services

- Launched the *ACT Public Service Employment Framework for People with a Disability* that aims to provide a set of strategic practical actions to address key barriers to employment for people with disabilities. An *Employment Framework Toolkit for People with a Disability* was developed as part of the framework.
- Completed the *Community and Employment Participation Review*, in partnership with the Australian Government, to evaluate the effectiveness of current post-school services and supports and to develop future directions that will maximise the effectiveness of service delivery and co-ordination in this area.
- Coordinated a successful International Day of DisAbility celebration on 3 December 2004, including the first ever ACT DisAbility Arts Festival in association with local arts organisations.
- Extended the *Taxi Subsidy Scheme* to people with disabilities under the age of sixteen years.

Case study - Future Directions Implementation

On 3 September 2004, the Chief Minister launched *Future Directions: A framework for the ACT 2004-2008 (Future Directions)*, the strategic direction for disability services in the ACT over the next four years.

Following the launch, Disability ACT undertook consultations with the ACT Disability Advisory Council, the Disability Reform Working Groups, the disability sector and the community to develop a governance and implementation structure.

4. Jurisdictional Achievements *Australian Capital Territory*

This structure includes an Oversight Group, responsible for strategic oversight of the implementation, and four Reference Groups responsible for implementation of projects under the relevant strategy. Each Reference Group corresponds with one of the Strategic Directions.

The Oversight Group has eight members, including three community members and a representative of the ACT Disability Advisory Council as an ex-officio member. Each Reference Group has at least 50% community membership.

Policy priority 2: Strengthening across government linkages

- Developed a Hospital Guidelines and Procedures Manual, in collaboration with ACT Health, Calvary Hospital, Therapy ACT and representatives from the disability service sector and community, to assist in strengthening service delivery and to reduce barriers experienced by people with disabilities when accessing health care.
- Provided matched funding to the Australian Government offer of \$1,186,000 over four years for respite care for ageing carers of people with disabilities.
- Commenced development of the *Intensive Treatment and Support* program to provide support for clients who have a dual disability, high complex needs and are at risk of entering or re-entering the criminal justice system.

Case study - Intensive Treatment and Support Program

Intensive Treatment and Support (ITAS) is a specialist program to deliver intensive treatment and support to a small group of people that have a dual disability (intellectual disability and a mental disorder/ dysfunction), high complex needs and are at risk of entering or re-entering the criminal justice system. It aims to provide a transitional system of treatment and support that will integrate clients back into the community.

Project development included an extensive consultation process with workshops to assist the development of the program's service model and workforce, as well as addressing legal issues. Input received from the community, the disability sector, judiciary and legal fraternity lead to the development of protocols with the Department of Justice and Community Safety and the Department of Health.

Two specialist accommodation options are being developed, a step-up secure accommodation option and a step-down community-based housing option. Referral in and out of ITAS is only through a clinically based Assessment Panel. Implementation will commence in July 2006.

Policy priority 3: Strengthening individuals, families and carers

- Funded the development of a new *Local Area Coordination program (LAC)* to provide a single point of entry in the community for people with disabilities, their families and carers.
- Provided \$120,000 in funding for an additional six projects under the *Community Governed Innovation Grant Program*. Projects include a mentoring program, sports for people with visual impairment and an integrated exercise group for women with mobility aids.

4. Jurisdictional Achievements *Australian Capital Territory*

- Continued to examine alternative housing and tenancy options including completing the development of the *Five Key Housing and Tenancy Principles* and the development of policies and procedures to enable residents of Disability ACT group homes to hold individual tenancy agreements.
- Conducted a community "*Quality of Life*" grants process that focused on funding for small items of support that would make a significant impact on the quality of life. Grants totalling \$109,468 assisted 33 individuals, with each receiving from \$500 up to a maximum of \$5,000 to purchase specialist disability supports.

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

- Worked with the service delivery sector to develop and implement a comprehensive workforce strategy including a sector-wide survey of the ACT disability workforce to identify characteristics and working patterns, implementation of a program of events for support workers, and the establishment of a Certificate IV in Disability Work.
- Conducted a disability support funding process for individuals with \$1,834,884 allocated for individual support. This comprised \$1,480,384 recurrent funding, \$199,500 non-recurrent funds and an additional \$155,000 allocated as recurrent funds to six individuals with existing Individual Support Packages (ISP).
- The *Active Support Model* was implemented in seven Disability ACT Individual Support Services homes, following a successful pilot, to provide individuals with the support they need to achieve what they want to achieve.

Policy priority 5: Improving accountability, performance reporting and quality

- Implemented a baseline assessment against the National Disability Service Standards for all funded service providers as a means to establish compliance levels, identify areas where improvements at an organisational and sector level are needed, and assist providers to develop action plans for improvement.
- Engaged an external auditor to undertake an audit of operational policies and practices in Disability ACT Individual Support Services (ISS) with report outcomes incorporated into the ISS Management Plan 2005-2008.
- Completed a review of the *Taxi Subsidy Scheme* with recommendations for increased access and more effective administration of the subsidy.

4. Jurisdictional Achievements *Australian Capital Territory*

For More Information

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

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

Telephone: (02) 6207 1086

Email: DisabilityACT@act.gov.au

NORTHERN TERRITORY

Setting the Scene

Compared to other States and Territories, the Northern Territory has unique demographic and socio-economic challenges in providing specialist disability services. They include being sparsely populated and having a high Indigenous population (representing 30% of the Territory's population), 74% of whom live in very remote communities with poor infrastructure.

The Northern Territory Government's *Building Healthier Communities Framework for Health and Community Services 2003 – 2009* set the focus, among other things, on:

1. Giving kids a good start in life;
2. Strengthening families and communities;
3. Filling service gaps;
4. Getting serious about Aboriginal Health;
5. Creating better pathways to health services; and
6. Tackling substance abuse.

Northern Territory disability service priorities during the year were filling service gaps in remote Aboriginal communities and family support services across the Territory.

Progress and Achievements During 2004-05

Policy priority 1: Strengthening access to generic services

- During the year, Northern Territory services concentrated on building partnerships with a range of health and community service providers.
- A major achievement was the development of a *joint protocol between NT Disability Services and Family and Children's Services* to deliver appropriate and coordinated support to children with disabilities and their families within the Territory.
- The Northern Territory *Taxi Subsidy Scheme* was reviewed with access simplified and the *Territory Independence Mobility Equipment (TIME) Scheme* was modified to allow access to two wheelchairs in certain circumstances.

Policy priority 2: Strengthening across government linkages

- A four year *Tri-State Disability Strategic Framework (Tjulgula – We are Together)* was developed with Western Australia and South Australia for people with disabilities living in the Ngaanyatjarra Pitjantjatjara Yankuntjatjara (NPY) Lands of Central Australia.
- An independent review of the *adult guardianship process* was undertaken with reforms being developed in collaboration with the Department of Justice and the Public Trustee.

*Case study - Tjulngula (We are Together)***Tri-Partite Arrangements for the Provision of Disability Services in the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Lands of Central Australia**

In July 2005, Community and Disability Services Ministers from Western Australia, South Australia and the Northern Territory met in Alice Springs to formally recognise a Memorandum of Understanding between the three jurisdictions to underpin a collaborative approach in the provision of services for people with disabilities living in the NPY Lands. The signing of the memorandum marked the culmination of several years of extensive consultations and development work across the three governments.

The NPY Lands cover an area of approximately 350,000 square kilometres in central Australia that crosses the borders of Western Australia, South Australia and the Northern Territory. The population is highly transient, regularly crossing the borders between the three jurisdictions. A significant percentage of the people living in the Lands have disabilities.

Senior disability services officers from Western Australia, South Australia and the Northern Territory have used the memorandum to develop a Strategic Framework (*Tjulngula – We are Together*) that will guide the delivery of services to remote communities for the next five years.

This new approach will overcome many of the problems experienced by individuals and families from the remote communities that stemmed from having three different service systems operating in the region. It will bring better services in key areas such as therapy, case management, equipment and respite for families.

The memorandum of understanding commits the three governments to joint planning and joint funding of services for the remote communities. The simplified funding system will result in more efficient use of resources allocated to non-government organisations in service provision in the Lands. The new single eligibility criteria (rather than three different approaches) will promote easier access to services and will allow people to move between jurisdictions without compromising continuity of services.

Policy priority 3: Strengthening individuals, families and carers

- A new family based alternative support service was developed for initial commencement in Central Australia with plans to extend the service to the Top End in 2006.
- *Trans-Disciplinary Allied Health and Positive Behaviour Support Services*, first initiated in 2003-04, were extended to remote and very remote Aboriginal communities in East Arnhem and Central Australia, improving significantly service reach to these communities.
- *Post School support services* were expanded with an additional 17 school leavers in Darwin and Alice Springs receiving assistance.
- An additional 10 supported accommodation places were established for clients with complex needs in Katherine, Darwin and Alice Springs.

Case study - Individualised Support for People with Disabilities and Challenging Behaviours Coming in Contact with the Criminal Justice System

Before the second year of the current CSTDA, the Northern Territory did not have appropriate mechanisms for dealing with people with disabilities and challenging behaviours coming in contact with the criminal justice system, other than sending people to prisons or mental health institutions.

This practice often exacerbated misbehaviour of some of these people, especially young Aboriginal people from remote communities who felt alienated from their culture and communities when located in institutions in towns. Individualised support programs were developed for a number of clients whereby they were repatriated and supported back to their home communities. This initiative was the genesis of specialist disability services for some of these communities.

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

- A bulk recruitment process for attracting allied health professionals to the Territory was successfully undertaken and a Principal Allied Health Coordinator was established.
- Planning commenced for a comprehensive review of disability services in the Territory.

Policy priority 5: Improving accountability, performance reporting and quality

- Service reviews continued with five conducted in Darwin and one in Katherine.
- Continued to work with services to improve the quality of data provided quarterly through the NMDS.

For More Information

For further information on Northern Territory disability services, please contact the Aged and Disability Services Program on (08) 8999 2809 or visit the website www.nt.gov.au/health and follow the prompts.

