

Appendix A Tables

Table A1.1: Main organisations making up CP Australia: client base, client numbers, services and funding details, 2004-05

Organisation	Client base	No. clients ^(a)	Services/initiatives	Income \$'000	% govt. funding	Expenditure \$'000
Cerebral Palsy League of Queensland	Children and adults with cerebral palsy and related disabilities.	2,765	Therapy, respite, accommodation, adult day services, employment services, business services, technology services, mobility and seating services, specialist medical clinics, consultancy and advisory services, professional development and training, disability awareness programs, information services, fundraising, volunteer program, equipment service and research programs.	34,318	85	34,000
Cerebral Palsy Tasmania	Children and adults with disabilities, particularly those with cerebral palsy.	871	Employment, equipment and technology loan (school age), financial support and transport (school age).	1,133	42	907
Cerebral Palsy Association of Western Australia	Children and adults with cerebral palsy and similar physical disabilities.	930	Therapy, respite, accommodation, adult day services, employment services, business services, technology services, mobility and seating services, specialist medical clinics, consultancy and advisory services, professional development and training, disability awareness programs, advocacy, information services, fundraising, volunteer program, equipment services, and research programs.	27,000	72	27,000
Community Access Services, SA [Spastic Centres of South Australia]	Adults with severe and multiple disabilities.	300	Adult day services (community access), fundraising, disability awareness raising and volunteer program.	5,500	77	5,450
Community Accommodation and Respite Agency, SA [Spastic Centres of SA]	Children and adults with severe and multiple disabilities.	500	Accommodation and respite services, independent living skills, disability health care support services and volunteer program.	13,000	83	13,000
Coothinga Society of North Queensland	Predominantly adults with physical disabilities, particularly cerebral palsy.	287	Accommodation, individual support, family support, community access, therapy, advocacy, rehabilitation and technology service, resource and information centre, consultancy and advisory service, professional development and training, fundraising and volunteer program.	5,713	88	5,561

(continued)

Table A1.1 (continued): Main organisations making up CP Australia: client base, client numbers, services and funding details, 2004-05

Organisation	Client base	No. clients ^(a)	Services/initiatives	Income \$'000	% govt. funding	Expenditure \$'000
Leveda, SA	People with disability and complex support needs	90	Accommodation, respite and community support.	4,621	82	4,620
Novita Children's Services, SA	Children 0-18 years with a permanent disability associated with a physical impairment.	1300 (3371 NovitaTech)	Therapy, family support, resource loan service, nutrition and dietetics, inclusion support, brain injury support service, family support, specialist medical clinics and clinical research. NovitaTech—technology, mobility and seating, orthotics, engineering, research and service development.	22,918	44	20,302
Scope, Vic	Children and adults with physical and multiple disabilities.	4,500	Therapy, respite, accommodation, adult day services, employment services, business services, leisure programs, consultancy and advisory services, professional development and training, disability awareness programs, communication resource centre, information services, community capacity building, research program, fundraising, and volunteer program.	58,142	74	53,800
The Spastic Centre, NSW	Children and adults with cerebral palsy and allied disorders. Children 0-18 with complex and significant needs (in selected regions of NSW).	3,000	Therapy, respite, accommodation, adult day services, employment services, business services, technology services, mobility and seating services, dental program, specialist medical clinics, consultancy and advisory services, professional development and training, disability awareness programs, information services, fundraising, volunteer program, conductive education, equipment services, aquatic programs, family support, CP Helpline, CP Foundation, international development and exchange program, CP Register and research programs.	56,431	56	55,299
Yooralla, Vic	Children and adults with a disability acquired from birth, accident, ill health or age.	3,503	Therapy, respite, accommodation, adult day services, employment services, leisure programs, mobility services, consultancy and advisory services, professional development and training, information services, fundraising, volunteer program, conductive education, and equipment services.	61,385	67	61,778
All		about 20,000		290,000	70	\$282,000

(a) Client numbers are estimates for some organisations. Clients of NovitaTech may also access Novita Children's Services.

Table A4.1: Preliminary estimates of CP-like conditions using the 2003 SDAC Confidentialised Unit Record File

Condition ^(a)	With a condition	With a disability	With a disability and
			– aged under 45 years with a given condition, or – aged 45 or over with a given main disabling condition which occurred before age 45 ^(b)
Head injury/acquired brain damage	816,500	438,300	174,600
Other diseases of the nervous system	197,300	172,500	50,900
Congenital disorders	106,200	96,300	74,200

(a) See Appendix Table A4.2 for detailed code.

(b) Excludes people aged 45 or more who did not know age at onset of main disabling condition or who lived in cared accommodation where this information was not collected.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A6.1: CP agency service users of CSTDA-funded services, age and age group by sex, 2003-04

Age (years)	Males	Females	Not stated	Total	Per cent
0	10	4	—	14	0.1
1	58	47	—	105	1.1
2	114	84	—	198	2.1
3	124	104	—	228	2.4
4	142	117	—	259	2.8
5	211	146	—	357	3.8
6	247	169	—	416	4.4
7	202	155	—	357	3.8
8	234	147	—	381	4.1
9	219	164	—	383	4.1
10	181	125	—	306	3.3
11	190	142	—	332	3.5
12	192	129	1	322	3.4
13	172	128	—	300	3.2
14	168	118	—	286	3.0
15	167	112	—	279	3.0
16	156	101	—	257	2.7
17	136	105	—	241	2.6
18	128	107	—	235	2.5
19	104	89	—	193	2.1
20-24	363	340	1	704	7.5
25-29	312	283	—	595	6.3
30-34	280	285	3	568	6.0
35-39	232	203	1	436	4.6
40-44	178	205	3	386	4.1
45-59	477	405	6	888	9.4
60+	163	199	—	362	3.9
Not stated	5	5	—	10	0.1
Total	5,165	4,218	15	9,398	100.0
Per cent	55.0	44.9	0.2	100.0	

Note: Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period.

Table A6.2: All other service users of CSTDA-funded services, age and age group by sex, 2003–04

Age (years)	Male	Female	Not stated	Total	Per cent
0	201	172	3	376	0.2
1	449	411	1	861	0.5
2	786	497	3	1,286	0.7
3	1,375	756	—	2,131	1.2
4	1,938	944	3	2,885	1.6
5	2,031	893	1	2,925	1.6
6	1,536	729	1	2,266	1.3
7	1,282	650	1	1,933	1.1
8	1,278	667	2	1,947	1.1
9	1,330	688	2	2,020	1.1
10	1,340	700	—	2,040	1.1
11	1,298	721	2	2,021	1.1
12	1,272	708	2	1,982	1.1
13	1,254	750	1	2,005	1.1
14	1,291	670	1	1,962	1.1
15	1,325	756	—	2,081	1.2
16	1,724	893	1	2,618	1.5
17	2,047	1,091	—	3,138	1.8
18	2,375	1,523	1	3,899	2.2
19	2,798	1,688	—	4,486	2.5
20–24	11,668	7,505	5	19,178	10.7
25–29	8,905	5,779	6	14,690	8.2
30–34	9,155	6,032	7	15,194	8.5
35–39	8,567	5,900	8	14,475	8.1
40–44	8,488	6,272	4	14,764	8.3
45–59	17,584	14,024	24	31,632	17.7
60+	6,857	8,405	9	15,271	8.6
Not stated	5,458	2,811	73	8,342	4.7
Total	105,612	72,635	161	178,408	100.0
Per cent	59.1	40.8	0.1	100.0	

Note: Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period.

Table A6.3 Primary disability group, and all significant disability groups, CP agency service users and all other service users, 2003-04

Disability group	Primary disability group reported	% of all service users	All significant disability groups reported, including primary	% of all service users
CP agency service user				
Intellectual	2,660	28.3	5,618	59.8
Psychiatric	29	0.3	382	4.1
Sensory	182	1.9	4,339	46.2
Physical	5,296	56.4	7,269	77.3
ABI	378	4.0	799	8.5
Not stated	853	9.1	n.a.	n.a
Total	9,398	100.0		
All other service users				
Intellectual	92,717	52.0	100,897	56.6
Psychiatric	15,530	8.7	24,371	13.7
Sensory	16,318	9.1	41,287	23.1
Physical	29,570	16.6	54,233	30.4
ABI	7,539	4.2	10,703	6.0
Not stated	16,734	9.4	n.a.	n.a
Total	178,408	100.0		

Note: Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period.

