

2 Introduction

This publication reports on services provided or funded in 1999 by the Commonwealth Government and the State and Territory Governments under the CSDA⁶ of 1998. Under the CSDA signed in 1998, the Commonwealth has responsibility for the planning, policy setting and management of employment services, and the States and Territories for specialist disability services except employment services. Advocacy, print disability and information services are joint responsibilities.

2.1 CSDA MDS collections

The CSDA MDS collections are conducted under the auspices of the National Disability Administrators (comprising the heads of government disability services throughout Australia). The purpose of the CSDA MDS is to facilitate the exchange of information between jurisdictions by the design and use of standard core data items and agreed definitions. This 1999 collection is the fifth annual collection and the third fully national collection.⁷

Information about the development and testing process for these collections, including data from the pilot tests and the 1995, 1996, 1997 and 1998 collections, can be found in earlier AIHW publications, listed in Appendix 1, along with publications by other organisations.

Data are collected about service providers and about people receiving a service from a service provider on a 'snapshot' day, that is, on a single day during each year. Data are collected by each jurisdiction in relation to services provided under the CSDA. Nonetheless, services included under the CSDA umbrella vary from State to State. In particular, psychiatric services and early childhood intervention services are not considered to be under the Agreement in all States (see Section 2.3).

2.2 Collection method and data included

Service providers completed a Service Form⁸ and multiple Consumer Forms to produce the data. In general, a Service Form is completed for each service type at each outlet and a Consumer Form is completed for each person receiving that service type at the outlet on a snapshot day (see Appendix 4 for the 1999 forms). Each year the AIHW develops, in cooperation with all jurisdictions, standard versions of a Service Form, a Consumer Form and a Data Guide.

6 The first CSDA was agreed in 1991, and the second in 1998.

7 In 1995, data on services funded by the Western Australian Government were not included. In 1996, data on services funded by the Australian Capital Territory and on some services funded by the Commonwealth Government were not included. These variations are significant for the purposes of comparability with this 1999 collection.

8 Some information on the Service Forms is completed by the funding organisation. This includes service type, auspicing organisation, CSDA funding amounts and geographic location of the service.

The snapshot day was Wednesday 26 May 1999 for all jurisdictions with the exception of Western Australia where it was Wednesday 9 June 1999.

The data items collected on the 1999 Consumer Form included information about:

- sex and date of birth;
- five letters from names (two from the first and three from the last name) – to enable the statistical linkage key to be constructed (also using sex and date of birth);
- country of birth, main language spoken at home, and Indigenous origin;
- method of communication;
- disability group, both primary and other significant disabilities;
- support or assistance needed;
- main income source; and
- living arrangement/accommodation type.

The data items collected on the 1999 Service Form included information about:

- service type provided (covering 30 specific service types within six service type categories: accommodation support, community support, community access, respite, employment and other support);
- hours worked by staff and volunteers;
- annual funding under the CSDA (see Sections 1 and 6);
- times of operation (hours per day, days per week, weeks per year); and
- number of recipients receiving a service from the provider.

Forms are completed by service providers and sent (as hard copy or electronic file) to the government funding organisation in each jurisdiction. Here, data are edited and a data file finalised for each jurisdiction.⁹ This file is used for analysis by each jurisdiction, and a copy containing the nationally agreed CSDA MDS data items is sent to the AIHW for further editing and national collation.

2.3 Scope of the collection

The collection covers disability support services receiving some funding under the CSDA in 1999, and the consumers of those services. Thus it does not include services that do not receive CSDA funding – for instance, many services in the areas of rehabilitation, hearing services, aids and appliances – or those funded solely through the Home and Community Care Program. It excludes residential aged care facilities, hospitals and any services that receive no government funding. In the context of this collection (see Box 2.1):

A service is a support activity delivered to a consumer, in accord with the CSDA and for which funding has been provided by a government organisation operating under the CSDA.

The MDS classifies services according to service type. The service type classification groups services into six categories: accommodation support, employment support, community access, community support, respite and other support. Within each of these service type categories there are sub-categories.

⁹ Some jurisdictions add data items of particular interest to them, sometimes for a single year.

CSDA-funded services generally consist of:

- those services for people with a disability that were funded or provided by the 'disability program area' of each State and Territory before the first CSDA, and which were considered to be of a type to be included in the initial 'CSDA base';
- those services for people with a disability that were transferred between the Commonwealth, States and Territories at the start of the first CSDA in 1991; and
- services provided or funded under the CSDA since the signing of the first CSDA and included under the second agreement signed in 1998.

