

# **Demand for disability support services in Australia: size, cost and growth**

1997

Australian Institute of Health and Welfare  
Canberra

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# Summary

## Objectives of the study

This study was commissioned by the Disability Services Subcommittee to provide information on unmet demand and growth factors for services funded under the Commonwealth/State Disability Agreement (CSDA) and in particular to provide estimates of:

- the level of current unmet demand for accommodation and support, respite and day programs;
- the national costs to governments of meeting this unmet demand;
- the projected growth in demand for specialist disability services arising from demographic changes over the next five years, and related factors.

## Assumptions and data sources

### Assumptions

It was necessary to clarify a number of assumptions about how and what new services are being provided, before proceeding to the estimation of unmet demand. The assumptions used are detailed in Chapters 2 and 3 but were, chiefly:

- New clients for accommodation services are generally not being assigned to large institutions.
- People with high support needs are being accommodated in group homes or with high-level support in their own homes.
- Day programs will be expected to support clients with higher dependencies than did community access services in the past.
- A trend to service provision via non-government services is expected to continue, but governments may not be able to rely on significant non-government contributions towards the cost of establishing new services.
- While informal care by families is likely to remain the most important source of care for people with ongoing support needs, Australian society does not expect carers to provide lifelong, 24-hour care for people with high support needs. Targeted day services represent an important means of ensuring the participation of people with disabilities and their carers in the wider community.

### Data sources

The study drew chiefly on the following data sources:

- the 1993 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers;

- financial data for 1996–97 provided by all jurisdictions to the Industry Commission in the course of joint work for the Review of Commonwealth/State Service Provision;
- supplementary data requested by the Institute and provided by jurisdictions; and
- the 1996 CSDA Minimum Data Set collection, providing data on users of CSDA services.

### **The level of unmet demand for accommodation and support, respite and day programs** (*Chapter 2*)

The target group for CSDA services is people with disabilities that result in:

- (a) a substantially reduced capacity ... for communication, learning or mobility; and
- (b) the need for ongoing support services.

It is estimated that in 1996, of the 368,300 people aged 5–64 years needing ongoing assistance with self-care, mobility or verbal communication (a ‘severe or profound handicap’ in ABS survey terms), there were 13,400 who:

- were living in households; and
- reported unmet need for formal assistance with self-care, mobility or verbal communication; and
- had attempted to obtain the assistance needed but could not do so because the service was not available or could not be arranged for other reasons.

These 13,400 people comprise the estimate for unmet demand for accommodation, support and respite services in 1996.

There were also in 1996 an estimated 12,000 people aged 18–64 years with ongoing support needs who:

- *always* needed assistance with at least one of the self-care, mobility or verbal communication activities (in the terms of the ABS survey they have a ‘profound handicap’);
- were not in the labour force and were reported to be ‘permanently unable to work’;
- were not studying;
- would have liked to go out more but were prevented from doing so by their illness or condition; and
- were *not* currently receiving day programs under the CSDA.

These 12,000 people (or full-time-equivalent places) comprise the estimate for unmet demand for day programs in 1996.

### **Conservative nature of the estimates**

The estimates for accommodation and support and respite are considered to be conservative because:

- At each step of the estimation process, groups were excluded if there was any doubt about the demand in a subgroup. For instance, some people said that the reason they had not obtained a formal service was that they did not know the services existed; some of these people could well be considered to represent unmet demand, but they were not included in the estimates.
- The estimates are of the same order of magnitude as the (incomplete) waiting list data available from some States, relating to people whose needs are already known to the States.
- The estimates exclude people in 'health establishments' (some 19,000 in 1993) including hospitals, nursing homes and other institutions, some of whom may be waiting for community accommodation.
- The estimates exclude children aged under 5 years, because their severity of handicap is not indicated in the ABS survey data.
- There are growth factors, discussed in Chapter 4, which indicate the ongoing pressures on services, chiefly the ageing of clients and their carers.

The day program estimates are considered to be conservative for several reasons, including that:

- They exclude people with a 'severe' handicap, who need assistance sometimes rather than always, on the assumption that these people will be eligible for employment programs.
- They exclude people who are employed part-time, thereby excluding people who are able to attend supported employment programs part-time but may require a day program for the other times of the working week.
- They assume no growth in total demand since 1993, even to allow for population growth.
- They offer no additional service to current users of the programs.

### **A spectrum of support needs**

Both groups indicating unmet demand were further subdivided, according to the number of activities with which people needed help, and whether or not they were already receiving some formal assistance. This was done to estimate a spectrum of their support needs. Hours of support were estimated for those requiring in-home and respite packages. This was required to make realistic estimates of the costs to government of meeting unmet demand for accommodation and support, respite and day programs. The results are incorporated in Summary Tables 1 and 2.



## **Costs to governments of meeting current unmet demand for these services** (*Chapter 3*)

The task of the study team was to develop national estimates of the costs to Australian Governments of meeting the estimated unmet demand. The cost estimates were based on data provided by jurisdictions relating to the costs of existing and new services for:

- group homes per place;
- in-home accommodation support and respite per client; and
- day programs per client.

In preparing national cost estimates the study team took into consideration:

- the range of national variation (high and low figures) for each service type;
- the population of each jurisdiction;
- the difference between new service cost estimates and current costs, and the strength of the explanation of these differences; and
- the detail of the supporting data provided.

It was not possible, on the basis of available data, simply to prepare weighted averages of new service cost estimates. Data provided by jurisdictions, and explanation of the reasoning behind the national cost estimates, are included in Chapter 3 and the related appendix tables. It was not the purpose of this study to attempt to explain the inter-jurisdictional and other variations in detail, but rather to combine the various estimates judiciously, with explanation, to arrive at national cost estimates.

The main cost estimates used are:

- \$50,000 per group home place per year (net cost to government);
- \$25 per hour per client for in-home accommodation support or respite;
- for day programs, costs will vary according to the support needs of clients; low, medium and high costs per client per year were estimated to be \$6,000, \$12,000 and \$18,000 respectively.

These cost estimates were then applied to the numbers of people with estimated unmet demand for each of the two main groups of services, and the hours allocated to them for in-home and respite needs.

### **Total costs to government**

The total estimated cost to government of meeting unmet demand for accommodation and support, respite and day programs is \$293.8 million, comprising \$178.3 million for accommodation, accommodation support and respite services and \$115.5 million for day programs.

The study does not estimate or cost unmet demand for other CSDA service types.

The main results are presented in Summary Tables 1 and 2.

**Summary Table 1: Estimated net cost to government<sup>(a)</sup> of meeting unmet demand for group homes, in home support and respite, 1996–97**

Level of assistance	Number of clients	Assumed service response	Number of hours per week	Cost per hour	Cost per client	Total cost
<b>People needing help with 2 or 3 activities and always with at least 1</b>						
	Subtotal:	<b>3,900</b>				
No formal assistance now	1,500	750 Group home			\$50,000	\$37,500,000
		750 Respite/in-home support package	30	\$25	\$39,000	\$29,250,000
Some formal assistance now	2,400	Respite/in-home support package	15	\$25	\$19,500	\$46,800,000
<b>People always needing help with 1 activity</b>						
	Subtotal:	<b>3,000</b>				
No formal assistance now	2,300	Respite/in-home support package	10	\$25	\$13,000	\$29,900,000
Some formal assistance now	700	Respite/in-home support package	5	\$25	\$6,500	\$4,550,000
<b>People needing help with 2 activities sometimes</b>						
	<b>1,900</b>	Respite/in-home support package	5	\$25	\$6,500	\$12,350,000
<b>People sometimes needing help with 1 activity</b>						
	<b>4,600</b>	Respite/in-home support package	3	\$25	\$3,900	\$17,940,000
<b>Total</b>	<b>13,400</b>					<b>\$178,290,000</b>

(a) Excluding the cost of any major capital works for group homes.

Source: Table 2.5; discussion of Tables 3.1, 3.2, 3.3.

**Summary Table 2: Estimated net cost to government of meeting unmet demand for day programs**

Level of assistance needed	Nature of service	Estimated number of people with unmet demand	Cost per person	Total cost
People needing help with 3 activities and always with at least 1	Day program support — High	1,600	\$18,000	\$28,800,000
People needing help with 2 activities and always with at least 1	Day program support — Medium	4,050	\$12,000	\$48,600,000
People always needing help with 1 activity	Day program support — Low	6,350	\$6,000	\$38,100,000
<b>Total—people <i>always</i> needing help with at least 1 activity</b>		<b>12,000</b>		<b>\$115,500,000</b>

Source: Tables 2.7, 3.4, 3.6 and related discussion.

## **Growth estimates and trends (Chapter 4)**

Demographic changes, along with changes in other factors, will have considerable impact on the growth in demand for disability support services in the next six years.

### **Demographic projections**

The projected demographic trends, particularly population ageing, result in a substantial projected increase in the number of people in the CSDA target group—people with a profound or severe handicap—over the next six years (1997–2003):

- The increase in the age group of 5–64 years is 9.9% (39,100 people).
- The growth in the working age population (age 15–64) with severe or profound handicap is 11.3% (37,200 people).
- Overall, the total number of Australians with a severe or profound handicap is projected to increase by 13.7% (109,200 people). The overall growth is mainly attributable to the rapid increase in the age groups of 45–64 years (19.5% or 32,600 people) and 65 years and over (17.3% or 70,200 people).

### **Projected growth in disability groups**

Corresponding to the projected population growth, the estimated overall growth in different disability groups is mainly due to the rapid increases in the population age groups of 45–64 years and 65 years and over. Nevertheless, the sizes of the increase vary among different disability groups aged 5–64 years. The projected growth rates in the numbers of people in hearing (12.0%), circulatory (15.2%) and arthritis (16.0%) disability groups are higher than the overall growth rate (9.9%) of people with a profound or severe handicap in this age group. The higher growth rates of these disability groups are probably related to the higher growth rates in the older age groups, 45–64 years. In contrast, the growth rates of intellectual (5.0%), speech (4.9%) and learning disability (3.4%) disability groups are lower than the overall growth rate of people with a severe or profound handicap.

The number of females aged 5–64 years with severe or profound handicap is projected to remain higher than the number of males. Among people under the age of 65 years, the numbers for males are higher than those for females in the disability groups of intellectual, acquired brain injury, visual, hearing, speech, and 'other musculoskeletal'.

### **Growth, ageing, de-institutionalisation and carers**

The projected demographic trends, and other trends in families and carers outlined in Chapter 4, have a number of implications for the future of CSDA services:

- The high projected rates of increase in the number of people with a severe or profound handicap aged 45 years and over is likely to result in the ageing of the client population of disability support services. The high growth in ages 45–64 years will bring particular pressure on CSDA services, either to provide services to an increasingly older clientele, or to make transitional arrangements between CSDA services and suitable aged care services.
- The increase in the number of people with a profound or severe handicap among both the working age population (and people aged 65 years and over) will further increase the need for carers.

- The ageing of carers is likely to continue to be an important issue. The number of parents aged 65 years and over who are the principal carers for people with a profound or severe handicap is projected to increase from 7,700 in 1993 to 9,000 in the year 2003.
- There will be pressure on related services such as Home and Community Care.
- There will be pressure on both families and community-based services from ongoing trends in de-institutionalisation. Between 1981 and 1993 the number of people aged 5–64 years with ‘severe handicap’ (ongoing support needs) living in households rose from 244,100 to 349,100 while the number living in establishments fell from 27,000 to 19,200. The trend is even more marked for people aged under 30 years—in 1981 there were, on average, 15.9 people aged under 30 years with a ‘severe handicap’ living in establishments for every 100 living in households, whereas by 1993 this ratio had dropped to 3.1 for every 100 living in households. There has been a related rise, since 1981, in the numbers of people in the CSDA target group living with their families.
- While the structure of families may be changing, there is strong evidence of continuing mutual support among family members, in various patterns and relationships. When family support is likely to be intense and long-term, formal assistance from support services can ensure its stability and continuation.

### **Projected population distributions among the States and Territories**

The main estimates in Summary Tables 1 and 2 are based on the premise that the presence of severe or profound handicap is an important population indicator of the need for CSDA services. The presence in a population of a large proportion of Aboriginal or Torres Strait Islander people is considered to be a further indication of higher need, in that population, of such services. While there is not extensive data on disability among Indigenous people, what evidence there is points to higher rates of disability.

It has been previously accepted that, for this reason and based on service usage, the Indigenous population in each jurisdiction should be weighted by 2, in order to give an adjusted ‘potential population’ for CSDA services.

Results for 1996 and projections to 2003 are summarised in Summary Table 3, showing total population, population with severe or profound handicap, and the adjustment to the latter figure, from weighting the Indigenous population by a factor of 2.

**Summary Table 3: Distribution of the population aged under 65 years, among the States and Territories: total population, people with severe or profound handicap, adjusted 'potential population', 1996, 2003**

People under 65 years	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Australia
	<b>Percentage</b>								
All people, 1996	33.66	24.78	18.42	9.83	7.87	2.57	1.77	1.09	<b>100.0</b>
People with severe or profound handicap, 1996	33.80	24.88	18.26	9.75	8.01	2.59	1.72	0.99	<b>100.0</b>
People with severe or profound handicap, 1996 (adjusted)	33.69	24.47	18.45	9.85	7.96	2.62	1.70	1.24	<b>100.0</b>
All people, 2003	33.40	24.02	19.53	10.13	7.60	2.43	1.79	1.09	<b>100.0</b>
People with severe or profound handicap, 2003	33.47	24.11	19.41	10.05	7.75	2.48	1.72	1.02	<b>100.0</b>
People with severe or profound handicap, 2003 (adjusted)	33.36	23.71	19.61	10.15	7.70	2.51	1.70	1.27	<b>100.0</b>

Source: Tables 4.11, 4.12; ABS 1994; ABS 1997; AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers.

Adjustment from weighting the Indigenous population by 2 leads to upward adjustments to the figures for Queensland, Western Australia and the Northern Territory, and downward adjustments for New South Wales, Victoria and South Australia. The adjustment to the Northern Territory numbers is quite significant. The projected population growth for Queensland and Western Australia is of greater significance in their growing share of the target population for CSDA services than is the adjustment for Indigenous population.



# 1 Introduction

## 1.1 Background and purpose of the study

The Commonwealth/State Disability Agreement (CSDA) 1991 sets out the responsibilities for the provision of disability support services by Australian Governments. Broadly, the Commonwealth takes responsibility for employment services, with the States and Territories assuming responsibility for accommodation and other support services. The first Agreement expired on 30 June 1997. Renegotiation of the Agreement has continued beyond this expiry date, with interim funding in place until February 1998.

An independent review of the Agreement was carried out before negotiation of a new Agreement began. The report of the review found that overall the CSDA had 'brought with it a number of important reforms and achievements' (Yeatman 1996:x). In reaching its conclusions, the review had used information from six supporting studies commissioned for the purpose. One of these studies, carried out by the Institute, examined the level of unmet demand for disability support services (Madden et al. 1996). One of the principal findings of the study was that there were an estimated 13,500 people in Australia in 1993 with unmet demand for formal support services of the kind provided as accommodation, accommodation support and respite care services under the CSDA. Population growth and ageing were expected to increase demand in the near future, especially in the age range 45–64 years. (A more detailed account of these findings is presented in Chapter 2.)

### Purpose and outline of this study

After exploratory discussion in August 1997 the Disability Services Subcommittee (DSSC)<sup>1</sup> requested the Institute to conduct a study to:

- update and refine the previous estimates of unmet demand for disability support services;
- provide estimates of the cost of meeting this unmet demand; and
- update the previous estimates of growth in demand, and provide a more detailed picture of the relevant population.

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<sup>1</sup> The Disability Services Subcommittee, of the Standing Committee of Community Services and Income Security Administrators, comprises senior government administrators from the disability field in each Australian jurisdiction.

More detail on the project brief is given in Box 1.1.

### **Box 1.1: Project brief for the study**

*The project brief given to the Institute required the study to address two main areas.*

*Area 1: What is the projected growth in the demand for specialist disability services arising from demographic changes over the next five years?*

*The following issues are to be addressed:*

- *projected increase in the population with particular disabilities (e.g. intellectual, physical, sensory, neurological) over the next five years, by age cohorts;*
- *any major differences between the likely growth in different jurisdictions, based on such factors as age and sex structure and Aboriginality; and*
- *ageing of carers.*

*Area 2: What is the best estimate which can be made of the current level of unmet demand for specialist disability services, with particular regard to accommodation and support, day programs and respite?*

*The following issues are to be addressed:*

- *level of demand for accommodation and support, day programs and respite services funded under the CSDA; and*
- *costs of meeting such demand, based on existing cost structures in each jurisdiction.*

### **Process of the study**

The study commenced in early September 1997, after previous discussion and finalisation of terms of reference. There were two main streams of work involved.

Further detailed analysis of the ABS Survey of Disability, Ageing and Carers was required, to arrive at estimates of unmet demand (in terms of people) as well as related demographic analysis to prepare growth estimates; this work proceeded steadily throughout the project.

The second main stream of work involved the analysis of a wide range of information on the costs of CSDA services in each jurisdiction. This analysis required a process of iteration, of seeking more information and reviewing estimates. Stages were:

- an early request to all jurisdictions to provide costs data;
- a workshop at the Institute in late September to discuss and compare information received so far; this resulted in a further detailed request; and
- analysis of data and compilation of first draft of national costs estimates for various service types.



A draft report was presented to a meeting of the Disability Services Committee in Melbourne on 27 October. Each jurisdiction was asked to provide comments on this report. All comments were considered and taken into account wherever possible in this final draft report.

The goal of the Institute has been to provide realistic estimates of unmet demand and the costs of meeting it. In doing so, the study team has had to make a number of assumptions, in particular to compile national cost estimates on the basis of sometimes incomplete or inconsistent information. Assumptions have at all times been explained, and there has been a conscious effort to ensure that these assumptions lead to cost estimates which tend to be conservative.

### **Outline of the report**

The following chapters provide:

- estimates of current unmet demand for accommodation, support, respite and day programs (Chapter 2);
- estimates of the national costs of meeting this unmet demand (Chapter 3); and
- estimates in the growth of demand (in terms of the current population), and an indication of associated demographic factors (Chapter 4).

The remainder of this introductory chapter provides further context for the study. Section 1.2 describes in more detail the services provided under the CSDA, and the extent of interstate variation in the services offered. Section 1.3 outlines some of the conceptual underpinning of the following chapters, in terms of:

- concepts of demand and unmet demand;
- the definition and prevalence of disability;
- the consideration of broad human needs in relation to the need for services provided under the CSDA; and
- the role of carers.

## 1.2 The CSDA ‘on the ground’ in 1996–97

An overview of the service types that were agreed under the CSDA is provided in Box 1.2.

### **Box 1.2: Funded service types provided under the CSDA**

#### **1.00 ACCOMMODATION SUPPORT non-specified**

- 1.01 Institution/large residential
- 1.02 Hostels
- 1.03 Group homes
- 1.04 Attendant care
- 1.05 Outreach support/other ‘in-home’ support/drop-in support
- 1.06 Alternative family placement
- 1.07 Other accommodation

#### **2.00 COMMUNITY SUPPORT non-specified**

- 2.01 Advocacy
- 2.02 Information/referral
- 2.03 Combined advocacy/information
- 2.04 Early childhood intervention
- 2.05 Recreation/holiday programs
- 2.06 Therapy (physiotherapy, occupational therapy, speech therapy)
- 2.07 Family/individual case practice/management
- 2.08 Behaviour intervention/specialist intervention
- 2.09 Counselling: individual/family/group
- 2.10 Brokerage/direct funding
- 2.11 Mutual support/self-help groups
- 2.12 Print disability
- 2.13 Resource teams/regional teams
- 2.14 Other community support

#### **3.00 COMMUNITY ACCESS non-specified**

- 3.01 Continuing education/independent living training/adult training centre
- 3.02 Post-school options/social and community support/community access
- 3.03 Other community access and day programs

#### **4.00 RESPITE non-specified**

- 4.01 Own home respite
- 4.02 Centre-based respite/respite homes
- 4.03 Host family respite/peer support respite
- 4.04 Other respite/flexible respite/combination

#### **5.00 EMPLOYMENT non-specified**

- 5.01 Competitive Employment Training and Placement
- 5.02 Individual Supported Job
- 5.03 Supported employment
- 5.04 Sheltered employment (business services)
- 5.05 Employment support—*State or Territory funded, no job placement component*
- 5.06 Other employment

#### **6.00 OTHER SUPPORT non-specified**

- 6.01 Service evaluation-training
- 6.02 Peak bodies
- 6.03 Research and development
- 6.04 Other

Note: Employment services, categories 5.01–5.04 and 5.06, are funded by the Commonwealth only.

This study addresses unmet demand for accommodation and accommodation support (categories 1.01 to 1.07), respite (categories 4.01 to 4.04) and community access (categories 3.01 to 3.03, which are generally referred to as day programs). It is important to remember, throughout this report, that the scope of Area 2 of Box 1.1 focuses Chapters 2 and 3 on unmet demand for accommodation and support, day programs and respite; unmet demand for other service types is not estimated or costed.

Data relating to CSDA services and users are collated annually in a nationally agreed format—the CSDA Minimum Data Set (MDS) (see Box 1.3).

**Box 1.3: The 1996 CSDA Minimum Data Set (MDS) collection**

*The CSDA MDS collection results in data on the services listed in Box 1.2.*

*There is some variation among jurisdictions in what services are considered to fall under the CSDA. For instance, psychiatric disability services and early childhood intervention services are particularly ‘grey’ areas and are not included as CSDA services in all jurisdictions. The provision of community-based support services under other programs may also vary, and affect interstate comparisons.*

*The collection is still developing. In 1996, features to be aware of were:*

- *Western Australia collects data in an annual census of client and service use conducted at the end of June each year for the preceding 12 months; in some tables, therefore, Western Australian MDS data are counted on a different basis from other jurisdictions.*
- *The Commonwealth did not collect client data from business services (supported employment services); client data for open employment services were extracted from an ongoing database managed by the Institute.*
- *The Australian Capital Territory did not participate in the 1996 CSDA MDS collection.*
- *Response rates improved in 1996; in 1995 only four jurisdictions had response rates over 90%, whereas in 1996 all did—most over 95%; Victoria’s response rate in 1995, for instance, was only 80%, whereas in 1996 it was over 95%.*

*Most jurisdictions collect the data on forms on an agreed ‘snapshot day’—a form for each service type at each outlet, and one for each person receiving that service type at that outlet. Client forms may double count clients, in so far as one person may receive more than one service on the snapshot day.*

*Note:* The data set and its ongoing development are described in more detail in: Black & Madden (1995); AIHW (1995); Black & Eckerman (1997); Black et al. (forthcoming).

Table 1.1 provides data from the CSDA MDS collection showing the State and Territory distribution of service recipients, on a ‘snapshot day’ in 1996, by broad service type.

**Table 1.1: Recipients of CSDA funded services, service type by State and Territory, Commonwealth, States and Territories, snapshot day, 1996**

Service type	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Total
Institutions/large residential/hostels	2,701	1,584	687	920	1,042	283	n.a.	0	7,217
Group homes	2,286	2,204	1,453	727	523	267	n.a.	101	7,561
In-home and other accommodation	880	1,452	887	684	383	70	n.a.	42	4,398
<i>Total accommodation support</i>	<i>5,867</i>	<i>5,240</i>	<i>3,027</i>	<i>2,181</i>	<i>1,948</i>	<i>620</i>	<i>n.a.</i>	<i>143</i>	<b>19,026</b>
<b>Total community support</b>	<b>3,320</b>	<b>3,237</b>	<b>1,831</b>	<b>12,112</b>	<b>1,343</b>	<b>232</b>	<b>n.a.</b>	<b>32</b>	<b>22,107</b>
<b>Total community access</b>	<b>2,889</b>	<b>5,077</b>	<b>1,205</b>	<b>3,230</b>	<b>358</b>	<b>518</b>	<b>n.a.</b>	<b>50</b>	<b>13,327</b>
<b>Total respite</b>	<b>519</b>	<b>408</b>	<b>411</b>	<b>1,634</b>	<b>70</b>	<b>74</b>	<b>n.a.</b>	<b>38</b>	<b>3,154</b>
<b>Total employment</b>	<b>4,176</b>	<b>5,098</b>	<b>3,565</b>	<b>1,901</b>	<b>658</b>	<b>270</b>	<b>49</b>	<b>88</b>	<b>15,805</b>
Other/not stated	0	62	0	159	0	0	n.a.	0	221
<b>Total</b>	<b>16,771</b>	<b>19,122</b>	<b>10,039</b>	<b>16,065</b>	<b>4,377</b>	<b>1,714</b>	<b>49</b>	<b>351</b>	<b>68,488</b>

*Notes*

1. An individual may be counted more than once in the 'snapshot' numbers if more than one service type was accessed on the 'snapshot' day.
2. Data for recipients of CSDA services funded by Western Australia cover a 12-month period and have been adjusted for identified multiple service use, therefore service type totals and subtotals will vary from the sum of components. Because of this possible variation, these data may also differ slightly from data published elsewhere, for instance in the Western Australia DSC Annual Report.
3. Data for recipients of some CSDA directly provided 'Intellectual Disability Service' services funded by Queensland cover a fortnightly period.
4. Data for recipients of CSDA services funded by the Australian Capital Territory are not available for 1996.
5. Data for recipients of CSDA-funded services with service types: Advocacy; Info./referral; Combined advocacy/info.; Print disability/alt. formats of communication; Service evaluation/training; Peak bodies; Research/development; and Other were not collected.
6. Data for recipients of CSDA services funded by the Commonwealth were not collected, except for those receiving open employment services. There were a small number of recipients recorded in the National Information Management System open employment collection whose service provider was coded as either a supported or sheltered service. Data on supported or sheltered employment services are otherwise unavailable.