Table A6.4: Life area by frequency of support or assistance needed, CP agency service users and all other service users, 2003-04

Frequency of support needed	Always or unable to do		Sometimes		None but uses aids		None		Not applicable		Not stated/ not collected		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
CP agency service users														
Activities of daily living (ADL)														
Self-care	4,252	45.2	2,171	23.1	169	1.8	747	7.9	—	—	2,059	21.9	9,398	100.0
Mobility	3,469	36.9	2,290	24.4	605	6.4	1,239	13.2	—	—	1,795	19.1	9,398	100.0
Communication	3,281	34.9	2,245	23.9	214	2.3	1,866	19.9	—	—	1,792	19.1	9,398	100.0
<i>All ADL</i>	<i>4,788</i>	<i>50.9</i>	<i>2,151</i>	<i>22.9</i>	<i>213</i>	<i>2.3</i>	<i>491</i>	<i>5.2</i>	<i>—</i>	<i>—</i>	<i>1,755</i>	<i>18.7</i>	<i>9,398</i>	<i>100.0</i>
Activities of independent living (AIL)														
Interpersonal interactions ^(a)	3,131	33.3	2,757	29.3	156	1.7	1,260	13.4	—	—	2,094	22.3	9,398	100.0
Learning ^(b)	3,333	35.5	2,555	27.2	200	2.1	771	8.2	423	4.5	2,116	22.5	9,398	100.0
Domestic life	3,012	32	1,350	14.4	93	1	281	3	1,860	19.8	2,802	29.8	9,398	100.0
<i>All AIL</i>	<i>4,524</i>	<i>48.1</i>	<i>2,267</i>	<i>24.1</i>	<i>118</i>	<i>1.3</i>	<i>430</i>	<i>4.6</i>	<i>204</i>	<i>2.2</i>	<i>1,855</i>	<i>19.7</i>	<i>9,398</i>	<i>100.0</i>
Activities of education, work and community living (AWEC)														
Education	3,635	38.7	2,318	24.7	216	2.3	670	7.1	430	4.6	2,129	22.7	9,398	100.0
Community (civic) and economic life	3,818	40.6	2,161	23	158	1.7	651	6.9	432	4.6	2,178	23.2	9,398	100.0
Working	3,221	34.3	967	10.3	95	1	271	2.9	1,948	20.7	2,896	30.8	9,398	100.0
<i>All AWEC</i>	<i>4,721</i>	<i>50.2</i>	<i>1,711</i>	<i>18.2</i>	<i>113</i>	<i>1.2</i>	<i>351</i>	<i>3.7</i>	<i>603</i>	<i>6.4</i>	<i>1,899</i>	<i>20.2</i>	<i>9,398</i>	<i>100.0</i>

(continued)

Table A6.4 (continued): Life area by frequency of support or assistance needed, CP agency service users and all other service users, 2003-04

Frequency of support needed	Always or unable to do		Sometimes		None but uses aids		None		Not applicable		Not stated/ not collected		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
All other service users														
Activities of daily living (ADL)														
Self-care	25,876	14.5	42,549	23.8	4,861	2.7	55,361	31.0	—	—	49,761	27.9	178,408	100.0
Mobility	21,708	12.2	38,328	21.5	7,662	4.3	61,897	34.7	—	—	48,813	27.4	178,408	100.0
Communication	22,995	12.9	53,053	29.7	4,294	2.4	49,738	27.9	—	—	48,328	27.1	178,408	100.0
<i>All ADL</i>	<i>34,018</i>	<i>19.1</i>	<i>61,285</i>	<i>34.4</i>	<i>5,891</i>	<i>3.3</i>	<i>29,313</i>	<i>16.4</i>	<i>—</i>	<i>—</i>	<i>47,901</i>	<i>26.8</i>	<i>178,408</i>	<i>100.0</i>
Activities of independent living (AIL)														
Interpersonal interactions ^(a)	26,789	15.0	67,139	37.6	3,512	2.0	31,106	17.4	—	—	49,862	27.9	178,408	100.0
Learning ^(b)	29,616	16.6	67,606	37.9	4,349	2.4	24,228	13.6	7,474	4.2	45,135	25.3	178,408	100.0
Domestic life	28,152	15.8	46,252	25.9	4,127	2.3	32,516	18.2	14,585	8.2	52,776	29.6	178,408	100.0
<i>All AIL</i>	<i>42,324</i>	<i>23.7</i>	<i>71,378</i>	<i>40.0</i>	<i>3,299</i>	<i>1.8</i>	<i>12,669</i>	<i>7.1</i>	<i>6,672</i>	<i>3.7</i>	<i>42,066</i>	<i>23.6</i>	<i>178,408</i>	<i>100.0</i>
Activities of education, work and community living (AWEC)														
Education	35,734	20.0	57,923	32.5	4,605	2.6	24,770	13.9	7,407	4.2	47,969	26.9	178,408	100.0
Community (civic) and economic life	32,646	18.3	54,269	30.4	4,707	2.6	30,143	16.9	7,412	4.2	49,231	27.6	178,408	100.0
Working	39,378	22.1	58,464	32.8	3,788	2.1	12,471	7.0	14,847	8.3	49,460	27.7	178,408	100.0
<i>All AWEC</i>	<i>51,965</i>	<i>29.1</i>	<i>63,030</i>	<i>35.3</i>	<i>3,660</i>	<i>2.1</i>	<i>8,189</i>	<i>4.6</i>	<i>8,501</i>	<i>4.8</i>	<i>43,063</i>	<i>24.1</i>	<i>178,408</i>	<i>100.0</i>

(a) The full name for the life area 'interpersonal interactions' is 'interpersonal interactions and relationships'.

(b) The full name for the life area 'learning' is 'learning, applying knowledge and general tasks and demands'.

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period.
2. The frequency of support needed for a service user for each of the three broad groups (ADL, AIL and AWEC) is based on the highest support need category of the service user for that group. For example, if a service user reports 'always or unable to do' for the life area of self-care (one of the ADL areas) then that service user will be placed into the 'always or unable to do' category for ADL, regardless of their support needs for mobility or communication (the other two ADL areas). Therefore the totals for each of the broad groups (ADL, AIL and AWEC) cannot be calculated by adding totals from the three component life areas.
3. 'Not stated/not collected' includes both service users accessing only 3.02 (Recreation/holiday programs) services for whom support needs data were not collected and other service users with no response.

Table A6.5: Life area by frequency of support or assistance needed, CP agency service users and all other service users aged under 45 years, 2003–04

Frequency of support needed	Always or unable to do		Sometimes		None but uses aids		None		Not applicable		Not stated/ not collected		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
CP agency service users														
Activities of daily living (ADL)														
Self-care	3,773	46.4	1,875	23.0	114	1.4	604	7.4	—	—	1,772	21.8	8,138	100.0
Mobility	3,068	37.7	1,922	23.6	464	5.7	1,098	13.5	—	—	1,586	19.5	8,138	100.0
Communication	2,980	36.6	1,887	23.2	162	2.0	1,525	18.7	—	—	1,584	19.5	8,138	100.0
<i>All ADL</i>	<i>4,215</i>	<i>51.8</i>	<i>1,819</i>	<i>22.4</i>	<i>137</i>	<i>1.7</i>	<i>417</i>	<i>5.1</i>	<i>—</i>	<i>—</i>	<i>1,550</i>	<i>19.0</i>	<i>8,138</i>	<i>100.0</i>
Activities of independent living (AIL)														
Interpersonal interactions ^(a)	2,870	35.3	2,353	28.9	117	1.4	995	12.2	—	—	1,803	22.2	8,138	100.0
Learning ^(b)	2,986	36.7	2,163	26.6	147	1.8	598	7.3	423	5.2	1,821	22.4	8,138	100.0
Domestic life	2,498	30.7	1,022	12.6	49	0.6	211	2.6	1,860	22.9	2,498	30.7	8,138	100.0
<i>All AIL</i>	<i>3,975</i>	<i>48.8</i>	<i>1,936</i>	<i>23.8</i>	<i>74</i>	<i>0.9</i>	<i>378</i>	<i>4.6</i>	<i>204</i>	<i>2.5</i>	<i>1,571</i>	<i>19.3</i>	<i>8,138</i>	<i>100.0</i>
Activities of education, work and community living (AWEC)														
Education	3,213	39.5	2,009	24.7	170	2.1	502	6.2	430	5.3	1,814	22.3	8,138	100.0
Community (civic) and economic life	3,396	41.7	1,823	22.4	109	1.3	499	6.1	432	5.3	1,879	23.1	8,138	100.0
Working	2,616	32.1	762	9.4	60	0.7	186	2.3	1,948	23.9	2,566	31.5	8,138	100.0
<i>All AWEC</i>	<i>4,072</i>	<i>50.0</i>	<i>1,489</i>	<i>18.3</i>	<i>82</i>	<i>1.0</i>	<i>281</i>	<i>3.5</i>	<i>603</i>	<i>7.4</i>	<i>1,611</i>	<i>19.8</i>	<i>8,138</i>	<i>100.0</i>

(continued)

Table A6.5 (continued): Life area by frequency of support or assistance needed, CP agency service users and all other service users aged under 45 years, 2003-04

Frequency of support needed	Always or unable to do		Sometimes		None but uses aids		None		Not applicable		Not stated/not collected		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
All other service users														
Activities of daily living (ADL)														
Self-care	19,619	15.9	31,273	25.4	2,854	2.3	40,089	32.5	—	—	29,328	23.8	123,163	100.0
Mobility	16,311	13.2	27,212	22.1	4,418	3.6	46,614	37.8	—	—	28,608	23.2	123,163	100.0
Communication	18,530	15.0	40,074	32.5	2,432	2.0	33,927	27.5	—	—	28,200	22.9	123,163	100.0
<i>All ADL</i>	<i>25,619</i>	<i>20.8</i>	<i>45,248</i>	<i>36.7</i>	<i>3,240</i>	<i>2.6</i>	<i>21,178</i>	<i>17.2</i>	<i>—</i>	<i>—</i>	<i>27,878</i>	<i>22.6</i>	<i>123,163</i>	<i>100.0</i>
Activities of independent living (AIL)														
Interpersonal interactions ^(a)	21,571	17.5	50,697	41.2	2,000	1.6	19,626	15.9	—	—	29,269	23.8	123,163	100.0
Learning ^(b)	22,789	18.5	51,692	42.0	2,357	1.9	14,393	11.7	1,976	1.6	29,956	24.3	123,163	100.0
Domestic life	19,330	15.7	32,575	26.4	2,354	1.9	23,048	18.7	8,406	6.8	37,450	30.4	123,163	100.0
<i>All AIL</i>	<i>31,635</i>	<i>25.7</i>	<i>53,513</i>	<i>43.4</i>	<i>1,785</i>	<i>1.4</i>	<i>7,836</i>	<i>6.4</i>	<i>494</i>	<i>0.4</i>	<i>27,900</i>	<i>22.7</i>	<i>123,163</i>	<i>100.0</i>
Activities of education, work and community living (AWEC)														
Education	26,511	21.5	45,512	37.0	2,544	2.1	14,888	12.1	1,909	1.5	31,799	25.8	123,163	100.0
Community (civic) and economic life	24,789	20.1	40,497	32.9	2,560	2.1	20,111	16.3	1,914	1.6	33,292	27.0	123,163	100.0
Working	26,610	21.6	44,319	36.0	2,091	1.7	7,100	5.8	8,668	7.0	34,375	27.9	123,163	100.0
<i>All AWEC</i>	<i>37,253</i>	<i>30.2</i>	<i>48,223</i>	<i>39.2</i>	<i>1,820</i>	<i>1.5</i>	<i>4,701</i>	<i>3.8</i>	<i>2,322</i>	<i>1.9</i>	<i>28,844</i>	<i>23.4</i>	<i>123,163</i>	<i>100.0</i>

(a) The full name for the life area 'interpersonal interactions' is 'interpersonal interactions and relationships'.