5. Bilateral Achievements - Supporting Local Collaboration

Role of Bilateral Agreements

An important feature of the CSTDA is the collaborative work undertaken between the Australian Government and individual States and Territories to address issues of local importance. These areas of mutual concern are formalised through the CSTDA bilateral agreements, between individual States and Territories and the Australian Government, that complement the single multilateral agreement.

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

Building Local Partnerships

Underpinning all bilateral agreements is the commitment to strengthen consultation and build partnerships in service development across governments and the disability community.

Joint working groups have been established in each of the States and Territories that bring together representatives of relevant Australian Government and State and Territory agencies to address matters identified under the bilateral agreements. These activities are supported by regular briefings to jurisdictional advisory bodies, sharing information on service strategies and demand trends, participation in forums and briefings on developments.

This chapter reports on developments and achievements in 2004-05 under the bilateral agreements. Activities are grouped under themes reflecting the range of matters being examined. Many of the initiatives are of a long-term nature. Some themes are similar to the national priority issues that are being addressed collaboratively through the NDA, as described in *Chapter Three: National Developments*. Bilateral activities provide a local focus that complement and support national action.

Improving Transition from School to Employment and Alternatives to Work

Joint projects are examining opportunities to better support people with disabilities as they move from school to work and alternatives to work, and use employment and community access services. They focus on improving service planning and delivery, streamlining referrals and assessments for specialist employment services, developing new and flexible funding approaches, preparing school leavers, and increasing access to employment and income support. Developments in 2004-05 include:

- Work continued in NSW on improving referrals, assessment processes and procedures for accessing Australian Government funded employment services.
- In Queensland, a cross-government forum was held to identify pathways related to the transition between education, training and employment services and to explore opportunities for improving coordination between Queensland and Australian Government administered services.

5. Bilateral Achievements - Supporting Local Collaboration

- A two-year pilot program, *Learning for Work*, commenced in Western Australia to develop the work skills of school leavers with disabilities.
- Assessment process for school leavers with intellectual disabilities who are ineligible for Australian Government funded Disability Employment Assistance programs in South Australia was examined, the costs of day options were reviewed and resulting report on *Cost of Day Options in South Australia* was released.
- Review of the distribution of *Supported Individual Pathways* places in Tasmania.
- Participation in bi-monthly meetings of the ACT Network of Employment and Training Agencies to exchange information and discuss issues.

As highlighted in *Chapter Three: National Developments*, monitoring the effects of Australian Government business services reforms and State and Territory day options services reforms on people with disabilities has been added to the NDA implementation work plan. Joint monitoring undertaken for each jurisdiction through CSTDA bilateral agreements supports the national project.

Younger People with Disabilities Living in Aged Care Facilities

Work continued on a series of local projects undertaken through bilateral agreements to explore alternative support models for younger people living in residential aged care facilities. Activities help inform discussion and policy direction on this identified national priority and complement national research (see *Chapter Three – National Developments*).

- Piloting, through the Australia Government's *Innovative Pool Initiative*, two projects in Victoria examining and exploring alternative models of accommodation and support – one relates to a community housing option while the other deals with the provision of additional supports for people with multiple sclerosis living in group housing.
- In Queensland, a profile of the needs of younger people living in State-funded facilities was completed and a similar analysis for remaining facilities across the State commenced. A review of the Australian and international literature on alternative support models and practices was conducted.
- In Tasmania, examination of ways to identify the number of young people inappropriately placed in nursing homes across the State and strategies to move them into age appropriate accommodation.

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

The needs of older people with disabilities who are ageing, and their carers, are being addressed across a number of jurisdictions. Activities and results will feed into work that the NDA is undertaking on this national priority issue (see *Chapter Three: National Developments*). Developments during 2004-05 include:

- Inclusion of ageing carers as a priority area in the Queensland Government *Carer Recognition Policy*. An associated action plan is to be developed.

5. Bilateral Achievements - Supporting Local Collaboration

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

Addressing the Needs of Young People with Challenging Behaviours

Examining the needs of young people with challenging behaviours and developing new models of service delivery to support individuals, their families and carers has been identified as an area of mutual concern across most CSTDA bilateral agreements. Disability Ministers have also identified it as a national priority area (see *Chapter Three: National Developments*). All jurisdictions participated in an NDA-sponsored forum on *Support for Children and Young People and their Families*, held in July 2004. The NDA has initiated a major national research project to examine the elements of practice that are critical to building family resilience.

Responding to the Needs of People with Acquired Brain Injury

A joint Queensland and Australian Government project examining the issues facing people with acquired brain injury (ABI) and their service needs continued. The project is focussing on issues around the transition of people with ABI from hospital to the community, to inform future actions for government. Project planning began.

Better Positioning Service Responsibilities

Identifying opportunities to better position service administrative responsibilities and arrangements between the Australian and State and Territory Governments is another aspect of the bilateral agreement collaborative activity. In 2004-05, four specialist disability services more appropriately positioned as community support (day options) services were transferred to the NSW government. Negotiations began with other jurisdictions on establishing bilateral agreements to facilitate similar transfers between governments over the remainder of the term of the current CSTDA.

Addressing the Needs of Indigenous Australians with Disabilities

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

- In NSW, the jointly funded statewide *Indigenous Disability Advocacy Service* has been extended to provide individual advocacy services for all services.
- Assisting Taoundi College in South Australia to establish working partnerships with open and supported disability employment services to support its pilot training project for Indigenous students with disabilities which aims to build students' confidence and develop their career pathways.

5. Bilateral Achievements - Supporting Local Collaboration

Improving Advocacy Services

Under the CSTDA, Australian and State and Territory Governments all have responsibility for administration and funding of advocacy services. Several jurisdictions are working in partnership with the Australian Government to develop better approaches to advocacy service planning and provision and improve service coverage and quality.

- Development of a compatible set of reporting arrangements for funded services in Victoria with activities including mapping data collections, identifying commonalities and differences between agencies' frameworks, review of local and international literature and liaison with pilot organisation.
- Consultation and development work for a *Strategic Framework for Advocacy for People with a Disability in Queensland* including preparation of two public discussion papers - one on key definitions, principles, goals and objectives of advocacy and the other on accountability and performance measurement.

Coordinated Service Planning and Provision

Opportunities for coordinated planning and service delivery across governments are also being examined. Activities cover joint service mapping, improving access to services in rural and remote communities, exchanging information on service strategies and demand trends, and joint certification processes for funded agencies. Developments in 2004-05 include:

- In South Australia, a Continuous Improvement Forum was co-hosted for agencies receiving Australian Government and South Australian Government funding for the provision of CSTDA services.
- In the ACT, three bilateral working groups were formed to address planning and data collection, post-school transition, and aged care and advocacy.

6. Services and Service Users

National Data Collection Arrangements

Improvements in data collection and quality have been a continuing priority under all three Disability Agreements. A major advance was achieved with the introduction of new national data collection arrangements from October 2002. The redevelopment process, jointly undertaken by the NDA and the Australian Institute of Health and Welfare (AIHW), involved extensive consultation and field testing with CSTDA service users and providers, carers and peak disability organisations.

The new arrangements improve the range and quality of information available about the people who receive CSTDA-funded services, the services they receive, service outlets and costs to government. They include two important changes:

- a new National Minimum Data Set (NMDS); and
- collection of whole year data.

Data is now collected for the whole of the year whereas previously information was collected on a single 'snapshot' day. This current year, 2004-05, is the second full year of statistics from the new CSTDA NMDS. Privacy and data principles have been refined to reflect the new data collection arrangements.

Data Sources and Quality

The statistics used in this report comes primarily from the CSTDA NMDS national database. The database is compiled, and the tabulations prepared, by the AIHW as the data agency for the NDA.

It is estimated that, across Australia, 9021 service outlets provided CSTDA-funded services to people with disabilities during the year 2004-05. Of these outlets, 92% (8314 outlets) provided useable data for the CSTDA NMDS. Across jurisdictions, the response rates ranged from 67% to 100%. Data quality and completeness is expected to continue to improve in future years.

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

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

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

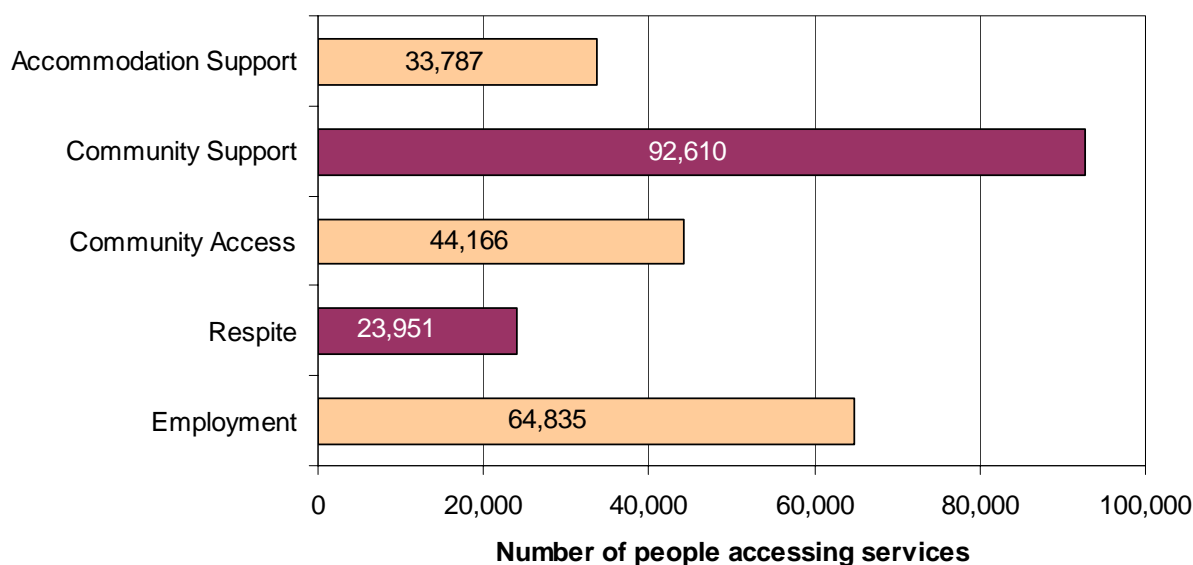
6. Services and Service Users

Total Services Users

During the year 2004-05, an estimated 200,493 people used CSTDA-funded specialist disability services. These services include five broad types of service - accommodation support, community support, community access, respite and employment services.