Source: Black et al. (forthcoming).

Table 1.2 provides data on the number of service recipients by broad service type and auspice. The data are recorded in three ways: the number on the snapshot day; the services' estimate of the numbers on a 'typical operating day'; and the estimate of the number of individuals over the financial year. The annual figures are generally higher than the other two figures, particularly those for community support services, illustrating the different nature, intensity and turnover of these services.

**Table 1.2: Recipients of CSDA-funded services, service type by auspicing organisation and time period, Commonwealth, States and Territories, 1996**

Service type	Government provided			Non-government provided			Total		
	Snapshot day	Estimate for a typical day	Estimate for 1995–96	Snapshot day	Estimate for a typical day	Estimate for 1995–96	Snapshot day	Estimate for a typical day	Estimate for 1995–96
Institutions/large residential/hostels	4,304	4,418	4,883	2,874	2,952	10,160	9,178	7,370	15,043
Group homes	3,759	3,775	5,747	3,718	3,875	5,754	7,477	7,650	11,501
In-home and other accommodation support	384	412	1,452	3,649	3,986	12,690	4,033	4,398	14,142
Total accommodation support	8,447	8,605	12,082	10,241	10,813	28,604	18,688	19,418	40,686
Total community support	5,898	6,830	58,502	5,526	7,760	76,334	11,424	14,590	134,836
Total community access	2,816	2,942	6,643	8,639	9,846	58,351	11,455	12,788	64,994
Residential respite	457	473	8,163	405	564	5,865	862	1,037	14,028
Other respite	209	217	963	745	1,223	10,984	954	1,440	11,947
Total respite	666	690	9,126	1,150	1,787	16,849	1,816	2,477	25,975
Employment	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

**Notes**

1. An individual may be counted more than once in the 'snapshot' numbers if more than one service type was accessed on the 'snapshot' day.
2. Data for recipients of CSDA services funded by the Australian Capital Territory were not available for 1996.
3. Data for recipients of CSDA-funded services with service types: Advocacy; Info./referral; Combined advocacy/info.; Print disability/alt. formats of communication; Service evaluation/training; Peak bodies; Research/development; and Other were not collected.
4. Data for recipients of CSDA services funded by the Commonwealth were not collected. Hence data for employment services are not available.
5. Recipient numbers are those provided on the MDS Service Form, and hence do not equate exactly to those in Table 1.1 based on Consumer Form returns from services. In particular, the consumer data in Table 1.1 contain annual data for Western Australia and snapshot day data for all other jurisdictions.

Source: Black et al. (forthcoming). More details on the CSDA MDS collection are provided in Box 1.3, in particular special characteristics of the 1996 collection of which data users need to be aware.

## Overview of State and Territory services

While the service types provided under the CSDA are generally as outlined in Box 1.2, there are some variations among the States and Territories as to what is actually 'on the ground' and considered to fall under the Agreement.

CSDA services are generally agreed to consist of:

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

'Grey areas' are considered by States and Territories to be mainly:

- services for people with psychiatric disability; to differing degrees these services may be under either health or community services authorities;
- early intervention services, which may be under education, health or community services authorities; and

- therapy services, which are not generally under the CSDA but which may be included as a component of another service type (generally one of the accommodation categories).

### **Eligibility for services and priority of access**

A range of eligibility criteria apply across jurisdictions, with some States having implemented more specific criteria since the completion of the Institute's 1995 demand study. For example, in Western Australia the Disability Services Commission operates a three-level eligibility system:

- Level one is based on self-identification as having a disability within the coverage of the Western Australia *Disability Services Act 1993*, and access being to information, advocacy and/or referral services.
- Level two covers the broad service categories of accommodation or individual and family support programs (excluding psychiatric disability) with services such as Post School Options and Local Area Coordination having criteria based on a combination of diagnostic and relative need criteria.
- Level three covers those services that have been historically, and are currently, provided to people with intellectual disabilities through the Commission's predecessor, the Authority for Intellectually Handicapped Persons. Access is determined through a needs assessment and IQ and adaptive behaviour assessment.

It was further stated that:

- people with specific conditions (attention deficit disorder and psychiatric disabilities) are not eligible for level two and three services;
- in Western Australia the need for accommodation continues to be given higher priority than the need for day activities; and
- people receiving a service are in practice not automatically excluded upon reaching the age of 65. There is a growing demand for services and level of unmet need as this cohort increases in size in line with the general ageing of the population.

Services and eligibility criteria generally reflect the historic growth of the sector. Direct government services are largely directed to people aged under 65 years with an identified intellectual disability. In practice, access to new services is restricted to those persons meeting these criteria and who are further identified as being in crisis. Not all States have a fixed definition of crisis; some use broad descriptions; other States have developed specific criteria. 'Crisis' is generally defined in terms of imminence of family breakdown, homelessness, death of the primary carer or danger to the person.

### **Data systems**

Historically most State and Territory record keeping systems were established to meet basic financial reporting requirements. No State or Territory has a comprehensive data retrieval system covering financial, service user and demand data. Some States and Territories are moving toward a needs-based planning approach by decentralising control of service provision to regions and introducing regional case managers or teams.

The CSDA MDS data collection is the only nationally reliable collection on services and service users, and required considerable State and Territory effort and resources to implement.

### **Waiting lists and unmet demand**

At the time of the 1995–96 study, waiting lists were not consistently kept or maintained, however a number of other sources of information are now available; in some States accommodation funding rounds provide an indication of the level of ‘critical’ unmet need for accommodation services. A register of people with unmet accommodation needs is likely to be implemented in Western Australia in the near future; a recent review of day services and employment options identified significant areas of unmet need for day placement and areas of inappropriate service provision; and a review of applications received during the 1995–96 funding round for the Individual, Family and Carer Support Grants program provides an indication of the level of unmet need for a range of services.

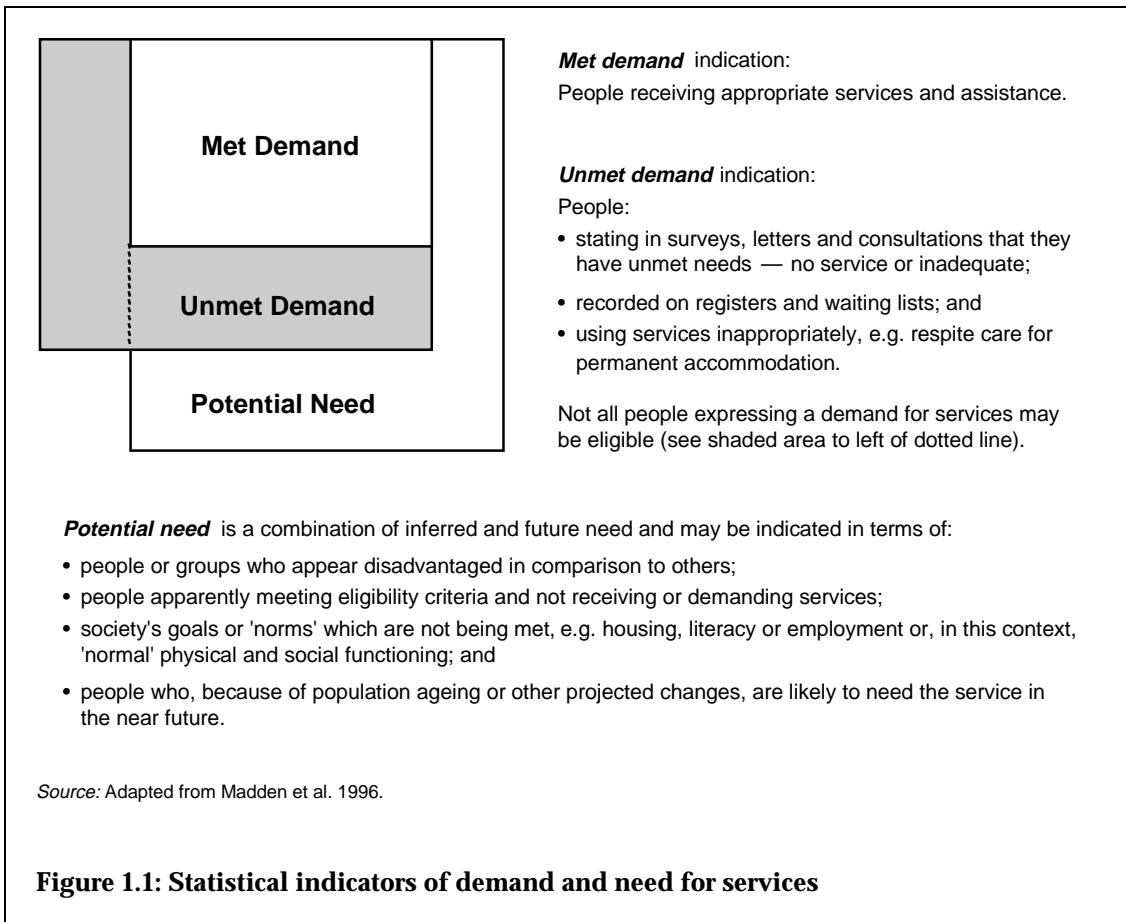
Since the time of the previous study, Victoria has implemented a Service Needs Register which is a consolidated database which holds details of client eligibility, expressed need for service and assessment of need and priority (the data currently relate to people with an intellectual disability who are registered in relation to facility based or non-facility based accommodation services).

## **1.3 Conceptual framework for the study**

The methods used in addressing the three main aspects of this study will be described in each of the three following chapters. They share, however, some basic conceptual underpinning which is now outlined.

### **The need and demand for services**

Needs and demands for services or assistance may be indicated by statistical data in a number of different ways. Figure 1.1 illustrates the relationships between met demand, unmet demand and potential need and suggests approaches to the statistical indication of each.



In Chapter 2 'demand' is indicated by needs expressed in some way; no inferences are drawn about demand from 'unexpressed need'.

'Met demand' is considered, generally, to be people receiving a service. Data on service users are relevant. However, some people receiving services may be receiving an inadequate level of service, or may be receiving an inappropriate service because the most appropriate service was not available. Indicators of these situations were sought, in order to temper the uncritical use of data on service users as directly indicating met demand.

'Unmet demand' is indicated by numbers of people expressing the need or desire for a service, but not receiving the service, or receiving inadequate service or an inappropriate service. Not all such people will be eligible for CSDA services (but may perhaps be eligible for another type of disability service), and they are represented in Figure 1.1 by the shaded area to the left.

On equity grounds, it is nevertheless important to consider needs other than those expressed as 'demand'. The term 'potential need' embraces two notions. First, a level of need may be *inferred* by comparing the characteristics of people receiving services, or demanding services, with those in apparently similar circumstances but not 'demanding' services. The presence of severe levels of disability will be used to infer a level of need for support services; rather than assuming these people necessarily need services, we will describe them as 'potentially needing' services. Second, the term 'potential need' also embraces an element of *prediction*. For instance, consider the situation of an adult person with a disability living with ageing carers. Neither the person nor the carers express a need for formal assistance, and they are not on any



waiting lists. They will not be included as 'unmet demand', but they may be included in the data on potential need, as they *may*, in the not too distant future, begin to express the need for assistance. The older the carer, the more likely it is that this need will indeed be expressed as demand in the near future.

## **Disability definition and prevalence**

Disability is usually conceptualised as being multidimensional for the person involved. There may be effects on organs or body parts, for instance impairments in the mobility of joints or bones. There may be effects on certain activities, for instance lifting or gripping objects with the hand. There may be effects on a person's participation in a full community life; for instance, environmental modification or equipment may be needed so that the person is enabled to work in their usual employment.

Three dimensions of disability are recognised in the International Classification of Impairments, Disabilities and Handicaps (ICIDH); the 1980 definitions are set out in Box 1.4.

### **Box 1.4: Definitions of the ICIDH 1980**

*The ICIDH provides a conceptual framework for disability which is described in three dimensions—impairment, disability and handicap:*

*Impairment: In the context of health experience an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.*

*Disability: In the context of health experience a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.*

*Handicap: In the context of health experience a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual. (WHO 1980)*

*Impairment is considered to occur at the level of organ or system function. Disability is concerned with functional performance or activity, affecting the whole person.*

*The third dimension—'handicap'—focuses on the person as a social being and reflects the interaction with and adaptation to the person's surroundings. The classification system for handicap is not hierarchical, but is constructed of a group of dimensions, with each dimension having an associated scaling factor to indicate impact on the individual's life.*

*Source: WHO 1980.*

A new version of the ICIDH is now being drafted, to embrace developments in the field since 1980, and comments on the first ICIDH.

The most recent national Australian population survey on disability was the 1993 Survey of Disability, Ageing and Carers; the next is scheduled for 1998. The ABS survey was the main data source used in the previous demand study (Madden et al. 1996), decided on after a comprehensive review of available data. Data from the survey were used to make estimates, and other sources used to confirm orders of magnitude. A similar approach is used in the present study for the estimates of unmet demand in Chapter 2 and the growth estimates in Chapter 4.

The 1993 ABS survey defined 'disability' as the presence of one or more of fifteen 'restrictions, limitations or impairments' identified by survey respondents (see Box 1.5).

**Box 1.5: Areas of limitation, restriction or impairment identified by the ABS**

*Affirmative responses to any of the following categories 'screen' the person into the ABS survey, where the limitation, restriction or impairment has lasted or was likely to last for six months or more:*

- *loss of sight, not corrected by glasses or contact lenses*
- *loss of hearing*
- *speech difficulties in native languages*
- *blackouts, fits or loss of consciousness*
- *slowness at learning or understanding*
- *incomplete use of arms or fingers*
- *difficulty gripping or holding small objects*
- *incomplete use of feet or legs*
- *treatment for nerves or an emotional condition*
- *restriction in physical activities or in doing physical work*
- *disfigurement or deformity*
- *long-term effects of head injury, stroke or any other brain damage*
- *a mental illness requiring help or supervision*
- *treatment or medication for a long-term condition or ailment, person still restricted*
- *any other long-term condition resulting in a restriction.*

*This list thus creates the implicit definition of disability for the survey. In ICIDH 1980 terms the ABS notion of disability ranges over impairment, disability and even handicap and health condition.*

Source: ABS 1993; AIHW 1995.

In designing the survey the ABS attempted as far as possible to use the definitions of the 1980 ICIDH, and collected data on 'handicap' as well as on 'disability'. 'Handicap' was identified where a person, because of their disability, had a limitation or restriction in performing certain tasks associated with self-care, mobility, verbal communication, schooling or employment (more details in Box 1.6).

### **Box 1.6: Levels of need for service or assistance—ABS data**

*The ABS surveys collected data on limitations in performing certain tasks associated with daily living. The limitation must be due to a disability and in relation to one or more of the areas listed below.*

- *Self-care: difficulties in showering, bathing, dressing, eating, toileting, bladder or bowel control;*
- *Mobility:  
–profound/severe/moderate—difficulties going places away from home or establishment, moving about the house/establishment, transferring to or from a bed or chair;  
–mild—limitation in walking 200 metres, walking up or down stairs or using public transport;*
- *Verbal communication: difficulties understanding or being understood by strangers/family/friends/staff in person's native language;*
- *Schooling: limited in the ability to attend school, or needing to attend a special school or special classes;*
- *Employment: limited in the ability to work, the type of work performed and other work problems such as the amount of time off required and special arrangements which need to be made.*

*Severity of 'handicap', as defined by the ABS, was determined on the basis of the person's ability to perform tasks in the first three areas—self-care, mobility and verbal communication—and on the amount and type of help needed.*

- *Profound handicap: personal help or supervision always required;*
- *Severe handicap: personal help or supervision sometimes required;*
- *Moderate handicap: no personal help or supervision required, but the person has difficulty in performing one or more of the tasks;*
- *Mild handicap: no personal help or supervision required and no difficulty in performing any of the tasks, but the person uses an aid, or has a mild mobility handicap or cannot easily pick up an object from the floor.*

Source: ABS 1993.

According to these definitions there were 3,176,700 people in Australia reporting disability in 1993.<sup>2</sup> Of these, 2,031,900 were aged under 65, of whom 925,700 (45.6%) were female, and 1,106,200 (54.4%) male (Table 1.3).

There were 1,519,000 people aged under 65 years who reported handicap (9.7% of the population in that age group). A total of 368,300 (or 2.6% of the population aged 5 to 64) reported 'severe or profound handicap' meaning that they always or sometimes needed personal assistance or supervision with activities of daily living (self-care, mobility or verbal communication) (Table 1.3 and AIHW 1995:245).

**Table 1.3: People with a disability aged 0–64 years ('000): disability status, severity of handicap,<sup>(a)</sup> by sex as a percentage of the Australian population of that sex and age group, Australia, 1993**

Disability status	Males		Females		Persons	
	Number	%	Number	%	Number	%
Profound	82.5	1.0	74.8	1.0	157.3	1.0
Severe	99.8	1.3	111.2	1.4	211.0	1.4
<b>Total profound and severe</b>	<b>182.3</b>	<b>2.3</b>	<b>186.0</b>	<b>2.4</b>	<b>368.3</b>	<b>2.4</b>
Moderate	136.0	1.7	121.4	1.6	257.3	1.7
Mild	291.9	3.7	262.6	3.4	554.5	3.6
Not determined <sup>(b)</sup>	199.8	2.5	139.2	1.8	338.9	2.2
Total with handicap	809.9	10.3	709.1	9.2	1,519.0	9.7
Disability, no handicap	296.3	3.8	216.6	2.8	512.9	3.3
Total with disability	1,106.2	14.0	925.7	12.0	2,031.9	13.0

(a) Severity of handicap was not determined for children with a disability aged 0–4 years. Some totals include people aged 5–64 only.

(b) This group comprises all children with a disability aged 0–4 years and people who had a schooling or employment limitation only.

Source: AIHW 1995: 246, 395, 396; AIHW 1997:295.

## Disability groupings

A common form of terminology in Australia refers to disability groupings, such as 'intellectual disability', when what is usually meant is disability related to intellectual impairment. 'Physical disability' may similarly be related to physical impairment but also to more complex impairments such as quadriplegia (which is generally categorised as physical disability because the effects on the body are primarily physical and the relevant organisations use this term). The CSDA MDS used these broad groupings, and included the term 'disability group' rather than 'disability type' in the 1997 collection.

<sup>2</sup> Strictly people did not 'report' disability and handicap in the ABS survey. They reported activity limitations, restrictions or impairments from which they were classified as having a disability or handicap. The term 'report' is used, nevertheless, both for brevity and to emphasise the self-reported nature of the data. Prevalence estimation from population surveys depends on the reliability of self-reported data. There is little evidence that any one data source is intrinsically more 'reliable' than another, but rather that definitions, survey questions, assessment instruments, personal perspectives and collection methods can all affect estimates, and care must be taken that the data are suitable to the purpose of their application. Comparability of self-reported results in non-homogeneous communities is considered to be promoted by the use of instruments focusing on activities of daily living (ADLs), with precise specification of severity categories (Mathers 1996).

This common terminology, while not clearly defined, and not based on a one-dimensional classification, is generally understood and is adopted by the major disability groups in Australia. Table 1.4 attempts to relate available population data to the major disability groupings, as follows.

The groupings used in output from the ABS Survey of Disability, Ageing and Carers are generally based on either the survey screening questions, or conditions categorised according to the International Classification of Disease 9th revision (ICD-9). The ABS category of 'primary disabling condition' is based solely on the ICD classification; this provides the only category which counts individuals (rather than conditions), and was used to derive Table 1.4.

In an attempt to align the ABS and CSDA MDS disability categories more closely for interpretation of unmet demand data, the AIHW 1995–96 demand study used the detailed ICD-9 codes within the ABS Unit Record File to derive groups based on the CSDA MDS disability groupings. In particular, people with Down syndrome recorded as the primary condition were moved from the ABS category of 'all other diseases' to 'intellectual' and people with autism recorded as the primary condition were moved from 'other psychoses' to 'intellectual'.

In the current study this approach has been retained, with two further refinements to enable more detailed examination of unmet demand to be carried out. Firstly, the largest group in the ABS data—people with a physical disability in ABS terms—have been split into the ABS subgroups of 'neurological', 'circulatory disease', respiratory disease', 'arthritis' and 'other physical'. Secondly, the CSDA MDS collection has recently, at the request of service funders and service recipient representative groups, split the largest category of service recipients — 'intellectual/learning'—into 'intellectual', 'specific learning' and 'autism'. In order to reflect this change the ABS code relating to 'developmental dyslexia', 'reading disorder' and 'specific delays in development' has, for this study, been separated from intellectual to a new category of 'learning' (autism has been retained in 'intellectual'). (A full listing of the disability groupings is contained in Table A1.2.)

Most people with profound or severe handicap had main disabling conditions that were likely to be related to physical disabilities. The next most common disability group for these people was intellectual, followed by the psychiatric disability group (Table 1.4).

**Table 1.4: People aged 5–64 years with a profound or severe handicap ('000): main disabling conditions by severity of handicap, Australia, 1993<sup>(a)</sup>**

Main disabling conditions	No.			%		
	Profound	Severe	Total	Profound	Severe	Total
Intellectual	28.7	9.1	37.8	18.2	4.3	10.3
Learning	3.7	2.8	6.5	2.3	1.3	1.8
Psychiatric	14.2	16.3	30.5	9.0	7.7	8.3
Acquired brain injury	7.3	5.1	12.5	4.7	2.4	3.4
Vision	4.0	7.2	11.2	2.5	3.4	3.1
Hearing	5.5	5.0	10.5	3.5	2.4	2.8
Speech	3.0	1.9	4.9	1.9	0.9	1.3
<i>Physical</i>	<i>72.4</i>	<i>138.5</i>	<i>211.0</i>	<i>46.1</i>	<i>65.7</i>	<i>57.3</i>
Circulatory	4.3	10.6	14.9	2.7	5.0	4.1
Respiratory	8.8	18.0	26.8	5.6	8.5	7.3
Arthritis	7.9	38.4	46.3	5.0	18.2	12.6
Other musculoskeletal disorder	11.4	44.9	56.4	7.3	21.3	15.3
Other physical	40.1	26.5	66.6	25.5	12.6	18.1
Neurological	12.7	11.5	24.2	8.1	5.4	6.6
Other	5.7	13.5	19.2	3.7	6.4	5.2
<b>Total</b>	<b>157.3</b>	<b>211.0</b>	<b>368.3</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: Table A1.1; AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data.

## Human needs, disability services and data

In order to proceed with the study, it was also necessary to relate the needs for assistance with certain activities, reported in the ABS population survey, to the need for the specific services provided under the CSDA. The reasoning in the 1995 study still applies (Madden et al. 1996:11):

It was strongly urged by the Project Advisory Group that the report, in looking at needs, should 'start with the individual' ... The growing number of 'case management' or 'direct funding' services in the field also reflects this evolution.