(b) The full name for the life area 'learning' is 'learning, applying knowledge and general tasks and demands'.

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period.
2. The frequency of support needed for a service user for each of the three broad groups (ADL, AIL and AWEC) is based on the highest support need category of the service user for that group. For example, if a service user reports 'always or unable to do' for the life area of self-care (one of the ADL areas) then that service user will be placed into the 'always or unable to do' category for ADL, regardless of their support needs for mobility or communication (the other two ADL areas). Therefore the totals for each of the broad groups (ADL, AIL and AWEC) cannot be calculated by adding totals from the three component life areas.
3. 'Not stated/not collected' includes both service users accessing only 3.02 (Recreation/holiday programs) services for whom support needs data were not collected and other service users with no response.

Table A6.6: Presence of an informal carer by age group, CP agency service users and all other service users, 2003–04

Age group	CP agency service users		All other service users	
	No.	% of users	No.	% of users
0–4	703	90.1	6,401	96.6
5–9	1,593	89.7	8,869	95.7
10–14	1,289	87.2	7,262	93.8
15–19	1,021	87.9	8,000	62.1
20–24	535	80.5	8,394	50.1
25–29	391	69.9	5,907	45.7
30–34	277	56.8	5,402	41.7
35–39	216	52.8	4,896	39.3
40–44	184	50.3	4,498	35.7
45–59	377	45.2	8,638	32.4
60+	101	32.5	3,359	31.3
Total ^(a)	6,690	75.7	71,670	50.6

(a) Total includes age not stated (3 for CP agency users and 44 for other service users).

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Column totals may not be the sum of components since individuals may have accessed services in more than one service group over the 12-month period. Service user data were not collected for all CSTDA service types.
2. Table excludes 'not stated' responses for this data item (564 for agency users and 36,744 for all other users). Percentage of users is calculated based on number of users who reported carer information.

Table A8.1: Factors that influence need for therapy and relevant data items from national data sources

Factors that influence need for therapy	Commonwealth–State/Territory Disability Agreement National Minimum Data Set	ABS Survey of Disability, Ageing and Carers
Demographic factors		
Age	Date of birth	Date of birth
Sex	Sex	Sex
Geographic location (metropolitan, rural etc.)	Postcode of residence	ARIA; state/territory of usual residence
Cultural and linguistic background	Country of birth; Indigenous status; Interpreter services required (for language other than English)	Country of birth; How personal interview was obtained (e.g. in language other than English)
Health, disability, and support needs factors		
Disability severity	Need for assistance in nine life areas (including self-care, mobility and communication)	Impairments and limitations (i.e. survey screening questions)
Independence in activities of daily living		Long term health conditions
Areas of need for assistance	Disability group (primary and other)	Difficulty and need for assistance with various activities (including self-care, mobility and communication)
Potential health and safety issues		Schooling and employment restrictions
Presence of challenging behaviour	Clinical measures (e.g. FIM, GMFCS) and diagnosis available from some CP agency databases	Whether uses aids or equipment; types of activities for which aids or equipment used, and types of equipment
Multiple disabilities (e.g. intellectual, sensory)		Requirements to enable workforce participation
Physical impairment and associated musculoskeletal factors		Ability to look after self at home when other household members are away
Associated medical issues (e.g. epilepsy, recurrent respiratory infections relating to aspiration)		Type of difficulty experienced at school (includes fitting in socially)
Recent diagnosis (in last 12 months)		Whether main condition is expected to improve over the next 2 years
Potential for improvement		
Progress over past 12 months		
Presence of a deteriorating condition		
Environmental factors		
Family functioning	Living arrangements (alone, with family, with others)	Type of special dwelling
Living situation		Family type
Availability of informal care	Residential setting	Household type
Level of support available in school or workplace	Carer arrangements (including information on carer's residency status and relationship to service user)	Type of assistance received in broad activity areas (includes informal care)
Participation in employment or day program	Service type (includes day programs and employment services)	Unmet need for informal care with specified activities
Participation in recreational/social activities	Main source of income (16 yrs and over; includes compensation payments)	School attendance; reason for not attending school; type of difficulty experienced at school; schooling restriction status (includes uses special assistance, equipment or arrangements at school)
Proactivity of carers		
Physical environment		

(continued)

Table A8.1 (continued): Factors that influence need for therapy and relevant data items from national data sources

Factors that influence need for therapy	Commonwealth–State/Territory Disability Agreement National Minimum Data Set	ABS Survey of Disability, Ageing and Carers
Environmental factors (continued)		
<p>Expectations (of person and family)</p> <p>Potential to access mainstream education</p> <p>Family indicators e.g. low socio-economic status, limited access to education, single parent family, little informal support, recently divorced</p> <p>Presence of a sibling with a disability</p> <p>Parental health issues</p>	<p>Type of support or special arrangements provided at school or institution; whether attends special school or classes or receives special support; level and type of non-school education restriction</p> <p>Employment restriction (type and severity); requirements to enable workforce participation; labour force status</p> <p>Participation in social/community or cultural/leisure activities in past 3 or 12 months; frequency of attendance at supervised activity program</p> <p>Private dwelling structure; whether dwelling has been modified because of condition</p> <p>Family type; household type; housing tenure; total weekly equivalised cash income (household); total weekly cash income (household, income unit, person); pensions, benefits and allowances received</p> <p>Number of persons with disability in family/household/income unit</p> <p>Whether family with children has a parent with a disability</p>	
Transitional factors		
<p>Post-surgery</p> <p>Life stage transitions (e.g. into adolescence)</p> <p>Moving out of family home</p> <p>Transition to school or from primary to high school</p> <p>Transition into workforce or higher education</p> <p>Transition into retirement</p>		<p>House moves person made because of age or condition; year in which last house move</p>

Table A8.2: Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
1A: Liam 0–4 years, mild/moderate disability	Male 2 years	<i>Diagnosis</i> Left spastic hemiparesis <i>History</i> Born at 28wk Neonatal brain haemorrhage	Recent growth spurt—improved walking, leg tone Can grasp with left hand GOALS Parents educated about casting, AFO use Mother educated about play positions to stretch left leg	Able to handle toys Expressive and receptive language skills slightly below average; developing well Vocab of ~30 words GOALS Stabilise bowl with left hand while eating Improve range of vocab, use two-word phrases		Receiving CP Australia services since diagnosis (9 months) 2 older siblings aged 5 and 8 Mother actively encourages communication skill development	Self-care: Age appropriate skills, some difficulty holding a cup Mobility: Will use aids in future (AFOs) Communication: Slight delay	<i>Therapy</i> Regular speech therapy, physiotherapy, and occupational therapy <i>Equipment</i> Needs AFO
1B: Jack 0–4 years, mild/moderate disability	Male 3 years Twin	<i>Diagnosis</i> Primary spastic diplegia <i>History</i> Born at 32 wk Cerebral haemorrhage	Spastic diplegia Mild involvement in left arm Lower limb hypertonia	'Significant progress' over 2 years Age appropriate language development GOALS Walk 10 metres independently in walker with verbal prompting Independence in toileting Develop fine motor skills, using both arms/hands in play		Receiving CP Australia services for 2 years Sibling relationship issues Father works long hours, extended family interstate Parental marriage difficulties GOALS Social work support for mother regarding children's behaviour, relationship strain. Respite for parents	Self-care: Needs help toileting Mobility: Trialled walking aids Communication: No limitations	<i>Therapy</i> Physiotherapy, occupational therapy <i>Equipment</i> AFOs (recent) Applied for Kaye walker funding

(continued)

Table A8.2 (continued): Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
2A: Sarah, 0–4 years, severe disability	Female 3 years 9 months	<i>Diagnosis</i> Spastic quadriplegia cerebral palsy, epilepsy, developmental delay, microcephaly <i>History</i> Neonatal meningitis	Normal vision Moderate hearing loss ? GOALS Wear AFOs for 15 minutes while in standing frame Hold head in midline for 15 seconds while in insert	Difficulty swallowing Communicates with family using eyes, face, body movements and vocalisations GOALS Hold her head up while sitting in insert Exposure to switching to develop communication skills	Starting kindergarten in 2007 GOALS Investigate kindergarten options Apply for wheelchair	Receiving CP Australia services for 3 years (physiotherapy, occupational therapy, speech therapy) 10 year old sister Professional parents	Self-care: Always needs help eating and drinking Mobility: Uses aids Communication: Some difficulty/delay (uses facial expressions, body movements, vocalisations)	<i>Therapy</i> Speech therapy, physiotherapy, occupational therapy, private physiotherapy <i>Equipment</i> postural insert and stroller Prone stander Fixed AFO Bath seat GOALS Family meeting to determine goals
2B: Ria, 0–4 years, severe disability	Female 19 months New diagnosis	<i>Diagnosis</i> Spastic quadriplegia <i>History</i> Born at 39 weeks Difficult birth, foetal distress Difficult sleeper Irritable	'Floppy' infant Very poor head control Scissors Plantarflexed at ankles increased spasticity in lower limbs GOALS Information about cerebral palsy and emotional support to family	'Slow developer' Not yet rolling Requires full support for sitting Difficult sleeper, irritable GOALS Assess for equip to aid functioning and participation Ria's parents to be educated about positioning	Beginning to socialise Very aware of surroundings	Two older half-brothers aged 12 and 23 Recently moved from country to metropolitan area to access CP services	Self-care: Totally dependent Mobility: Needs support sitting, not rolling; being assessed for equip Communication: Some difficulty/delay—beginning to babble	