Chart 1 shows the number of people who accessed each of these types of service during the year. Some people received more than one type of service.

Chart 1: Service users of CSTDA-funded services, 2004-05



Source: AIHW 2006.¹

As illustrated in *Chart 1*, community support and employment services were the most widely accessed service types:

- 46% (92,610) of service users accessed community support services, which include services to assist people with disabilities to engage and participate in the community; and
- 32% (64,835) of service users utilised employment services, including open employment, supported employment, and open & supported employment.

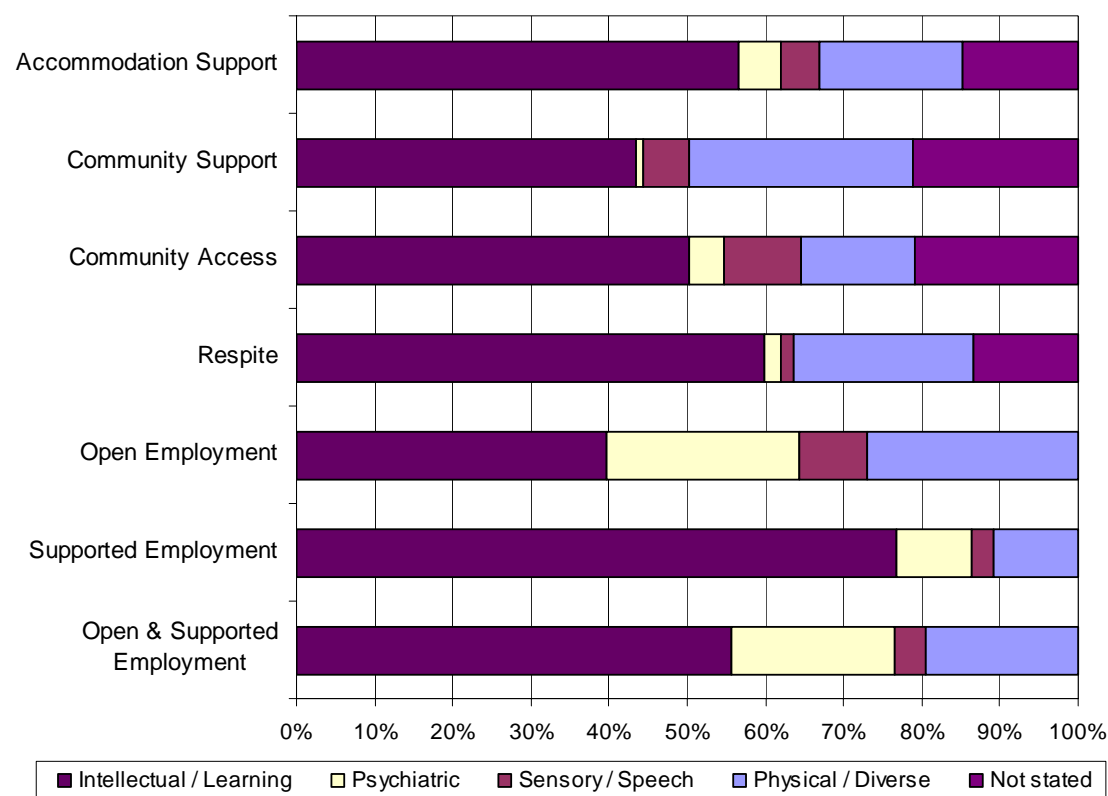
Disability group

The profile of service users, in terms of their reported primary disability, differs between service types. This information is shown in *Chart 2*. To simplify presentation, primary disability groups have been combined into four higher-level groupings. The definition of each group is provided in the report glossary.

¹ For employment services, all (100%) CSTDA-funded service outlets provided useable data for the period. However for the other four service types illustrated, an average of 91% of service outlets provided useable data. Therefore for all service types other than employment, the number of service users shown in the chart is likely to be understated.

6. Services and Service Users

Chart 2: Primary disability group of service users, by service type, 2004-05



Source: AIHW 2006.

Service users reporting that their primary disability was an intellectual/learning disability:

- Were the most represented group for all service types.
- Represented more than half of service users for each service type, with the exception of open employment (40%) and community support (44%) services.
- For supported employment services, represented over three quarters (77%) of service users.

People reporting that their primary disability was a psychiatric disability:

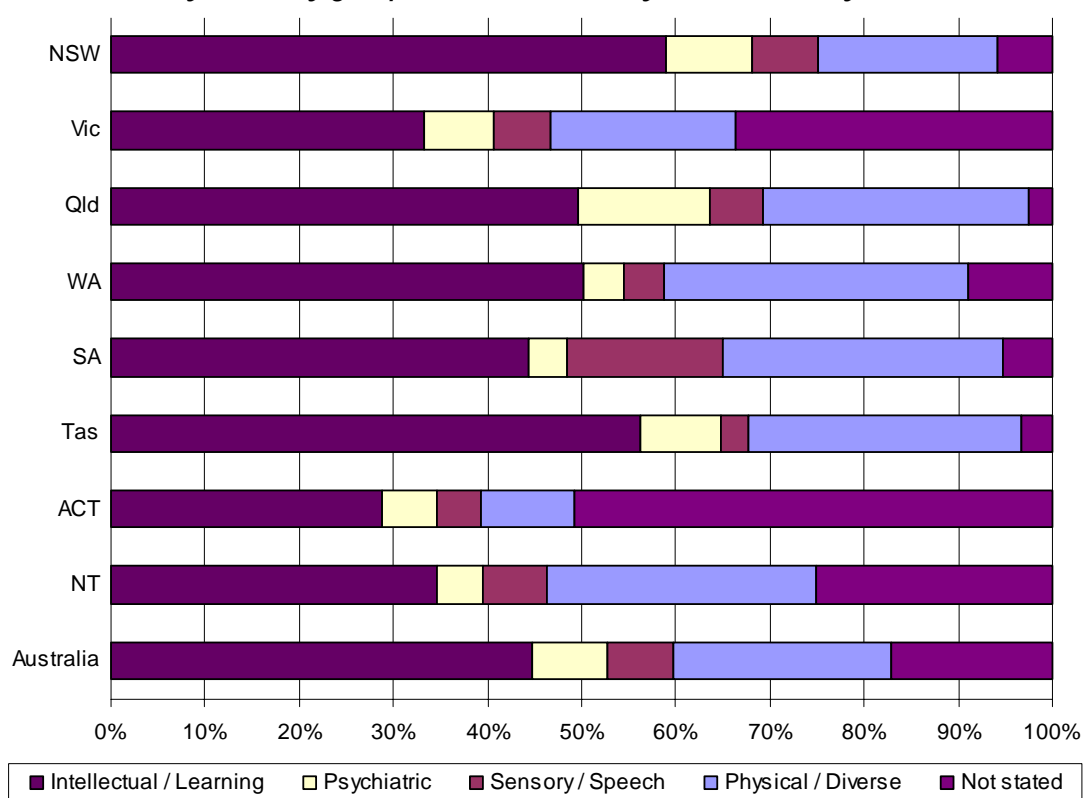
- Represented a relatively large proportion of open (25%) and open & supported (21%) employment service users.
- For all other service types, relatively few service users reported that their primary disability was a psychiatric disability.

For all service types other than employment, the primary disability group of a significant proportion of users (between 13% and 21%) was not stated. Further information is provided for each service type later in this chapter.

The profile of service users, in terms of their reported primary disability, differs between States/Territories. *Chart 3* shows the profile for each States/Territories and the average for Australia.

6. Services and Service Users

Chart 3: Primary disability group of service users, by State / Territory, 2004-05



Source: AIHW 2006.

Reporting by service users across Australia, indicated that their primary disability was:

- An intellectual/learning disability for just under half (45%) of all service users.
- A physical/diverse disability for 23% of service users.
- A psychiatric disability for 8% of service users.
- A sensory/speech disability for 7% of services users.

For 17% of service users, their primary disability type was not stated. In particular, ACT (51% not stated), Victoria (34% not stated) and NT (25% not stated) data, in regards to primary disability type, should be used with caution, given the large number of service users for whom their primary disability was not stated.

The profile varies significantly between States/Territories.

- For Queensland, 14% of service users reported their primary disability was a psychiatric disability, compared to an overall average of 8% across Australia.
- For SA, 17% of service users reported their primary disability was a sensory/speech disability, compared to an overall average of 7% across Australia.
- For NSW (59%) and Tasmania (56%), a relatively high proportion of service users reported that their primary disability was an intellectual/learning disability, compared to an overall average of 45% across Australia.
- Service users reporting that their primary disability was a physical/diverse disability represented a smaller proportion of service users in NSW (19%) and Victoria (20%), compared to the other four states (28% to 32%).

