

References

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Appendix 1: CSTDA NMDS 2002–03 Service Type Outlet and Service User forms

CSTDANMDS

Commonwealth-State/Territory Disability Agreement
National Minimum Data Set Collection

Name and Address (please correct any errors)

Service type outlet form 2002-2003

A separate Service type outlet form should be filled in for each CSTDA-funded service type outlet (i.e. for each CSTDA-funded service type provided at or from a given location). Your CSTDA funding department should have filled in items A-G before your agency received this form. Please check the responses using the Data Guide - pages 16-29, initially for any queries you may have.

A. Funded agency ID

B. Service type outlet ID

C. Service type .

D. Service type outlet postcode

E. Service type outlet SLA

F. Funding jurisdiction

G. Agency sector

Service type outlet name: _____

Funded service type: _____

Please verify the information provided above.

Please name a person in your service type outlet/funded agency who is involved in completing the forms and can be contacted about any queries. Please print.

Contact Name _____

Title or position _____

Email _____

Phone number

Fax number

Please turn over >

1. Has this service type outlet operated for the full 2002-03 financial year? Yes 1 No 2 See Data Guide page 30

2. How many weeks per year does this service type outlet usually operate?
'No regular pattern of operation through a year' includes seasonal services such as Christmas holiday programs. OR No regular pattern 90 See Data Guide page 31

3. How many days per week does this service type outlet usually operate?
'No regular pattern of operation through a week' includes school holiday programs. OR No regular pattern 90 See Data Guide page 32

4. How many hours per day does this service type outlet usually operate?
'No regular daily pattern of operation' includes flexible hours, on call, 24 hour sleepover etc. Please do not provide the number of hours per week. OR No regular pattern 90 See Data Guide page 33

Staff hours: What were the total hours worked by staff (including those worked by contracted staff) and volunteers working on behalf of this service type outlet:

5. In the 7-day reference preceding the end of the reporting period?	Paid staff – paid hours worked by staff including contracted staff.	Unpaid staff – unpaid hours worked by staff and volunteers.	See Data Guide page 34
	a) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

6. In a typical 7-day week?	Paid staff – paid hours worked by staff including contracted staff.	Unpaid staff – unpaid hours worked by staff and volunteers.	See Data Guide page 36
	a) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Please enter a dash (-) in the right hand box for any category where the value is 'nil'. Please round hours up to the nearest whole hour.

If the service type of this service outlet is 'Other support' (7.01–7.04) please do not complete question 7 and do not fill out any Service user forms.

7. How many service users received this service type from this service type outlet during the reporting period?
Please do not provide numbers of 'beds' or 'places' or 'instances of service'. See Data Guide page 37

Thank you for your time and effort.

Service user form 2002-2003

Service types 1.05-1.07, 2.06, 3.01, 3.03, 4.01-4.05 should complete *all* questions on this form for each service user who received a service within the reporting period. Service types 1.01-1.04, 1.08, 2.01-2.05 and 2.07 should complete all questions except 17f and 17g; service type 3.02 should fill out questions B, 1 and 2- Linkage key elements only; and service types 5.01 - 5.03 should fill out all questions except 12b-c and 12e (some carer questions).

B. Service type outlet ID

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See Data Guide page 40

Please copy the Service type outlet ID from the related Service type outlet form.

1. Record ID

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See Data Guide page 41

2. Statistical Linkage Key

2a. Letters of surname

1st	2nd	3rd	4th	5th	6th

See Data Guide page 42

2b. Letters of given name

--	--	--	--	--	--

See Data Guide page 43

2c. Date of birth

d	d	m	m	y	y	y	y

If not known, estimate year, enter 01/01 for day and month and tick 2d.

2d. Is the service user's date of birth an estimate?

Yes 1

See Data Guide page 46

2e. What is the service user's sex?

Male 1 Female 2

Service type 3.02 - Recreation/holiday program services, please stop here.

3. Is the service user of Aboriginal or Torres Strait Islander origin?

See Data Guide page 47

Aboriginal but not Torres Strait Islander origin 1

Torres Strait Islander but not Aboriginal origin 2

Both Aboriginal and Torres Strait Islander origin 3

Neither Aboriginal nor Torres Strait Islander origin 4

Responses must not be based on the perceptions of anyone other than the person, or their advocate. The 'look' of a person has proven to be an unreliable way for another person to assess someone's Indigenous origin.