(continued)

Table A8.2 (continued): Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
3A: Ryan 5–14 years, mild/moderate disability	Male 6 years	<i>Diagnosis</i> Right hemiplegia <i>History</i> Elective caesarean 38 weeks	'Fisted hand' Spasticity in arm and leg GOALS Information on botox and follow-up to be provided to family	Sat at 9 months First words at 15 months Walked at 22 months Delay in receptive and expressive language—not well understood by those who don't know him well GOALS Independence in toileting at school Eat dinner with fork Increased vocabulary and length of utterance	Completed pre-primary; will start full-time school Socialises with peers Afraid to participate in outdoor activities at school GOALS Confidence in using playground equip at school and park Clearer speech to communicate with people who don't know him well	Receiving CP Australia services since diagnosis 10 year old sibling Parents run own business Parents proactive and involved	Self-care: Always needs help toileting; uses aids (splints) Mobility: Uses orthoses Communication: Some difficulty being understood	<i>Therapy</i> Physiotherapy, occupational therapy, speech therapy, point percussion, swimming, horse riding Waiting for assessment for botox <i>Equipment</i> Second skin hand and arm splint Right AFO
3B: Maya 5–14 years, mild/moderate disability	Female 11 years	<i>Diagnosis</i> Spastic diplegia (19 months) <i>History</i> Unknown aetiology	Some balance difficulties Recent surgery, botox treatment on legs due to tightness, contractures GOALS Therapeutic and emotional support following surgery	Uses a K walker, prefers to crawl at home GOALS Walk 500 metres in K walker without tiring More independence in dressing	Attends local primary school Educational aide 2 days/week Participates well in class School leader	Receiving services from CP Australia since diagnosis Both parents very involved in care Strong family support network Popular, bright student	Self-care: Needs some help with dressing, toileting, bathing Mobility: Uses aids (AFOs, K walker, manual wheelchair) Communication: No limitations	<i>Equipment</i> Home modifications —bathroom Shower chair, manual wheelchair (used for long distances only), Fixed AFOs, Kaye walker

(continued)

Table A8.2 (continued): Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
4A: Ali 5–14 years, severe disability	Male 10 years	<i>Diagnosis</i> Mixed quadripareisis, epilepsy and visual impairment <i>History</i> Diagnosis resulted from motor vehicle accident at 2 years of age.	Severe physical impairment in upper and lower limbs Swallowing difficulties—eats pureed food Becoming heavier and more difficult to transfer GOALS Manual handling plan update at school and home Equipment to ensure safe and comfortable positioning in all environments	Requires supervision and assistance for all meals Uses a Hart Walker with assistance GOALS Walk in his walker at school twice a week GOALS Continue to indicate needs/wants interacting with peers and teachers at school	Attends Education Support School Modified curriculum Educational assistant	Father died in the accident Mother sole carer Parents migrated from Mozambique before his birth	Self-care: Completely dependent for all aspects Mobility: Uses aids (manual wheelchair pushed by others); needs two people to lift for transfers Communication: Non-verbal	<i>Therapy</i> Physiotherapy, occupational therapy, speech pathology (provided through school) <i>Equipment</i> Manual wheelchair, David Hart walker, fixed AFOs

(continued)

Table A8.2 (continued): Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
4B: Alex 5–14 years, severe disability	Male 13 years	<i>Diagnosis</i> Athetoid CP, epilepsy <i>History</i> Born at 28 weeks, intensive care for several weeks Takes epilepsy medication	Fluctuating muscle tone Involuntary body movements Initiates movement using extensor patterning Continent	Family work to maintain standing skills Age-appropriate receptive communication skills Indicates yes/no with his head; difficult for strangers to understand Understands switching and scanning; difficulty using computers due to involuntary movement GOALS Improve switching accuracy with right knee	Transitioning to high school GOALS Support teachers in increased access to curriculum Assess new school environment for access issues Provide Alex and family with information to aid transition to high school	Receiving CP agency services for 9 years 10 year old brother Father works nights as a chef Cognitively bright	Self-care: Needs assistance with all aspects Mobility: Needs assistance with transfers; uses aids (manual wheelchair, standing frame) Communication: Non-verbal, has trialled switching	<i>Therapy</i> Physiotherapy, occupational therapy, speech therapy <i>Equipment</i> Purpose-built home Long and short leg callipers Easystander standing frame Manual wheelchair Postural insert Goanna potty chair Recently purchased <i>Discover</i> to access school curriculum
5A: Thi Buoi 15–24 years, mild/moderate disability	Female 15 years	<i>Diagnosis</i> Left hemiplegia, epilepsy, mild intellectual disability <i>History</i> Complex partial seizure disorder	Sores associated with AFOs Observed memory impairment and reduced language skills GOALS New stretching exercises Wear new AFOs consistently Regular contact with family about splints	Walks independently using AFO GOALS Improve switching accuracy with right knee	Family active in Vietnamese community Attends mainstream high school Accesses modified curriculum	Lives with both parents 19 year old sister at home, two adult siblings out of home One parent working Parents' English limited Children are bilingual Sister attends appointments with her Lots of friends and family With CP agency for 14 years, but not regular service user Regular neurology appointments	Self-care: No help needed Mobility: Uses aids Communication: Some difficulties	<i>Equipment</i> Walker Articulated AFO— needs review

(continued)

Table A8.2 (continued): Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
5B: Rosa 15-24 years, mild/moderate disability	Female 19 years	<i>Diagnosis</i> Spastic diplegia <i>History</i> Born at 33 weeks Intracranial haemorrhage	Surgery at age 13 for adductor tendon release	Swimming at least twice a week Uses a manual wheelchair for long distances Excellent language and cognitive skills GOALS Involve Rosa and family in helping her gain independence	Recently accepted into university Parents provide all transport Desire to transport herself to/from uni GOALS Assess university environment regarding modifications/aids needed Train in using public transport with wheelchair, other mobility options Apply for new equip including power wheelchair, insert	Received services from CP Australia as a child and adolescent Lives with parents, who provide care Active social life Lots of family and friends Older sister recently married Limited impact of services in EIP due to language barrier Parents run a delicatessen Mother recently stopped driving No carer support or respite services	Self-care: Needs some help with dressing, grooming, showering. Independent in toileting. Uses aids Mobility: Uses aids Communication No limitation	<i>Equipment</i> Walking frame Manual wheelchair (for long distances) Shower chair Handrails Toilet surround

(continued)

Table A8.2 (continued): Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
6A: Peter 15–24 years, severe disability	Male 16 years	<i>Diagnosis</i> Dyskinetic cerebral palsy <i>History</i> unknown aetiology	Spasticity in all limbs	Uses a switch to operate computer Uses specialised software GOALS Maintenance of equipment for comfort, safety, independence	Year 11 in mainstream high school Full-time educational assistant School modified to enable access Potential to continue tertiary studies GOALS Investigate university and careers options	Receiving services from CP agency since diagnosis Two siblings aged 11 and 13 Younger brother resentful of Peter, affecting his school performance and behaviour Father runs own business, mother works part time Proactive parents GOALS Sibling camp for brother Info for parents on effect of disability on siblings Peter and brother to engage in leisure activities together	Self-care: Always needs help Mobility: Uses aids (powered wheelchair) Communication: Difficulty being understood by strangers; sometimes uses voice output device	<i>Therapy</i> Physiotherapy, occupational therapy, speech pathology, point percussion, acupuncture, naturopathy, hippotherapy <i>Equipment</i> Power wheelchair Laptop and specialised software Prone stander
6B: Anna 15–24 years, severe disability	Female 22 years	<i>Diagnosis</i> Spastic quadriplegia, intellectual disability, epilepsy. <i>History</i> Hit by a car at 5 years of age Two recent bouts of pneumonia from aspirating food	Flexion contractures of elbows, wrists, knees Bilateral hip dislocation Scoliosis Increased difficulty swallowing Consider PEG tube GOALS Mealtime management assessment Information about feeding through a PEG tube	Completely dependent on others for all her self-care needs Swallowing ability deteriorating Limited functional communication— indicates needs through facial expressions, vocalisations.	With CP agency since diagnosis Lives with mother; parents divorced; older brother lives out of the home Mother runs own business Little allied health service since leaving school. Has compensation Attended Education Support school Full-time carer during the day, mother cares for her at night	Self-care: Always needs help Mobility: Uses aids (manual wheelchair); always needs help with transfers Communication: Limited functional communication	<i>Equipment</i> Modified van Manual wheelchair Postural insert Symmetrikit chair Shower trolley Sling and hoist	

(continued)