A second consideration affecting the approach to analysis was the suggestion, from the Project Advisory Group and the public consultations, that people, in order to meet their needs, will 'flow' between categories of similar services, depending on the availability of services. For instance, people needing long-term accommodation may accept respite care as the only service available. This displacement effect may not always be 'downwards' to a lower intensity service; people wanting a supported accommodation service may, for instance, accept a place in a nursing home.

As an outcome of both these factors—the need to ‘start with the individual’ and the flow of people between similar services—services have been grouped, for the purposes of this study, to reflect broad categories of need. For instance, sharp distinctions are not made between categories of accommodation services, including respite care.

The approach to data analysis in this report therefore starts with the needs of the individual by addressing broad categories of human need. These categories of need are related to abilities and activities, then to groups of services providing assistance in these categories. A framework relating needs, activities and services is outlined in Table 1.5.

**Table 1.5: Individual needs, services and data—a framework for data analysis and planning**

<b>Need</b>	<b>Activities, abilities</b>	<b>Services (non-CSDA)</b>	<b>Disability support services (CSDA)</b>
Shelter, living environment	Management skills	Housing, income support, home modification and maintenance, respite	Accommodation, respite
Food & clothing	Mobility, meal preparation	Income support, home help, meals services	—
Daily maintenance	Self-care, mobility, communication	Accommodation support, respite, aids & appliances, community nursing, personal affairs, specific income support, personal care, transport	Accommodation support, respite, attendant care
Health	Self-care, ability to access services	Health (GPs, pathology, pharmacy, hospital, rehabilitation & therapy, community nursing), personal care, specific income support	Early intervention, school therapy
Income	Education, employment, self-management	Education, employment, income support	Employment services
Employment, education	Employment, education, mobility	Employment, education, transport	Employment services
Other meaningful day activity	Mobility, communication, personal affairs, social contact, community activity, information, training	Transport, mobility, training, interpreting services, specific income support	Day activities, independent living training & community access, day services, pre-employment, early intervention, print disability, post-school options
Community participation & leisure	Mobility, communication, personal affairs, social contact, community activity, information, training, recreation	Transport, mobility, specific income support, respite	Recreation
Personal relationships and responsibilities	—	Respite	Respite, advocacy, information
Rights, autonomy, personal development, safety	—	Law, education	Advocacy, information, care coordination

Source: Adapted from Madden et al. 1996.

The framework starts by considering ten broad categories of human need; the categories have been adapted to dovetail with the study’s focus on people with a disability. The second column suggests activities or abilities that enable individual people to fulfil these needs. The services that may assist people to carry out these activities, or enhance the necessary abilities, are listed in the next two columns of the table, distinguishing between generic services and specialist support services available under the CSDA. Table 1.5 underpins the analyses in this report, especially in Chapter 2.

These human needs are felt by people with a disability, their carers and their families. Sometimes one person's need may conflict with another's. For instance, a carer's need for employment may apparently conflict with the need for daytime activity of the person being cared for. The conflict may be resolved by the provision of a day program to the person with a disability.

Meaningful day activities for people with a disability who are not likely to join the labour force are, thus, not only an important acknowledgement of their right to stimulation, development and social activity after they leave school, but also a recognition that society does not expect one family or carer (frequently a woman) to provide a 24-hour care and development program to a person with high support needs for the duration of her life.

### **The role of carers**

The presence of close personal relationships and responsibilities appears to be a pivotal feature of the disability field. These relationships create strong, caring environments which, nevertheless, often require external support to be maintained.

Most of the assistance given to people with a disability is provided not through the formal service system, but through informal networks of family (mainly) and friends. Of people living in a household, reporting handicap and receiving assistance in 1993, 91.9% received assistance from family and friends, 38.9% received formal services, and 31.7% received both informal assistance and formal services. For people with profound or severe handicap, living in households in 1993, the main provider of assistance with self-care activities was an informal carer usually resident in the same household (AIHW 1995:289-91).

The monetary value of the contribution of informal care has been estimated at some \$16.6 billion in 1995-96 and far exceeds the value of all sectors providing formal welfare services (AIHW 1997:11):

The *household* sector is by far the dominant sector in the welfare services area. In 1995-96, the bulk of services, estimated at about \$16.6 billion, were provided by members of households for the consumption of others in the household or people in other households, without any form of monetary payment. These services included work done at home caring for people who are sick or with a disability, caring for other people's children, caring for one's own sick children and other welfare services. Households also provided child care services worth \$213 million to other households in 1995-96, for which a monetary payment was received.

In total, welfare services provided by households, non-government community service organisations and governments in 1995-96 were estimated to have a value of \$27.5 billion, of which \$16.8 billion worth was provided by the household sector, \$7.2 billion worth by non-government community service organisations and \$3.5 billion worth by governments.

The relative contributions of these sectors in the *provision* of welfare services is not, however, mirrored in their relative contributions in the *funding* of these services. The Commonwealth Government contributed some 35% to the total, and was the major funder of welfare services (AIHW 1997:16). State and Territory Governments contributed 29%, client contributions made up 25% of the total, and non-government organisations contributed some 10% from fundraising and other sources of income.



The caring role affects the lives of those who undertake it. Documented effects of caring for people with a disability include experiencing frequent sleep interruptions, losing touch with friends, strain on family relationships, giving up work to take on the caring role, and diminished social activity. These effects fall mainly on women aged 30 and over (Madden et al. 1996).

What distinguishes the role of the carer of a person with a disability is the duration of care. Parent carers of people with severe or profound handicap in 1993 had, on average, been caring for considerably longer periods of time than other family, including spouses. It is estimated that, of the 7,700 parents aged 65 years and over who were principal carers in 1993, almost half had been caring for a person with a severe or profound handicap for over 30 years (Madden et al. 1996:67).

The goal of disability support services has been stated to be:

Governments strive to enhance the quality of life experienced by people with a disability through assisting them to live as valued and participating members of the community. (SCRCSSP 1997:389)

In order to achieve this goal, it is reasonable to assume that:

- the role of carers must be sustained, because of its huge value; and
- carers' rights to participate in society must also be recognised.

The 1995–96 demand study noted 'the significance of informal care and the sensitivity of all (the unmet demand) estimates to factors that might change the availability of informal care' (Madden et al. 1996:102).

There will be further discussion of the role of carers and families in Chapter 4.

## **2 The level of current unmet demand for accommodation and support, respite services and day programs**

### **2.1 Introduction**

In this chapter the level of current unmet demand is estimated in terms of numbers of people:

- with unmet demand for accommodation, accommodation support and respite services;
- with unmet demand for day programs.

The national totals are subdivided into smaller groups, according to the intensity of service the people are estimated to need. This process is designed to enable the costs of meeting unmet demand to be estimated in the following chapter, in particular to avoid the assumption that all people with unmet demand need high levels of service.

Section 2.2 describes the method for estimating the number of people with unmet demand for accommodation, accommodation support and respite services, and presents the estimates. Section 2.3 describes the method for estimating the number of people with unmet demand for day programs, and presents the estimates. The primary data source used in Sections 2.2 and 2.3 is the 1993 ABS Survey of Disability, Ageing and Carers. This survey was the primary source used in the 1995–96 demand study, decided on after a comprehensive review of available sources. Section 2.4 discusses other available data sources. Section 2.5 summarises the results of the chapter.

### **2.2 Accommodation and support and respite**

The 1995 estimates of unmet demand for accommodation, support and respite services were based primarily on data from the 1993 ABS Survey of Disability, Ageing and Carers. The decision to rely on this source was made after an intensive review of other available data sources. These other sources were subsequently used to confirm the order of magnitude and conservatism of the main estimates (Madden et al. 1996). The same broad approach is used in this chapter.

The task in relation to the present study is to update and refine the previous estimates, which related to the year 1993. First, the method for deriving these estimates is outlined.

#### **Estimates from the 1995 demand study**

##### **The choice of relevant data items from the ABS survey**

The target group for services is defined in the CSDA as:

persons with disabilities (which) means a person or person with a disability or disabilities that —

- (i) are attributable to an intellectual, psychiatric, sensory or a physical impairment or a combination of such impairments;

- (ii) are permanent or likely to be permanent; and result in
  - (a) a substantially reduced capacity ... for communication, learning or mobility; and
  - (b) the need for ongoing support services.

The starting point for the 1995 analysis was a detailed review of all questions in the ABS survey, and their relationship to the target group for CSDA services. The data items from the ABS survey most relevant to the provision of accommodation services to this group of people are as follows.

**Severity of 'handicap':** Attention is focused in this analysis on people classified by the ABS as having 'severe or profound handicap'. People were not asked in the survey whether they had a disability or handicap. Rather, they were asked a sequence of questions on activity restrictions and limitations which enabled the ABS to group them according to the severity of these limitations. The way in which handicap was determined, and its severity rated, is set out in Box 1.6.

Thus, people aged 5 years and over, with a disability, who reported that they always or sometimes needed help with self-care, mobility or verbal communication, were classified by the ABS as having (respectively) a profound or severe handicap. These people are considered to conform quite well to the definition of the target group of CSDA services (substantially reduced capacity in communication, learning or mobility, and needing ongoing support services); the additional area of self-care included in the ABS severity rating has a clear relationship to daily accommodation support (Table 1.5). Estimates relying on this data item relate to the demand for CSDA services, as illustrated in Figure 1.1; no reliance is placed on inference, as these people are voicing the need for assistance with relevant activities.

**The age of the person:** While the CSDA does not specifically exclude people above a certain age, many services do so in practice. While people who age 'in the service' can in practice remain, services do not take on new clients who are aged 65 or over. In addition, the overall approach of this study, of seeking to minimise debate about the lower end of the estimated range, weighs against including people who may be eligible for aged care services. The age range considered was therefore 5–64 years. (Severity of handicap is not rated for people under the age of 5.)

**Whether the person was living in a household:** Only people living in households were included. Questions on unmet needs were not asked of people living in institutions. (People in institutions are further considered in Chapter 4.)

**Activities in which help was needed:** Questions were asked about the need for help in the activity areas listed in Box 1.6, and in a number of further areas, namely, health care, home help, home maintenance and gardening, meal preparation, personal affairs (financial management and writing letters) and transport.

**Whether or not there was a stated unmet need for help:** People who needed help were asked the type of assistance they received, whether the source was a formal service or informal assistance, and whether there was an unmet need for help and why.

Because people can report the need for help in more than one area, it was necessary to refine the data analysis, to ensure that each person was counted only once. Because of the decision, outlined above, to focus on people with severe or profound handicap, activities were grouped into a 'hierarchy' of three areas:

- *Area 1:* People's unmet needs were allocated to this area if they reported any unmet need for regular assistance ('severe or profound handicap') in any combination of self-care, mobility and verbal communication (unmet need may also exist in Areas 2 and 3).
- *Area 2:* People's unmet needs were allocated to this area if they had unmet needs for regular assistance in any combination of health care, home help, home maintenance and meal preparation (unmet need may also exist in Area 3) but *none* in Area 1.
- *Area 3:* People's unmet needs were allocated to this area if they had unmet needs for regular assistance in personal affairs or transport, but *none* in Areas 1 or 2.

**People reporting unmet needs in Area 1 are the group it was argued are a close fit to the target population for CSDA accommodation services; further, they are reporting unmet need for help in the specific activities in which they need ongoing support.**

People reporting unmet needs in Area 2 could also include some people eligible for CSDA services. However, it is not possible to rate the 'severity' of their 'handicap' in relation to these activities, and thus it is not appropriate to assume that the degree to which they need support and have unmet needs in these activities is as great as the support needs of people reporting unmet needs in Area 1. Further, activities in Area 2 relating to meal preparation and home help may be supported by Home and Community Care services as well as by CSDA services. While there is an argument for including a proportion of the unmet needs in Area 2 in the CSDA estimates, the emphasis was (and remains) on deriving a robust lower limit; figures from Area 2 were not included in the estimate.

**The reason stated for there being no or not enough formal assistance:** The possible categories into which responses were allocated by ABS interviewers were:

- the person did not know of the service;
- the person did not consider their need important enough;
- the person would not ask for the service, for reasons of pride;
- no service was available;
- the person was unable to arrange a service; and
- other.

It was considered that the reasons which most clearly demonstrated unmet demand for CSDA services were that the service was not available or could not be arranged to provide needed formal help with Area 1 activities. Here, there is evidence that the person has identified the relevant service and has expressed a real demand by attempting to access a service, only to find that it was not available at all or access could not be arranged.

Views were put to the 1995 study team that there are very good reasons for including some people from other categories. In the income security field, for instance, lack of knowledge of a service is seen to be a failing of the service rather than a lack of demand for it. Similarly, people may not consider their need important enough only because they have low expectations that they will be eligible for the sorts of services that are available. The relatively large number of cases where people's reasons have been grouped as 'other' could sometimes be dealt with statistically by distributing

them on a pro rata basis to the other more explicit categories. Any of these considerations could lead to an increase in the estimates.

The 1995 study team, however, maintained its focus on the two groups where there could be little argument that unmet demand was demonstrated; the data on the other reasons for unmet need were referred to, in order to indicate possible higher points on a range of estimates.

### Principal findings of the 1995 demand study

Table 2.1 shows that in 1993 an estimated 13,500 people (total of the two numbers shaded, rounded) with profound or severe handicap, aged 5–64 years, and living in households, reported unmet needs for formal help with self-care, mobility or verbal communication, and could not obtain this help because the service was not available or could not be arranged. These people could also have unmet needs in Areas 2 and 3.

As outlined above, in the discussion of the data items involved in the analysis, this figure of 13,500 was considered to represent a lower limit for the figure referred to in the terms of reference of the 1995–96 study—the ‘number of people who would significantly benefit from accommodation support, respite’ services under the CSDA—because of the activity areas of unmet need and the high level of this need.

A further 4,500 people, with similar unmet needs and in similar circumstances, ‘did not know of a service’. As outlined above, there are good reasons for considering some of these people in the estimates of unmet demand, especially as they may live in generally under-resourced areas, for instance in rural or remote Australia (although the survey does not support reliable regional estimates).

**Table 2.1: People aged 5–64 years and over with a profound or severe handicap in households—reasons for no formal or not enough formal help, by area of unmet need,<sup>(a)</sup> Australia, 1993<sup>(b)</sup>**

Reasons for none or not enough help received <sup>(c)</sup>	Area 1	Area 2	Area 3
Did not know of a service	4,600	9,300	2,000
Need not important enough	20,000	10,900	4,200
Would not ask/pride	14,900	10,600	500
No service available	8,000	4,900	1,600
Unable to arrange service	5,400	2,000	1,200
Other	17,100	8,000	2,000
<b>Total</b>	<b>70,000</b>	<b>45,800</b>	<b>11,400</b>

(a) Unmet need was defined as having reported at least one reason for receiving no help or not enough help from formal assistance.

(b) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

(c) To preserve the ‘conservative’ approach to analysis, people’s reasons for not receiving enough formal help were allocated in the order shown in the table. There is thus, if anything, a bias away from being allocated to the two shaded groups.

Source: Madden et al. 1996:Table 5.3.

## Conservative nature of the estimates

This estimate of unmet demand for accommodation and respite services was considered to be conservative. Its order of magnitude and its conservative nature were confirmed at the time by:

- the finding that, among people with ‘severe or profound handicap’ and the need for ongoing support, there were 7,700 whose principal carer was a parent aged 65 years or more, suggesting that service enhancements were needed in the very near future;
- the projected 19% growth in the number of people with ‘severe or profound handicap’ aged 45–64 years, between 1995 and the year 2001;
- estimates from State waiting list data and a non-government study of accommodation support needs of people with an intellectual disability;
- the lack of knowledge of respite care—approximately 59,000 principal carers of people with severe disabilities did not know or did not know enough about respite care and provided this as the main reason for not having used it;
- the estimate that there were, in 1993, approximately 7,000 carers of people with severe disabilities for whom there was no respite care service available.

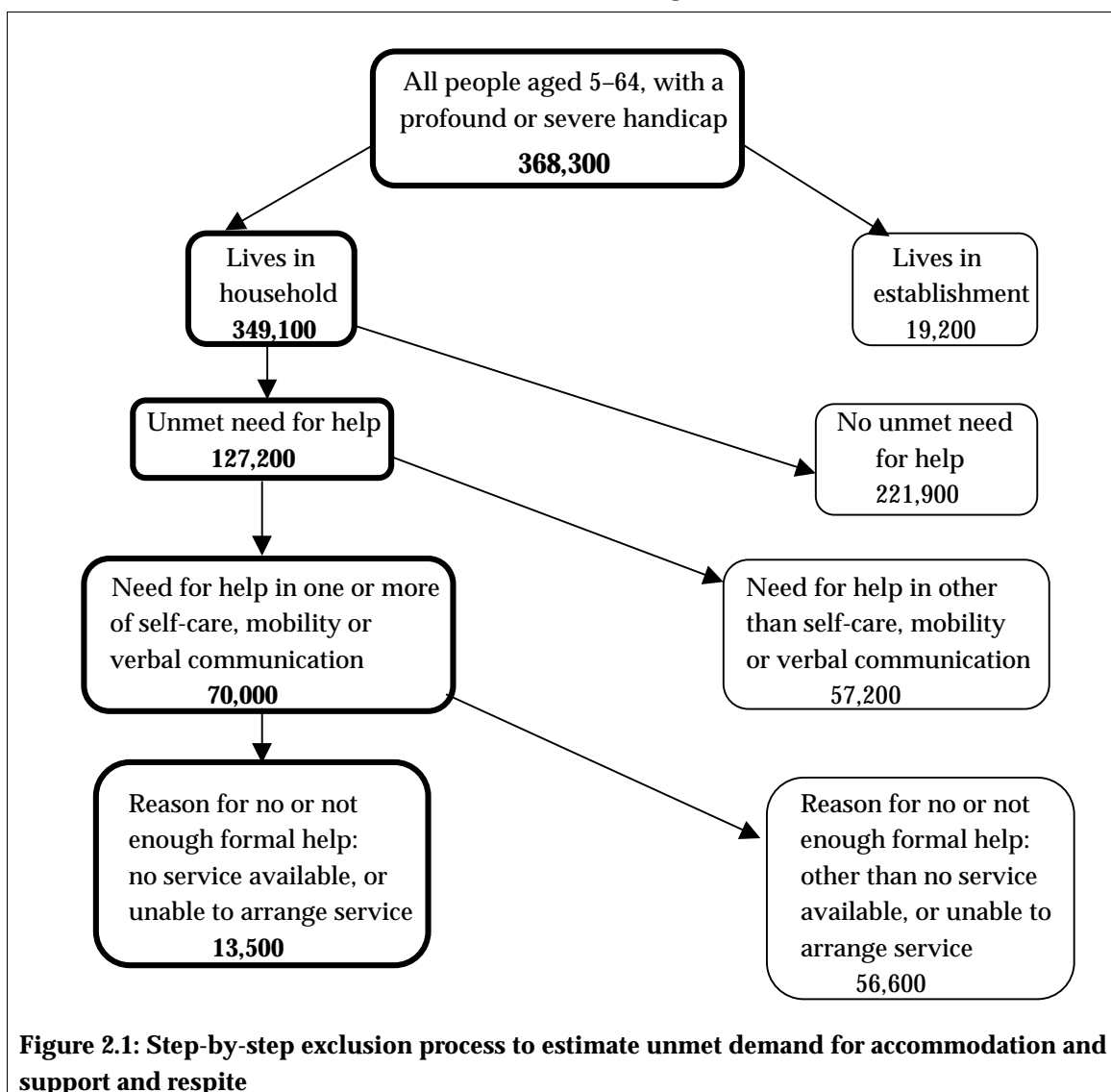
To allow for standard errors in the survey data, the estimate of 13,500 should be represented as a range of 11,000–16,000.<sup>3</sup>

A key feature of the 1995 study’s approach to estimation was that most effort was directed to making the lower end of the estimated range robust, that is, to provide reliable, ‘conservative’ estimates.

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<sup>3</sup> The accuracy of the estimates from the ABS survey should be taken into account. As a general guide, estimates of less than 8,000 have a relative standard error of greater than 25% and estimates of less than 1,900 have a relative standard error of greater than 50%. Therefore, the standard error of the estimate of 13,500 is about 2,500; that is, with 67% confidence it would be predicted that the ‘true’ estimate of the number of people in the category was between 11,000 and 16,000.

A key feature of the process was the step-by-step exclusion of any group where there was doubt about the existence of unmet demand (Figure 2.1).



**Figure 2.1: Step-by-step exclusion process to estimate unmet demand for accommodation and support and respite**

In 1993 there was a total of 368,200 people with severe or profound handicap aged under 5–64 years. Of these, a total of 19,200 were living in ‘health establishments’. These people were not asked to report on unmet need for assistance, and for this very practical reason were excluded from further consideration. The implicit assumption that these people have no unmet needs for formal services is conservative, in a period when:

- there is evidence of people remaining in hospitals and nursing homes, particularly following traumatic injury, because of the absence of suitable long-term accommodation support (see Section 2.4); and
- there is considerable effort either to enhance the quality of institutions or to place people living in institutions into community-based accommodation.

In terms of Figure 1.1, some of these people may be considered to have a ‘potential need’ for community-based services. There is some further discussion of this issue in Chapter 4.

People could report unmet needs for formal assistance in a range of areas, and 127,200 did so. Only the 70,000 reporting unmet ongoing needs for formal assistance with self-care, mobility or verbal communication were included in the estimates of unmet demand. Those with unmet needs for formal assistance in activities such as meal preparation, home help, personal affairs, transport, or health care were excluded.

Finally, only those 13,500 who were considered to have translated their need into a demand, by establishing that the service was unavailable or could not be arranged, were finally included in the estimate, omitting those who gave other reasons for their unmet need for formal assistance not being met.

This overall process illustrates the extent to which 'need' may exceed 'demand', as illustrated in Figure 1.1.

### **Adjusting for increases in demand and supply since 1993**

Both demand and supply were likely to have grown between 1993 and 1996, and it was necessary to consider how to allow for any changes. Several methods were used and compared.

#### **Updating estimates of unmet demand**

Projections were carried out on the figure of 13,500 for unmet demand for accommodation places in 1993, as follows.

The process for updating the national estimates of unmet demand for accommodation, support and respite (13,500 in 1993) to 1996 relies on a key finding in relation to the prevalence of severe and profound handicap. The age- and sex-standardised rates of severe and profound handicap have been found to be relatively stable over the three ABS disability surveys, at just over 4% of the total population, and 2.5% of the population aged 15–64 (Wen at al. 1995). This finding is consistent with the possibility that:

- the main source of variation in the overall prevalence rates of severe and profound handicap has been the change in the age (and sex) structure of the population; and
- people have interpreted the questions relating to assistance with activities of daily living in a similar way over the three surveys (see also AIHW 1995).

The 1993 unmet demand estimates, which were based on a subset of people with severe or profound handicap, can therefore be updated essentially by projecting them forward using overall population growth, appropriately adjusted for age and sex. (This process assumes that supply will have kept pace with population growth, that is, that met demand will not have dropped as a proportion of overall demand.)

In detail, the steps used were as follows:

Step 1: Calculate the age- and sex-specific rates of severe and profound handicap in 1993, using the estimated numbers of people living in households in each age and sex category, divided by the number of people in that age and sex category in the overall 1993 populations (AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data).

Step 2: Calculate estimates of the numbers of people with severe or profound handicap living in households in 1996, using the rates calculated for 1993 in Step 1, and applying them to the 1996 population. (This step is justified by the



key finding outlined above, that age- and sex-standardised rates of severe and profound handicap appear stable.)

Step 3: Calculate 1996 estimate for age group 5–64 years (subtotal from Step 2).

Step 4: Calculate proportions for each cell of Table 2.1, as a proportion of the total number in age group 5–64 years (1993).

Step 5: Using these proportions, derive an equivalent of Table 2.1 for 1996 by applying the proportions from Step 4 to the 1996 total from Step 3.

The results of these calculations are presented in Table 2.2. Based on 1993 survey results, and allowing *only* for population growth since then, an estimated 14,000 people in 1996 would have unmet demand for accommodation, support and respite services provided under the CSDA (an increase of some 3.7%).