4. In which **country** was the service user **born**?

See Data Guide page 49

- Australia 1101
- England 2102
- New Zealand 1201
- Italy 3104
- Viet Nam 5105
- Scotland 2105
- Greece 3207
- Germany 2304
- Philippines 5204
- Netherlands 2308

If other country please specify _____

Where the country of birth is known but is not specified in the classification, please specify it in the space provided.

5. Does the service user require **interpreter services**?

See Data Guide page 50

- Yes - for spoken language other than English 1
- Yes - for non-spoken communication 2
- No 3

6. What is the service user's most effective **method of communication**?

- Spoken language (effective) 1
- Sign language (effective) 2
- Other effective non-spoken communication - e.g. Canon Communicator, Compic 3
- Little, or no effective communication 4
- Child aged under 5 years (not applicable) 5

See Data Guide page 51

This item is considered 'not applicable' to young children. Hence children aged 0-4 years should be coded as 'Child aged under 5 years'.

7. Does the service user usually **live alone** or **with others**?

See Data Guide page 52

- Lives alone 1
- Lives with family 2
- Lives with others 3

'Usually' means 4 or more days per week on average.

The service user's living arrangements must relate to the same place described in residential setting (see question 9).

8. What is the **postcode** of the service user's usual residence?

See Data Guide page 53

The service user's postcode must relate to their residential setting (see question 9).

9. What is the service users usual residential setting?

See Data Guide page 54

- Private residence 1
- Residence within an Aboriginal community 2
- Domestic-scale supported living facility 3
– e.g. group homes
- Supported accommodation facility 4
– e.g. hostels, supported residential services or facilities
- Boarding house/private hotel 5
- Independent living unit within a retirement village 6
- Residential aged care facility 7
– nursing home or aged care hostel
- Psychiatric/mental health community care facility 8
- Hospital 9
- Short term crisis, emergency or transitional accommodation 10
– e.g. night shelters, refuges, hostels for the homeless, halfway houses
- Public place/temporary shelter 11
- Other 12

The type of physical accommodation the person usually resides in ('usually' means four or more days per week on average).

10. What are the service user's primary and other significant disability group(s)?

a. Primary disability group

b. Other significant disability group(s)

<i>Tick 1 box only</i>	<input type="checkbox"/> 1	Intellectual	<input type="checkbox"/>
	<input type="checkbox"/> 2	Specific learning/ADD - other than Intellectual	<input type="checkbox"/>
	<input type="checkbox"/> 3	Autism - including Asperger's syndrome	<input type="checkbox"/>
	<input type="checkbox"/> 4	Physical	<input type="checkbox"/>
	<input type="checkbox"/> 5	Acquired brain injury	<input type="checkbox"/>
	<input type="checkbox"/> 6	Neurological - including epilepsy & Alzheimer's Disease	<input type="checkbox"/>
	<input type="checkbox"/> 7	Deafblind - dual sensory	<input type="checkbox"/>
	<input type="checkbox"/> 8	Vision	<input type="checkbox"/>
	<input type="checkbox"/> 9	Hearing	<input type="checkbox"/>
	<input type="checkbox"/> 10	Speech	<input type="checkbox"/>
	<input type="checkbox"/> 11	Psychiatric	<input type="checkbox"/>
	<input type="checkbox"/> 12	Developmental Delay - only valid for a child aged 0 – 5 years	<input type="checkbox"/>

Tick all other significant disabilities.

Disability group(s) (other than that indicated as being 'primary') that also cause difficulty for the person.

See Data Guide pages 56-59

11. How often does the service user need personal help or supervision with activities or participation in the following life areas?

See Data Guide page 60

Please indicate the level of help or supervision required for each life area (rows a – i) by ticking only one level of help or supervision (columns 1 – 5).