6. Services and Service Users

Sex of service users

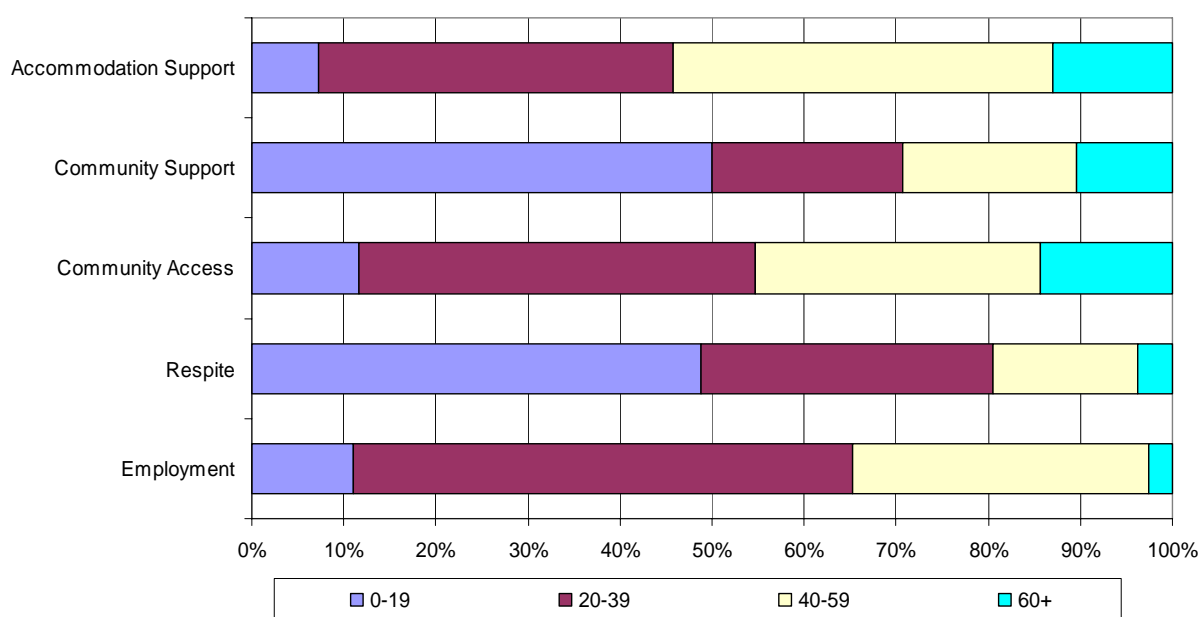
Of the total service users, 58% were male and 42% were female². This pattern varied across service types. In particular, compared to the representation across all CSTDA service types:

- a higher proportion of employment service users were male (64%).
- a lower proportion of community access service users were male (54%).

Age of service users

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

Chart 4: Age of service users, by service type, 2004-05



Source: AIHW 2006.³

There were significant variances in age profiles across service types, including:

- A large proportion of younger service users (aged 0-19 years) for community support (50%) and respite care (49%) services, compared to other service types.
- Accommodation support service users were generally older than those of other service types - more than half (55%) were aged 40-59 or 60 years and over.
- Over half of the employment service users (54%) were aged 20-39 years. More than a third (35%) were aged 40-59 or 60 years and over.
- Service users aged 60 years and over represented a significant portion of the users of community access (14%), accommodation support (13%) and community support

² Statistics presented in this chapter regarding the sex of service users exclude approximately 3% of service users whose sex was not stated.

³ Statistics presented in this chapter regarding the age grouping of service users exclude the small proportion of service users whose age was not stated.

6. Services and Service Users

(10%) services. This highlights the need for effective coordination of disability services with aged care and related services.

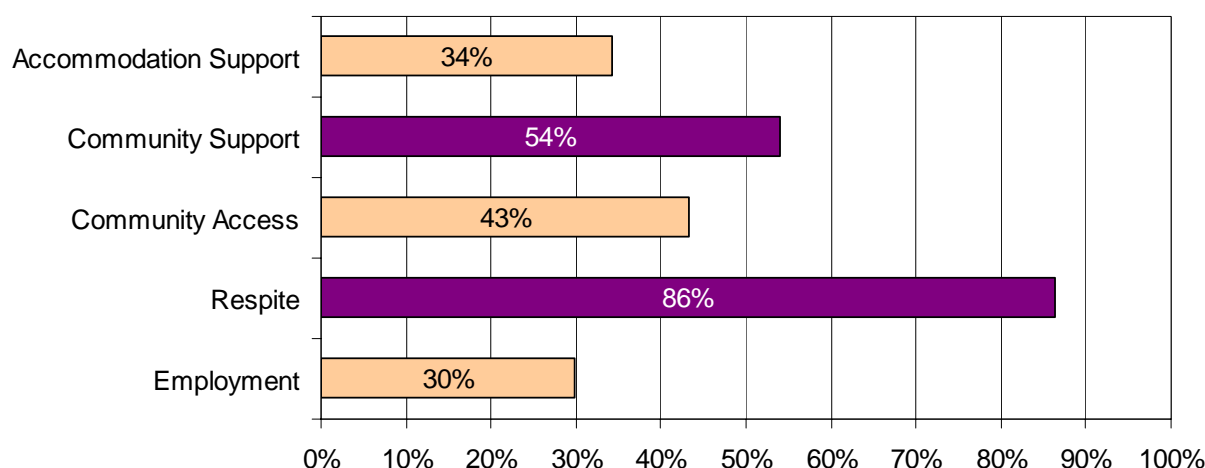
Presence of an informal carer

An informal carer is a person such as a family member, friend or neighbour, who provides care and assistance on a regular and sustained basis. In 2004-05:

- 42% of CSTDA-funded service users reported that they had an informal carer.
- 37% reported that they did not have an informal carer.
- 21% did not provide this information.

This information should be used with caution, given the high proportion of service users (21%) that did not report whether or not they had an informal carer. *Chart 5* identifies this information for each service type.

Chart 5: Proportion of service users who have an informal carer, by service type, 2004-05



Source: AIHW 2006.

For respite services, 86% of service users reported that they had an informal carer. A significant proportion of community support service users (54%) also reported the presence of an informal carer. The reported presence of an informal carer was less common for people who accessed accommodation support services (34%) or employment services (30%).

Potential Population

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

6. Services and Service Users

The AIHW estimated that the potential population totalled 697,124 people across Australia. This indicates that approximately 4% of the population aged less than 65 have the potential to require CSTDA-funded services at some time.

The AIHW provided smaller potential population estimates for respite services (216,511 people) and for employment services (334,474 people). These smaller estimates recognise that only people with a primary carer would access respite services; and only people old enough and who wish to work, would access employment services.

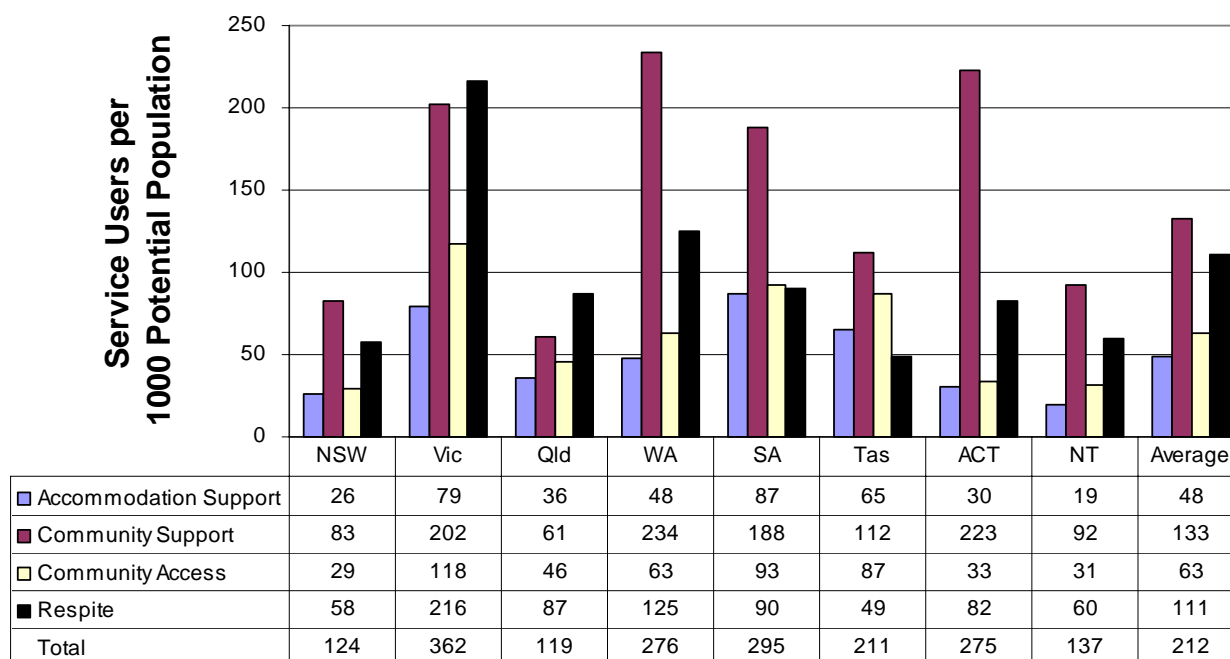
The following analysis uses AIHW estimates to calculate the average number of service users per 1000 potential population, in each State and Territory. This analysis identifies the total number of service users for accommodation, community support, community access and respite services (i.e. services other than employment) compared to the potential population. A separate analysis follows for employment services.

State / Territory Government administered services

In 2004-05, there were 147,748 users of services other than employment, compared to the potential population of 697,124 people. This equates to 212 service users per 1000 potential population.

Chart 6 shows this information for each service type other than employment services, and for each State/Territory. It should be noted that respite service statistics are based on a lower potential population estimate than that used for the other three service types shown, and are therefore not directly comparable with these other service types.

Chart 6: Users of services other than employment, per 1000 potential population, by State / Territory, 2004-05



Source: Australian Healthcare Associates' analysis of data from AIHW 2006.⁴

Note: Different outlet participation rates impact on the comparability of the data across jurisdictions.

⁴ The 'Total' service users per 1000 potential population, as shown in *Chart 6*, is not the sum of the values for each service type. This is primarily because some service users received more than one type of support service.

6. Services and Service Users

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

Chart 6 highlights that:

- Victoria had the highest number of service users (362); and Queensland (119) and NSW (124) the lowest per 1000 potential population.
- Victoria, WA, SA and the ACT each had more than 270 service users per 1000 potential population
- NSW, Queensland and NT each had less than 140 service users per 1000 potential population.
- The mix of services also differed between jurisdictions.
 - Victoria and Queensland had a relatively high proportion of respite service users, compared to other jurisdictions.
 - In WA and the ACT, community support was by far the major service type provided. More than 80% of service users (other than employment) in these two jurisdictions received community support services.

Australian Government administered services

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

For disability employment services, a smaller potential population was estimated by the AIHW, totalling 334,474 people. This smaller estimate recognises that people receiving employment services are aged 15 to 64 years and also takes into account the labour force participation rate of all people in Australia. This potential population estimate, therefore, does not include children and the aged. It also does not include those people choosing not to undertake paid employment.