However, there is variation between jurisdictions in the services included under the CSDA. Therapy services are not included separately in the collection by all jurisdictions, although some therapy services may be included as a component within other service types. Not every State or Territory includes psychiatric services or early childhood intervention services:

- In New South Wales, psychiatric disability services are provided by the New South Wales Department of Health.
- In Victoria, early childhood intervention services were included under the CSDA and hence are included in this collection. Psychiatric disability services are also included.
- In Queensland, psychiatric disability services funded and provided by the Mental Health Branch of Queensland Health are included in the CSDA MDS collections, but services funded under the 'Gaming Machine Community Benefit Fund' are not.
- In the Australian Capital Territory, only some mental health services are included in the CSDA MDS collections.
- In the Northern Territory, some mental health services and early childhood intervention services are included.
- In Western Australia, only some psychiatric disability services are included in the CSDA MDS collections. The Health Department is the main provider of services for people with a psychiatric disability and these services are not included.

2.4 Service outlets

A service outlet is a service provider providing a particular CSDA-funded service type to consumers.

A separate Service Form is completed, usually by service providers, for each service type they deliver. Hence, a Service Form is completed for each service outlet, and service outlets are counted in the CSDA MDS collection (see Box 2.1).

If a service provider provides, for example, both accommodation support and respite services, then two Service Forms are completed and two service outlets counted. Similarly, if a service provider provides more than one accommodation support service, say, group homes and attendant care, then it is providing (and is usually separately funded for) two different service types and there are two service outlets for the provider. A service outlet was included even if it was small part of a service provider's operations.

Box 2.1: Definitions and major counts of the CSDA MDS collection

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|-------------------------------|--|
| <i>Consumer</i> | <i>A consumer is a person who receives a CSDA service.</i> |
| <i>Service</i> | <i>A service is a support activity delivered to a consumer, in accord with the CSDA. Services within the scope of the collection are those for which funding has been provided by a government organisation operating under the CSDA.</i> <i>A consumer may receive more than one service over any time period, including on the snapshot day itself.</i> |
| <i>Service type</i> | <i>Service type is the support activity which the service outlet has been funded to provide under the CSDA.</i> <i>The MDS classifies services according to 'service type'. The 'service type' classification groups services into six categories: accommodation support, employment support, community access, community support, respite and other support. Within each of these categories there are subcategories (see for example Table 3.2).</i> |
| <i>Service outlet</i> | <i>A service outlet is a service provider providing a particular CSDA service type.</i> <i>If a service provider provides, say, both accommodation support and respite services, it is counted as two outlets. Similarly, if a service provider provides more than one accommodation support service type (for example, group homes and attendant care) then it is providing (and is usually separately funded for) two different service types, that is, there are two service outlets for the provider.</i> |
| <i>Service provider</i> | <i>A service provider is an organisation that delivers one or more CSDA service types.</i> <i>It is service providers generally that fill out CSDA MDS forms:</i> <ul style="list-style-type: none">• <i>a Service Form for each service type funded (that is, a Service Form for each outlet); and</i>• <i>for each service type (or outlet), a Consumer Form for each consumer receiving that service type on the snapshot day (except for advocacy, information, print disability).</i> |
| <i>Auspicing organisation</i> | <i>Some service providers are part of a wider organisation – either non-government or government – that has some management control over the provider.</i> |

Note: The main counts of the collection reported in this report are consumers, services received and service outlets.

A service provider is an organisation that delivers one or more CSDA-funded service types to consumers. The service provider has an administrative base from which services of one or more service types are delivered to consumers, or from which a team operates when it delivers services to consumers at other locations.

The 1999 CSDA MDS collection aims to be an 'outlet level' collection but this has not been completely achieved. There are still instances where some aggregation has occurred, for example, a number of group homes of one organisation are combined on one Service Form. A service as counted here may in fact be a single outlet, or may be two or more outlets of the same service type funded from a single service provider from which only grouped outlet data are available.

The response rate for return of Service Forms was 97.0% of all Service Forms sent out by jurisdictions (see Section 6.1). 'Not stated' response rates for most data items on returned Service Forms ranged from 0.8% to 5.7% (Table 6.2).

2.5 Services received

'Services received' are counted in the CSDA MDS collection. They represent the number of consumer forms received – equivalent to the number of occasions of service that were provided to consumers at service outlets.

Services received are not counts of individual consumers since a person may have received (or been allocated) resources from more than one service outlet on the day and hence may be counted more than once.

Data collected for each service received include characteristics of a person at the collection time and place (that is, on the snapshot day, at each service outlet). Each person who receives a service fills in a Consumer Form. In the process of summing data from each Consumer Form for tables, a person may be counted more than once if they received a service from more than one service outlet on the snapshot day. Hence, aggregated data in these tables are occasions of 'services received'.

It is also important to remember that the services received counts relate to a particular day. The use of a snapshot day permits occasions of services received to be counted at a point in time. To the extent that the snapshot day was not an average day, this count may differ from a real average. This is likely to be more significant for data relating to some service types, such as employment, recreation and respite services.