**Table 2.2: People aged 5–64 years and over with a profound or severe handicap in households, reasons for no formal or not enough formal help, by area of unmet need,<sup>(a)</sup> Australia, 1996<sup>(b)</sup>—projection allowing for population growth *only***

Reasons for none or not enough help received	Area 1	Area 2	Area 3
Did not know of a service	4,800	9,800	2,100
Need not important enough	21,000	11,500	4,400
Would not ask/pride	15,700	11,200	500
No service available	8,400	5,200	1,700
Unable to arrange service	5,600	2,100	1,200
Other	18,000	8,400	2,100
<b>Total</b>	<b>73,500</b>	<b>48,100</b>	<b>12,000</b>

(a) Unmet need was defined as having reported at least one reason for receiving no help or not enough help from formal assistance.

(b) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1997.

### Increase in total demand

Since 1993 the target population for CSDA support services (people with ‘severe or profound handicap’ in ABS terms) has grown from 368,300 to 386,500 in 1996, an increase of some 5%. This is slightly higher than the percentage growth in estimated unmet demand based on population change alone.

The estimated supply of accommodation services in 1994 was approximately 21,200 (Madden et al. 1996:55). Thus the total demand in 1993 would have been of the order of 34,700 (supply plus unmet demand, in terms of Figure 1.1). It could therefore be anticipated that, to keep pace with population growth alone, total supply should have increased by almost 5% or some 1,735 places.

### Increase in supply

States and Territories were asked to provide an estimate of increases in supply since 1993. Information received was patchy, and gave what are regarded as incomplete estimates of increased supply—1,100 additional places in accommodation and support, and respite services.

## **Financial data**

In this context it is worth noting that State and Territory expenditure on 'aged and disabled' welfare services, net of Commonwealth transfers, has fallen, in real terms, over the period 1992–93 to 1995–96, from \$1,204 million to \$1,148 million (1989–90 constant prices) (AIHW 1997a:Table A2.1). Commonwealth transfer payments have risen in real terms over the same period, from \$346 million to \$621 million (1989–90 constant prices). The combined payments have risen by some 14% in real terms, thereby increasing faster than population growth over the same period. There has been strong growth over this period of Commonwealth funding of Home and Community Care services, and it is not possible to split the overall growth between aged care and disability services.

## **Resulting adjustments**

Taken together, the above data do not provide conclusive evidence that the increase in supply of accommodation and related places has grown faster than the overall increase in demand; that is, it has not made inroads on unmet demand. Further tabulations and estimates of unmet demand for accommodation services for 1996–97 will therefore be presented on the basis of the 1993 data, without further adjustment.

## **Differentiating intensity of service needed**

From the analysis so far, we know that the people with unmet demand for accommodation, support or respite always or sometimes need assistance with self-care, mobility or verbal communication (Table 2.1, Box 1.6). Some of these people may need full-scale accommodation services, requiring quite intense levels of assistance. Some may, however, need quite low levels of service, for instance a few hours of personal assistance or respite care per week.<sup>4</sup> Some may also be receiving some formal service, even though not enough.

In order to proceed, in the following chapter, to estimate the costs of meeting the needs of these people for formal services, it is necessary to refine the estimated number of people by attempting to group them according to the intensity of the service they are likely to need. This subdivision allows lower costs to be applied to the 'lower end' of the spectrum of needs, and higher costs to the higher levels of need. After considering the data available in each jurisdiction, it was again decided that the best way of subdividing the national estimates was to carry out further analysis using the ABS survey.

Before proceeding, it was decided to amend the previous rounding of the figure in Table 2.1 (13,500) to 13,400, so as to simplify the further subdivision of the figures.

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<sup>4</sup> Some of these people could also have some of their needs met by the provision of suitable equipment. It has been suggested that the provision of equipment within services can reduce the need for personal care provided by service staff or informal carers and can enable people to use lower levels of formal services, and retain higher levels of independence (Ernst and Young 1996), although quantification of these effects was not estimated. So it is simply assumed here that there is a further range of other, substitutable services to which CSDA funding, estimated in Chapter 3, could be directed to achieve the same purpose as low levels of accommodation support services.

The most obvious split of the 13,400 people was first to separate those with severe handicap (who *sometimes* need assistance with self-care, mobility or verbal communication) from those with profound handicap (who *always* need assistance).

A second subdivision of the group looks at the *number* of these activities with which people needed assistance (one, two or three of self-care, mobility or verbal communication).

Table 2.3 presents this subdivision for those with unmet demand for formal services (i.e. the 13,400 estimate being used for 1993 and 1996).

**Table 2.3: People aged 5–64 years with a profound or severe handicap in households<sup>(a)</sup> who reported unmet needs for formal help<sup>(b)</sup> and could not obtain this help because the service was not available or could not be arranged, by number of activities needing assistance,<sup>(c)</sup> Australia, 1993 and 1996**

	Number of activities needing help			Total
	1	2	3	
<b>Profound handicap</b>	3,000	2,400	1,500	6,800
	22.2%	17.8%	11.1%	51.1%
<b>Severe handicap</b>	4,600	1,900	—	6,600
	34.6%	14.3%	—	48.9%
<b>Total</b>	<b>7,600</b>	<b>4,300</b>	<b>1,500</b>	<b>13,400</b>

(a) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

(b) Unmet need was defined as having reported at least one reason for receiving no help or not enough help from formal assistance in self care, mobility or verbal communication.

(c) Activities include self-care, mobility and verbal communication.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data.

A similar table for *all* people with severe or profound handicap aged 5–64 years is presented (Table 2.4) to enable some comparison with Table 2.3, where some of the estimates are relatively small numbers.

It can be seen that those with reported unmet demand tend to have higher levels of need for assistance: 28.9% of the total are in Group (P 2,3) in Table 2.3, compared to 20.1% (11.43% + 8.78%) in that Group in Table 2.4. (Table A2.1 at the end of the paper gives the same information, by disability group.)

**Table 2.4: People aged 5–64 years with a severe or profound handicap in households, by whether there were reported unmet needs for formal help,<sup>(a)</sup> by number of activities needing assistance,<sup>(b)</sup> Australia, 1993<sup>(c)</sup>**

	Profound handicap				Severe handicap			
	Number of activities needing help				Number of activities needing help			
	1	2	3	Total	1	2	3	Total
<b>People with reported unmet needs for formal help</b>								
%	13.63	13.84	6.09		45	20.3	1.15	100.00
Total	17,300	17,600	7,700	42,700	57,200	25,800	1,500	84,500
<b>People with no reported unmet needs for formal help</b>								
%	22.64	10.06	10.32		40.68	15.48	0.84	100.00
Total	50,200	22,300	22,900	95,500	90,300	34,300	1,900	126,500
<b>Total people with a profound or severe handicap in households</b>								
%	19.35	11.43	8.78		42.25	17.23	0.95	100.00
<b>Total</b>	<b>67,600</b>	<b>39,900</b>	<b>30,600</b>	<b>138,100</b>	<b>147,500</b>	<b>60,200</b>	<b>3,300</b>	<b>211,000</b>

(a) Unmet need was defined as having reported at least one reason for receiving no help or not enough help from formal assistance.

(b) Activities include self-care, mobility and verbal communication.

(c) Because this table refers to people in households, the total is different from that in Table 1.3 which includes all people including those living in 'health establishments'.

Note: Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data.

The numbers in Table 2.3 are now subdivided a third and final time, according to whether people are already receiving some formal service. This final split is presented in Table 2.5.

Inferences are also made, and presented in Table 2.5, about the level of service it is reasonable to assume these people might receive in order to meet their need for formal services (and in order to proceed in the next chapter to translate the people estimates into cost estimates). These inferences draw on information received by the study team from the various Australian jurisdictions, about the current and immediately anticipated service provision practices in operation. These practices include, chiefly:

- new clients are generally not being assigned to large institutions;
- people with high-level support needs are being supported in group homes or in their own homes; and
- in-home respite is generally preferred to residential respite, where possible, although flexibility and choice of respite option are considered desirable.

These practices reflect the emphasis in the field on community-based services, and the support of existing networks and carers. While on the one hand this leads to assumptions that less intensive service *types* are being provided, it also indicates the need for perhaps higher *levels of support* within these service types. For instance, group homes and in-home support are being used by people with high levels of support need.

**Table 2.5: People with unmet demand for accommodation and support and respite: level of assistance needed and inferred service needs**

Level of assistance needed	No. of people	%	Service needs inferred
<b>People needing assistance in 2 or 3 activities, and <i>always</i> needing assistance in at least 1 (Groups (P2), (P3)):</b>	<b>3,900</b>	<b>29.1</b>	
• No formal assistance now	1,500	11.2	Group homes or high level of in-home support (say 30 hours per week)
• Some formal assistance now	2,400	17.9	Additional assistance equivalent to medium level of in-home support (say 15 hours per week)
<b>People always needing assistance in 1 activity only (Group (P1)):</b>	<b>3,000</b>	<b>22.4</b>	
• No formal assistance now	2,300	17.2	Medium level of in-home support (say 10 hours in-home support, respite)
• Some formal assistance now	700	5.2	Occasional service — say 5 hours per week
<b>People needing assistance in 2 activities — sometimes (Group (S2))</b>	<b>1,900</b>	<b>14.2</b>	<b>Occasional service — say 5 hours per week</b>
<b>People sometimes needing assistance in 1 area only (Group (S1))</b>	<b>4,600</b>	<b>34.3</b>	<b>Occasional service — say 3 hours per week</b>
<b>Total</b>	<b>13,400</b>	<b>100.0</b>	

*Notes*

1. Activities include self-care, mobility and verbal communication.
2. Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly. In this table, estimates are rounded to the nearest 100.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data.

The groups of people with unmet demand for accommodation and support and respite are as follows. (Further discussion of inferences about levels of service appears in Chapter 3 on costs.)

There are an estimated 1,500 people who need assistance with two or three activities (self-care, mobility or verbal communication) and who *always* need assistance with at least one, and who want formal assistance but are currently receiving *none*. These could be people who need assistance every time they bathe, dress or go to the toilet, or move outside the house. The group could include people with cerebral palsy, paraplegia, quadriplegia, or people with profound intellectual disability who need considerable assistance with self-care and communication activities. It is assumed that these people need high levels of support, either in group homes or as in-home support.

There are approximately 2,400 people with similar needs for constant assistance, but who are receiving some level of formal support already. It is not possible, based on the ABS survey, to quantify what services the people are receiving. It will therefore be assumed that they need services at about half the level of the first group (some may need more, some less), that is, approximately an additional 15 hours of in-home support per week. (In the next chapter the consequences of making different assumptions about the number of hours received by this group are explored.)

There are approximately 2,300 people who *always* need assistance in just one of self-care, mobility or verbal communication areas, but who are receiving *none* of the formal assistance they desire. Because these are very basic and constant needs the need for support is still quite high, and it is assumed that they would need approximately 10

hours of in-home support or respite per week. This level of support could mean, for instance, formal assistance with lifting and bathing someone is provided to a carer, or that the carer is able to have two shopping expeditions or other activity without having to worry about their son or daughter with intellectual disability, who needs assistance with communication.

There are a further 700 people approximately who have similar levels of need for assistance, but who are receiving some formal service now. It will be assumed that their unmet demand for services could be met by the provision of, say, an additional five hours per week of respite or accommodation support.

The remaining two groups have 'severe' handicap, that is, they sometimes need assistance with one or more of the three activities (self-care, mobility or verbal communication). Approximately 1,900 people sometimes need assistance with two of these activities and will be assumed to require approximately five hours per week to meet their unmet demand for formal service. Those who need assistance in only one area (some 4,600) will be assumed to need only minimal levels of assistance, that is, three hours per week of in-home support.

## **2.3 Day programs**

Day programs are generally services designed to provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence. These services are mainly used by people who do not attend school, or who are not employed full-time.

The services:

- range from educational to leisure and recreational pursuits;
- range from facility to home-based activities;
- include supervision and physical care, and models which link people into activities which are offered to the total community; and
- range from long-term day support to highly specific, time-limited and goal-oriented education that maximises personal independent functioning and may complement other community options services.

These services, for the purposes of this study, are taken to be CSDA MDS service types 3.00 to 3.03 inclusive, as listed in Box 1.2 of the report.

### **Policy assumptions underlying estimation**

In preparing the estimates for unmet demand for day programs, the following assumptions are made about their nature and purpose.

Day programs are designed for people with a disability, with high levels of support needs and:

- who are not in, and not likely to be in, the labour force (including supported employment);
- who are not studying or likely to study.

The purpose of day programs is to provide meaningful activity for people, so that they continue to develop, receive stimulation and experience social interaction and community participation (see Table 1.5).

Day programs should be provided at such a level that family carers are not obliged to provide 24-hour care for people with high support needs on a lifelong basis. That is, from the time people with high-level support needs are 18 years old and have left school, they may still be receiving accommodation support from their families, but should not be reliant on them for the equivalent of ‘day programs’.

The approach to estimation, then, is to:

- use a parsimonious approach to including people in the estimates for demand for these programs (in particular to exclude people who are eligible for employment support); but to
- assume that most people requiring these programs require them five days per week.

### Estimates of unmet demand for 1993

In 1993 there were an estimated 50,500 people with severe or profound handicap aged 18–64 years, living in households, not in the labour force or studying, reported to be permanently unable to work, and who did not go out as often as they would have liked **because of their own illness or condition** (Table 2.6). The restriction of ‘wanting to go out more’ is imposed on Table 2.6 simply to ensure that demand is not being inferred among people who do *not* wish to go out more—that is, wanting to go out more is, for this group, a necessary but not sufficient condition to establish unmet demand for day programs.

The table further divides the group in a way similar to Table 2.3, according to the number of activities (ADLs) with which people need assistance, and the frequency of assistance needed. The group ranges from those who need assistance with all three activities and *always* need assistance in at least one (6.7%) to those who *sometimes* need assistance in only one area (28.9%).

**Table 2.6: People aged 18–64 years with a severe or profound handicap, in households, permanently unable to work and not studying, who do not go out as often as they would like because of their own illness or condition, by number of activities with which they need assistance**

Level of assistance needed	No.	%
People needing assistance in all 3 activities, and <i>always</i> needing assistance in at least 1 (Group (P3))	3,400	6.7
People needing assistance in 2 activities, and <i>always</i> needing assistance in at least 1 (Group (P2))	8,400	16.6
People <i>always</i> needing assistance in 1 activity (Group (P1))	13,200	26.1
People needing assistance in 2 activities— <i>sometimes</i> (Group (S2))	10,900	21.6
People <i>sometimes</i> needing assistance in 1 activity (Group (S1))	14,600	28.9
<b>Total</b>	<b>50,500</b>	<b>100.0</b>

*Note:* Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly. In this table, estimates are rounded to the nearest 100.

*Source:* AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data.

These figures are *not* considered to provide an estimate for unmet demand for day programs. The figure will be further adjusted in two ways, so as to tie the estimation approach more closely to the policy assumptions outlined previously.

First, those who require only occasional assistance (severe handicap) will be excluded. This amounts to assuming that these people are the responsibility of employment programs, and retains a conservative approach to including people in the numbers, reducing the possible total by some 25,500, to 25,000 (approximately).<sup>5</sup>

Second, the figure will be adjusted for current supply in order to estimate *unmet* demand. The figure is not yet adjusted for current supply, because the ABS survey does not ask an explicit set of questions about unmet needs for formal assistance (and people's attempts to obtain such services) in areas related to day programs. The analysis cannot therefore proceed as it did for accommodation, support and respite; the estimates must make some other allowance for current provision of day programs. The most conservative possible adjustment will be made for current supply, essentially treating the 25,000 estimate as an estimate of total demand for places, rather than unmet demand, even though the filtering has introduced an element of 'unmet demand' because of the requirement that people must state that they wish to go out more.

Table 1.2 indicates that:

- 11,455 people used day (community access) programs on a snapshot day in 1996;
- 12,788 clients using services were estimated to represent service use on a typical day;
- a total of 64,994 people were estimated to use the services over a full year.

The difference between the first two figures and the last suggests a current high level of low-intensity use of these services (possibly suggesting some differences between historical patterns of service use and provision, and those envisaged by the previous policy assumptions reflecting current targeting strategies).

Because of the policy assumption that people who are actually eligible for day programs need them five days per week, it is necessary to use 'places' estimates to indicate the current supply; the 'typical day' figures of 12,788 provide the best available estimate of places. That is, the 'people estimates' of unmet demand represent demand for places, and should be discounted by the current level of supply, in terms of places. (If the policy assumption is changed, then the estimation process would have to be changed to consider needs for full-time and part-time places. The number of people would be likely to grow but the number of full-time equivalent places might change only slightly.)

This further reduces the number of people with unmet demand for day programs by some 13,000 to 12,000. Splitting the remaining 12,000 into the three groups being retained from Table 2.6, and in the same ratio, gives Table 2.7 following.

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<sup>5</sup> The study team also considered discounting some of the people in Group (P1). However it was considered that this group, not in the labour force, not studying, permanently unable to work, and always needing help with an ADL would otherwise represent a day-long and life-long responsibility to families and carers. Their exclusion from unmet demand estimates would violate the principles suggested in section 1.3 on carers, and the policy assumptions outlined earlier in this section concerning society's expectations of carers of adult people with profound handicap.



## Adjusting for changes since 1993

Because a figure for 'current supply' has been used, it is necessary only to have a figure for 'current demand' for 1996 from which to subtract supply.<sup>6</sup> In the above process, it is the 1993 figure for demand which has been used, a figure which could be expected to have grown by 1996, possibly by 5% if in line with population growth. Its use therefore contributes to conservatism in unmet demand estimation. No adjustment is needed if this conservative approach is taken, and the results in Table 2.7 apply also to 1996.

**Table 2.7: Unmet demand for day programs among people with profound handicap<sup>(a)</sup> aged 18–64 years, 1993 and 1996**

Level of assistance needed	No.	%	Service needs inferred
People needing assistance in all 3 activities, and <i>always</i> needing assistance in at least one (Group (P3))	1,600	13.8	5 days per week, intensive support
People needing assistance in 2 activities, and <i>always</i> needing assistance in at least one (Group (P2))	4,050	33.3	5 days per week, moderate support
People always needing assistance in 1 activity (Group (P1))	6,350	52.9	5 days per week, low support
<b>Total</b>	<b>12,000</b>	<b>100.0</b>	

(a) These are people in households not in the labour force, not studying, considered permanently unable to work, and wanting to go out more but unable to do so because of their own illness or condition.

(b) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly. In this table, estimates are rounded to the nearest 100.

Source: Table 2.6; AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data.

The figure of 12,000 can be considered conservative because:

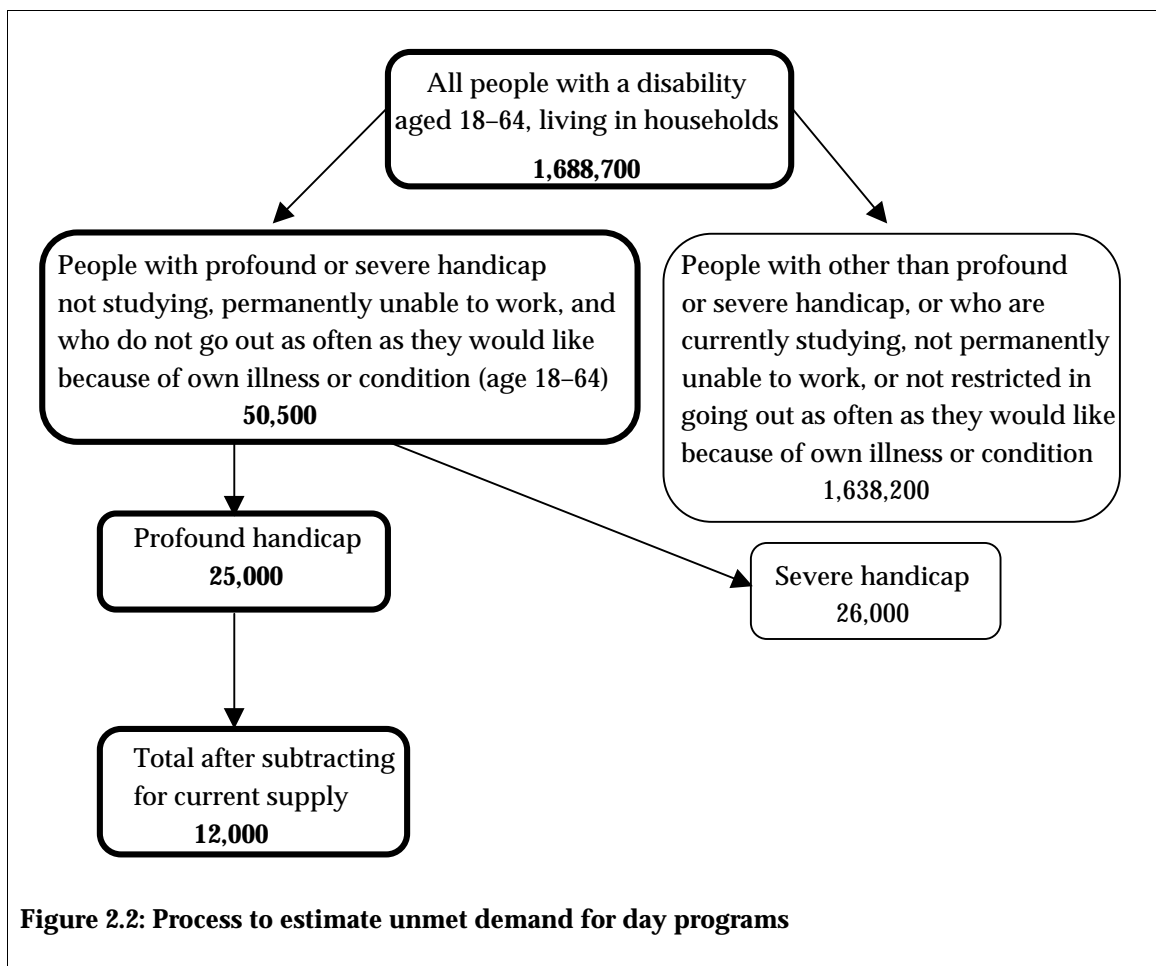
- people with 'severe handicap' have been excluded, as the responsibility of employment programs;
- it excludes people who are employed even part-time, thereby excluding people who are able to attend supported employment programs two days per week but may require a day program for the other days;
- it offers no additional service to current users of the programs; and
- by subtracting *all* current places from the figure of 50,500, we are in effect assuming that 50,500 is an estimate of total demand; but if some current services

<sup>6</sup> States and Territories were asked to provide an estimate of increases in supply since 1993. Information received was patchy, and gave what are regarded as incomplete estimates of increased supply, namely that there was an increase of some 3,000 places in day programs. If the CSDA MDS data are used, with attempts to estimate the effects of missing or double counted data, it is possible that supply, in terms of 'typical day' figures, has increased from around 9,000 in 1994 to 13,000 approximately in 1996. This confirms the information from the States, and is considerably in excess of a 5% increase expected on the basis of population increase. However, since a 'total supply' figure was available for use in the estimation process, these data were not central to the argument.

The study team also considered the possibility of subtracting from demand the 'supply' to various support needs groups using the data in Table 2.8. However, because of the very large number of people with relatively low support needs ('severe' rather than 'profound') in Table 2.8, the result would have been very high cost estimates. Table 2.8 raises a query about the comparability of support needs as reported by service providers and individual people; these people are receiving services at a time of excess demand and must be assumed to have commensurately high support needs.

users did not wish to go out more, they would not have been included in the original 50,500 figure, and if we knew their number we could allow for it, with the result that the unmet demand estimates would be correspondingly higher.

The process of estimation is illustrated in Figure 2.2, showing the step-by-step process of estimating unmet demand by a fairly conservative process of exclusion.



**Figure 2.2: Process to estimate unmet demand for day programs**

There are some further features of these estimates worth recording.

First, a sizeable proportion of these people may be aged 60–64 years and may be considered in transition from day programs or supported employment programs to retirement-style day activities.

Second, consideration was given to the extent of overlap which might exist with the previous estimate of unmet demand for accommodation services. It is estimated that approximately 1,500 people included in the estimates for unmet demand for day programs also had unmet demand for accommodation support services (AIHW analysis of ABS Survey of Disability, Ageing and Carers Survey). It is not considered that either unmet demand estimate should be discounted. The reasons are:

- The services are considered to meet different needs and to occur at generally different times of the day.
- The estimation methods did not duplicate each other, that is, the unmet needs allocated to one service were different from those considered for the other service. This means that neither estimate was inflated by double counting unmet needs.

- A reverse argument was, on the contrary, put forward by some jurisdictions, namely that an unmet need for day programs was quite likely to put intolerable, long-term pressure on families and carers, and to pose a higher risk of potential need for accommodation support services, if the overall living arrangements broke down.