Table A8.2 (continued): Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
7A: Usma 25-44 years, mild/moderate disability	Female 35 years	<i>Diagnosis</i> Mild spastic diplegia <i>History</i> Delayed walking (age 5) Late diagnosis at 16	Overweight Tenderness associated with AFOs GOALS Review AFOs Lose 5kg	Drives herself to work in modified car Uses an elbow crutch, AFOs	Works as receptionist	With CP agency for 29 years Migrated to Australia at 15 Married Parents live next door	Self-care: Uses aids Mobility: Uses aids Communication: No limitation	<i>Equipment</i> Elbow crutch Bathroom handrails Shower stool Fixed AFOs Drives modified car
7B: Tom 25-44 years, mild/moderate disability	Male 28 years	<i>Diagnosis</i> ABI resulting from car crash Right hemiplegia Mild cognitive impairment Frontal lobe damage Seizures <i>History</i> 3 years post- accident Takes seizure medication	Right hemiplegia mainly affects arm Aggressive outbursts, frustration at limitations GOALS Psych assessment and behavioural plan established	Behavioural difficulties, especially aggression Short attention span GOALS Hand function assessed especially regarding self-care skills and care program instigated	Difficulty finding work GOALS Identify supported workplace opportunities	Spent 9 months in rehab, 18 months in parents' home Siblings all married Parents and carers having difficulty with Tom's behaviour Received occupational therapy and social work briefly after moving home Regular neurology appointments Recently placed in a home with 4 men CP/ABI	Self-care: Needs help dressing, showering; sometimes needs help eating Mobility: Independent Communication: No limitation	

(continued)

Table A8.2 (continued): Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
8A: Andrew 25–44 years, severe disability	Male 31 years	<i>Diagnosis</i> Spastic quadriplegia	Contractures in all limbs Scoliosis Bilateral hip dislocation Soft diet GOALS Ensure adequate nutrition to maintain body weight Safe and pain-free transfers Monitor equipment needs		Attends day program Swimming fortnightly Attends football matches with 'buddy' GOALS Increased opportunity for leisure activities	Lives in a group with four other adults with CP 24-hour care in the home Lived in the home for 3 years Moved frequently as a child Communication devices tried unsuccessfully Transported in taxis or van	Self-care: Always needs help Mobility: Uses aids (wheelchair); requires manual transfers Communication: Non-verbal ; expresses needs via facial expressions	<i>Equipment</i> Manual wheelchair Postural insert Shower commode Ceiling hoist and sling Hospital bed with rails Communication book Purpose-built home
8B: Lucy 25–44 years, severe disability	Female 35 years	<i>Diagnosis</i> Spastic quadriplegia Significant intellectual disability Epilepsy <i>History</i> Severe hypoxia at birth	Gastrostomy tube— nil by mouth Flexion contractures of elbows, wrist, knees Dislocated right hip Severe scoliosis Appears to be in pain GOALS Review manual handling, inserts and supports to limit pain	Fed via gastrostomy tube Very limited functional communication, although appears to indicate when experiencing pain or pleasure through facial expressions	Concern re lack of stimulation GOALS Recreational 'buddy' to take Lucy on outings once a month	Lives in a nursing home for severely disabled people Cared for solely by mother until age 27 Parents divorced Mother visits regularly, advocates for Lucy Day program at nursing home 'Buddy program' ceased	Self-care: Needs help for all aspects Mobility: Not mobile; requires manual transfers. Communication: Limited functional communication.	<i>Therapy</i> Reviews Equipment Manual wheelchair Sunmate postural insert Shower trolley Bosun sling with head support

(continued)

Table A8.2 (continued): Summary of key factors in case stories, categorised according to the ICF framework

Case story	Personal factors	Health condition	Body functions and structures	Activities	Participation	Environmental factors	Support needs	Current Interventions
9A: Albert 45+ years; mild/moderate disability	Male 58 years	<i>Diagnosis</i> Spastic diplegia of unknown aetiology <i>History</i> Increased pain in upper body Using pain medication	Decreased mobility and strength over the last year Weight gain GOALS Reduce pain and medication use Increase strength and mobility	Independently mobile with aids. Independent in self-care activities Some difficulty using stairs on buses GOALS Maintain independence in mobility and self-care	Pool in retirement centre not heated—increase in spasticity GOALS Access community facilities to increase strength and reduce pain	Lives in retirement village w/ mother Has never worked Financially secure	Self-care: Uses aids (hand rails) Mobility: Uses aids (AFOs, Zimmer frame, electric scooter) Communication: No limitation	<i>Therapy</i> Physiotherapy and occupational therapy reviews <i>Equipment</i> Handrails in toilet and bathroom Scooter Zimmer frame AFOs
9B: Catherine (45+ years; mild/moderate disability)	Female 48 years	<i>Diagnosis</i> Spastic diplegia, epilepsy <i>History</i> Born at 32 weeks New medication for epilepsy	Increased seizure activity Right arm fracture from seizure—in plaster GOALS Maintain range of motion in shoulder Maintain lower limb strength and mobility	Cooks, cleans for her family Temporary loss of use of dominant hand due to fracture GOALS Assistance in self-care and meal preparation Regain full use of limb after plaster removal	Worked as a receptionist—now homemaker	Married w/ a 12 year old son Husband travels frequently Lives in purpose built home Extended family live away from city Physically demanding housework done by cleaner	Self-care: Uses aids (handrails) Mobility: Uses aids (trolley frame, limb callipers, electric wheelchair) Communication: No limitation	<i>Equipment</i> Lower limb callipers Trolley frame Handrails in toilet and bathroom

Table A8.3: Number of clients of CP agencies by age group, severity and geographical region

	Metropolitan areas ^(a)	Non-metropolitan areas
Mild/moderate disability		
0–4	304	73
5–14	1,363	503
15–24	687	209
25–44	723	142
45 and over ^(b)	1,016	191
Severe disability^(c)		
0–4	313	113
5–14	1,125	437
15–24	760	240
25–44	946	167

(a) Includes clients of unknown location.

(b) Includes all clients aged 45 and over, regardless of disability severity.

(c) In the context of the archetypal cases analysis, severe disability was defined as always needing help in at least one core activity **and** needing help or using aids in at least two core activities.

Table A8.4: Distribution of age and disability severity among people with CP and like disabilities, 2003

Age group	No.		Per cent		Total
	Mild/moderate	Severe ^(a)	Mild/moderate	Severe	
0–4	600	2,300	19.5	80.5	100.0
5–14	4,500	4,400	50.7	49.3	100.0
15–24	5,000	5,700	46.8	53.2	100.0
25–44	4,300	5,700	42.6	57.4	100.0
45 and over	200	900	21.6	78.4	100.0
All ages	14,600	19,100	43.4	56.6	100.0

(a) In the context of the archetypal cases analysis, severe disability was defined as always needing help in at least one core activity and needing help or using aids in at least two core activities. All people with CP and like disabilities who did not meet these criteria were considered to have mild/moderate disability.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A9.1: Calculation of cost of meeting unmet need, using CSTDA and archetypal cases data

Archetypal case categories	Hours in ideal regime		Clients in category	No. receiving 25–75% regime	No. receiving <25% regime	Cost of 75% regime (\$)	Cost (\$ of unmet need per client:		Total cost of unmet need (\$)		
	Clinician	Aide					Total	receiving 25–75% receiving <25%		receiving <25%	
Metropolitan											
1	0–4, mild/moderate	792	47	839	304	114	137	43,138	14,379	28,758	5,573,378
2	0–4, severe	769	67	836	313	106	90	42,561	14,187	28,374	4,058,660
3	5–14, mild/moderate	282	4	286	1,363	665	307	14,932	4,977	9,955	6,363,384
4	5–14, severe	309	40	348	1,125	840	199	17,519	5,840	11,679	7,230,266
5	15–24, mild/moderate	94	8	102	687	275	267	5,189	1,730	3,459	1,397,445
6	15–24, severe	257	6	263	760	232	483	13,666	4,555	9,111	5,450,992
7	25–44, mild/moderate	170	14	184	723	136	560	9,380	3,127	6,253	3,928,804
8	25–44, severe	156	10	166	946	596	286	8,499	2,833	5,666	3,307,315
9	45 and older	144	8	152	1,016	459	548	7,808	2,603	5,205	4,047,017
Total clients: 7,237											
Non-metropolitan											
1	0–4, mild/moderate	792	47	839	73	42	26	43,138	14,379	28,758	1,365,636
2	0–4, severe	769	67	836	113	66	27	42,561	14,187	28,374	1,705,737
3	5–14, mild/moderate	282	4	286	503	340	75	14,932	4,977	9,955	2,440,968
4	5–14, severe	309	40	348	437	277	137	17,519	5,840	11,679	3,212,849
5	15–24, mild/moderate	94	8	102	209	84	84	5,189	1,730	3,459	433,809
6	15–24, severe	257	6	263	240	80	160	13,666	4,555	9,111	1,822,524
7	25–44, mild/moderate	170	14	184	142	0	142	9,380	3,127	6,253	887,954
8	25–44, severe	156	10	166	167	50	104	8,499	2,833	5,666	733,322
9	45 and older	144	8	152	191	29	153	7,808	2,603	5,205	869,902
Total clients: 2,075											
Total cost (metro): \$ 41,357,261											
Total cost (non-metro): \$13,472,702											

Note: Splitting by metropolitan vs. non-metropolitan has very little effect on the overall cost—using total client numbers per category and applying therapists' estimates of unmet needs averaged across metropolitan and non-metropolitan areas gives a total cost figure of \$56,290,000

Table A9.2: Clients of CP agencies by state, 2003–04

State	No. clients	Per cent
NSW	1,336	14.2
Vic	4,272	45.5
Qld	1,514	16.1
WA	843	9.0
SA	1,433	15.2
All	9,398	100.0

Source: AIHW analysis of CSTDA NMDS data

Appendix B Technical appendix on the ABS 2003 Survey of Disability, Ageing and Carers

B.1 The survey

The 2003 Survey of Disability, Ageing and Carers (ABS 2004) was conducted throughout Australia during the period June to November 2003. The aims of the survey were to:

- measure the prevalence of disability in Australia
- measure the need for support of older people and those with a disability
- provide a demographic and socioeconomic profile of people with disabilities, older people and carers compared with the general population
- estimate the number of and provide information about people who provide care to older people and people with disabilities.