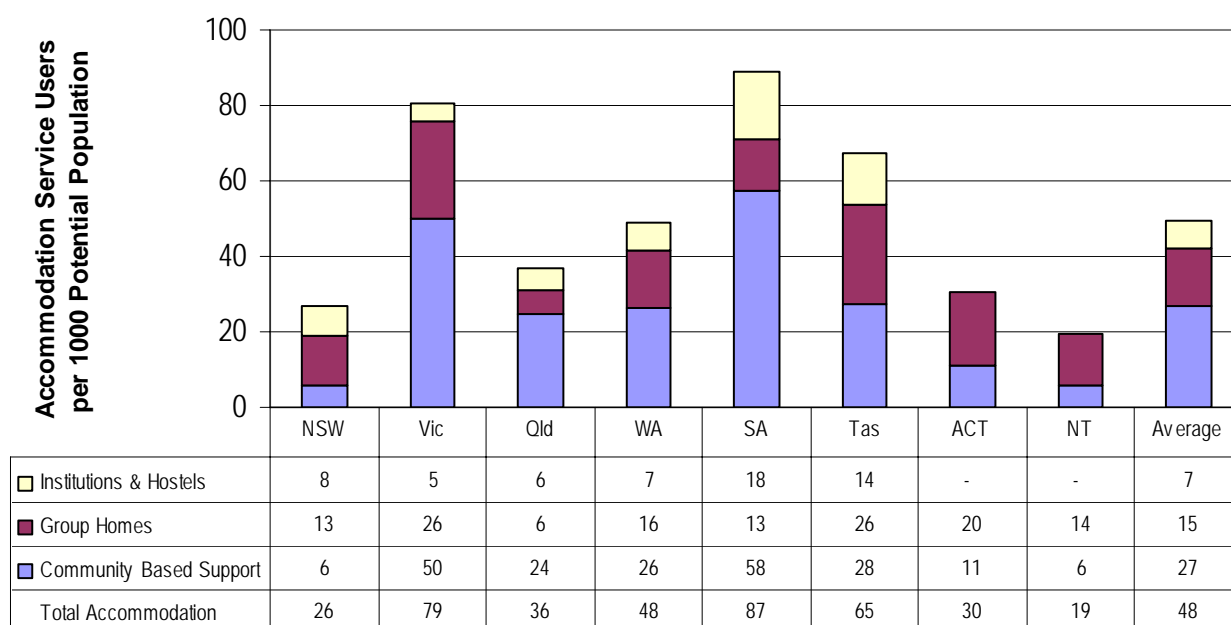
Across Australia, a total of 64,835 people received CSTDA-funded employment services in 2004-05 compared to the potential population for employment services of 334,474. This is equivalent to 194 service users per 1000 potential population.

6. Services and Service Users

Accommodation Support Services

In total 33,787 people received accommodation support services during 2004-05. *Chart 7* shows accommodation service users per 1000 potential population for each type of accommodation support. Information is shown for each State and Territory as well as the Australian average.

Chart 7: Service users of accommodation support services, per 1000 potential population, by service type category, by State / Territory, 2004-05



Source: AIHW 2006.⁵

Note: Different outlet participation rates impact on the comparability of the data across jurisdictions.

Overall across Australia, of the total accommodation support service users:

- More than half (56%; i.e. 27 of 48 users per 1000 potential population) received community based support to live in the community within their own or family home. Services include attendant care, personal care, and in-home support.
- A further 31% (15 of 48 users per 1000 potential population) were provided with accommodation in group homes.
- 14% (7 of 48 users per 1000 potential population) were provided with accommodation support in institutions or hostels.

The profile varied between States/Territories.

- In the ACT and NT, accommodation support services include community-based support and support in group homes, but not provision of accommodation in institutions and hostels.
- Institutions and hostels accommodation services in SA (18 service users per 1000 potential population) and Tasmania (14) were well above the national average (7).

⁵ The 'Total Accommodation' service users shown, is not the sum of the three different types of support. This is because a small number of service users received more than one type of accommodation support.

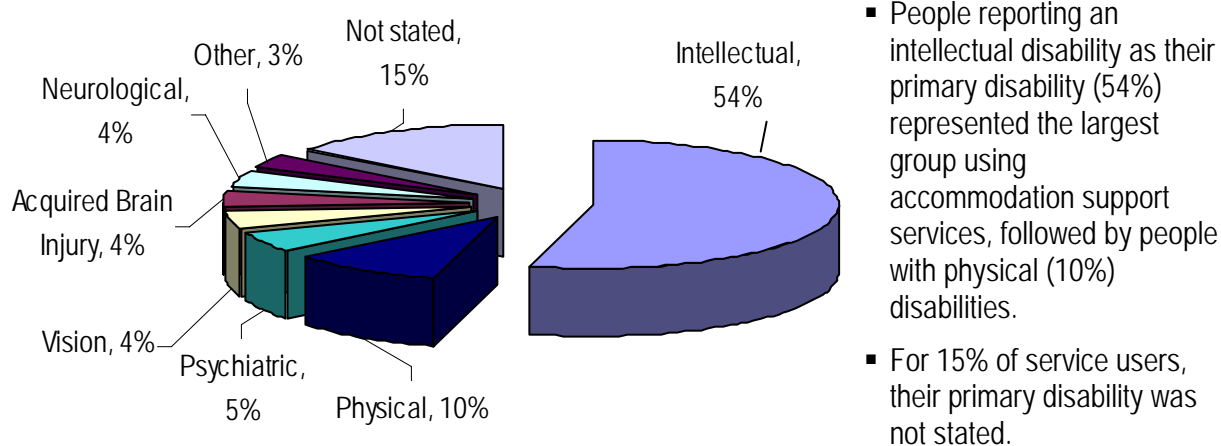
6. Services and Service Users

- For community based support, NSW had less service users per 1000 potential population (6) compared to the average for all of Australia (27). For each of the other two accommodation support service types, the number of NSW service users per 1000 potential population was similar to the average for Australia.

Almost 14,000 (42%) of the 33,787 accommodation support service users also received community access services such as learning and life skills development, recreation and holiday programs.

Chart 8 identifies the proportion of accommodation service users by primary disability group. The chart illustrates the six highest represented primary disability groups. The 'other' group includes service users with other primary disabilities.

Chart 8: Service users of accommodation support services, by primary disability group, 2004-05



Source: AIHW 2006.

Service users of accommodation support were generally older than those using other CSTDA-funded service types. Over half (54%) of accommodation support service users were aged 40 years and over, including 13% aged 60 years and over. Only 7% were under 20 years of age.

6. Services and Service Users

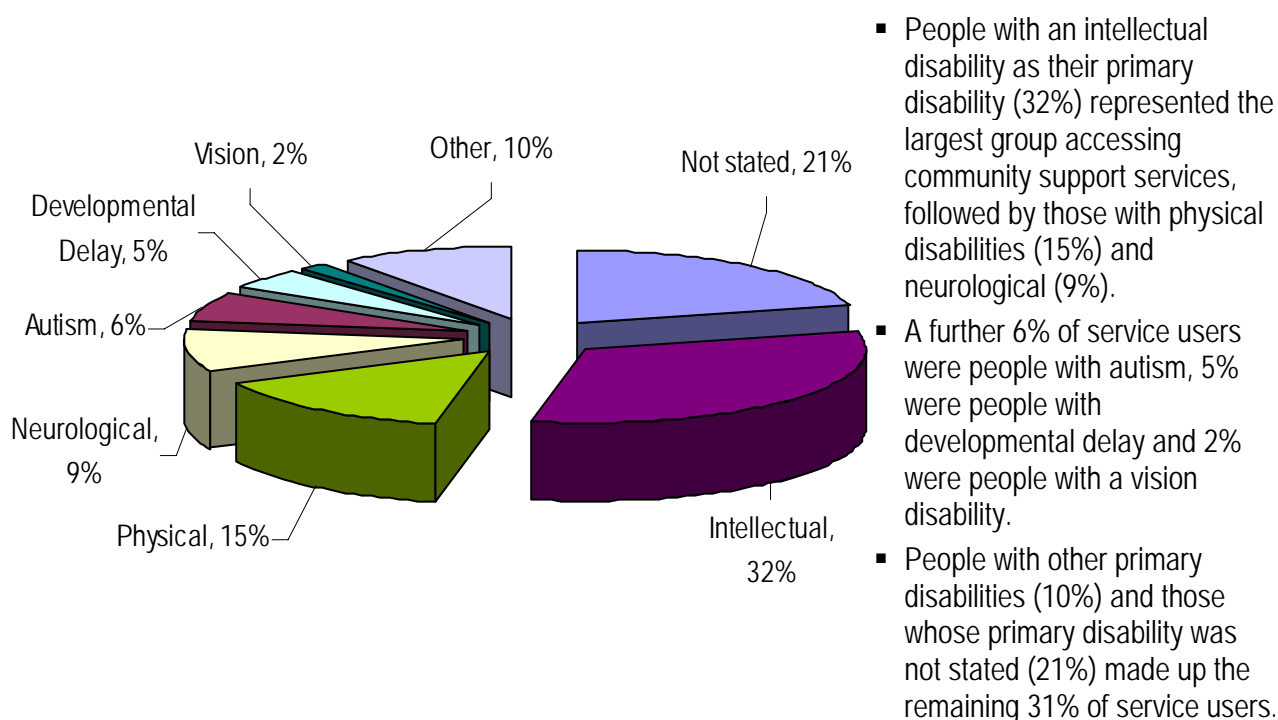
Community Support Services

In the year 2004-05, 92,610 people accessed CSTDA-funded community support services. These services assist people with a disability to live and participate in the community. Services include case management, regional resource and support teams, counselling, early childhood intervention services and other therapy services.

Community support was the most widely accessed CSTDA service. As previously shown in *Chart 6*, for services other than employment, nearly two-thirds of all service users (63%; 133 of 212) received community support.

Chart 9 identifies the proportion of community support service users by primary disability group. The chart illustrates the six highest represented primary disability groups. The 'other' group includes service users with other primary disabilities.

Chart 9: Service users of community support services, by primary disability group, 2004-05



Source: AIHW 2006.

Community support and respite care service users were relatively young compared with users of other service types. People aged 19 years and younger represented approximately half of all users of these two service types.