The person can undertake activities or participate in this life area with this level of personal help or supervision (or would require this level of help or supervision if the person currently helping were not available)	1) Unable to do or always needs help/ supervision in this life area	2) Sometimes needs help/ supervision in this life area	3) Does not need help/ supervision in this life area but uses aids or equipment	4) Does not need help/ supervision in this life area and does not use aids or equipment	5) Not applicable
LIFE AREA					
a) Self-care e.g. washing oneself, dressing, eating, toileting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b) Mobility e.g. moving around the home and/or moving around away from home (including using public transport or driving a motor vehicle), getting in or out of bed or a chair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c) Communication e.g. making self understood, in own native language or preferred method of communication if applicable, and understanding others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
d) Interpersonal interactions and relationships e.g. actions and behaviours that an individual does to make and keep friends and relationships, behaving within accepted limits, coping with feelings and emotions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<i>In the following questions 'not applicable' is a valid response only if the person is 0-4 years old.</i>					
e) Learning, applying knowledge and general tasks and demands e.g. understanding new ideas, remembering, problem solving, decision making, paying attention, undertaking single or multiple tasks, carrying out daily routine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f) Education e.g. the actions, behaviours and tasks an individual performs at school, college, or any educational setting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g) Community (civic) and economic life e.g. recreation and leisure, religion and spirituality, human rights, political life and citizenship, economic life such as handling money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>In the following questions 'not applicable' is a valid response only if the person is 0-14 years old.</i>					
h) Domestic life e.g. organising meals, cleaning, disposing of garbage, housekeeping, shopping, cooking, home maintenance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i) Working e.g. actions, behaviours and tasks to obtain and retain paid employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12. Carer arrangements (informal)

See Data Guide page 63

The following questions are asking about the presence of an **informal carer** who provides support to the service user (i.e. these questions are **not about paid carers**)

12a. Does the service user have an **informal carer**, such as a family member, friend or neighbour, **who provides care and assistance** on a regular and sustained basis?

Yes 1 >Go to 12b No 2 >Go to 13

'Regular' and 'sustained' in this instance means that care or assistance has been ongoing, or likely to be ongoing for at least six months.

12b. Does the carer assist the service user in the area(s) of **self-care, mobility** or **communication**?

Yes 1 No 2

Questions 12b-e relate the informal carer identified in 12a

See Data Guide page 65

12c. Does the carer live in the **same household** as the service user?

Yes, Co-resident carer 1 No, Non-resident carer 2

See Data Guide page 66

12d. What is the **relationship** of the carer to the service user?

See Data Guide page 67

- | | |
|---|---|
| Wife/female partner <input type="checkbox"/> 1 | Daughter-in-law <input type="checkbox"/> 7 |
| Husband/male partner <input type="checkbox"/> 2 | Son-in-law <input type="checkbox"/> 8 |
| Mother <input type="checkbox"/> 3 | Other female relative <input type="checkbox"/> 9 |
| Father <input type="checkbox"/> 4 | Other male relative <input type="checkbox"/> 10 |
| Daughter <input type="checkbox"/> 5 | Friend/neighbour – female <input type="checkbox"/> 11 |
| Son <input type="checkbox"/> 6 | Friend/neighbour – male <input type="checkbox"/> 12 |

When answering this question complete the sentence **The carer is the service user's...**

This question relates to the informal carer identified in 12a

12e. What is the **age group** of the **carer**?

See Data Guide page 69

- | | |
|---|--|
| Less than 15 years <input type="checkbox"/> 1 | 45 - 64 years <input type="checkbox"/> 4 |
| 15 - 24 years <input type="checkbox"/> 2 | 65 years and over <input type="checkbox"/> 5 |
| 25 - 44 years <input type="checkbox"/> 3 | |

When asking the service user about the age of their carer it is considered more appropriate to ask about broad age groups rather than actual age.

Only complete question 13 if the service user is aged under 16 years.

13. If aged under 16 years: do the service user's parents or guardians receive the **Carer Allowance (Child)**?

See Data Guide page 70

Yes ₁ No ₂ Not known ₃

This question is not asking about Carer Payment even though some parents of children aged less than 16 years receive it in addition to Carer Allowance (Child).

Only complete question 14 if the service user is aged 15 years or more.

14. If aged 15 years or more:

See Data Guide page 71

What is the service user's **labour force status**?

Employed ₁ Unemployed ₂ Not in the labour force ₃

Only complete question 15 if the service user is aged 16 years or more.

15. If aged 16 years or more:

See Data Guide page 73

What is the service user's **main source of income**?

Disability Support Pension ₁ Other income ₅
Other pension or benefit ₂ Nil income ₆
Paid employment ₃ Not known ₇
Compensation payments ₄

This item refers to the source by which a person derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income and none are equal to or greater than 50%, the one which contributes the largest percentage should be counted.

Continue questions for service users of all ages.

16. Is the service user currently receiving individualised funding under the CSTDA?

Yes ₁ No ₂ Not known ₃

See Data Guide page 74

17. Services received 2002-2003

For service types 1.05–1.07, 2.06, 3.01, 3.03 and 4.01–4.05 complete all sections (a) to (g).
For all remaining service types (except 3.02, 6.01-6.05, 7.01-7.04), please complete sections (a) to (e) only.