Information was collected from the three target populations:

- people with a disability
- older people (i.e. those aged 60 years and over)
- people who care for people with a disability and older people.

The survey covered people in both urban and rural areas in all states and territories, except for those living in remote and sparsely settled parts of Australia. It included people in both private and non-private dwellings, including those in cared accommodation establishments but excluding those in jails and correctional institutions.

Collection methods

Different data collection methods were used for the household component and the cared accommodation component of this survey.

Data for the household component were collected by trained interviewers, who conducted computer-assisted personal interviews. Where possible, a personal interview was conducted with people identified in any of the three target populations. Proxy interviews were conducted for children aged less than 15 years, for those aged 15–17 years whose parents did not permit them to be personally interviewed, and for those with a disability that prevented them from having a personal interview.

Cared accommodation includes hospitals, homes for the aged such as nursing homes and aged care hostels, cared components of retirement villages, and other 'homes' such as children's homes. The cared-accommodation component was enumerated in two stages using a mail-based methodology directed to administrators of selected establishments, who

then selected survey participants using instructions provided by the ABS. A separate questionnaire was completed for each selected occupant meeting the coverage requirements.

The key measures used in the survey are described below.

B.2 Disability

For ABS survey purposes, a person has a disability if he/she has at least one of the following 17 limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities (ABS 2004:72-3):

- loss of sight, not corrected by glasses or contact lenses
- loss of hearing, with difficulty communicating or use of aids
- speech difficulties (including speech loss)
- chronic or recurring pain or discomfort that restricts everyday activities
- shortness of breath or breathing difficulties that restrict everyday activities
- blackouts, fits, or loss of consciousness
- difficulty learning or understanding
- incomplete use of arms or fingers
- difficulty gripping or holding things
- incomplete use of feet or legs
- a nervous or emotional condition that restricts everyday activities
- restriction in physical activities or in doing physical work
- disfigurement or deformity
- head injury, stroke or any other brain damage with long-term effects that restrict everyday activities
- needing help or supervision because of a mental illness or condition
- receiving treatment or medication for any other long-term condition or ailment and still restricted in everyday activities
- any other long-term condition that restricts everyday activities.

The survey definition of disability aims to capture a broad range of people who have one or more impairments or limitations, or who have one or more health conditions which restrict everyday life. Thus, the 17 items were used as criteria to create the base 'disability' population which is the starting point for prevalence estimates.

Activity limitations and their severity

A 'specific limitation or restriction' is defined in the 2003 survey as a limitation in core activities (self-care, mobility and communication) or a restriction in schooling or employment. People who were identified as having a disability (using the above 17 criteria), and all people aged 60 years or over, were asked about their difficulty and need for assistance with various daily activities: self-care, mobility, communication, health care,

housework, property maintenance, paperwork, meal preparation, transport, and cognition or emotion. Cognition or emotion refers to interacting, making or maintaining relationships, coping with feelings or emotions, making decisions or thinking through problems.

In the survey four levels of core activity limitation were determined, based on whether a person needs personal assistance with, has difficulty with, or uses aids or equipment for any of the core activities. A person's overall level of core activity limitation is determined by the highest level of limitation the person experienced in any of the core activity areas. The four levels of core activity limitation are:

- profound – unable to perform a core activity or always needing assistance
- severe – sometimes needs assistance to perform a core activity, or has difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication
- moderate – does not need assistance, but has difficulty performing a core activity
- mild – has no difficulty performing a core activity but uses aids or equipment because of disability; or cannot perform the activities of easily walking 200 metres, walking up and down stairs without a handrail, easily bending to pick up an object from the floor, and using public transport; or can use public transport but needs help or supervision; or needs no help or supervision but has difficulty using public transport.

Core activities comprise the following tasks contributing to the definition of profound or severe core activity limitation:

- self-care – bathing or showering, dressing, eating, using the toilet, and bladder or bowel control
- mobility – getting into or out of a bed or chair, moving around at home and going to or getting around a place away from home
- communication – understanding and being understood by others: strangers, family and friends.

Four sets of prevalence estimates of disability groups

In Australia, the five disability groups 'intellectual/learning disability'; 'psychiatric disability'; 'sensory/speech disability'; 'physical/diverse disability'; and 'acquired brain injury' provide a broad categorisation of disabilities based not only on underlying health conditions and impairments but also on activity limitations, participation restrictions and related environmental factors. These groups are generally recognised in the disability field and in legislative and administrative contexts in Australia (NCSDC 2004).

Four main approaches have been used to obtain estimates of disability (see Table 4.2). These provide a spectrum of estimates that may suit different purposes. All the estimates start with the base 'disability population', that is those defined by the survey as having a disability.

Estimates based on 'main disabling condition' relate to the condition that was identified by the survey respondents as causing the most problems, compared with any other conditions he or she may also have had. Using this method, the estimates of different disability groups are exhaustive and mutually exclusive. The numbers in each group total the number of people with a disability, as defined by the 2003 survey. People may, however, experience more than one disabling condition. The prevalence of a particular disability group will be

underestimated if only main disabling conditions are considered. This approach to estimation is used when the focus is on people and each person is to be counted only once.

The remaining three sets of estimates are based on all disabling conditions and are in diminishing size, corresponding to an increasingly restrictive scope, according to severity, need for assistance or activity limitation:

- all disabling conditions
- all disabling conditions, plus activity limitations and participation restrictions
- all disabling conditions, plus severe or profound core activity limitations.

These estimates provide a better indication of the prevalence of particular disabilities. See AIHW 2003a:343 for more details.

B.3 Long-term health condition

In the survey, a long-term health condition is defined as a disease or disorder which has lasted or is likely to last for at least 6 months; or a disease, disorder or event (such as stroke, poisoning or accident) which results in an impairment or restriction which has lasted or is likely to last for at least 6 months (ABS 2004:76). In other words, people may have a long-term health condition, but not a disability, if the health condition does not result in an impairment or restriction which has lasted or is likely to last for at least 6 months. Long-term health conditions have been coded to a classification based on the World Health Organization's International Classification of Diseases and Related Health Problems (WHO 1992).

Appendix C Example case stories and therapy regimes

Two of the 18 case stories used in the archetypal cases exercise are presented below, together with the therapy regimes developed by one group of therapists. These serve to show how the interventions in the regimes relate to the details in the case stories and the goals specified, and how the regimes were modified in response to successive reductions in the amount of resources available.

Case story 2A: Typical 'average' severe case—Sarah

Sarah is 3 years 9 months of age and has spastic quadriplegia cerebral palsy, microcephaly, epilepsy and generalised developmental delay following Group B Streptococcal meningitis in the neonatal period. Sarah appears to have normal vision, with testing indicating she is likely to have moderate hearing loss, although due to the severity of her disability this has been difficult to accurately determine. She is the youngest of two children born to Anita and Tom, there being an older sibling, Grace, aged 10 years. The family live in the suburbs, Tom being a partner in an GP practice and Anita, while currently not working outside the home, previously trained as a high school teacher. Sarah has been registered with the city's main service agency that provides therapy to children with cerebral palsy for the last three years. During this time the family have been a regular user of the early intervention therapy services, receiving physiotherapy, occupational therapy and speech pathology services. The family supplement these services with private physiotherapy consultations on a regular basis.

Sarah has a range of equipment to assist her with function at home: a postural insert able to be mounted onto the stroller and high chair, a prone stander on loan from the Independent Living Centre (recent application made for funding to purchase a Jenx Monkey prone stander), fixed ankle foot orthoses and a bath seat. The family have settled into a regular routine in terms of Sarah's care, particularly around mealtimes as Sarah is particularly slow in managing to swallow soft-textured foods and liquid. Sarah is able to communicate by using her eyes to make simple choices and expresses her needs and feelings using vocalisations, facial expressions and body movements.

A recent meeting with the family resulted in the following goals being set for the next 6 months:

1. Sarah can hold her head up in the midline while sitting in insert for 15 seconds.
2. The family will be supported to investigate appropriate kindergarten options for Sarah for 2007.
3. Sarah will have a suitable wheelchair and insert for use at kindergarten and the community in 2007.
4. Sarah can tolerate wearing her AFOs in her standing frame for up to 15 mins on each occasion.
5. Sarah has various opportunities to experience switching in order to express her needs and develop her communication skills.