## 2.4 Other data sources

The 1995 demand study included a review of the available literature to identify other data sources to support, or contrast with, the conclusions derived from the methods used in the study. Data examined covered areas such as current supply data, waiting list data, data on younger people with a disability in nursing homes, a survey conducted by a national peak consumer organisation, data on homelessness, and State and Territory funding round information.

This section builds on the work done previously, by examining supply data in more detail, updating State and Territory waiting list data where available, and examining recent data on people with an intellectual disability in the criminal justice system.

The main findings of this section are:

- The CSDA client profile suggests that the inferences in Tables 2.5 and 2.7 about the support needs profile of people with unmet demand is indeed conservative.
- For respite and accommodation services, available waiting list data confirm the order of magnitude of the estimates of unmet demand and also the assumption used that any increase in supply since 1993 has not diminished unmet demand since 1993.
- The over-representation of people with intellectual disability in the criminal justice system confirms a general picture of 'service overflow' and unmet need among this group (see also Madden et al. 1996:42–47).

### Data on CSDA clients

Tables 2.5 and 2.7 provide data from the ABS Disability, Ageing and Carers survey on severity of handicap, and the number of activity areas of need for help, of a subset of the general population. A similar break-down of CSDA service recipients is provided in Table 2.8, to enable a comparison to be drawn. Over 90% of service recipients in all broad service types were in the severe or profound handicap categories (ABS defined). Community access services had the highest level (9.8%) of service recipients with neither severe nor profound handicap recorded.

Current service recipients were most likely to have a reported need for help in two or three of the activity areas of personal care, mobility or verbal communication, with people with a recorded profound level of handicap in ABS terms much more likely to require help in all three areas, when compared with those with severe handicap.

Accommodation service recipients had the highest reported levels of both profound handicap (58.2%) and need for help with all three activities (62.5%).

**Table 2.8: Recipients of CSDA-funded services, broad service type by ABS category of severity of handicap and number of activities needing assistance, States and Territories, CSDA MDS, 1996**

Service type	ABS severity of handicap									None	Total
	Profound			Severe			All severity				
	1	2	3	1	2	3	1	2	3		
	<b>Number</b>										
Accommodation	157	1,608	6,665	1,065	1,886	2,400	1,222	3,494	9,065	712	14,493
In-home support	56	483	927	743	735	754	799	1,218	1,681	461	4,159
Community support	378	1,489	4,228	1,760	2,346	1,729	2,138	3,835	5,957	1,070	13,000
Community access	176	839	4,091	1,396	1,548	2,075	1,572	2,387	6,166	1,099	11,224
Respite	36	345	1,063	248	502	301	284	847	1,364	112	2,607
	<b>Percentage</b>										
Accommodation	1.1	11.1	46.0	7.3	13.0	16.6	8.4	24.1	62.5	4.9	100.0
In-home support	1.3	11.6	22.3	17.9	17.7	18.1	19.2	29.3	40.4	11.1	100.0
Community support	2.9	11.5	32.5	13.5	18.0	13.3	16.4	29.5	45.8	8.2	100.0
Community access	1.6	7.5	36.4	12.4	13.8	18.5	14.0	21.3	54.9	9.8	100.0
Respite	1.4	13.2	40.8	9.5	19.3	11.5	10.9	32.5	52.3	4.3	100.0

*Notes*

1. Excludes missing and not known responses.
2. Data for recipients of CSDA services funded by the Australian Capital Territory are not available for 1996.

Source: Unpublished data from the 1996 CSDA MDS collection.

### Waiting lists

Table 2.9 provides an update of available State and Territory waiting list and funding round data, relating mainly to people with an intellectual disability.

The numbers identified under the accommodation support area, although incomplete, are broadly similar to that identified in the 1996 demand study. This confirms both the conclusion in the previous study that State waiting list data are commensurate with the estimates of unmet demand in this report (see Madden et al. 1996:27, 53–54), and the conclusion in the previous section of this report that increase in supply since 1993 has not made inroads on unmet demand.

**Table 2.9: Available State and Territory waiting list data, primarily for people with an intellectual disability**

State	Accommodation support			Respite			Day programs			Source and comments
	Crisis	Other	Total	Crisis	Other	Total	Crisis	Other	Total	
NSW	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	
Vic.	297	843	1,140	n.a.	n.a.	n.a.	1,162	1,062	2,224	Dept of Human Services Service Needs Register (SNR)
Qld	111	130	241	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	Dept of Families, Youth and Community Care: Intellectual disability, direct services only
WA	n.a.	n.a.	256	n.a.	n.a.	705	n.a.	n.a.	758	Disability Services Commission
SA	n.a.	n.a.	168	n.a.	n.a.	n.a.	n.a.	n.a.	86	Intellectual disability only, from Intellectual Disability Services Council (IDSC)
Tas.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	
ACT	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	
NT	n.a.	n.a.	53	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	

Source: Data supplied by individual jurisdictions.

### Service 'overflow'

A recent study (New South Wales Law Reform Commission 1996) has reported on the issue of people with an intellectual disability in the criminal justice system in New South Wales, and describes the most recent New South Wales prison study as showing that people with an intellectual disability comprise at least 12–13% of the prison population (based on the results of both intelligence tests and social adaptive skills). It was also suggested that people with an intellectual disability were over-represented in other parts of the criminal justice system.

Anecdotal evidence was provided by all States and Territories during the 1995 study, and confirmed in more recent discussion, indicating that inappropriate use of services does exist. Examples given were:

- people using respite beds as permanent accommodation;
- people with Acquired Brain Injury being placed in group homes for people with intellectual disability where this may be inappropriate;
- people using aged care nursing homes or hospitals as long-term accommodation; and
- people in accommodation services due to the lack of suitable day activity options and support.

### Home and Community Care (HACC) services

Home and Community Care (HACC) services provide a range of services, primarily as aged care, but also to people aged under 65 years with a disability. A number of HACC and CSDA service types can be seen as potentially overlapping, for instance personal care, home-based respite and centre-based respite services.

In 1993–94 (the last year for which data were available), about 17.9% of the total number of HACC clients at the time were aged under 65 years (Table 2.10)

**Table 2.10: HACC clients aged under 65 years, by type of service and by State and Territory, 1993–94 (%)**

Type of service	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Australia
Home help	54.4	58.0	50.1	29.0	20.6	67.1	43.1	50.1	47.4
Home nursing	27.3	25.3	57.5	59.7	37.2 <sup>(a)</sup>	56.6	39.5	33.9	36.6
Home paramedical	6.1	16.4	10.6	4.2	42.2 <sup>(a)</sup>	11.6	6.5	20.6	15.3
Centre paramedical	6.8	(b)	13.4	5.7	9.5	5.0	8.3	20.1	7.0
Home respite	23.3	25.0	14.6	2.6	8.5	24.0	21.4	15.7	18.3
Centre day care	20.5	15.3	31.2	6.8	11.1	18.2	9.1	9.9	16.8
Home meals	12.9	12.0	11.1	3.9	3.2	9.1	8.7	28.7	10.7
Centre meals	3.0	(c)	12.3	2.1	3.2	3.9	2.2	16.2	4.0
Home maintenance	18.2	16.5	10.5	4.0	6.2	19.3	20.3	19.3	14.1
Transport	46.9	n.a.	31.1	7.4	13.4	28.2	30.8	35.0	24.2
<b>Total clients (N)</b>	<b>2,206</b>	<b>1,651</b>	<b>808</b>	<b>618</b>	<b>1,161</b>	<b>362</b>	<b>276</b>	<b>383</b>	<b>7,465</b>

(a) For South Australia the home nursing category is deflated and the home paramedical category inflated, because what is recorded as home nursing in other States is often recorded as home paramedical in South Australia.

(b) Included with home paramedical.

(c) Included with home meals.

#### Notes

1. The database used in this analysis was the HACC User Characteristics Survey 1993–94. For further information on these data and interstate comparisons, see Mathur (1996). HACC data refer to a four-week sample period.
2. Persons may receive more than one service type.

Source: AIHW 1997a:326.

Nationally, home help was the most used service among HACC clients aged under 65, but there was considerable variation among the States and Territories, with high levels of home nursing use in Queensland, Western Australia and Tasmania. Home respite and centre day care services were also frequently used, as were home paramedical, home maintenance and transport. There was considerable variation in the use of transport services: 46.9% of clients in New South Wales compared with a national average of 24.2% and the lowest rate, 7.4%, in Western Australia.

Potentially, then, any CSDA ‘overflow’ could be directed to HACC services and to some extent vice versa. Anecdotal evidence suggests that HACC services are more likely to pick up younger clients with physical disability only. The large proportion of CSDA clients with intellectual disability is consistent with this suggestion. There are no HACC data on disability groups enabling further analysis along these lines.

## 2.5 Estimates of unmet demand

In summary, there are estimated to be, in 1996:

- 13,400 people with unmet demand for accommodation, support and respite services, with a spectrum of service needs estimated in Table 2.5;
- 12,000 people (or equivalent full-time places) with unmet demand for day programs, with a spectrum of service needs estimated in Table 2.7.

These estimates are considered to be conservative for reasons detailed in the chapter, and summarised in the report’s Summary.

## 3 Costs of meeting current unmet demand

### 3.1 Costing unmet demand

The task in costing the unmet demand for CSDA services is to estimate the government contribution required to expand existing services or to establish new services to meet the extra demand of existing and new clients. New services may be auspiced by existing agencies or by new agencies. Costs will vary depending upon the proportion of unmet demand which is met by expanded versus new services or organisations.

The broad approach to this costing task is to develop national cost estimates, based on data from jurisdictions, of the per place cost to government of meeting unmet group home demand and the per client cost to government of meeting unmet demand for in-home accommodation, respite and day program services. These estimates are then applied to the numbers of people with unmet demand for each of these service types, as shown in Tables 2.5 and 2.7.

The total costs of services comprise recurrent or ongoing costs of running the service (mainly salaries, staff on-costs, management and any rental costs) plus any additional non-recurrent or one-off costs most often associated with the acquisition, modification or replacement of the physical resources of the particular service (such as buildings, motor vehicles and other equipment). Government may provide a contribution to all or part of these costs.

#### Costing services and relevant factors

The costing of disability services in Australia is a relatively undeveloped field. One of the supporting papers for the 1995 Commonwealth/State Disability Agreement Evaluation was a study of costs (Australian Healthcare Associates 1996). This study calculated the average total cost per hour of service for 57 disability organisations in 1994–95, with average total costs per hour ranging from some \$19 per hour for attendant care to almost \$27 per hour for centre-based respite care.

Research has been undertaken in a number of jurisdictions over the last few years with the aim of estimating the cost of providing particular service types to individuals with different levels of need. These estimation techniques are then intended to be the basis of a funding model. That is, actual funding to services is to be derived from the needs of the individual clients.

Although the emphasis in the general literature on the costing of disability services is on the cost to individuals of accessing services, facilities and equipment, a recent US article summarised the findings of research on service costs over the past two decades as follows:

Scholars have proposed four general reasons for differential cost of services: *location*, with the expectation that all services cost more in some states, counties, and cities than in others; *facility size*, with larger facilities costing more per resident than smaller; *facility type and ownership* (e.g. state institution, group home, foster home, apartment), with larger state-owned facility types costing more than smaller, privately owned ones; and *client characteristics*, with some claiming that cost is (or should be) correlated positively with medical needs

and maladaptive behaviour but negatively with adaptive behaviour.  
(Campbell & Heal 1995)

Similar factors are discussed in the limited number of Australian disability cost studies which are available.

The Auditor-General for the Australian Capital Territory found that the number of residents per home appeared to influence costs per resident for group homes in the Territory, with higher costs associated with lower numbers of residents (ACT Auditor-General 1997).

A Western Australian study (Hounsome 1994) looked at 1993–94 costs per resident in government and non-government disability services. It concluded that there was a need to take appropriate account of a wide range of residential characteristics that drive costs (including the presence or absence of separately funded employment or recreation services). It also recognised that provider costs varied with their comparative success in achieving quality of life standards for all residents, regardless of the severity of their disability. The major factors affecting costs were concluded to be, in order, the number of staff and the residents' need for support. The report further found that:

- there was no validity to claims that private sector providers have a cost advantage, except perhaps where the private sector is supporting people with high support needs;
- capital and contingency costs do not explain cost variance;
- difficult-to-manage behaviour significantly influences cost;
- the mix of client needs in a residence seemed to be an important contributor to cost variation; and
- staff make decisions about support affected by resource availability and dependency of clients, sometimes resulting in similar costs but different qualities of consumer outcomes.

A later Western Australian study focusing on the development of funding models (KPMG Management Consulting 1996) looked at 51 government and four non-government residentials with an average size of 13.6 residents. It, and a later study of group homes (using the English, Kretzschmar & Associates methodology (1997)), found that funding could be related to an assessment of support hours required per person plus the addition of other funding components for staff on-costs and other operating and administrative overheads.

### **Costing principles**

A British researcher, with extensive experience in cost research and economic evaluation of health and community services, has argued that there are four basic principles for cost research (Knapp 1995):

1. **Comprehensiveness:** costs should be measured broadly to cover all relevant services and other financial implications.
2. **Recognise that there will be cost and outcome variations between service users, facilities and geographical locations.**
3. **Only make like with like comparisons.**
4. **Integrate cost information with information on user and other outcomes.**



These principles are borne in mind in the costing approach for this study. The active involvement of all jurisdictions in the study was one way of ensuring comprehensiveness in the costs that are identified, although a conservative approach to combining the results was taken by the study team. The identification of cost variations within and between jurisdictions was one of the major issues on which information was sought. The estimation of costs by the sub-categories of service types is an attempt to avoid comparing dissimilar services such as residential and in-home respite which might fall under a broad respite umbrella. The issue of integrating consumer outcomes information with the costing exercise is beyond the scope of this study in any significant sense. However, the request to jurisdictions to indicate which service types they would use and by which management model (i.e. government or non-government) was an attempt to incorporate directions in service profiles. Such directions presumably reflect current understanding of the link between service type and delivery and consumer outcomes.

### **3.2 Costing method and available data sources**

There are three main sources of data for this chapter:

1. data from individual jurisdictions specifically requested for this study and arising from their own commissioned research and internal studies;
2. data made available by jurisdictions to the Industry Commission in the course of joint work for the Review of Commonwealth/State Service Provision; and
3. the CSDA MDS Collection.

The impact of the three different collection systems needs to be considered when assessing the results of combining these data sources.

The approach to assembling the necessary information from these sources was as follows.

#### **Initial request to jurisdictions**

The Institute made an initial request for the jurisdictions to provide cost data on existing and proposed new services. The information provided following this request included:

- details of the methods used for monitoring costs for existing services and detailed cost data such as provided by the Management Information System in the Department of Human Services, Victoria;
- reports prepared by consultants on factors affecting the costs of existing services, such as the KPMG study for the Disability Services Commission in Western Australia;
- reports prepared by consultants on the estimated costs of new services, such as the Gould and Kennedy (1997) study for the New South Wales Government;
- details of the costings used in the preparation of a submission for additional funding presented by the Northern Territory Government; and
- details of the funding of new services provided by the Disability Services Commission in Western Australia.

This information showed the variation in costs between service users, facilities and geographical locations, noted above by Knapp (1995) as principle 2. However, it also showed the difficulty of making like to like comparisons as noted in principle 3.

The material was extensive and some initial analyses were undertaken in preparation for a meeting with States and Territories in late September 1997.

The availability of data was discussed at this meeting. It was decided that the most reliable data on expenditure on existing services was the material the States and Territories were supplying to the Industry Commission.

### **Data provided by jurisdictions to the Industry Commission**

States and Territories supplied data to the Industry Commission in October 1997, in the course of joint work for the Review of Commonwealth/State Service Provision. Counting rules have been developed by an inter-jurisdictional working group to enhance interstate comparability.

These data indicate government expenditure in 1996–97 on seven broad categories of service type. The data on expenditure are shown in Table A3.1. For group homes (termed community accommodation and care) the data on expenditure, receipts and number of places are given in Table A3.2.

### **CSDA MDS collection**

The most recently available CSDA MDS covers the snapshot collection in August 1996 in all States except for Western Australia where data were collected more recently in June 1997. The CSDA MDS provides data on numbers of places on the snapshot day, and estimated numbers of clients for a 'typical' day and annually (Table 1.2). The MDS is the only national source of service provision data. It also provides data on funding to services, but the financial data provided to the Industry Commission on the costs to government of CSDA services is preferred by jurisdictions.

Commonwealth/State Disability Agreement MDS data are collected using nationally agreed counting rules and aggregated from individual outlet returns. Under-enumeration can be an issue for this type of data collection. However, non-response for the 1996 collection was only 4% and as jurisdictions have indicated that the non-respondents were not major service providers, under-enumeration does not appear to be a significant issue.

The CSDA MDS annual client figures used in this chapter, by jurisdiction, are provided at Table A3.3.

### **Second request to jurisdictions**

At the September meeting of the study team and jurisdictional representatives, the jurisdictions provided some further estimates of the expected costs to government of new services. Jurisdictions had the opportunity to discuss any reasons for different government costs of new services compared with existing services. They also had the opportunity to discuss the reasons why the estimated costs in their jurisdiction were higher (or lower) than for other jurisdictions. These discussions were held in open forum and in small groups with representatives of two jurisdictions in each group.

Following the meeting, the jurisdictions were asked to respond to a data request developed at the meeting, seeking information on the costs of additional services, an explanation of the derivation of those costs and of the expected use of different service

types. (The full request is at Table A3.4.) This provided jurisdictions with an opportunity to detail the justification for any differences between the costs to government of existing and new services, and to take account of the material presented by other jurisdictions at the consultation.

The data collected on the costs of additional services are shown in Tables A3.5 to A3.12.

### **Summary of data sources on costs to government**

The main sources of quantitative data for this chapter are, then:

- data provided by States and Territories on the estimated costs to government of new services; the data were provided specifically for this study but had often been developed from previous work in the jurisdictions;
- data made available to the Industry Commission for the Government Service Provision project; and
- the CSDA MDS Collection.

The main sources of the justification of the estimated costs to government of new services are material:

- from previous studies and funding submissions;
- presented at the meetings involving the study team, jurisdictional representatives and peak bodies; and
- provided by jurisdictions in response to specific requests for this study.

In terms of the principles, noted by Knapp (1995), the above methods of information collection for this study were designed to ensure that the data:

- were comprehensive;
- recognised the variations between service types and geographical locations;
- allowed like with like comparisons wherever possible; and
- integrated cost information from the Industry Commission with user data from the MDS.

### **Data issues**

Data provided by jurisdictions to the Industry Commission for the Review of Government Service Provision provide the main information on costs to government and on number of places in group homes, and the CSDA MDS provides the major source of service provision data for all service types other than group homes. They can be brought together to estimate the cost of existing services to government per place or per client of group homes, accommodation support, respite and day programs.

However the following must be taken into account when reading the results later in this chapter:

1. States and Territories provided information about their capital strategies. There is generally an increasing trend towards property rental and motor vehicle leasing (except for modified vehicles which are still purchased). Property is often rented from State/Territory housing authorities, with group home residents' contributions generally relating to rental and household costs. Other capital requirements include service modifications and equipment. Aids and equipment

for individuals are generally covered by services and programs not within the scope of this study.

Only one State, Victoria, provided significant separate data on new capital costs arguing that each group home or residential respite place had a capital cost of \$72,235 with average capital costs of new day services clients being between \$13,400 and \$21,200 per client. Western Australia said that their average day programs capital grant was in the order of \$6,500 per client.

2. The expenditure information provided to the Industry Commission includes both recurrent and capital expenditure for all service types, except for group homes where major capital works are excluded. Major capital works are defined as capital works costing over \$50,000.

As the Industry Commission expenditure figures include all recurrent and capital costs, except for major capital for group homes, and as only one State, Victoria, argued significant major capital costs for group homes, capital will not be costed separately in this report. Victoria may wish to argue its major capital costs and financing strategy for group homes separately.

3. The expenditure data provided to the Industry Commission are based on the cost to government rather than the full cost of the service provided by an organisation. For non-government services there can be substantial differences. A key factor influencing the average cost to government of these services is the contribution made by non-government organisations to the cost of the services. This contribution can come from donations, fundraising from special events, bequests, fees for clients services and income from investments. Further, the pattern of use and the distribution of government funding between clients within funded non-government agencies is not always known. Average current costs to government reflect an historical service configuration which may not be used in new services. Therefore particular care needs to be taken when considering the costs of existing non-government services to government.
4. Any revenue from government group homes (generally from residents) is reported to the Industry Commission. This has been deducted from group home expenditure to calculate net costs to government for government homes.
5. The expenditure data provided to the Industry Commission does not apportion government administrative costs to service types.

Thus, from the above points, throughout the remainder of this chapter any reference to cost of services should be taken as the cost to government per place or per client, not including client or non-government contributions, major group home capital costs and government administration expenses.

6. Annual MDS client figures were chosen for use in denominators for determining cost per client of accommodation support, respite and day programs as these client estimates more closely reflect demand estimates counted in people terms, than do 'snapshot day' figures.
7. Industry Commission cost to government data are for the 1996–97 financial year. In all jurisdictions, except Western Australia, MDS data were collected in August 1996. For Western Australia, the June 1997 MDS data have been used.
8. Where jurisdictions have provided data on the cost to government of existing services which they believe are superior to the data derived by dividing Industry

Commission expenditure information by MDS data, the jurisdiction data have been used. This is footnoted in the relevant tables.

### **Relevant cost factors**

Analysis suggests that, in Australian terms, the factors considered likely to affect costs to government are:

- jurisdictional differences, such as those arising from different jurisdictional population size, labour costs, volunteering rates, infrastructure development and population distributions;
- auspice (government, non-government); for instance, there may be a significant contribution by the non-government sector to services under their auspices;
- client factors, such as the level of support needed, the mix of client needs and special behavioural, cultural and language needs;
- service factors such as service type (for instance, group home or in-home service) and service size (number of clients);
- geographic location (inner city, rural or remote areas affecting real estate, staff and general operating costs as well as economies of scale);
- staffing factors such as: staff mix (qualifications, use of highly trained staff), staff salaries and award rates, rostering practices, and staff–client ratios; and
- the standard each service achieves.

These factors are not independent of each other; for instance, the client mix or staffing factors may vary according to either the jurisdiction or the auspice.

### **Costing method**

To meet the unmet demand for disability services of new and existing clients, a mix of existing and new services, in existing and new organisations, may be required. If unmet demand could be accommodated within existing services, the cost would be generally just the additional staff costs and other additional running costs incurred. However, the nature of disability services is that many of the existing services for people with disabilities have only a small number of clients. Therefore, to provide services for a new client often requires the establishment of a new service. For example, for group homes accommodating five clients, a new client may mean that a new group home is required, although this may not necessarily involve a new service provider.

### **Assumptions**

Several working assumptions were adopted for the purpose of developing a conservative but realistic estimate of the cost to government of meeting unmet demand. These assumptions were developed following consideration of the above cost factors, discussion with peak agencies, the meeting with jurisdictions and following consideration of their responses to the request reproduced in Table A3.4. The assumptions are that:

1. Generally there will be no expansion of institutional care to meet unmet demand for accommodation.

2. There will be greater targeting of specific services types according to support needs of clients, with group homes being used for those with the highest support needs. Day programs will be expected to support clients with higher dependencies than did community access services in the past.
3. The trend to meet unmet demand for accommodation support by way of in-home support and respite will be increased. Respite and in-home accommodation support will be provided via flexible support packages, which will allow clients to modify their balance of these two service types.
4. While a trend to provision via non-government services is expected to continue, governments will generally be unable to rely on a significant non-government contribution towards the cost of establishing new services, apart from the contribution to costs made by clients. This position was argued strongly by all jurisdictions and by the peak non-government agencies. While the non-government sector, particularly the large traditional agencies, currently contribute significantly to the cost of disability services, it was consistently argued that there is no capacity in the sector to make the same level of contribution to an expansion of services. This is a key factor in the differentials between the cost to government of existing services and the cost to government of new services. Thus, the costs to government of existing non-government services can be used only as a guide to the cost of new services.
5. The variable costs of meeting clients' unmet demand, net of client contributions, are the main cost components where government contribution is needed. While Victoria states that it is obliged to contribute the full cost under its competition policy, it has been assumed that governments will not always fund the full profile of fixed costs. This is because some proportion of unmet demand may be met by adding new clients to existing services (except for group homes which generally do not have vacancies). Further, new service places will be provided by both existing and new organisations. There will be some cost savings where existing services and organisations are used. This consideration is a conservative influence on new service cost estimates.
6. Current costs incorporate services which, despite transition plans, may still operate below current standards. New services will generally be funded to provide support which meets current disability standards, which, depending upon comparative client support needs, could be different from the cost of existing services.
7. The cost estimates cover only variable costs and service management costs. Additional government policy, service development or management costs are not included.