Responses to the remaining questions must relate to the service type outlet ID indicated in data item B of the Service user form.

Note: if the service user received more than 1 service type from your agency you will need to complete a separate Service user form (see Data Guide page 15).

17a. When did the service user commence using this service type?

d	d	m	m	y	y	y	y

See Data Guide page 77

A service is a support activity delivered to a person, in accord with the CSTDA. Services within the scope of the collection are those for which funding has been provided, during the specified period, by a government organisation operating under the CSTDA.

17b. When did the service user last receive this service type?

d	d	m	m	y	y	y	y

See Data Guide page 78

17c. Did the service user receive this service type on the snapshot day?

Yes 1

No 2

See Data Guide page 79

17d. When did the service user leave this service type?

See Data Guide page 80

d	d	m	m	y	y	y	y

*If the service user is still with the service leave blank and
>Go to question 17f*

A service user is considered to leave a service when either:

- 1. the service user ends the support relationship with the service outlet;*
- 2. the service outlet ends the support relationship with the service user; or*
- 3. twelve months have elapsed since the service user last received support.*

**Only answer this item, if Item 17d has been coded
(i.e. the service user is no longer receiving the service).**

17e. What reason did the service user report for leaving this service?

Service user no longer needs assistance from service type outlet – moved to mainstream services 1

See Data Guide page 81

Service user no longer needs assistance from service type outlet – other 2

Service user moved to residential, institutional or supported accommodation setting 3

Service user's needs have increased – other service type required 4

Services terminated due to budget/staffing constraints 5

Services terminated due to Occupational Health and Safety reasons 6

Service user moved out of area 7

Service user died 8

Service user terminated service 9

Other 10

Questions 17f and 17g only need to be completed by service types 1.05–1.07, 2.06, 3.01, 3.03 and 4.01–4.05.

Hours received – please indicate the **number of hours** of support received by to the service user for this CSTDA service type:

The amount of CSDA-funded support received by a person for this CSDA service type during the reporting period.

17f. In the 7-day reference week preceding the end of the reporting period?

See Data Guide page 83

17g. In a typical 7-day week?

See Data Guide page 85

Thank you for your time and effort.

Appendix 2: Facilitation and Implementation Group representatives on the CSTDA NMDS

Chair	Ching Choi (AIHW) (December 2000 – February 2002) Diane Gibson (AIHW) (March 2002 – October 2002)
Australian Institute of Health and Welfare – Project team	Ros Madden (December 2000 – October 2002) Louise York (December 2000 – October 2002) Chrysanthe Psychogios (December 2000 – October 2002)
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Victoria – Department of Human Services	Glenn Foard (December 2000 – October 2002) Elaine Stevenson (December 2000 – August 2001, March 2002 – October 2002) Bridget Wickham (March 2001 – October 2001) Carsten Petersen (November 2001 – June 2002) Viviana Lazzarini (June 2002 – October 2002)
Queensland – Disability Services Queensland	Donalee Moriarty (December 2000 – March 2001) Carolyn Webber (March 2001 – October 2002) Chris Reiher (June 2002– October 2002)
Western Australia – Disability Services Commission	Charlie Rook (December 2000 – July 2002) Dana Bensky (December 2001 – October 2002)
South Australia – Department of Human Services	Mike Griffiths (December 2000 – October 2002)
Tasmania – Department of Health and Human Services	John Nehrmann (December 2000 – October 2002) Annie Curtis (April 2002– October 2002)

Australian Capital Territory – Department of Disability, Housing and Community Services	Cate Thomas (December 2000 – October 2002) John Ferguson (December 2000 – July 2001) Geoffrey Wells (August 2001 – October 2001) Tania Shaw (November 2001 – October 2002) Narelle Hill (July 2002 – October 2002)
Northern Territory – Territory Health Services/Department of Health and Community Services	Neil Murray (December 2000 – October 2002)
Commonwealth – Department of Family and Community Services	Celia Poole (December 2000 – August 2001) Michael Cooper (August 2001 – October 2002)
ACROD	Helen McAuley (December 2000 – August 2001) Sean Regan (August 2001 – August 2002)
National Caucus of Disability Consumer Organisations	Julie Simpson (December 2000 – August 2002)
Non-government Organisation (Mission Australia)	Peter Sandeman (December 2000 – August 2001)