Table A8.5: Case story 2A – 0–4 years old, severe disability (Sarah). Client-attributable time (including travel) associated with individual interventions in the ideal, 75%, 50% and 25% regimes

Description of intervention	Ideal regime		75% regime		50% regime		25% regime	
	No. staff	Hours	No. staff	Hours	No. staff	Hours	No. staff	Hours
Equipment recommendations and sourcing for kindergarten	2	6.0	2	6.0	2	6.0	1	1.0
Equipment sourcing for wheelchair	2	8.0	2	8.0	2	6.0	1	2.0
Funding applications for wheelchair, insert and communication device	2	2.0	2	2.0	2	2.0	2	2.0
Equipment clinics for wheelchair and insert	3	30.0	3	30.0	2	20.0	2	16.0
Communication review assessment for switching	2	10.0	2	10.0	2	10.0	2	6.0
Programming communication device to trial	2	32.0	2	32.0	2	32.0	1	16.0
Delivery and fitting of standing frame at home	1	2.5	1	2.5	1	2.5	1	1.0
Training use of and monitoring standing frame	1	6.0	1	6.0	1	4.5	1	4.5
Review fitting of foot splints	1	3.0	1	3.0	1	3.0	1	0.5
Family meeting to discuss kindergarten options	2	6.0	2	6.0	1	2.5	—	—
Team visits to kindergarten to assess access / staff support	2	48.0	2	32.0	1	12.0	1	4.0
Kindergarten visits for communication strategies	1	20.0	1	20.0	1	7.5	1	5.0
Kindergarten visits for physical activity participation	1	20.0	1	12.0	1	4.0	—	—
Kindergarten visits for play participation	1	16.0	1	12.0	1	6.0	—	—
Speech sessions for functional communication	1	48.0	1	24.0	1	10.0	1	6.0
Physio/occupational therapy intervention for head control	2	40.0	1	16.0	1	12.0	1	1.0
Parent education workshops e.g. Makaton	2	12.0	2	12.0	2	12.0	—	—
Mealtime management consult	1	5.0	1	5.0	1	5.0	1	2.0
Small group for hydrotherapy and technology	2	48.0	2	36.0	—	—	—	—
Small group for sibling	2	30.0	—	—	—	—	1	2.0
Review family meeting	3	9.0	3	9.0	2	7.0	1	2.5
Program/report writing	3	90.0	3	90.0	3	90.0	3	63.0
<i>Total travel time</i>		<i>111.0</i>		<i>73.0</i>		<i>36.0</i>		<i>9.0</i>
Total intervention hours (including travel)		491.5		373.5		254.0		134.5

Case Story 6A: typical ‘average’ severe case—Peter

Peter is 16 years old, the first of three children born to Allison and Mark. Peter has two younger siblings, Natalie (13 years) and Joshua (11 years). Peter was born with mixed cerebral palsy of the dyskinetic type with spasticity in all limbs, with aetiology unknown. The family have always resided in the city, with Mark having his own computer software business and Allison returning to work part-time as a beautician a few years ago. The family have been registered with the city’s association for children with cerebral palsy since Peter was 5 months old and have been regular and consistent users of therapy services. They are very proactive in the care and opportunities they provide for Peter, exposing him to a range of additional therapies such as point percussion, acupuncture, riding for the disabled and naturopathy over the years.

Peter has just entered Year 11 at the mainstream government high school he has been attending for the last four years. The school is highly supportive of Peter and over the years have made a number of infrastructure changes to accommodate Peter’s wheelchair and increase his access to the curriculum. He accesses the Year 11 curriculum and has a full-time educational assistant. Peter can independently operate his laptop computer using a switch and specialised software such as Discover, Co-Writer and Drag and Drop and a document holder. Peter concentrates well in class and is motivated to complete his work as independently as possible.

Peter is totally dependent on others for all aspects of self-care, including dressing, bathing, personal hygiene and mealtimes. He is continent in terms of indicating when he needs to use the toilet, however requires full assistance to do so. Peter uses a powered wheelchair with customised insert as his form of mobility, driving with a laterally placed T bar joystick. He is not a functional walker but stands regularly at home in his prone stander to assist with transfers. Peter communicates using verbal and non-verbal means, on occasions using a light writer voice output device as his speech can be unintelligible to strangers. His receptive language skills allow him to access age appropriate school curriculum and his family have never expressed any concerns in this area. Academically, it appears Peter has a bright future and his parents are keen to work with Peter to start pursuing and preparing for possible university options.

A few months ago, the family went on a day trip to visit some friends at their beach house on the south coast. The two families had such a lovely day together they were invited to spend the night and the rest of the weekend at the beach house, but unfortunately Allison and Mark had to refuse due to not being prepared with the range of additional supports they need to keep Peter comfortable. The incident resulted in an outburst of aggression from Peter’s younger brother Joshua, who desperately wanted to stay the night. Subsequently and on reflection, Mark and Allison have noted over the last year Joshua’s academic and behavioural performance at school has declined and he has mood swings that they were putting down to pre-puberty. However, it would seem Joshua is extremely resentful of his brother and all the attention and time he receives from his parents.

A recent meeting with the family and Peter resulted in the following goals being set for the next 6 months:

1. Joshua to attend a ‘sibling’ camp for children with brothers or sisters with disabilities.
2. Mark and Allison to be provided with support and information regarding the effects living with a child with a disability can have on siblings.

3. Peter and Joshua to independently engage in a leisure activity together at least once a month.
4. Peter and his parents to be provided with support and information regarding university placements and career options.
5. Peter to continue to be comfortable, safe and independent in his equipment allowing him to access the school and community environments.

Table A8.6: Case story 6A – 15–24 years old, severe disability (Peter). Client-attributable time (including travel) associated with individual interventions in the ideal, 75%, 50% and 25% regimes

Description of intervention	Ideal regime		75% regime		50% regime		25% regime	
	No. staff	Hours	No. staff	Hours	No. staff	Hours	No. staff	Hours
Sibling camp for Joshua and Natalie	2	14.0	2	14.0	—	—	—	—
Sibling day camp for Joshua and Natalie	—	—	—	—	2	6.0	2	5.2
Sibling workshop for parents	1	5.0	1	5.0	1	5.0	—	—
Sibling information for parents	—	—	—	—	—	—	1	1.0
Investigation of appropriate shared leisure activity e.g. paintball	1	4.0	1	4.0	1	2.0	1	1.0
Individual psychology or social work sessions for Joshua	1	8.0	1	8.0	1	6.0	1	3.0
Individual psychology or social work sessions for Natalie	1	2.0	1	1.0	1	1.0	—	—
Investigation of leisure activities for Peter with his peers	1	2.5	1	2.5	—	—	—	—
Review of leisure activity	1	2.0	1	2.0	1	2.0	—	—
Liaison with leisure activity instructor or programme	1	6.0	1	6.0	1	4.0	—	—
Sourcing independent carer for Peter	1	3.0	1	3.0	—	—	—	—
Training Peter and carer in management skills	3	36.0	1	2.0	—	—	—	—
Tertiary / employment options workshop for parents and Peter	2	10.0	2	10.0	2	10.0	—	—
Linking family to community supports	1	3.0	1	3.0	1	2.0	—	—
School meeting to discuss post school options	3	9.0	2	6.0	2	6.0	—	—
Mealtime management review and training at home and school	1	6.0	1	5.0	1	4.0	1	1.0
Advocacy for family and Peter	2	8.0	2	8.0	1	2.0	—	—
Community access assessment i.e. Public transport	1	9.0	1	3.0	1	3.0	—	—
Equipment maintenance—postural insert	2	4.0	2	4.0	2	4.0	1	1.0
Equipment maintenance—technology	1	6.0	1	2.0	1	2.0	1	1.0
Equipment maintenance—self-care equipment	1	4.0	1	3.0	1	3.0	1	2.0
Equipment maintenance—standing frame	1	2.5	1	2.5	1	2.5	1	2.0
Equipment maintenance—power wheelchair and controls	1	4.0	1	4.0	1	4.0	1	4.0
Mini-team liaison	4	12.0	4	10.0	3	4.5	3	4.5
Family review meeting	3	7.5	2	5.0	2	5.0	1	1.0
Reports / programme writing	4	60.0	4	48.0	4	48.0	4	32.0
<i>Total travel time</i>		<i>44.0</i>		<i>22.0</i>		<i>17.0</i>		<i>6.0</i>
Total intervention hours (including travel)		227.5		161.0		126.0		58.7

Note: Total client-attributable time spent preparing and running sibling camp was divided by six (the average number of families per camp).

Appendix D Unit cost figures for the archetypal cases

There are very few studies of costs in the disability area. The material below draws from two well documented studies and detailed costing information from two service providers. It also compares salary rates from various service providers from three states of Australia, and unit price rates from a variety of service providers.

On the basis of this review of available data, two unit cost figures – one for clinicians and one for therapy aides – are arrived at for use in costing the archetypal cases.

Business rules for new Disability Professional Services

The Disability Services Commission of Western Australia conducted this study in 2003. It developed a set of business rules to provide clarity and consistency in funding of new Disability Professional Services (DSC 2003).

Data and costs were collected, from 11 participating service providers, on the activities that were directly and indirectly attributable to the client service and the other organisational costs involved in supporting the activity. It is important to note that the study was designed to develop a 'unit price' to be paid by the government agency and not the 'unit cost' of the service provider.

The study is somewhat flawed in relation to the unit price developed for the following reasons:

- Cost data were for a financial year (2001–02) and not at a particular point in time. This has the effect of limiting the cost impact of salary increases that were applied part way through the financial year. Later salary cost increases recognise the difference between rates applying between one year-end and the next. These are applied, but to a base that was artificially low in the first place.
- No allowance was included for depreciation of vehicles, equipment or buildings.
- Two of the three comprehensive service providers upon whose data the final price was determined do not pay rent for accommodation.
- The Program Support Cost element of the 'unit price' was adopted at 16% of salary costs rather than at the average 28% disclosed by the cost data. This was driven by the need to achieve ministerial approval of the rate.

Despite these, the data collected provide a sound evidentiary basis to support the non-salary component of service cost.

Funding of therapy for school age children

This comprehensive study was conducted in 1997 on behalf of the Cerebral Palsy Association of Western Australia, Rocky Bay Inc, and School Age Therapy Services with funding from

the Disability Services Commission of Western Australia. The consultants were Maree Dyson Pty Ltd and the Yooralla Society of Victoria (Dyson and Moore 1997).

The project's purpose was to develop a funding formula to describe the cost of delivering therapy services to children of school age with disabilities. The findings and recommendations from the study were based on detailed data from the three sponsoring agencies and their staff.

The work done on setting an average of therapy 'time available for client service' and recommending a percentage to be considered as non-client service time provides a strong basis of evidence for use in development of a unit cost.