These assumptions underlie both the estimates of people demand provided in Chapter 2 and the development of national cost estimates below.

A number of other key aspects of the methodology are discussed in the earlier section on data issues.

### **3.3 The costs per place and per client of meeting unmet demand**

The basic method was to develop a national estimate of cost to government for each service type from the new service cost information provided by jurisdictions and to use the current average cost to government information based on the jurisdictions' returns to the Industry Commission, and CSDA MDS data, as reference points.

Current cost to government data provided by each State and Territory are at Tables A3.1 and A3.2. Annual MDS client data are at Table A3.3. New service cost to government data are at Tables A3.5 to A3.12.

Costs are the full costs to government net of client fees, non-government contributions, government administration costs and major capital associated with group homes.

#### **Group homes**

As discussed in Section 3.2, the information provided by States and Territories included data on both the costs to government of existing services and of new services. The data on group homes are summarised in Table 3.1. The average cost to government of an existing group home is approximately \$39,000 per place. There are substantial variations by States and by auspice. For example, the average cost to government for government homes is \$53,000 and for non-government homes, \$28,000.

New South Wales did not provide Industry Commission data for 1996–97. The Industry Commission's report for 1995–96 showed \$60,372 as New South Wales' average cost per place for government group homes and \$50,603 as its average government contribution per place to non-government group homes (SCRCSSP 1997).

The States and Territories provided information on the net costs to government of new group home places. These costs were in some cases substantially higher than for existing services. Some States provided detailed breakdowns of the costs of both existing and new services, while other States gave estimates of the costs of new services with little explanation.

Victoria provided details of both existing and new services for three levels of care—24 hour, 11–16 hours and 6–10 hours. The costs per place to government of the new services were \$57,400, \$45,000 and \$23,000 respectively. The costs varied according to the different staffing arrangements related to client dependency—it is presumed in the first category that generally awake staff would be rostered over 24 hours, the second would involve sleep-overs and the last would involve drop-in support. Victoria expects that generally group homes will be used for higher dependency clients, with clients of lower dependencies being supported in their own homes. Thus it is expected that the cost of new group homes will increase with this increased proportion of high dependency clients.

**Table 3.1: Group homes: expenditure, receipts, places and government contribution per place, by auspice and by jurisdiction**

	NSW <sup>(b)</sup>	Vic.	Qld	WA	SA	Tas.	ACT	NT	Total
<b>1996/97 Current Service Delivery</b>									
Government contribution (\$ million)									
Government		104.4	33.3	18.2	8.6	1.6	9.0	—	175.0
Non-government		43.3	14.3	14.4	12.7	17.5	1.5	5.4	109.1
All group homes		147.7	47.5	32.6	21.2	19.1	10.5	5.4	284.0
Receipts (\$ million)									
Government		2.7	0.2	1.1	0.3	0.0	0.3	—	4.7
Non-government									
All group homes		2.7	0.2	1.1	0.3	0.0	0.3	—	4.7
Places (number of)									
Government		1,928	537	393	181	22	131	—	3,192
Non-government		1,428	1,022	538	385	321	83	117	3,894
All group homes		3,356	1,559	931	566	343	214	117	7,086
<b>Existing services 1996–97 — government contribution per place per annum</b>									
Government		\$52,746	\$61,645	\$43,405	\$45,429	\$72,864	\$66,002	—	\$53,361
Non-government		\$30,352	\$13,955	\$26,754	\$32,934	\$54,395	\$18,433	\$46,001	\$28,005
All group homes		\$43,217	\$30,382	\$35,004	\$36,930	\$55,580	\$47,561	\$46,001	\$39,427
<b>New services — cost to government per place per annum<sup>(a)</sup></b>									
High support		\$57,400	\$70,000	\$74,000	—	—	—	Up to \$120,000	—
Moderate support		\$44,950	\$32,000 to \$47,000	\$60,000	—	—	—	—	—
Low support		\$23,330	\$17,500 to \$30,000	\$29,000	—	—	—	—	—
Lowest support		—	Up to \$17,500	—	—	—	—	—	—
All group homes		\$64,902	—	\$46,379	—	—	—	\$50,000	—

(a) Victoria and Queensland provided costs for group homes grouped as high support (staffed 24 hours per day), moderate support (staffed between 11 and 16 hours per day), and low support (staffed between 6 and 10 hours per day). Queensland also provided a lowest support group. The three top categories in Western Australia are based, in order, on total staff support hours of between 36 and 58 per day, 24 and 35 per day and between 11 and 23 total staff hours per day for low support group homes.

(b) New South Wales did not provide Industry Commission data for 1996–97. The Industry Commission's report for 1995–96 showed \$60,372 as New South Wales' average cost per place for government group homes and \$50,603 as its average government contribution per place to non-government group homes (SCRCSSP 1997).

Source: Table A3.2 and Tables A3.5–3.12.

Western Australia used their latest funding round figures to estimate their new group home costs to government. The Western Australian figures for new services were in line with the other States.

The New South Wales estimates for new group homes were higher than those of the other States. They were based on the figures used for the 300 places program and are therefore likely to reflect clients with high support needs. They are similar to the 'high' cost figures provided by Victoria and Queensland.



It is not the purpose of this report to attempt to explain the inter-jurisdictional variations in detail, but rather to combine the various estimates judiciously to arrive at national cost estimates. Nevertheless, the presence of some of the cost factors, discussed earlier, may be at work in some of these observed variations, and in the differences between the costs to government of existing services and the estimated costs of new services.

For instance, the number of hours allocated to each resident can vary by jurisdiction and by auspice within each jurisdiction. For some jurisdictions, group homes have been classified according to the number of staff hours for the home. For example, in Victoria group homes are classified into the three categories described above. Funding models of this nature can ensure residents with relatively low levels of dependency can be placed in group homes with lower staff hours.

One of the cost factors associated with some new service cost estimates being higher than current costs are changes in award rates, which can have a substantial effect on average costs per client. Increases in award rates, and service delivery restructuring, in Queensland are estimated to add 30% to the average cost per client in 1997–98. This has a substantial effect on the Queensland estimates of the average cost to government per client for new services, compared with existing services. In Victoria there is a union claim before the Australian Industrial Relations Commission for a 14% salary increase for the awards covering both facilities of nine beds or less and those with more than nine beds. Such an increase could add a further increase in the wage bill of somewhere in the region of 10%.

Rostering arrangements may vary by jurisdiction. For group homes in Victoria, there appears to be a greater use of sleep-overs for staff rostered overnight compared with Queensland where staff are more often paid for 'active' nights.

The average number of residents in a group home was 4.9 on a national basis. Queensland and Western Australia had a relatively high average with 5.2 residents per home, with Tasmania and the Northern Territory even higher with averages over 11 residents per home. South Australia was relatively low with 4.5. Victoria and the Australian Capital Territory were close to the national average with 4.8 residents per home (see Table A3.13).

The study in the Australian Capital Territory found that smaller group homes seemed to cost more per place than larger homes. Queensland noted that the public housing authority in that State is providing homes for 3 or 4 people only compared with its current average of 5.2. Western Australia also noted the tendency for new group homes to have 3 to 4 residents compared with its average of 5.2 to date.

This anticipated decline in the number of people in a group home is likely to lead to higher costs. For example, the cost of providing overnight support is spread across fewer residents.

### **National estimates of cost to government for group homes**

The study team concluded that the most appropriate national cost estimate for group homes is \$50,000 per place per annum (net cost to government excluding major capital works and government administration costs).

The figure is within the range of estimates of the new service costs provided by the States. While it is considerably lower than the highest estimates of new service costs, it is commensurate with new service costs estimates for several States, and at the high

end of current costs estimates (Table 3.1). It is therefore considered to be a relatively conservative estimate, as a national figure, allowing for the following assumptions about the strategies in the future provision of disability services.

From the information supplied by jurisdictions it is assumed that:

- group homes will be the preferred service type for residential accommodation and new clients will not become residents of institutions;
- the level of funding provided will be for residents with higher support needs than existing residents, reflecting the strategy of only placing clients with high support needs in residential care, while wherever practicable maintaining people with disabilities in the community;
- the trend towards increased provision by non-government organisations is likely to continue;
- there is little possibility of placing new clients in existing group homes as there are few vacancies; and
- non-government organisations will generally require close to the full cost of providing new services after client contributions and overhead savings from using existing organisations have been deducted. (Existing services are likely to continue to require substantial contributions from the non-government sector.)

### **In-home support and respite**

The costs per client of in-home support depend on both the level of support provided, in terms of number of hours of care, and the cost per staff hour. The data on the costs of existing services for in-home support show considerable variations (Table 3.2).

Costs per client per year were: \$7,226 for Victoria, \$10,313 for Queensland, \$18,636 for Tasmania, \$28,462 for the Australian Capital Territory and \$4,368 for the Northern Territory (from 1997 draft returns to the Industry Commission). For Western Australia (\$18,852) and South Australia (\$4,894) the data were supplied directly by the States.

Victoria provided separate data on the costs of an 'outreach' program, which in 1996–97 had funding of \$2.95 million and 608 clients, resulting in an annual cost per client of \$4,900.

The estimates of the costs of existing services for in-home support, based on the Industry Commission data, for all the available states was \$8,400 (Table 3.2). The data for in-home support were calculated by deducting the funding for institutional care and group homes from the total funding for accommodation support, for all States except Western Australia and South Australia. The number of clients was taken from the CSDA MDS as at August 1996.

**Table 3.2: Cost to government per client of existing services and estimated cost to government per client of new services for in-home accommodation support by jurisdiction, 1996–97**

	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Total
<b>Existing services</b>									
Government contribution (\$million)		53.4	19.3	15.9	7.6	2.1	1.9	0.6	100.8
Annual clients		7,395	1,876	845	1,549	112	65	129	11,971
Cost to government per client per annum		\$7,226	\$10,313	\$18,852	\$4,894	\$18,636	\$28,462	\$4,368	\$8,420
<b>New services</b>									
Attendant care	\$44,248	\$42,000 (max.)					\$25,000 to \$44,000	\$32,700	
Outreach		\$5,000							
General			\$0 to \$30,000	\$32,781					

*Note:* The data for in-home support were calculated by deducting the funding for institutional care and group homes from the total funding for accommodation support, for all States except Western Australia and South Australia. The number of clients was taken from the MDS as at August 1996.

*Source:* Existing services expenditure (States other than Western Australia and South Australia) from returns to Industry Commission (see Table A3.1) and annual clients from MDS (see Table A3.3); for Western Australia and South Australia, data provided separately by States. New services costs data supplied by States and Territories (see Tables A3.5–A3.12).

The costs of new services per place for residential respite are similar to the costs of new services for group homes (see Table 3.3). However, residential respite places are used by many people over a year so the cost per client is significantly less than the cost per place. Respite is also provided in the home and in the community.

The cost per client for respite is \$4,000 per annum. This varies from a low of \$1,730 in the Northern Territory to just over \$9,000 in Western Australia.

**Table 3.3: Cost to government per client of respite services, 1996–97 costs for existing services and estimated costs of new services by jurisdiction**

	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Total
<b>Existing services</b>									
Government contribution (\$million)		19.1	14.2	14.0	4.6	3.2	1.8	0.9	57.7
Annual clients — MDS		4,111	4,292	1,544	1,690	1,497	226	537	13,897
Cost to government per client per annum		\$4,639	\$3,318	\$9,053	\$2,696	\$2,108	\$7,785	\$1,730	\$4,151
<b>New services</b>									
Residential		\$44,950	\$0 to \$30,000	\$47,379					
Non-residential	\$8,500		\$0 to \$30,000	\$4,241					

*Source:* Existing services expenditure from returns to Industry Commission (see Table A3.1) and annual clients from MDS (see Table A3.3). New services costs supplied by States and Territories (see Tables A3.5–A3.12).

It was not possible to determine a national cost estimate from these data for in-home support and respite in a similar manner to the estimate developed for group homes. Therefore, a different approach was developed.

For in-home support and respite it was assumed that:

- the trend to meet unmet demand for accommodation support by way of in-home support and respite will be increased;
- there will be greater targeting of services according to support needs for clients, with group homes being used, wherever practicable, only for clients with high support needs; therefore some new clients of in-home support and respite are likely to have higher support needs than current clients; and
- respite and in-home accommodation support will be provided via flexible support packages, which allow clients to modify the balance of these services types.

In order to reflect this flexible and 'package' approach increasingly being used, as well as the emerging trend for jurisdictions to develop costing methods based on hours of support, the data in Table 2.5 (on people with unmet demand) were split according to inferences about the number of hours of service likely to be required. It was therefore necessary in the present chapter to estimate the cost per hour of providing accommodation support services other than group homes.

Three States provided a cost per hour for these types of services. Victoria provided a cost of \$21.30 per hour for in-home accommodation support, while Queensland provided a cost of \$24 per hour. These two costs were averaged to give \$22.65, and an allowance of 10% was made to allow for service management costs, giving \$24.91 or \$25 to the nearest dollar. This allowance for service management costs takes into account that the unmet need of some clients will be met by existing services, while for other clients new services will be required. Some of these new services will be auspiced by existing organisations and some by new organisations. New South Wales quoted a figure of \$25 per hour for in-home support (Table A3.5). The national cost estimate of \$25 per hour falls within the range of the 1994–95 full costs found by the Australian Healthcare Associates (1996) cost study mentioned in section 3.1.

### **High support needs**

People needing help with two or three activities and always with at least one activity are assumed to have an unmet need of 30 hours of in-home support and/or respite per week (Table 2.5). Using these assumptions and the national estimate for these services of \$25 per hour, a cost of \$39,000 per client per year was determined for clients with high support needs.

This estimate was compared and confirmed with the costs of attendant care provided by some States. Attendant care is only one example of a service type which provides care for clients with high support needs. However it is a service for which some States provided estimates of the costs of new services (see Table 3.2). For example, New South Wales gave an estimate of \$44,000 per client and Victoria gave an estimate of \$42,000, the Victorian estimate relating to the maximum cost per client. The Northern Territory's attendant care cost was \$32,700. Western Australia provided an estimate of \$33,000 for new in-home accommodation support in total and the Australian Capital Territory provided an average cost of \$25,000 for 55 people on individual support packages and \$44,000 for 10 clients on other individual purchase packages.

Taking all these estimates into account, a national estimate of \$39,000 per year for clients with high support needs was judged to be appropriate, being within the range of estimates provided by the jurisdictions for people with high support needs.

Clients with some formal assistance now are assumed to have an unmet need for 15 hours per week or 50% of the hours allocated to those people who are receiving no formal assistance now.

### **Medium and low support needs**

For the people needing help with one activity (Table 2.5) it was assumed that a respite/in-home support package of 10 hours per week would be appropriate. Based on an average cost of \$25 per hour this translates to a cost per client of \$13,000 per annum. Those clients who were already receiving some form of formal support were assumed to receive a package of five hours per week or 50% of the cost of the package.

Final groups which could be differentiated from the ABS survey were those needing help with two activities sometimes and one activity sometimes. For these people it was assumed that an allocation of five hours and three hours respectively would be appropriate. Based on a cost of \$25 per hour this translates to packages of \$6,500 and \$3,900 per annum.

This last group has not been differentiated according to whether they are currently receiving formal assistance. Therefore, an average of three or five hours per week for some clients is the number of additional hours of unmet need rather than the total hours of unmet need.

### **Day programs**

Current average costs to government per client for day services were derived by dividing expenditure figures from the draft Industry Commission returns of Queensland, Western Australia, South Australia, Tasmania and the Australian Capital Territory by annual client estimates from the MDS data. Victoria provided data from another data source utilising equivalent full-time client costs. It argued that these data were superior to the result of \$2,400 derived from MDS and Industry Commission data, due to the number of multiple service clients in Victoria under brokerage arrangements. The Northern Territory also provided separate data.

Average State day program costs ranged from \$1,644 in Tasmania to \$12,070 in the Northern Territory.

**Table 3.4: Cost to government per client of day services and community access programs, 1996–1997 costs for existing services and estimated costs for new services**

	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT
<b>Existing services</b>								
Government contribution (\$ million)		48.9	13.7	10.7	5.8	6.3	0.9	0.6
Annual clients		4,164 <sup>(a)</sup>	2,398	1,995	3,279	3,861	409	50
Cost to government per client per annum		\$11,751	\$5,705	\$5,375	\$1,764	\$1,644	\$2,196	\$12,071
<b>New services</b>								
Cost to government per client per annum	\$16,500	\$11,701	\$16,500 to \$17,000	\$6,000 to \$18,000				

(a) Equivalent full-time clients

*Note:* Totals were not calculated as the client numbers consisted of equivalent full-time clients (for Victoria) and total clients for other States.

*Source:* Existing services expenditure from returns to Industry Commission (see Table A3.1) and annual clients from MDS (see Table A3.3) except for Victoria and Northern Territory. New services costs supplied by States and Territories (see Tables A3.5–A3.12).

Estimates of new service costs to government were provided by New South Wales, Victoria, Queensland and Western Australia. New South Wales' figure of \$16,500 is based on the current funding per place for the New South Wales Post School Options Program for higher need clients and is comparable with Queensland's figures. New South Wales also uses \$13,500 as a grant figure for Post School Options clients with moderate needs, with people with low needs not being eligible but rather being referred to employment services. Victoria's figure of \$11,701 is lower than its existing cost figure of \$11,750 as this latter figure is an equivalent full-time rather than per client figure and revised assessment arrangements are expected to affect the future costs. Western Australia provided its Post School Options funding rates which, for a full-time place, range from \$6,000 to \$18,000.

Current per client costs to government are lower than the new service costs supplied. This is likely to be so as historical provision of day and community access support varies quite markedly from current day services strategies which are expected to meet current disability standards, including incorporating fewer clients per staff member, and possibly addressing higher support needs.

### **National cost to government estimates for day programs**

In order to be able to apply estimates of costs to government per client to the estimates of unmet demand in Table 2.7, it is necessary to differentiate the costs of providing services to people with high, medium or low support needs.

Government cost per client figures for each of these dependency levels were estimated considering the new service costs supplied. It was concluded that a conservative \$6,000 national cost estimate for low support needs was appropriate, recognising that 6,350 of those with unmet day services demand always needed help with just one of the mobility, self-care or communication activities. A \$6,000 funding estimate reflects the Western Australian funding response for lowest need day clients, and that New South Wales does not have a funding range for people with low needs.

The \$12,000 figure for those people needing help with two activities and always with at least one, reflects the middle Post School Options full-time funding grant of Western

Australia, the moderate funding grant of New South Wales and the average new service cost provided by Victoria.

The \$18,000 figure for people needing help with three activities and always with at least one, reflects the highest Post School Options full-time funding grant of Western Australia, the high funding grant of New South Wales, the figures supplied by Queensland and the views of States and Territories that day services costs are expected to rise, especially for high dependency day services clients.

While these figures are higher than the current estimated national cost to government, they reflect the States' and Territories' tighter targeting of day services and the necessity to provide close to full cost grants for new services, which allow providers to meet current service standards.

### **3.4 The total costs to government of meeting unmet demand for these services**

#### **Group homes, in-home support and respite**

The estimates provided in Table 2.5 show that it could be expected that some 1,500 clients with unmet demand would be placed in group homes or require a high level of in-home support. These are people needing assistance in two or three activities and always needing assistance in at least one (Groups (P2) and (P3)) who are currently not receiving any formal assistance.

Given the increasing trend to in-home accommodation and respite support, it is assumed that 50% of high support need clients with unmet demand will be placed in group homes while 50% will be provided with a high level of in-home support. The total recurrent cost to government of meeting the needs of these 1,500 clients would thus be some \$67 million (see Table 3.5). This is based on a cost per client of \$50,000 for group homes and \$39,000 for a high level of in-home support.

From Table 2.5, there are an additional 2,400 people in this category (P2,P3) who are currently receiving some formal assistance. It has been suggested above that these people should be assumed to receive a medium level of in-home support and respite, say an additional 15 hours per week. This equates to an annual cost per client of \$19,500 and total costs of almost \$47 million.

There are also 2,300 people who always need assistance in one activity only and currently receive no formal assistance. It is suggested that these people would receive on average a medium level of in-home support and respite totalling 10 hours per week. Based on a cost per hour of \$25 this equates to an annual cost of \$29.9 million.

There are 700 people who also need assistance in one activity all the time but are currently receiving some formal assistance. It is suggested that this group would receive on average an additional five hours per week of in-home support and respite. This could be provided at an estimated annual cost of \$4.6 million.

**Table 3.5: Estimated net cost to government<sup>(a)</sup> of meeting unmet demand for group homes, in home support and respite, 1996–97**

Level of assistance needed	Number of clients	Estimated distribution	Presumed service response	Number of hours per week	Number of weeks	Cost per hour	Cost per client	Total cost
<b>People needing help with 2 or 3 activities and always with at least 1 Group (P2),(P3)</b>								
	Subtotal:	<b>3,900</b>						
No formal assistance now	1,500	750	Group home				\$50,000	\$37,500,000
		750	Respite/in-home support package	30	52	\$25	\$39,000	\$29,250,000
Some formal assistance now	2,400		Respite/in-home support package	15	52	\$25	\$19,500	\$46,800,000
<b>People always needing help with 1 activity Group (P1)</b>								
	Subtotal:	<b>3,000</b>						
No formal assistance now	2,300		Respite/in-home support package	10	52	\$25	\$13,000	\$29,900,000
Some formal assistance now	700		Respite/in-home support package	5	52	\$25	\$6,500	\$4,550,000
<b>People needing help with 2 activities sometimes Group (S2)</b>								
	<b>1,900</b>		Respite/in-home support package	5	52	\$25	\$6,500	\$12,350,000
<b>People sometimes needing help with 1 activity Group (S1)</b>								
	<b>4,600</b>		Respite/in-home support package	3	52	\$25	\$3,900	\$17,940,000
<b>Total</b>	<b>13,400</b>							<b>\$178,290,000</b>

(a) Excluding the cost of any major capital works for group homes.

Source: Table 2.5; discussion of Tables 3.1, 3.2, 3.3.

From Table 2.5, there are a group of people who sometimes need assistance in two activities. This group numbers some 1,900 people. It is suggested this group receive an average of five hours of care per week, which could be provided at an estimated annual cost of \$12.4 million.

Finally, there is a large group of people, estimated at 4,600, who comprise some 34% of the 13,400 people with unmet demand. These people need assistance in one area only, sometimes. It is suggested that on average they would receive an additional three hours per week, although some could need higher amounts. The estimated cost of meeting the needs of this group is \$17.9 million per annum.

In summary, the national net costs to government of meeting unmet demand for accommodation, accommodation support and respite are estimated to total \$178 million.

To assess the impact of a number of the assumptions made to estimate this total net cost to government, a number of its settings were changed as follows:

- Table 3.5 assumes that people in Groups (P1), (P2) and (P3) who are currently receiving some formal assistance would receive on average additional hours equivalent to 50% of the full support package of those with equivalent needs, but not currently using formal services.
  - If, however, they only receive additional support equivalent to 25% of the full support package, then the total estimated net cost to government would drop by approximately \$26 million to \$152.6 million.



- If, on the other hand, these same people received an additional 75% of the full support package, the total estimated net cost to government would rise by approximately \$26 million to \$204 million.
- Table 3.5 assumes that 50% of people in Groups (P2) and (P3), not receiving formal assistance now, would be accommodated in group homes and 50% would receive high level in-home and respite support packages.
  - If, however, only 25% were supported in group homes and 75% received these packages, the total estimated net cost to government would be \$174.2 million (a fall of approximately \$4 million).
  - If, on the other hand, 75% were supported in group homes with the remaining 25% receiving high support packages, the total estimated net cost to government would rise to \$182.4 million (an increase of approximately \$4 million).