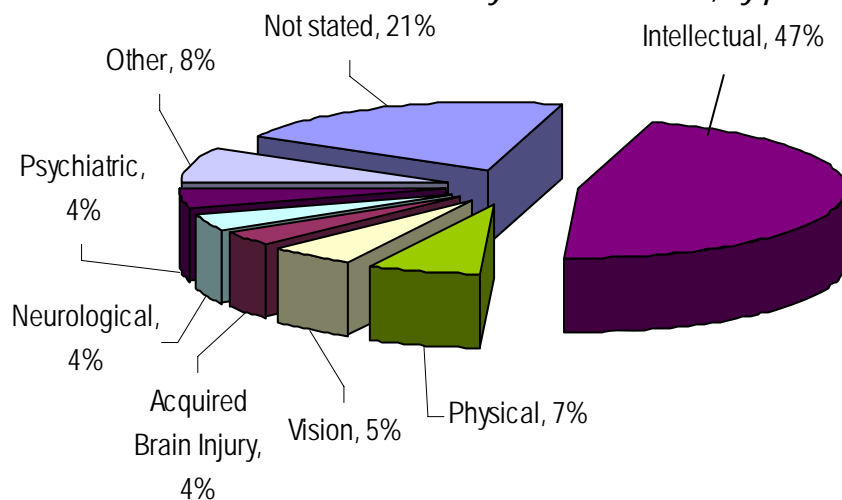
6. Services and Service Users

Community Access Services

Over the period 2004-05, 44,166 people used CSTDA-funded community access services. These services help people with disabilities to use and develop their abilities to enjoy social independence. Services include learning and life skills development, recreation and holiday programs.

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

Chart 10: Service users of community access services, by primary disability group, 2004-05



- 47% of all users of community access services reported that their primary disability was an intellectual disability.
- The next most significant groups utilising community access services were people with a physical (7%) or a vision (5%) disability.
- For 21% of service users, their primary disability was not stated.

Source: AIHW 2006.

People aged 20-39 years were the largest group of users of community access services, representing 43% of service users. There were also a significant number of older service users; more than 14% were aged 60 years and older.

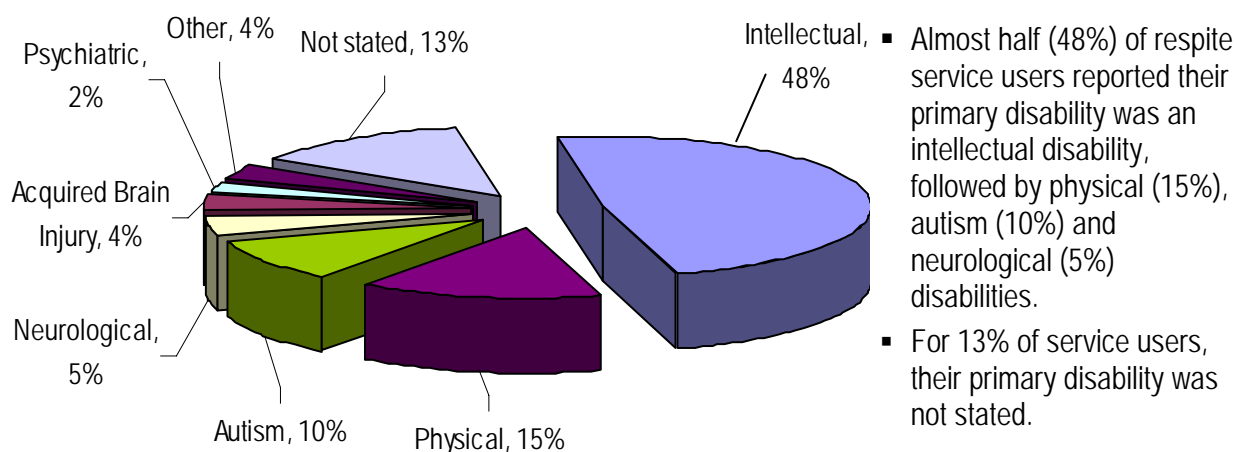
6. Services and Service Users

Respite Services

In 2004-05, 23,951 people with disabilities accessed CSTDA-funded respite services. Respite services provide a short-term break for families and other voluntary carers of people with disabilities.

Chart 11 identifies the proportion of respite service users by primary disability group. The chart illustrates the six highest represented primary disability groups. The 'other' group includes service users with other primary disabilities.

Chart 11: *Service users of respite services, by primary disability group, 2004-05*



Source: AIHW 2006.

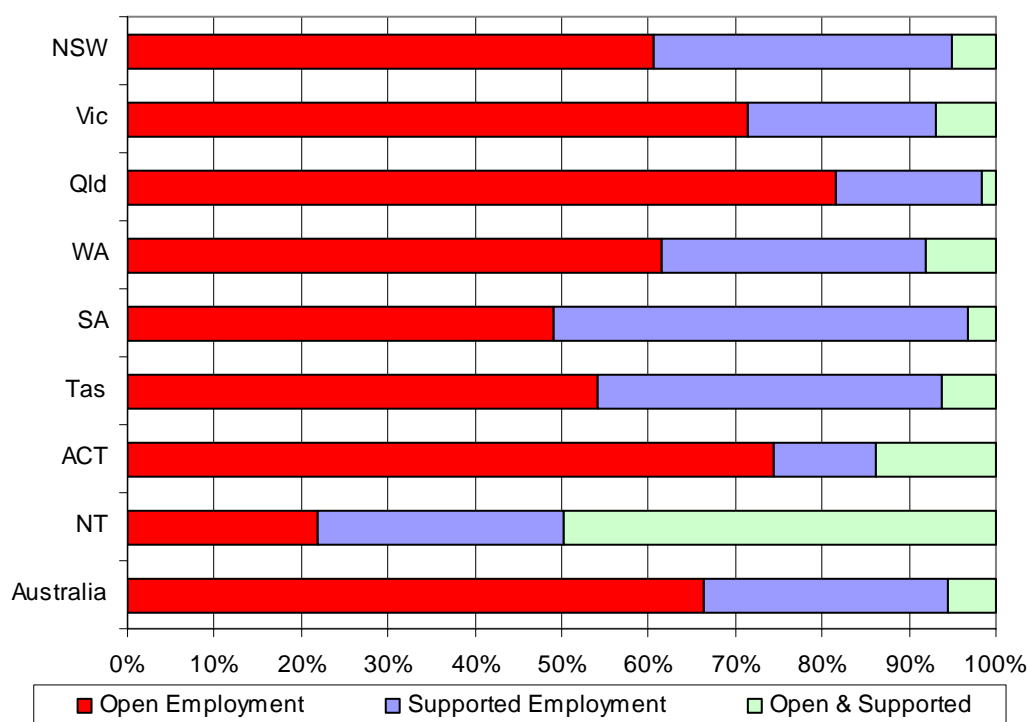
People using respite services and people using community support services were generally younger than service users of other service types. Nearly half (49%) of respite service users were aged 19 years or under and a further 32% were aged 20-39 years. In total, these two age groups represent 81% of all respite service users.

6. Services and Service Users

Employment Services

In 2004-05, 64,835 people accessed CSTDA employment services. Employment services provide support to people with disabilities to assist them to obtain and/or retain employment. *Chart 12* shows patterns of employment service use for each State and Territory as well as the average for Australia.

Chart 12: Service users of employment services, by service type category, by State / Territory, 2004-05



Source: AIHW 2006.⁶

Overall, 68% of employment service users received open employment services, 29% supported employment services, and 6% open & supported employment services. The profiles for NSW, Victoria and WA were broadly similar to this national profile.

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

The profile for the other five States/Territories varied from the national averages.

- For Queensland (82%) and the ACT (75%), a greater proportion of employment service users accessed open employment services, than the national average (68%).
- Half (50%) of the employment service users in SA used open employment services. A further 49% used supported employment services, and 3% used open & supported employment services.

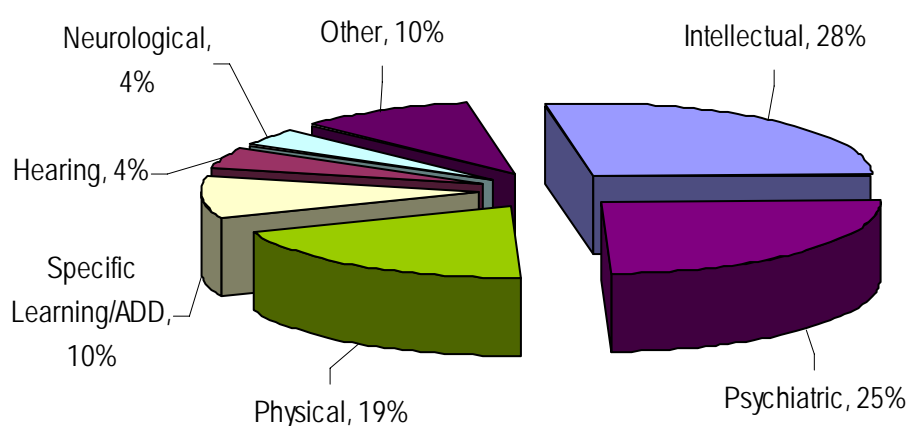
⁶ Approximately 3% of service users received more than one type of employment service. The data for each State/Territory and for the total, therefore adds to slightly more than 100%. For ease of illustration, the data has been adjusted to add to 100%.

6. Services and Service Users

- In Tasmania, 55% used open employment services; 40% used supported and 6% used open & supported employment services.
- The profile for NT differed substantially from all other States/Territories - 23% used open employment services; 30% supported employment services and 52% used open & supported employment services.

Patterns of employment service use also varied among different primary disability groups, as *Chart 13* and *Chart 14* indicate.