The study of costs made allowance for non-salary costs of 37%, comprising 7% for travel and 30% for general operating allowance. These percentages did not include an allowance for accommodation or depreciation.

Current unit costs for service providers

Home and Community Care—Victoria

The Victorian Health and Community Care (HACC) unit price for allied health in 2005–06 was \$74.89 per hour (HACC unit prices 2005–06). A breakdown of cost components is provided – the amount includes allowances for 'amounts charged to building reserves or depreciation' (Aged, Community and Mental Health Divisions 1997). It also includes allowances for purchase of services, a cost component not applicable to CP Australia therapy services. After excluding purchase of services, the non-salary costs represent 53% of the cost of direct workers.

Cerebral Palsy Association of Western Australia

Unit cost data for 2005–06 available from CPAWA can provide a breakdown of cost components. No allowance is included for depreciation.

The 2005–06 unit cost was \$64.65. The non-salary costs represent 30% of the cost of direct workers.

Salary rates

There is a high level of consistency between top of range in the Level 1 and Level 2 salary rates for service providers in Western Australia, Victoria and Queensland (Table A8.7). This indicates that a single national unit cost figure could reasonably be claimed to be representative of the cost of direct workers in all states.

Table A8.7: Top of range in the level 1 and level 2 salary rates for service providers

	Top of level 1	% difference to Average	Top of level 2	% difference to Average
CPAWA	52,418	101.2	61,169	100.7
Rocky Bay (WA)	50,598	97.7	60,475	99.5
Disability Services Commission (WA)	51,166	98.8	59,521	98.0
Therapy Focus (WA)	49,431	95.5	57,950	95.4
St John of God (Victoria)	53,247	102.8	62,202	102.4
Victoria public sector	53,080	102.5	62,751	103.3
Nova Health (Qld)	52,391	101.2	60,092	98.9
SA public sector	51,874	100.2	61,944	101.9
<i>Average</i>	<i>51,776</i>		<i>60,763</i>	

Sources: The Cerebral Palsy Association of Western Australia Ltd. Salaried Staff Enterprise Agreement 2004; Rocky Bay Incorporated Salaried Officers Enterprise Agreement 2002; The Western Australian Public Service General Agreement 2006; The Therapy Focus Enterprise Bargaining Agreement 2004; St John of God Health Care—Eastern Region and Health Services Union of Australia (health professionals) enterprise bargaining agreement 2005–2007; Health Services Union of Australia—health professionals—Victorian public sector—multiple business agreement 2004–2007; Nova Health Ltd Queensland Facilities Allied Health Certified Agreement 2004; South Australian Public Sector Salaried Employees Interim Award.

Non-salary costs

There appears to be some consistency in the rates of non-salary costs disclosed in the above costing studies. The percentage rates are as follows:

- Disability Professional Services rate (WA) 28%
- Funding of Therapy for School Age Children (WA) 37%
- CPAWA 30%
- HACC (Victoria) 53%

The Disability Professional Services rate includes travel as a salary cost. The only rate that includes any allowance for depreciation of buildings and equipment is the HACC unit price. This indicates that non-salary costs are likely to be in excess of 30% of direct workers costs.

For the HACC unit price, the higher percentage non-salary costs may be partly explained by lower direct workers' costs. Table A8.8 compares the HACC and CPAWA data in percentage and dollar terms. Direct workers' and associated costs are lower for HACC (\$46.62) than for CPAWA (\$49.69). This could reflect a different staff mix. It is known that the staffing of CPAWA services is clustered strongly at the top end of salary scales, with the majority of therapy staff having in excess of six years experience. The HACC mix may include a larger proportion of new graduates.

Table A8.8: Components of unit price – comparison of HACC and CPAWA data

	%		\$		Adjusted \$	
	HACC	CPAWA	HACC	CPAWA	HACC	CPAWA
Direct workers and associated costs (wages, superannuation, workers comp insurance, long service leave)	62.3	76.9	46.62	49.69	46.62	49.69
Travel (mileage and use of fleet vehicles)	3.3	0.9	2.49	0.59	2.49	0.59
Consumables (therapy consumables)	4.5	0.7	3.35	0.47	3.35	0.47
Purchase of services (purchase of direct services)	4.6		3.47	0.00	0.00	0.00
Assessment and coordination	2.0		1.49	0.00	1.49	0.00
Service management (manager salary)	8.5	4.8	6.34	3.09	6.34	3.09
Accommodation (rates, repairs and maintenance, non-capital furniture and equipment, insurance, cleaning, gas, water, electricity, depreciation, building reserves)	3.3	1.1	2.44	0.73	2.44	0.73
Other service costs (insurance, printing, stationery, computers, depreciation)	6.0	1.8	4.52	1.15	4.52	1.15
Organisational overheads (payroll, accounting, human resources, corporate management)	5.6	13.8	4.17	8.94	4.17	8.94
Unit price	\$74.89	\$64.65	\$74.89	\$64.65	\$71.42	\$64.65

Given that the ‘purchase of services’ cost in the HACC data set is not considered applicable in the context of the study, this has been removed in the final two columns of Table A8.8. Variations in ‘assessment and coordination’, ‘service management’ and ‘organisational overheads’ may be attributable to differences in reporting and structure. Taken as a group, HACC reports \$12.00 and CPAWA \$12.03 for these cost components. This leaves ‘accommodation’ and ‘other service costs’ as the major areas of difference (HACC \$6.96, CPAWA \$1.88). As both of these categories in the HACC data include depreciation and building reserve costs, it is reasonable to assume that the difference of \$5.08 is related to this factor. If this factor was added to the CPAWA data it would result in a unit price of \$69.73.

Comparison of available rates

Rates sourced from several service providers are compared in Table A8.9. The Disability Services Commission Business Rules rate is not included in the comparison as it is considered unrepresentative of costs of service providers, as explained earlier. The HACC unit price is included after adjustment to delete purchase of services costs. The CPAWA rate is adjusted for depreciation, by adding \$5.08, based on the comparison of HACC and CPAWA accommodation and other service costs, above. This gives an average unit price/unit cost of \$68.08.

It is not known whether the Scope and DHS rates include depreciation costs; if they do not, they should also be adjusted for depreciation. When this is done (again, by adding \$5.08), the average unit price/unit cost becomes \$70.62.

Table A8.9: Comparison of unit price/unit cost from four service providers

	HACC	CPAWA	SCOPE (Vic)	DHS (Vic)	Average
Salary costs	46.62	49.69			
Other operational and corporate costs	24.80	14.96			
Total	\$71.42	\$64.65	\$68.00	\$63.19	\$66.81
Adjustment for depreciation allowance		+5.08			
<i>Adjusted totals</i>	<i>\$71.42</i>	<i>\$69.73</i>	<i>\$68.00</i>	<i>\$63.19</i>	<i>\$68.08</i>
Adjust SCOPE and DHS for depreciation allowance			+5.08	+5.08	
<i>Adjusted totals</i>	<i>\$71.42</i>	<i>\$69.73</i>	<i>\$73.08</i>	<i>\$68.27</i>	<i>\$70.62</i>

Unit cost for therapy aides

In order to arrive at a unit cost for therapy aides, a typical therapy aide salary rate was substituted into the CPAWA unit cost. The figure of \$23.86 was used as the hourly salary cost for therapy aides – this was the annual rate for a therapy assistant under The Cerebral Palsy Association of Western Australia Ltd. Salaried Staff Enterprise Agreement 2004, plus superannuation, workers' compensation insurance leave loading and long service leave, divided by the hours available for direct or indirect service. Adding \$14.96 for 'other operational and corporate costs' and \$5.08 for depreciation (as for the unit cost figure for clinicians) gives a unit cost of \$43.90 for therapy aides.

Summary

Regarding a unit cost for clinicians, the available costing studies provide support for a non-salary component of more than 30% of the direct salary cost base. The adjusted rates in Table A8.9 support the adoption of a unit cost of at least \$68 per hour, and possibly \$70 per hour. The comparison of various top of range salary rates across three states supports the application of a common rate nationally.

Regarding a unit cost for therapy aides, a figure of \$44 per hour was arrived at by applying a typical therapy aide salary rate to the CPAWA unit cost formula.

Appendix E Archetypal cases professionals groups

Therapy and equipment regimes for the archetypal cases were developed by groups of allied health professionals from a range of disciplines in four Australian states. All of the professionals had experience working with people with CP and like disabilities. The groups included individuals with expertise in both children's and adult services, and regional and rural service delivery. The disciplines, and numbers of years' experience, of each of the members of these groups is listed below.

- New South Wales
 - Physiotherapist 18 years
 - Occupational therapist 13 years
 - Speech pathologist 14 years
 - Social worker 15 years
 - Psychologist 16 years
- Queensland
 - Physiotherapist 26 years
 - Physiotherapist 12 years
 - Occupational therapist 14 years
 - Speech pathologist 19 years
 - Social worker 20 years
 - Psychiatrist 8 years
 - Psychiatrist 12 years
- Western Australia
 - Physiotherapist 20 years
 - Physiotherapist 13 years
 - Physiotherapist 8 years
 - Physiotherapist 8 years
 - Physiotherapist 2 years
 - Occupational therapist 34 years
 - Occupational therapist 30 years
 - Occupational therapist 15 years
 - Occupational therapist 12 years
 - Occupational therapist 3 years
 - Speech pathologist 16 years
 - Speech pathologist 6 years

- Speech pathologist 4 years
- Social worker 10 years
- South Australia
 - Physiotherapist 28 years
 - Occupational therapist 24 years
 - Occupational therapist 3 years
 - Speech pathologist 28 years
 - Speech pathologist 13 years
 - Family support worker 15 years

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