### **Day programs**

The estimates provided in Table 2.7 show that there are likely to be 12,000 people (or equivalent full-time places), permanently unable to work, not studying, always needing help with at least one mobility, communication or personal care activity who have unmet demand for CSDA day support. Of these 1,600 (13%) need help in all three activities, and always with at least one (Group (P3)), 4,050 (34%) need help in two activities, and always at least one (Group (P2)) and the remaining 6,350 (53%) always need help with the one activity (Group (P1)). Table 2.7 suggests that these three groups should respectively receive high, medium and low day program support.

The estimated national costs estimates were: \$18,000 per annum for people with high-level support needs (Group (P3)); \$12,000 per annum for people with medium-level support needs (Group (P2)); and \$6,000 per annum for people with low-level support needs (Group (P1)).

As set out in Table 3.6, an average cost of \$18,000 for Group (P3) clients would cost a total of \$28.8 million annually; an average cost of \$12,000 for (P2) clients would require \$48.6 million and \$6,000 average for (P1) clients would total \$38.1 million. Thus the total estimated net cost to government of meeting unmet demand for day programs is \$115.5 million.

**Table 3.6: Estimated net cost to government of meeting unmet demand for day programs**

Level of assistance needed	Nature of service	Estimated number of people with unmet demand	Cost per person	Total cost
People needing help with 3 activities and always with at least 1 Group (P3)	Day program support – High	1,600	\$18,000	\$28,800,000
People needing help with 2 activities and always with at least 1 Group (P2)	Day program support – Medium	4,050	\$12,000	\$48,600,000
People always needing help with 1 activity Group (P1)	Day program support – Low	6,350	\$6,000	\$38,100,000
<b>Total — people <i>always</i> needing help with at least 1 activity</b>		<b>12,000</b>		<b>\$115,500,000</b>

Source: Tables 2.7, 3.4 and related discussion.

## **Total**

The total estimated cost to government of meeting unmet demand for accommodation and support, respite and day programs is \$293.8 million, comprising \$178.3 million for accommodation, accommodation support and respite services and \$115.5 million for day programs.

The study does not estimate or cost any unmet demand for other CSDA service types.

## 4 Projected growth in demand

This chapter presents the projected growth in demand for CSDA services, in terms of the projected growth in the target group—people with severe or profound handicap. These projections are based on the ABS projected populations of Australia, States and Territories.

Section 4.1 provides background information and assumptions used in the population projections, followed by a discussion of the projected population growth. Section 4.2 presents the projected increases in the population with severe or profound handicap, including the projected growths in different disability groups. Sections 4.3–4.5 discuss other factors that are likely to affect the future growth in demand. Section 4.6 summarises the growth estimates in demand for disability support services in the next six years.

### 4.1 Projected growth in population

The estimates of projected growth in demand use the ABS projections of the population of Australia, States and Territories from 1995–2051. The ABS projections are based on a combination of assumptions on future levels of fertility, mortality and migration. The base population used for the projections is the estimated population at 30 June 1995 (ABS 1996a).

#### Assumptions underlying population projections

The ABS has published four main projection series (Series A–D) with two alternative assumptions about future fertility, one assumption about future mortality, two alternative assumptions about future levels of overseas migration and three alternative assumptions about interstate migration (Table 4.1).

**Table 4.1: Projection series and assumptions**

Series A		Series B		Series C		Series D	
Mortality		Mortality		Mortality		Mortality	
Fertility 1	H	Fertility 1	H	Fertility 1	H	<b>Fertility 2</b>	<b>L</b>
Overseas migration 1	L	Overseas migration 1	L	<b>Overseas migration 2</b>	<b>H</b>	Overseas migration 1	L
<b>Interstate migration 2</b>	<b>M</b>	<b>Interstate migration 1</b>	<b>H</b>	Interstate migration 2	M	Interstate migration 2	M

Source: Adapted from ABS 1996a.

In this report, four published projection series were considered and Series A has been chosen for use in the estimation of projected growth in demand during the period of 1997–2003. Series A assumes a high level of fertility, low level of overseas migration and medium level of interstate migration (for details of assumptions see Appendix Table A4.1).

Series B and A projected the same results at the national level and the only difference between the two Series is the assumed levels of interstate migration (Series A: Medium, Series B: High). Although the numbers of interstate migrants have been

greater over the period of 1985–1995 than those for the previous decade, this was mainly related to the large numbers of overseas migrants. Given that the current annual Commonwealth Government’s migrant visa quota has been reduced substantially, it is anticipated that this change will reduce the interstate movements. Hence, it is more appropriate to assume a medium level of interstate migration as in Series A.

Series C assumes a higher net overseas migration gain which does not reflect the current situation or foreseeable future.

Series D takes the most conservative combination of assumptions. It assumes not only low overseas migration but also lower fertility rates than those for Series A and B.

The projection period for this report is from 1997 to 2003. In a projection period of six years, projections based on the high and low fertility assumptions do not differ very much for the population aged 6 years onwards. The ABS disability survey did not classify the severity of handicap among people with disability under the age of 5 years. The projections of the number of people with a profound or severe handicap will only apply to the population aged 5 years and over. Hence, little difference would be expected in the projected numbers of people with profound or severe handicap between Series D and Series A.

In Series A Australia’s total fertility rate (TFR)<sup>7</sup> for 1994 of 1.85 was used in the projection. Total fertility rates for the States and Territories were set pro rata the total fertility rate for Australia as a whole from 1995, according to the observed pattern of TFRs for the States and Territories in recent years (ABS 1996a).

The mortality assumptions for the Northern Territory differ from those for the rest of the States and Territories. It was assumed that the observed mortality rates for all the States plus the Australian Capital Territory would converge to the mortality rates for the total Australia population by the year 2004 and then take on the Australian rates from 2004–2051. The assumed mortality rates for the Northern Territory do not converge to the Australian rates but decline at the same rate of change as for the Australian as a whole (ABS 1996a).

In the projections, the State and Territory distribution of annual net overseas migration gains were derived by applying the average proportional State and Territory distributions for the period 1992–95 of each of the migration flows (permanent arrivals, permanent departures, long-term arrivals, long-term departures and category jumping). This proportional distribution is assumed to remain unchanged throughout the projection period (ABS 1996a).

The assumed age–sex profiles of future interstate movement were calculated by averaging the profiles of the interstate movements recorded by the 1986 and 1991 censuses for 1985–86 and 1990–91 respectively. The profiles remain unchanged throughout the projection period (ABS 1996a).

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<sup>7</sup> Total fertility rate (TFR) is a summary measure for age-specific fertility rates, which reflects hypothetical completed fertility for a population. The rate for a given year indicates the average number of children that women would have over their lifetimes if they experienced the rates of child-bearing experienced by women at each age in the given year.

## Projected population growth

The Australian population is projected by ABS to grow from 18 million in 1995 to 19.8 million in the year 2003. The ABS projections show that the ageing of the Australian population will continue, as the inevitable result of low levels of fertility over a long period and decline in mortality rates. The proportion of people aged 0–14 years will be declining, while the population aged 65 years and over will increase over the projection period both in terms of numbers and as a proportion of the total population (ABS 1996a). The proportion of people aged 65 years and over will increase from 11.9% (2.2 million people) in 1995 to 12.5% (2.5 million people) in 2003.

The working age population (aged 15–64 years) will also be ageing. Although the total number of working age population is projected to increase throughout the projection period, the number of people aged 15–24 years declines until about the year 2001 and then increases slightly. As a proportion of the total working age population, the 15–24 age group is projected to decline from 15% in 1995 to about 13.6% in 2003. This decline mainly reflects the fall in births which occurred during the 1970s when these people were born (ABS 1996a).

The greatest growth among the working age population is in the population aged 45–64 years, from 3.7 million in 1995 to 4.7 million in 2003. The most rapid growth period is 1995–2011 when most of the post-World War Two baby-boom generation reach this age group (ABS 1996a).

The most rapidly growing States are Queensland and Western Australia. The population of Queensland is projected to increase from 3.3 million in 1995 to 3.8 million in 2003, an increase of 16.8%. During the same period, the population in Western Australia is projected to grow by 13.8%, from 1.7 million to just under 2 million. The growth rates of Queensland and Western Australia are well above the national average (9.5%).

Between 1995 and 2003, the two Territories also have higher than national average growth rates: the Northern Territory has a projected growth rate of 13.2% and the Australian Capital Territory 10.6%.

The States which have lower growth rates than the national average are: New South Wales 8.5%, from 6.1 million to 6.6 million; Victoria 6.0%, from 4.5 million to 4.8 million; South Australia 4%, from 1.4 million to 1.5 million. The growth rates of Victoria and South Australia are well below the national average of 9.5%.

Tasmania has the lowest growth rate among all States and Territories. Between 1995 and 2003 Tasmania's population is projected to increase by 2.8% (from 473,000 to 486,500). It is the only State expected to experience a decline in population during the whole projection period 1995–2051.

## 4.2 Projected growth in population with a severe or profound handicap

### Methods and assumptions of projections

The projections of numbers of people with a severe or profound handicap rely on the key finding that, as mentioned in Chapter 2, the age-standardised prevalence rates of severe or profound handicap have remained fairly steady since 1981. At this stage, there is no evidence that further allowances need to be made for increases in age-specific prevalence rates. This consistency in reported prevalence of severe or profound handicap over time increases the confidence with which these measures can be used in projections as statistical indicators of future demand for disability support services.

Two strands of projections have been conducted:

- projections of the population of persons with a severe or profound handicap; and
- projections of the population of persons with a severe or profound handicap within different disability groups.

The underlying assumptions are that the age–sex-specific prevalence rates of severe or profound handicap remain constant over the projection period and each State or Territory has the same age–sex-specific prevalence rates as those of the national average.

The estimates derived from the ABS disability survey at the national level contain valid and reliable information, while the estimates at State level are subject to relatively higher standard errors, particularly for those Territories and States with small populations. Use of national age–sex-specific rates, rather than State and Territory rates, aims to overcome the inaccuracy in the estimated prevalence rates of States due to small sample size.

The steps used in calculation were as follows:

Step 1: Data from the 1993 ABS disability survey are used to derive age–sex-specific rates of severe or profound handicap nationally.

Step 2: These rates are then applied to 1996–2003 age and sex distribution (from the ABS projected population) in each State and Territory as well as the total Australian population, to calculate the expected number of people with severe or profound handicap by age and sex for each jurisdiction and for the total Australian population.

Step 3: The resulting numbers are added to give an estimate of the projected number of people with severe or profound handicap in that jurisdiction or in the Australian population.

### The growth estimates of severe or profound handicap (1997–2003)

Between 1997 and 2003 the total number of Australians with a severe or profound handicap is projected to increase by 13.7% (109,200 people) (Tables 4.2 and 4.3). The overall growth is mainly attributable to the rapid increase in the age groups of 45–64 years (19.5% or 32,600 people) and 65 years and over (17.3% or 70,200 people), corresponding to the ageing of the overall population.

In the age group of 5–64 years the total projected increase in the number of people with a severe or profound handicap is 9.9% or 39,100 people, while the increase varies with age. The growth in the working age population (age 15–64) is 11.3% or 37,200 people. Nationally, the highest rate of increase is in the age group of 45–64 years, and is associated with its highest rate of growth in the overall population. In contrast, the projected population decline in the age group of 15–24 years results in a negative growth rate in the number of people with a severe or profound handicap in the age group of 20–29 years (Tables 4.2 and 4.3).

There are considerable differences in the projected growth rates among the States and Territories (Table 4.2). During the period 1997–2003, two States and the two Territories have higher growth rates than those for the national average in the projected number of people with a severe or profound handicap: Queensland 18.7%, Western Australia 15.8%, the Northern Territory 17.4% and the Australian Capital Territory 16.9%. The States which have lower growth rates than the national average are: New South Wales 13.0%, Victoria 11.3%, South Australia 11.1% and Tasmania 10.7%.

The age patterns of the growth show that in most of the States and Territories the highest increase in the number of people with a severe or profound handicap is in the age group of 45–64 years (Table 4.2). However, in the two Territories, the highest growth is in the age group of 65 years and over, followed by the age group of 45–64 years.

Growth is experienced in all age groups in Queensland, Western Australia and the Northern Territory, while for the rest of the States and Territories, negative growth is projected to occur in one or more of the age groups among people aged under 45 years. In Tasmania, the lowest overall growth rate of 10.7% is attributable to the negative growth rates in most of the age groups among people aged under 45 years (Table 4.2), corresponding to the projected decline in Tasmania's population.

The magnitudes of the growth differ markedly between the States and Territories in the age groups of 45–64 and 65 or over, which range from as high as over 30% for the Northern Territory to as low as about 15% for Victoria (Table 4.2).

Although the projections show few sex differences in the overall growth rates from 1997 to 2003, the projected increase in the absolute number of females with a severe or profound handicap (64,900 people) is considerably higher than that for males (44,400 people) (Table 4.3). This is related to the higher prevalence rates of severe or profound handicap among females, particularly for those aged 45 years and over (AIHW 1995).

Projected populations for all States and Territories, for ages 5–64 years, and ages 65 years and over, and for the total population, are set out in Tables 4.4, 4.5 and 4.6 respectively. (For more details of growth estimates for the States and Territories see Tables A4.3–A4.19.)

**Table 4.2: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, by States and Territories, Australia, 1997–2003**

Age	% changes in number of persons with profound or severe handicap <sup>(b)</sup>								Australia
	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	
<b>Males</b>									
5–14	3.6	1.5	7.3	2.0	–2.0	–4.3	–1.4	3.4	<b>2.9</b>
15–19	3.2	1.3	7.8	7.4	4.6	1.2	–2.0	6.3	<b>4.0</b>
20–29	–5.1	–7.6	1.2	1.7	–8.4	–6.8	1.6	7.7	<b>–3.9</b>
30–44	4.2	3.0	10.7	6.6	1.7	–1.2	10.4	–1.3	<b>5.1</b>
45–64	18.2	16.3	24.9	23.7	17.0	17.9	20.3	27.7	<b>19.5</b>
65+	19.9	17.5	24.6	22.0	17.2	16.2	30.4	39.2	<b>20.1</b>
Total 5–64	8.8	6.9	14.6	12.0	6.4	5.6	10.1	11.0	<b>9.5</b>
Total 15–64	10.0	8.2	16.4	14.5	8.4	8.1	12.9	13.3	<b>11.1</b>
<i>Total</i>	<i>13.3</i>	<i>11.2</i>	<i>18.5</i>	<i>15.7</i>	<i>11.1</i>	<i>10.0</i>	<i>15.6</i>	<i>15.2</i>	<b>13.7</b>
<b>Females</b>									
5–14	3.3	1.4	7.1	2.6	–1.1	–5.3	0.2	3.2	<b>2.9</b>
15–19	4.2	1.2	8.3	8.0	4.5	2.9	–6.1	9.9	<b>4.5</b>
20–29	–5.2	–8.6	–0.8	2.2	–7.6	–7.3	3.0	–1.8	<b>–4.5</b>
30–44	6.0	4.3	12.5	7.1	1.8	–0.1	8.5	6.5	<b>6.5</b>
45–64	17.6	16.8	25.7	24.0	16.2	17.4	20.4	35.2	<b>19.5</b>
65+	15.0	13.9	21.3	18.0	13.5	14.4	26.8	35.8	<b>16.0</b>
Total 5–64	9.4	7.8	15.7	13.3	7.1	6.5	10.9	14.8	<b>10.4</b>
Total 15–64	10.4	8.8	17.0	14.9	8.3	8.4	12.4	17.1	<b>11.5</b>
<i>Total</i>	<i>12.8</i>	<i>11.4</i>	<i>18.8</i>	<i>15.9</i>	<i>11.1</i>	<i>11.2</i>	<i>17.8</i>	<i>19.4</i>	<b>13.7</b>
<b>Persons</b>									
5–14	3.5	1.4	7.2	2.3	–1.7	–4.7	–0.8	3.3	<b>2.9</b>
15–19	3.7	1.2	8.0	7.7	4.5	2.1	–4.1	8.1	<b>4.3</b>
20–29	–5.2	–8.1	0.1	1.9	–8.0	–7.1	2.3	2.5	<b>–4.2</b>
30–44	5.2	3.7	11.6	6.8	1.8	–0.6	9.5	2.7	<b>5.8</b>
45–64	17.8	16.6	25.3	23.9	16.6	17.6	20.4	31.4	<b>19.5</b>
65+	16.6	15.0	22.4	19.3	14.6	15.0	28.0	37.2	<b>17.3</b>
Total 5–64	9.1	7.4	15.1	12.6	6.8	6.1	10.5	12.9	<b>9.9</b>
Total 15–64	10.2	8.5	16.7	14.7	8.4	8.3	12.6	15.3	<b>11.3</b>
<b>Total</b>	<b>13.0</b>	<b>11.3</b>	<b>18.7</b>	<b>15.8</b>	<b>11.1</b>	<b>10.7</b>	<b>16.9</b>	<b>17.4</b>	<b>13.7</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.



**Table 4.3: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by age and sex, Australia, 1996–2003**

Age	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	38.0	38.2	38.4	38.5	38.6	38.8	39.1	39.3
15–19	8.0	8.1	8.2	8.3	8.4	8.4	8.4	8.4
20–29	20.7	20.8	20.9	20.8	20.7	20.4	20.2	20.0
30–44	47.8	48.3	48.7	49.1	49.5	50.0	50.4	50.7
45–64	76.3	78.6	80.9	83.3	85.8	88.5	91.2	93.9
65+	125.1	129.1	132.9	137.0	141.4	146.2	150.7	155.1
Total 5–64	190.8	194.0	197.0	200.0	203.0	206.1	209.3	212.4
Total 15–64	152.9	155.8	158.6	161.5	164.4	167.3	170.2	173.1
<i>Total</i>	<i>315.9</i>	<i>323.2</i>	<i>329.9</i>	<i>337.0</i>	<i>344.4</i>	<i>352.3</i>	<i>360.1</i>	<i>367.5</i>
<b>Females</b>								
5–14	25.8	25.9	26.1	26.2	26.2	26.4	26.5	26.0
15–19	8.5	8.6	8.7	8.8	8.9	8.9	9.0	9.0
20–29	24.0	24.1	24.1	24.0	23.8	23.5	23.2	23.0
30–44	51.2	51.7	52.2	52.7	53.3	54.0	54.7	55.0
45–64	86.2	88.7	91.2	94.0	96.9	99.8	102.8	106.0
65+	268.5	275.8	282.6	289.7	297.1	305.7	313.1	320.0
Total 5–64	195.7	199.0	202.3	205.6	209.1	212.5	216.2	219.7
Total 15–64	169.9	173.1	176.2	179.4	182.8	186.2	189.7	193.0
<i>Total</i>	<i>464.3</i>	<i>474.8</i>	<i>484.9</i>	<i>495.3</i>	<i>506.2</i>	<i>518.3</i>	<i>529.3</i>	<i>539.7</i>
<b>Persons</b>								
5–14	63.7	64.2	64.5	64.7	64.9	65.2	65.6	66.0
15–19	16.6	16.7	16.9	17.0	17.2	17.3	17.4	17.4
20–29	44.7	45.0	45.0	44.9	44.5	44.0	43.4	43.1
30–44	99.0	100.0	100.9	101.7	102.8	104.0	105.1	105.8
45–64	162.5	167.3	172.1	177.3	182.7	188.2	194.1	199.9
65+	393.6	404.9	415.5	426.6	438.5	451.9	463.8	475.0
Total 5–64	386.5	393.1	399.3	405.6	412.1	418.6	425.5	432.1
Total 15–64	322.8	328.9	334.9	340.9	347.2	353.4	359.9	366.1
<b>Total</b>	<b>780.2</b>	<b>798.0</b>	<b>814.9</b>	<b>832.3</b>	<b>850.6</b>	<b>870.5</b>	<b>889.3</b>	<b>907.2</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table 4.4: Projected population<sup>(a)</sup> of persons aged 5–64 years with a profound or severe handicap ('000), by States and Territories, Australia, 1996–2003**

	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
NSW	130.5	132.5	134.5	136.4	138.4	140.5	142.6	144.6
Vic.	95.8	97.0	98.2	99.3	100.5	101.7	103.0	104.2
Qld	70.9	72.8	74.6	76.4	78.2	80.1	82.0	83.9
WA	37.7	38.5	39.3	40.1	40.9	41.7	42.6	43.4
SA	31.1	31.4	31.7	32.0	32.4	32.7	33.1	33.5
Tas.	10.0	10.1	10.2	10.3	10.4	10.5	10.6	10.7
ACT	6.6	6.7	6.8	6.9	7.0	7.2	7.3	7.4
NT	3.8	3.9	4.0	4.1	4.2	4.2	4.3	4.4
<b>Australia</b>	<b>386.5</b>	<b>393.1</b>	<b>399.3</b>	<b>405.6</b>	<b>412.1</b>	<b>418.6</b>	<b>425.5</b>	<b>432.1</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table 4.5: Projected population<sup>(a)</sup> of persons aged 65 years and over with a profound or severe handicap ('000), by States and Territories, Australia, 1996–2003**

	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
NSW	138.9	142.7	146.4	150.1	154.0	158.6	162.7	166.4
Vic.	101.8	104.3	106.6	109.1	111.8	114.9	117.5	119.9
Qld	67.3	69.7	72.2	74.6	77.2	80.0	82.8	85.4
WA	33.1	34.2	35.1	36.1	37.3	38.6	39.7	40.8
SA	37.3	38.2	39.1	40.0	41.0	42.0	42.9	43.8
Tas.	10.7	11.0	11.2	11.5	11.7	12.1	12.4	12.6
ACT	3.7	3.8	4.0	4.1	4.3	4.5	4.7	4.9
NT	0.8	0.9	0.9	1.0	1.0	1.1	1.2	1.2
<b>Australia</b>	<b>393.6</b>	<b>404.9</b>	<b>415.5</b>	<b>426.6</b>	<b>438.5</b>	<b>451.9</b>	<b>463.8</b>	<b>475.0</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table 4.6: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by States and Territories, Australia, 1996–2003**

	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
NSW	269.4	275.3	280.9	286.6	292.5	299.0	305.2	311.0
Vic.	197.6	201.3	204.8	208.4	212.3	216.6	220.5	224.1
Qld	138.2	142.6	146.8	151.1	155.4	160.1	164.7	169.2
WA	70.9	72.7	74.5	76.2	78.2	80.3	82.3	84.2
SA	68.3	69.6	70.8	72.0	73.4	74.8	76.1	77.3
Tas.	20.8	21.1	21.4	21.8	22.1	22.6	23.0	23.4
ACT	10.3	10.6	10.8	11.1	11.4	11.7	12.0	12.3
NT	4.6	4.8	4.9	5.0	5.2	5.3	5.5	5.6
<b>Australia</b>	<b>780.2</b>	<b>798.0</b>	<b>814.9</b>	<b>832.3</b>	<b>850.6</b>	<b>870.5</b>	<b>889.3</b>	<b>907.2</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

## The growth estimates of severe or profound handicap within different disability groups

### Main disabling condition versus all disabling conditions

Table 1.4 in Chapter 1 grouped the ABS survey data on the 'primary disabling condition' of each person into a 'disability group'. Primary disabling condition is the condition identified by the respondent with multiple conditions as the one causing the most problems. Where only one condition is recorded, this is coded as the primary disabling condition (ABS 1993). This way of tabulating data ensures that each person is counted only once, and is useful where it is important to keep the totals constant.

However, where the focus is on the prevalence of particular conditions or the numbers of people affected by each disability, another approach is required. The prevalence of a particular disability group will be underestimated if only main disabling conditions are considered. The 1993 disability survey shows that 61.4% of people with a disability reported more than one disabling condition, and about 30% reported conditions related to two or more disability groups such as intellectual, psychological, sensory and physical (ABS 1996b).

A comparison of the prevalence of various conditions reported from the 1993 survey, according to whether they were reported as primary conditions or among a number of disabling conditions, indicated that prevalence estimates derived from all reported conditions were substantially higher than those indicated by their presence as a primary condition (AIHW 1995).

For these reasons, the estimates of prevalence in terms of different disability groups were derived on the basis of *all* disabling conditions reported by people with a profound or severe handicap (for details of the AIHW approach see Madden et al. 1995). This focus means that the following tables cannot be totalled to give total numbers of people, and do not accord with other tables in this report where each

person in the survey was counted only once. The purpose here is to reflect the projected change over time in the prevalence of conditions or the numbers of people within each disability group. Any one person can be counted in more than one group. The projections of the growth estimates assume that the observed age- and sex-specific prevalence rates within each disability group remain constant over the whole projection period.