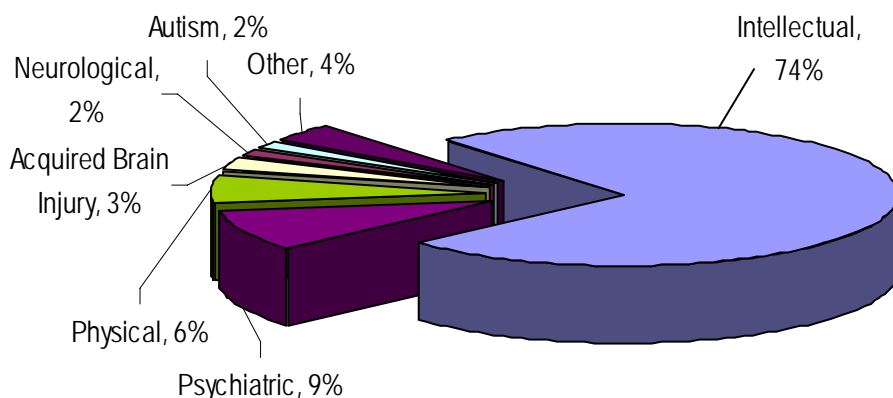
Chart 13: Service users of open employment services, by primary disability group, 2004-05



- Less than a third (28%) of open employment service users reported that their primary disability was an intellectual disability. This contrasts with supported employment (74%).
- 25% of service users of open employment services reported that their primary disability was psychiatric disability, followed by physical (19%) and specific learning disability/attention deficit disorder (10%).

Source: AIHW 2006.

Chart 14: Service users of supported employment services, by primary disability group, 2004-05



- People who reported an intellectual disability as their primary disability (74%) were the most represented group of supported employment service users, followed by psychiatric (9%) and physical (6%) disability service users.

Source: AIHW 2006.

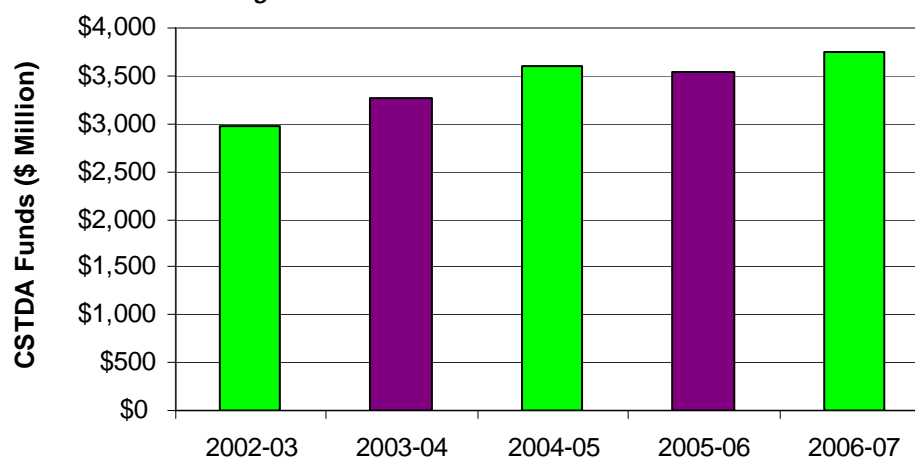
There was also variation in the age profiles of service users for different types of employment services. Open employment services had a younger service user profile than that of supported employment services. People aged 15-39 years represented 70% of open employment service users compared with 54% of supported employment service users.

7. Government Expenditure

Total Government Expenditure

Governments have currently committed \$17.1 billion over the five years of the CSTDA. *Chart 15* shows the total funding committed for each year.

Chart 15: CSTDA funding, 2002-03 to 2006-07



Source: CSTDA Schedule A1, 12 May 2006.⁷

In 2004-05, funding of approximately \$3.6 billion was made available by governments under the Agreement. This is expected to increase by 4% to approximately \$3.7 billion in 2006-07.

Table 3 shows the amount contributed by each government for 2004-05, the amount transferred from the Australian Government to other governments and the resulting amount administered by each government.

Table 3: CSTDA funding contributed and administered, by jurisdiction, 2004-05

Jurisdiction	Funding Contributed	Transfer from Australian Govt. to States / Territories	Funding Administered
	\$ Million	\$ Million	\$ Million
Australian Government	\$975	(\$565)	\$410
New South Wales	\$879	\$186	\$1,066
Victoria	\$888	\$129	\$1,017
Queensland	\$329	\$108	\$437
Western Australia	\$234	\$46	\$280
South Australia	\$162	\$63	\$225
Tasmania	\$72	\$20	\$91
Australian Capital Territory	\$49	\$8	\$57
Northern Territory	\$23	\$6	\$29
Total Funding (\$ Million)	\$3,611	-	\$3,611

Source: CSTDA Schedule A1, 12 May 2006.

⁷ 2002-03, 2003-04 and 2004-05 are actual funding; 2005-06 and 2006-07 are estimates.

7. Government Expenditure

Total CSTDA funding for 2004-05 (\$3,611 million), included \$975 million from the Australian Government and \$2,636 million from State and Territory Governments.

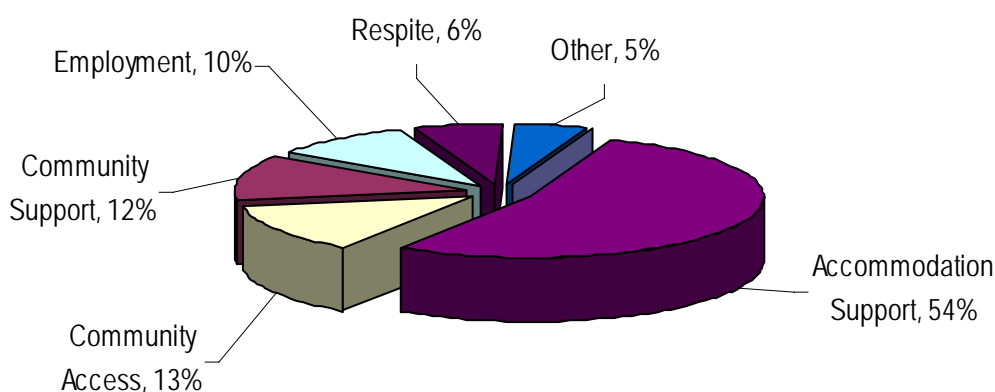
From the Australian Government's contribution of \$975 million, \$565 million was transferred to States and Territories to assist in the provision of services administered by those jurisdictions, and \$410 million was spent on Australian Government provision of specialised disability employment and other services.

Therefore, of the total CSTDA expenditure of \$3,611 million, the Australian Government was responsible for administering \$410 million, and State and Territory Governments were responsible for administering \$3,201 million of expenditure.

Expenditure by Service Type

The following *Chart 16* shows how total CSTDA government expenditure for 2004-05 (\$3,611 million) was allocated between service types.

Chart 16: CSTDA government expenditure, by service type, 2004-05



Source: AIHW 2006.

Accommodation support services accounted for over half (54%) of 2004-05 CSTDA expenditure by governments. Approximately 13% of the total funds was spent on community access services, 12% was spent on community support services, 10% on employment services, 6% on respite services and 5% on other service types. Other service types include advocacy services, information services and print disability services.

Expenditure per Service User

During 2004-05, CSTDA funding of \$3,611 million was expended by governments to provide support services for 200,493 people. This represents an average cost of \$18,010 per service user. However as costs vary significantly between service types, it is more meaningful to identify the cost per service user for each service type. Administration expenses are not included in the following analysis.

7. Government Expenditure

For accommodation support services, the average cost to government per service user varies across accommodation support categories, reflecting the different nature of services. The national average CSTDA expenditure for the year 2004-05 was:

- Institutions and hostels: \$82,389 per service user.
- Group homes: \$92,949 per service user.
- Community based support: \$17,674 per service user.

The average cost per service user of community based support was approximately 20% of the average cost for each of the other two accommodation service types. Community based support services include attendant care, personal care, and in-home support.

The cost per service user of accommodation support is far greater than that of other CSTDA-funded service types. It is relevant however to recognise that in many cases accommodation support is provided for a service user continuously over the full year, while other service types are often provided intermittently or for a shorter period of time, for each service user.

For services other than accommodation and employment support services, the national average expenditure for 2004-05 was:

- Community support services: \$4,311 per service user.
- Community access services: \$9,302 per service user.
- Respite services: \$8,023 per service user.

The average cost to government of providing CSTDA-funded employment services for 2004-05 was:

- Open employment services: \$3,652 per service user.
- Supported employment services: \$8,286 per service user.
- Open & supported employment services: \$2,801 per service user.

The average cost to government of supported employment services (\$8,286 per service user) was over twice the cost to government of open employment services (\$3,652).

Expenditure per Potential Population

As explained in *Chapter 6 – Services and Service Users*, the AIHW estimated that the potential population across Australia totalled 697,124 people. This estimate is intended to broadly indicate the number of people with the potential to require specialist disability services at some time.

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

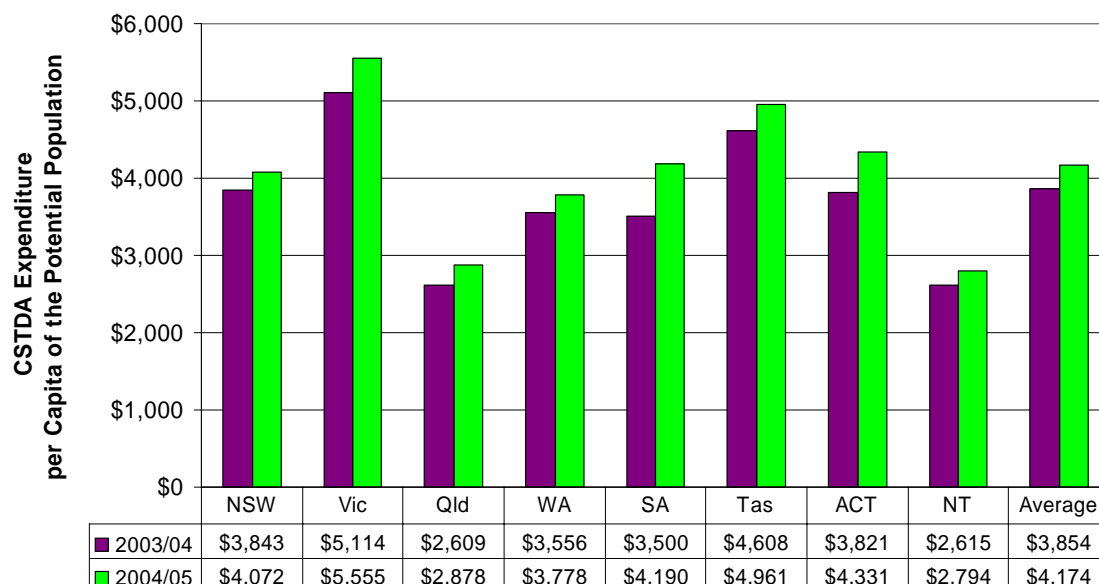
Analysis is firstly shown for services administered by the States and Territories - accommodation support, community support, community access, respite and other services (i.e. services other than employment). A separate analysis is presented for employment services, which are administered by the Australian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

7. Government Expenditure

State / Territory Government administered services

For services other than employment, total CSTDA expenditure in 2004-05 was \$2,910 million, excluding administration expenses. This equates to expenditure of \$4,174 per capita of the potential population of 697,124.