Western Australian data were collected for a full-year period to 9 June 1999. Services received data were estimated for a snapshot day by the addition of a question about whether the consumer received a service on the snapshot day, with only those 'consumers' indicated as having received a service on this day included. It was then possible to count services received using Western Australian-funded CSDA services on a relatable basis to those collected by other States and Territories.¹⁰

The Commonwealth Disability Services Census collects information on its Consumer Form about 'consumers on the books' with an additional question (similar to that in the Western

¹⁰ Western Australian service recipients receiving more than one service type on the snapshot day were counted in each service type received, to relate the data to that from other jurisdictions. This results in data that are different from that published in the Annual Report of the Western Australian Disability Services Commission.

Australian collection) asking whether 'this consumer receive[d] support today' (that is, on the snapshot day).

On the Service Form, service providers were asked to provide the total number of individual people receiving a service at the outlet on the snapshot day. They were also asked to estimate the number of individual people receiving a service on a typical 1998–99 operating day, the total for the week ending on the snapshot day and the total number during for the 1998–99 financial year. These estimates are intended to provide some guidance about the representativeness of the snapshot day counts derived from the number of Consumer Form responses or from the total of the service providers' responses on the Service Form (see Table 4.2).

Consumer forms were not required for some service types – such as advocacy, information/referral, combined advocacy and information, print disability services – where there may be no direct contact with individual people with a disability, or where contact with consumers is transient, for example giving a telephone referral.

'Not stated' response rates for most data items from returned Consumer Forms ranged from 0.1% to 5.5% (Table 6.2; see also Table 6.3 for 'not known' responses).

2.6 Statistical linkage key trial

Previous CSDA MDS data collections have been unable to identify or count instances where people have accessed more than one disability support service on the snapshot day.

In the 1999 collection each jurisdiction participated in a statistical linkage key trial, to obtain information about the extent of multiple service use by individuals on the snapshot day. The statistical linkage key trial began in 1998 in New South Wales, Victoria, Queensland and the Australian Capital Territory. The four jurisdictions that participated in 1998 all reported that the trial was a success (see AIHW 1999b: Section 6.2 for the results for these jurisdictions). The linkage key trial has been expanded to cover all jurisdictions other than Western Australia (which has been using its own linkage method) for the 1999 collection.

The AIHW Ethics Committee approved the trial in July 1998, subject to an assurance being provided by States. All State and Territory jurisdictions have signed assurances in relation to the CSDA MDS collections that:

- consumers will be informed about the information being recorded and its purpose;
- each consumers' information will not be electronically matched with other information in an attempt to identify them, and no other attempt will be made to identify individuals;
- no access to the collection will be given, except as statistical information that does not identify an individual; and
- the information will be used for statistical purposes only.

The Commonwealth undertakes its collection, used for CSDA MDS purposes among other purposes, meeting its legislative obligations under the *Privacy Act 1988*, Information Privacy Principles, and Guidelines under the *Data Matching (Assistance and Tax) Act 1990*.

The linkage key part of each recipient's record is compared electronically ('linked') against the linkage key part of all other service recipients' records. Records probably belonging to the same individual are then linked. Some degree of false linking is expected. Because the linkage key is not a unique identifier, there is a small probability that some of the linked records do not actually belong to the same individual and some records that did not link

do belong to the same individual. For privacy reasons, the linkage key is not constructed to enable the linking of records to the extent needed to be certain that a 'consumer' is one individual person.

'Linkage' can identify two, three or more records that usually relate to the same person. These linked records are assumed to be for one person and only one record is counted. This results in an estimate of the number of consumers.

Most linked records specify a response for each data item consistently, and the appropriate response for the consumer (now counted as one) is easily determined. Sometimes linked records have inconsistent responses for some data items. Rules to resolve these inconsistencies have been used. Further details of the linkage processes are given in Appendix 6, including some work done to validate the key, the results of linkage and the rules used to decide how to allocate responses that are discrepant between linked records.

The linkage key trial has thus far demonstrated that this process results in useful estimates of the number of people receiving services. Most service providers appear to have been able to record information for a valid linkage key, with about 3% of records having main components of the key missing (Table A6.3).

2.7 Consumers

Data on consumers are presented for the first time in Sections 1 and 3 of this report, enabled by the use of the statistical linkage key.

A consumer is a person with a disability who receives a CSDA service.

A consumer may receive more than one service over any time period, including on the snapshot day itself. For each service type (and consequently for each service outlet), a Consumer Form is completed for every consumer receiving a service of that type on the snapshot day (see Box 2.1).

It is not appropriate to sum data from service type categories and label them as total numbers of consumers, since a consumer may be in more than one category if he or she received multiple services (see, for example, Table 1.1, where the 'totals' in the table are not the sums of the components.)

For the 1999 collection, the use of the linkage key successfully estimated consumers, except that the linkage key used by the Disability Services Commission in Western Australia could not be linked to data collected by the Commonwealth for its services in Western Australia. This affected the adjustments between employment services received and other disability support services received. Hence for 1999, national consumer estimates are likely to be slightly high for Western Australia and hence nationally (see Appendix 6).