Chart 17: CSTDA government expenditure for services other than employment, in each State / Territory, per capita of the potential population, 2003-04 and 2004-05



Source: Australian Healthcare Associates analysis based on data from the AIHW 2006.

As shown in *Chart 17*, CSTDA expenditure in all States/Territories increased from 2003-04 to 2004-05.

- Overall, average expenditure for services other than employment increased by 8%, from \$3,854 to \$4,174 per capita of the potential population.
- SA had the largest proportional increase in expenditure, up by 20% from \$3,500 to \$4,190 per capita of the potential population.
- Victoria had the highest expenditure level of all regions, at \$5,555 per capita of the potential population for 2004-05.
- NT and Queensland had the lowest expenditure level of all regions, at \$2,794 and \$2,878 per capita of the potential population respectively for 2004-05.

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

It should also be noted that many factors may cause expenditure per capita of the potential population to vary between jurisdictions, including the profile of service delivery. States/Territories with lower expenditure per capita of the potential population may be delivering a different mix of services, rather than providing fewer services.

7. Government Expenditure

Australian Government administered services

The preceding analysis relates to services other than employment. For employment services, \$325 million was expended in 2004-05 by the Australian Government, excluding administration expenses. This equates to \$970 per capita of the potential population, based on the potential population for these services of 334,474.

Further Information

This report highlights some of the information contained in the CSTDA NMDS national database for 2004-05. The data tables used in the preparation of this report are available at AIHW's website (<http://www.aihw.gov.au>). The document reference for these tables is:

CSTDA NMDS tables prepared for the CSTDA Annual Public Report 2004-05.

In addition, more detailed and comprehensive information from the NMDS national database is available in the following AIHW report:

AIHW 2006. Disability Support Services 2004-05: national data on services provided under the CSTDA NMDS. AIHW cat no. DIS 46. Canberra: AIHW.

Glossary and Acronyms

ABS	Australian Bureau of Statistics, Australia's official statistical organisation.
accommodation support services	These are services for people with disabilities that provide accommodation (group homes, hostels and institutions) and/or provide community based support (attendant care, personal care, in-home support) to enable a person with disabilities to remain in their existing accommodation.
acquired brain injury	Multiple disabilities acquired after birth arising from damage to the brain. It results in deterioration in cognitive, physical, emotional or independent functioning. It can be as a result of accidents, stroke, brain tumours, infection, poisoning, lack of oxygen, degenerative neurological disease etc.
advocacy services	Services designed to help people with disabilities to increase the control they have over their lives through the representation of their interests and views in the community.
Agreement	Refers to the Commonwealth State Territory Disability Agreement.
AIHW	Australian Institute of Health and Welfare, external data agency to the National Disability Administrators for the CSTDA National Minimum Data Set.
AIHW 2006	Refers to the following AIHW report for 2004-05 (produced in 2006), which can be obtained from the AIHW or accessed at their website. Reference: <i>AIHW 2006. Disability Support Services 2004–05: national data on services provided under the CSTDA NMDS. AIHW cat no. DIS 46. Canberra: AIHW.</i>
annual cost to government	The total annual funding provided by all jurisdictions, to all outlets of the relevant service type categories, not including administration.
Asperger syndrome	A developmental disorder that affects how the brain processes information. Asperger syndrome is one of the 'autism spectrum disorders'.
autism	A pervasive developmental disorder involving disturbances in cognition, interpersonal communication, social interactions and behaviour (in particular obsessional, ritualistic, stereotyped and rigid behaviours). It includes Asperger syndrome and pervasive developmental delay.
average cost to government per service user	This is calculated as the total expenditure provided by government divided by the number of service users.

Glossary and Acronyms

bilateral agreement	An agreement made between two parties, in this case the Australian Government and an individual State or Territory Government.
carer <i>also informal carer</i>	A carer is a person such as a family member, friend or neighbour who provides care and assistance on a regular and sustained basis.
client	A client is a person with a disability who receives a CSTDA-funded service. A client may receive more than one service over a period of time or on a single day. Also described as a service user or consumer.
community access services	These services and programs help people with disabilities to use and develop their abilities to enjoy social independence. They include day services, learning and life skills development, recreation and holiday programs. People who do not attend school or who are not employed full-time mainly use these services.
community support services	Services that provide the support needed for a person with a disability to live in a non-institutional setting. They include case management, regional resource and support teams, counselling, early childhood intervention services and other therapy services.
consumer	A consumer is a person with a disability who receives a CSTDA-funded service. A consumer may receive more than one service over a period of time or on a single day. Also described as a service user or client.
CSDA	Commonwealth State Disability Agreement. This term was used for the first two Agreements, dated 1991-1996 and 1997-2001 respectively.
CSTDA	Commonwealth State Territory Disability Agreement. This term has been used for the third Agreement, i.e. the Commonwealth State Territory Disability Agreement 2002-2007.
deafblind	Dual sensory (vision and hearing) impairments that cause severe restrictions in communication and in the ability to participate in community life.
developmental delay	A term that is applicable to children aged 0-5 years only. It covers conditions appearing in the early developmental period, with no specific diagnosis.
DEWR	The Australian Government Department of Employment and Workplace Relations.
DoHA	The Australian Government Department of Health and Ageing.
employment services	Services that provide assistance to people with disabilities in obtaining or retaining employment.

Glossary and Acronyms

FACS	The Australian Government Department of Family and Community Service. From January 2006 the organisation became the Department of Families, Community Service and Indigenous Affairs (FaCSIA).
financial year	The period from 1 July in a given calendar year to 30 June in the following calendar year.
generic services	Services designed for the community in general and are not specifically for people with disabilities. They include health care, housing, recreation and transport generic services.
group home	Provides combined accommodation and community based residential support to people in a residential setting. Usually no more than 6 service users are located in any one house, although this can vary.
hearing disability	Encompasses deafness, hearing impairment and hearing loss.
hostel	Provides residential support in a congregate setting of usually less than 20 beds.
Indigenous	Australian of Aboriginal and/or Torres Strait Islander origin.
information services	Information services provide accessible information to people with disabilities, their carers, families and related professionals. This service type provides specific information about disability specific and generic services, equipment, and promotes the development of community awareness. Information includes contact by phone, print or e-mail that recommends a person to another service.
Innovative Pool Initiative	The Aged Care Innovative Pool is a national pool of flexible care places for allocation to innovative services outside of the Australian Government's Aged Care Approvals Round. Service categories funded during 2004-05 include services to assist younger people with a disability who reside in aged care homes to move to more appropriate accommodation.
institution	Provides 24-hour residential support in a congregate or cluster setting of greater than 7 beds.
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 developmental delay, intellectual disabilities, specific learning/attention deficit disorder and autism.

Glossary and Acronyms

jurisdiction	Refers to each of the nine governments (State, Territory and Australian Government).
multilateral agreement	An agreement made between three or more parties, in this case between the Australian Government and all State and Territory Governments.
NDA	The National Disability Administrators is the group of government officials charged with the responsibility of implementing the Commonwealth State Territory Disability Agreement.
neurological disability	Impairments of the nervous system occurring after birth, and includes epilepsy and organic dementias (e.g. Alzheimer's disease) as well as such conditions as multiple sclerosis and Parkinson's.
NMDS	National Minimum Data Set is the set of nationally significant data items that are collected, and agreed method of collection and transmission, that facilitate the annual collation of nationally comparable data about services funded under the Commonwealth State Territory Disability Agreement.
not stated	This term indicates that the relevant information was not reported.
open & supported employment services	Services that provide a combination of open and supported employment services.
open employment services	Services that assist people with disabilities to obtain and retain paid employment in another organisation.
people with disabilities	People with disabilities where: the disability is attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or a combination of these); it is likely to be permanent and manifests before the age of 65 years; results in substantially reduced capacity for self care and management, mobility and/or communication; and the person therefore requires significant ongoing or long-term episodic support.
physical disability	Condition that is attributable to a physical cause or impacts on a person's ability to perform physical activities, such as mobility. Physical disability includes paraplegia, quadriplegia, muscular dystrophy, motor neurone disease, neuromuscular disorders, cerebral palsy, absence or deformities of limbs, spina bifida, arthritis, back disorders, ataxia, bone formation or degeneration, scoliosis etc. Impairments may affect internal organs such as the lung or liver.
physical/diverse disability	This is a high level grouping of primary disability type, which includes people with physical disabilities, acquired brain injury and neurological disabilities.

Glossary and Acronyms

potential population	The AIHW has estimated the potential population in Australia who may at some time require access to specialist disability services. This estimate is intended to broadly indicate the number of people with the potential to require specialist disability services at some time. This potential population is not the same as the population needing services. The basis for this estimate is complex. Details are available in the AIHW report for 2004-05 (refer <i>Chapter 7 - Further Information</i>).
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	Includes alternative formats of communication for people who by reason of their disabilities are unable to access information provided in a print medium. Alternative formats include audiotape, large print, braille, etc.
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	The unit of a funded agency that delivers a particular CSTDA service type at or from a discrete location.
service type	The support activity that the service outlet has been funded to provide under the Commonwealth State Territory Disability Agreement. Service types are grouped into five main categories: accommodation support, community support, community access, respite and employment services.

Glossary and Acronyms

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