### **The growth estimates in different disability groups (1997–2003)**

The projections (Tables 4.7–4.10) show that, corresponding to the projected population growth, the estimated overall growth in different disability groups is mainly due to the rapid increases in the population age groups of 45–64 years and 65 years and over. (For details of the growth estimates by age and sex see Tables A4.20–A4.45.)

Nevertheless, the sizes of the increase vary among different disability groups aged 5–64 years. The projected growth rates in the numbers of people in hearing (12.0%), circulatory (15.2%) and arthritis (16.0%) disability groups are markedly higher than the overall growth rate (9.9%) of people with a profound or severe handicap in this age group. The higher growth rates of these disability groups is probably related to the higher growth rates in the older age groups, 45–64 years.

In contrast, the growth rates of intellectual (5.0%) and speech (4.9%) disability groups are lower than the overall growth rate of people with a severe or profound handicap. The growth rate for learning disability is 3.4%, much lower than the rates for other disability groups, aged 5–64 years. This is partly because of the limitations of the survey questionnaire to identify this particular disability group. The observed age-specific prevalence rates of learning disability from the 1993 survey suggest that this disability is strongly related to younger age groups, as the majority of the cases were reported by people under the age of 45 years. Hence, the low growth rate of learning disability is also associated with the slow growth in the projected population under the age of 45 years.

Although there are few sex differences in the overall growth rates in the number of people with profound or severe handicap (Table 4.2), the growth rates of males and females vary among different disability groups (Table 4.7).

The number of females aged 5–64 years with severe or profound handicap is projected to remain higher than the number of males (Table 4.3). Nevertheless, among people under the age of 65 years, the number of males is higher than females in intellectual, acquired brain injury, visual, hearing, speech, and other musculoskeletal disability groups (see Tables A4.20–A4.32).

**Table 4.7: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, within disability groups, Australia, 1997–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>												
	Intellectual	Learning	Psychiatric	Acquired brain injury	Vision	Hearing	Speech	Circulatory	Respiratory	Arthritis	Other MSD <sup>(c)</sup>	Other physical	Neurological
<b>Males</b>													
5–14	2.9	2.9	2.9	2.9	3.0	2.9	2.9	2.8	2.9	0.0	3.0	2.9	2.9
15–19	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
20–29	-3.4	-3.2	-3.7	-4.2	-4.9	-3.9	-3.6	-4.4	-4.4	-4.7	-4.0	-4.4	-4.3
30–44	6.8	3.0	6.8	3.1	4.3	4.9	2.8	2.4	8.0	3.9	4.8	4.4	4.8
45–64	16.8	18.9	17.8	19.1	18.9	20.1	15.4	19.6	18.3	20.0	19.2	19.0	17.9
65+	22.3	2.9	23.5	20.3	23.9	22.8	21.6	21.8	16.5	20.8	17.7	20.3	17.4
Total 5–64	5.0	2.3	8.6	10.0	8.2	14.0	4.0	14.8	7.6	15.6	10.4	10.6	1.9
Total 15–64	6.4	0.6	9.5	11.5	8.9	15.8	4.5	15.1	10.9	15.6	10.8	11.8	8.9
<i>Total</i>	<i>10.7</i>	<i>2.3</i>	<i>14.9</i>	<i>15.0</i>	<i>18.1</i>	<i>19.7</i>	<i>10.2</i>	<i>19.5</i>	<i>11.0</i>	<i>18.5</i>	<i>12.7</i>	<i>15.1</i>	<i>10.8</i>
<b>Females</b>													
5–14	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.8	2.8	2.9	2.9	2.9	2.9
15–19	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5
20–29	-4.2	-5.5	-4.8	-4.0	-5.7	-5.0	-4.4	-3.9	-3.8	-5.5	-5.0	-4.6	-4.5
30–44	4.9	4.9	6.0	6.0	4.8	6.7	6.6	9.0	6.6	6.8	6.1	6.2	8.0
45–64	16.8	16.3	19.4	18.9	18.8	19.0	19.5	20.8	19.4	19.9	18.5	19.5	21.5
65+	20.9	8.4	18.5	16.6	18.1	20.4	18.3	15.9	12.0	15.1	16.9	16.2	17.4
Total 5–64	5.0	4.5	9.5	9.5	9.2	9.9	6.2	15.5	10.0	16.2	10.2	11.9	9.1
Total 15–64	5.6	5.3	10.2	10.9	10.8	11.5	7.5	16.1	12.2	16.3	10.8	12.9	10.4
<i>Total</i>	<i>13.9</i>	<i>5.3</i>	<i>15.0</i>	<i>13.9</i>	<i>16.6</i>	<i>18.1</i>	<i>12.8</i>	<i>15.8</i>	<i>10.9</i>	<i>15.5</i>	<i>14.1</i>	<i>14.7</i>	<i>12.7</i>
<b>Persons</b>													
5–14	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.8	2.9	2.9	2.9	2.9	2.9
15–19	4.3	4.4	4.3	4.3	4.3	4.1	4.3	4.3	4.2	4.3	4.3	4.3	4.1
20–29	-3.8	-3.9	-4.2	-4.1	-5.4	-4.7	-3.9	-4.1	-4.1	-5.0	-4.4	-4.5	-4.4
30–44	5.7	4.6	6.4	4.4	4.4	6.1	4.6	6.3	7.0	5.7	5.4	5.3	6.5
45–64	16.8	16.8	18.7	19.0	18.9	19.7	17.1	20.2	19.0	20.0	18.9	19.3	19.9
65+	21.3	8.3	20.1	18.2	19.9	21.2	19.6	17.6	13.7	16.6	17.1	17.5	17.4
Total 5–64	5.0	3.4	9.1	9.8	8.7	12.0	4.9	15.2	8.9	16.0	10.3	11.3	8.6
Total 15–64	6.0	4.0	9.8	11.2	9.7	13.7	5.8	15.6	11.6	16.0	10.8	12.4	9.7
<b>Total</b>	<b>12.5</b>	<b>4.0</b>	<b>15.0</b>	<b>14.4</b>	<b>17.2</b>	<b>18.7</b>	<b>11.5</b>	<b>17.1</b>	<b>11.0</b>	<b>16.4</b>	<b>13.5</b>	<b>14.9</b>	<b>12.0</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

(c) Other musculoskeletal disorder.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table 4.8: Projected population<sup>(a)</sup> of persons aged 5–64 years with a profound or severe handicap ('000), within disability groups,<sup>(b)</sup> Australia, 1996–2003**

	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
Intellectual	101.2	102.0	102.9	103.6	104.5	105.3	106.2	107.1
Learning	10.4	10.5	10.6	10.6	10.7	10.7	10.8	10.9
Psychiatric	103.8	105.6	107.3	108.9	110.5	112.1	113.6	115.1
Acquired brain injury	78.4	79.8	81.1	82.3	83.7	84.9	86.3	87.6
Vision	34.7	35.2	35.6	36.1	36.6	37.1	37.7	38.2
Hearing	58.2	59.2	60.2	61.2	62.4	63.6	65.0	66.3
Speech	70.3	71.0	71.7	72.3	72.8	73.4	73.9	74.5
Circulatory	57.1	58.3	59.5	60.9	62.4	63.8	65.5	67.2
Respiratory	74.5	75.6	76.7	77.7	78.8	80.0	81.2	82.4
Arthritis	98.9	101.5	104.0	106.6	109.3	112.0	114.9	117.7
Other musculoskeletal	112.9	115.1	117.2	119.2	121.2	123.2	125.1	126.9
Other physical	210.6	214.8	218.8	222.8	226.8	230.8	234.9	239.0
Neurological	59.6	60.6	61.6	62.5	63.3	64.2	65.0	65.8

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table 4.9: Projected population<sup>(a)</sup> of persons aged 65 years and over with a profound or severe handicap ('000), within disability groups,<sup>(b)</sup> Australia, 1996–2003**

	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
Intellectual	84.2	87.1	89.9	92.9	96.1	99.7	102.8	105.6
Learning	1.4	1.4	1.4	1.5	1.5	1.5	1.5	1.5
Psychiatric	119.2	123.1	126.9	130.9	135.2	139.9	144.0	147.8
Acquired brain injury	95.6	98.4	101.1	104.0	107.0	110.4	113.4	116.3
Vision	107.6	111.1	114.5	118.1	121.9	126.1	129.8	133.2
Hearing	154.4	159.6	164.7	170.1	176.1	182.5	188.3	193.5
Speech	56.6	58.4	60.1	61.9	63.8	66.1	68.0	69.8
Circulatory	192.3	197.9	203.2	208.7	214.7	221.4	227.3	232.8
Respiratory	55.3	56.6	57.8	58.9	60.2	61.7	63.0	64.3
Arthritis	186.9	192.2	197.3	202.5	207.9	213.9	219.2	224.1
Other musculoskeletal	98.6	101.3	103.9	106.6	109.5	112.8	115.9	118.7
Other physical	289.4	297.7	305.6	313.9	322.6	332.6	341.4	349.7
Neurological	37.3	38.3	39.3	40.3	41.5	42.8	43.9	45.0

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table 4.10: Total projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), within disability groups,<sup>(b)</sup> Australia, 1996–2003**

	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
Intellectual	185.3	189.1	192.7	196.5	200.6	205.1	209.0	212.8
Learning	11.8	11.9	12.0	12.1	12.2	12.2	12.3	12.4
Psychiatric	223.0	228.7	234.1	239.8	245.7	251.9	257.6	262.9
Acquired brain injury	174.0	178.2	182.2	186.3	190.7	195.3	199.7	203.8
Vision	142.3	146.3	150.1	154.2	158.5	163.2	167.5	171.4
Hearing	212.6	218.8	224.8	231.4	238.4	246.1	253.2	259.8
Speech	126.9	129.4	131.8	134.1	136.7	139.4	141.9	144.3
Circulatory	249.4	256.2	262.7	269.6	277.0	285.2	292.8	300.0
Respiratory	129.8	132.2	134.4	136.7	139.0	141.6	144.2	146.7
Arthritis	285.9	293.7	301.2	309.1	317.2	325.9	334.0	341.8
Other musculoskeletal	211.5	216.4	221.1	225.8	230.7	236.0	241.0	245.6
Other physical	500.0	512.5	524.4	536.6	549.5	563.4	576.4	588.7
Neurological	96.9	99.0	100.9	102.8	104.8	107.0	108.9	110.8

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

## 4.3 Other demographic factors

### Epidemiological factors

Epidemiological factors could influence the prevalence of disability. Morbidity is considered as an important predictor variable of disability and it often predicts and explains, along with other factors, the prevalence and pattern of disability (Chamie 1995). Nevertheless, the relationships among mortality, morbidity and disability are complex.

In Australia, the number of people reporting long-term health conditions increased from 6.2 million (45% of the total population) in the 1977–78 National Health Survey to 11.2 million (66% of the total population) in the 1989–90 survey and 13.5 million (75% of the total population) in the 1995 survey (ABS 1979, 1991, 1996c). Although there are some differences in the way conditions were identified and classified in the three surveys, it is clear that long-term morbidity in Australia has increased over the past two decades.

In the meantime, the Australian population experienced a decline in mortality and an increase in life expectancy. However, the gain in life expectancy at birth in the 1980s mainly came from reduction of mortality in the 50–69 age group for males and in the age groups of 50–69 and 70 and over for females (Jain 1992). It appears that the



combination of mortality decline and morbidity increase has resulted in more survivors who are frail and suffer from chronic conditions (Verbrugge 1984). Mathers (1995) suggested that the extension of life expectancy has been accompanied by an extension of years lived with disability, although this is usually 'mild or moderate' disability; years lived with severe disability do not appear to have been extended.

At the present time there are no population survey data in Australia which contain information linking morbidity to disability. In the next ABS disability survey (1998), information linking health conditions to particular impairment or activity limitations may assist in relating morbidity to the study of disability in the future.

Possible factors contributing to the substantial increase in reported disability and handicap prevalence levels at the less severe end of the disability spectrum have been discussed (Otis & Howe 1991; Mathers 1991, 1996). Apart from the factors related to rising levels of long-term morbidity, other proposed explanations include changes in community perceptions of disability and handicap, and changes in strategies of medical prevention and intervention.

Little of national reliability is known about trends in the long-term effects of injury. However mortality due to a number of significant external causes, such as transport and road injuries, has decreased in recent years (Abraham et al. 1995; Alessandri et al. 1996; Bordeaux & Harrison 1996) so there may be some effects on disability prevalence (although it is not certain whether there would be related falls or rises in the prevalence of disability).

Perinatal data on the incidence of congenital malformations may also shed light on factors affecting trends in disability prevalence. Recent information from the National Perinatal Statistics Unit of the Institute suggests that rates of congenital malformation have been declining in the 1990s (Lancaster et al. 1997). Perinatal deaths due to congenital malformations declined from 35.9 per 10,000 births in 1973 to 17.5 per 10,000 births in 1994 (Lancaster et al. 1997). Infant deaths and deaths of children aged 1–14 years because of congenital malformations also declined between 1980 and 1994.

### **Indigenous factors**

The main estimates in Chapter 2 and Section 4.1 are based on the premise that the presence of severe or profound handicap is an important population indicator of the need for CSDA services (Section 2.2). The presence in a population of a large proportion of Aboriginal or Torres Strait Islander people is considered to be a further indication of higher need, in that population, of such services. While there is not extensive data on disability among Indigenous people, what evidence there is, points to higher rates of disability (AIHW 1997a: 304–305):

The National Aboriginal and Torres Strait Islander Survey results showed 2.8% of people aged 25–44 and 1% of those aged 15–24 reporting severe or profound handicap in 1994 (ABS 1995b). While these results appeared similar to those for the general population, reported in the Disability, Ageing and Carers Survey (Table 9.1; AIHW 1995:246), the two surveys were not considered strictly comparable.

Rather, it could be expected that rates of disability among Indigenous people would be higher than those of the general population, because of their higher rates of disabling conditions. For instance, Indigenous people experience higher rates of injury, and respiratory and circulatory disease—all often associated

with disability (ABS & AIHW 1997). A study in a New South Wales region, using ABS definitions, found rates of severe handicap about 2.4 times higher than the total population (Thomson & Snow 1994). Subsequent studies of service use are consistent with this finding; Aboriginal and Torres Strait Islander people in the Northern Territory were twice as likely to be users of disability support services (Black & Eckerman 1997) and made greater use of Home and Community Care (HACC) services at younger ages (Jenkins 1995).

This issue was addressed by the Institute in preparing population figures for use in the denominators of national performance indicators for CSDA services. Here it was argued that, on the basis of evidence such as that quoted above, the Indigenous population in each jurisdiction should be weighted by 2, in order to give an adjusted 'potential population' for CSDA services. This proposal was adopted by the working group advising on the construction of the performance indicators, and results for 1995 have been previously published (AIHW 1997b and SCRCSSP 1997).

Results for 1996 are presented in Table 4.11. The Indigenous factor has been updated to take into account the results of the 1996 census, which resulted in significant growth in the numbers of people identifying as being of Indigenous origin. When compared to the relative distribution of either the total population or the population with severe or profound handicap, the adjusted 'potential population' adjusts upward for the Northern Territory, Queensland and Western Australia, and downward for most other States and Territories.

In order to estimate the 'potential population' for CSDA services in 2003, the Indigenous factor was applied to the projected estimates of people with severe or profound handicap in 2003 (Table 4.12). The adjustment was made by assuming that the 1996 Indigenous factor remains constant over the entire projection period. The effect is similar to the adjustments for Table 4.11, with upward adjustments to the figures for Queensland, Western Australia and the Northern Territory, and downward adjustments for New South Wales, Victoria and South Australia. The projected growth for Queensland and Western Australia is of greater significance in their growing 'share' of the target population for CSDA services than is the adjustment for Indigenous factors.

**Table 4.11: People aged under 65 years with severe or profound handicap by State and Territory, calculation of potential population, with adjustment for Indigenous population, 1996**

People under 65 years	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Australia
<b>Number</b>									
All people, 1993	5,263,891	3,931,729	2,771,385	1,506,918	1,267,291	413,799	279,130	164,371	<b>15,598,514</b>
All people, 1996	5,421,634	3,991,328	2,966,433	1,582,363	1,267,714	414,151	285,690	176,056	<b>16,105,369</b>
People with severe or profound handicap, 1993	119,400	92,200	72,300	34,400	30,400	9,700	6,900	2,900	<b>368,300</b>
People with severe or profound handicap, 1996	130,700	96,200	70,600	37,700	31,000	10,000	6,700	3,800	<b>386,800</b>
Indigenous factor	99.67	98.34	101.03	101.05	99.40	101.19	98.80	124.60	<b>100.00</b>
People with severe or profound handicap (adjusted)	130,300	94,600	71,400	38,100	30,800	10,100	6,600	4,800	<b>386,800</b>
<b>Percentage</b>									
All people, 1993	33.75	25.21	17.77	9.66	8.12	2.65	1.79	1.05	<b>100.0</b>
All people, 1996	33.66	24.78	18.42	9.83	7.87	2.57	1.77	1.09	<b>100.0</b>
People with severe or profound handicap, 1993	32.43	25.03	19.63	9.35	8.27	2.63	1.89	0.78	<b>100.0</b>
People with severe or profound handicap, 1996	33.80	24.88	18.26	9.75	8.01	2.59	1.72	0.99	<b>100.0</b>
People with severe or profound handicap, 1996 (adjusted)	33.69	24.47	18.45	9.85	7.96	2.62	1.70	1.24	<b>100.00</b>

*Notes*

1. Estimates of 1,900 or less have a relative standard error of 50% or more. Estimates of 8,000 or less have a relative standard error of 25% or more.
2. Data for all people are ABS estimated resident populations at 30 June 1993 and 30 June 1996 for people aged under 65 years.
3. 1993 data for people with severe or profound handicap are estimates derived using the 1993 Survey of Disability, Ageing and Carers and are rounded to the nearest 100 people.
4. 1996 data for people with severe or profound handicap are 'expected' and were calculated using national age- and sex-specific prevalence rates obtained from the ABS 1993 Survey of Disability, Ageing and Carers, applied to the 1996 data for all people. These data are rounded to the nearest 100 people.
5. The Indigenous factors were calculated as shown in Table A4.2.
6. Data for people with severe or profound handicap (adjusted) were calculated by multiplying the people with severe or profound handicap data by the Indigenous factors. This adjusts for the effects of the Indigenous population.

*Source:* ABS 1994: Australian Demographic Statistics, March Quarter 1994. Cat. No. 3101.0; ABS 1997: Australian Demographic Statistics. 1996 Census Edition. Cat. No. 3101.0; AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1997.

**Table 4.12: People aged under 65 years, number of people with severe or profound handicap, by State and Territory, calculation of potential population, with adjustment for Indigenous population, 2003**

People under 65 years	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Australia
<b>Number</b>									
All people, 1993	5,263,891	3,931,729	2,771,385	1,506,918	1,267,291	413,799	279,130	164,371	<b>15,598,514</b>
All people, 2003	5,775,675	4,154,396	3,377,515	1,752,380	1,314,030	420,752	309,235	188,403	<b>17,292,386</b>
People with severe or profound handicap, 1993	119,400	92,200	72,300	34,400	30,400	9,700	6,900	2,900	<b>368,300</b>
People with severe or profound handicap, 2003	144,600	104,200	83,900	43,400	33,500	10,700	7,400	4,400	<b>432,100</b>
Indigenous factor	99.67	98.34	101.03	101.05	99.40	101.19	98.80	124.60	<b>100.00</b>
People with severe or profound handicap (adjusted)	144,100	102,500	84,700	43,900	33,300	10,800	7,300	5,500	<b>432,100</b>
<b>Percentage</b>									
All people, 1993	33.75	25.21	17.77	9.66	8.12	2.65	1.79	1.05	<b>100.0</b>
All people, 2003	33.40	24.02	19.53	10.13	7.60	2.43	1.79	1.09	<b>100.0</b>
People with severe or profound handicap, 1993	32.43	25.03	19.63	9.35	8.27	2.63	1.89	0.78	<b>100.0</b>
People with severe or profound handicap, 2003	33.47	24.11	19.41	10.05	7.75	2.48	1.72	1.02	<b>100.0</b>
People with severe or profound handicap, 2003 (adjusted)	33.36	23.71	19.61	10.15	7.70	2.51	1.70	1.27	<b>100.00</b>

*Notes*

1. Estimates of 1,900 or less have a relative standard error of 50% or more. Estimates of 8,000 or less have a relative standard error of 25% or more.
2. Data for all people are ABS estimated resident populations at 30 June 1993 and 30 June 2003 for people aged under 65 years.
3. 1993 data for people with severe or profound handicap are estimates derived using the 1993 Survey of Disability, Ageing and Carers and are rounded to the nearest 100 people.
4. 2003 data for people with severe or profound handicap are 'expected' and were calculated using national age- and sex-specific prevalence rates obtained from the ABS 1993 Survey of Disability, Ageing and Carers, applied to the 2003 data for all people. These data are rounded to the nearest 100 people.
5. The Indigenous factors were calculated as shown in Table A4.2.
6. Data for people with severe or profound handicap (adjusted) were calculated by multiplying the people with severe or profound handicap data by the Indigenous factors. This adjusts for the effects of the Indigenous population.

Source: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1996a.

## **4.4 Carers and families**

Much has been written about families and changes in family structures and relationships. These changes and their future directions are clearly crucial to planning support services which complement long-term informal caring relationships. The value of informal care in Australia has already been discussed (Section 1.3), and that the crucial role of carers is increasingly being explicitly recognised in disability policy, for instance as a factor in the planning of day programs (Section 2.3) or just by recognising carer breakdown as a key ingredient in crises (Section 1.2).

### **Implications of growth projections**

The projected population growth and the growth estimates of people with a profound or severe handicap are expected to have significant impact on future availability of informal care. There are potentially countervailing effects. It appears that there will be an increase in the number of potential carers for elderly people in the late 1990s and early next century, since the number of people in the age group 45–64 is projected to be substantially higher than that in the age group 65 and over. However, population ageing is particularly strong in the working age population, and the increase of profound or severe handicap among both the working age population and the population aged 65 and over will further increase the need for carers.

### **Ageing carers**

The ageing of the carers themselves is a further issue. Table 4.13 presents the projected number of principal carers, aged 65 years or more, who are living in households with persons with a profound or severe handicap. According to the 1993 disability survey, there are about 7,700 parents aged 65 years and over who are the principal carers for their children with a profound or severe handicap and almost half of the parents had been in the caring role for over 30 years (Madden et al. 1996).

Based on the survey results, and allowing for population growth since then, the figure increases from 7,700 to 8,100 in 1996 and 9,000 in the year 2003. The figure of 9,000 should be considered to be an indicator of further unmet demand by the end of the next five years (in terms of Figure 1.1 an important indicator of current potential need for services).

**Table 4.13: Projected number of people with a profound or severe handicap who live in households with a usual resident principal carer aged 65 or more years ('000), by age of principal carer, by relationship of principal carer to the recipient<sup>(a)</sup>**

Age	Relationship of carer to the recipient			Total
	Parent	Other family	Friend	
<b>1993<sup>(b)</sup></b>				
5-14	—	—	—	—
15-29	1.5	—	—	1.5
30-44	3.2	—	—	3.2
45-64	3.0	5.6	0.6	9.2
65+	—	82.3	0.2	82.4
Total	7.7	87.9	0.8	96.4
<b>1996<sup>(c)</sup></b>				
5-14	—	—	—	—
15-29	1.5	—	—	1.5
30-44	3.3	—	—	3.3
45-64	3.3	6.2	0.7	10.1
65+	—	90.5	0.2	90.7
Total	8.1	96.7	0.9	105.6
<b>2003<sup>(c)</sup></b>				
5-14	—	—	—	—
15-29	1.5	—	—	1.5
30-44	3.5	—	—	3.5
45-64	4.0	7.6	0.8	12.4
65+	—	106.7	0.2	106.9
<b>Total</b>	<b>9.1</b>	<b>114.3</b>	<b>1.0</b>	<b>124.4</b>

(a) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

(b) Estimate based on the ABS 1993 Survey of Disability, Ageing and Carers data.

(c) Estimate based on the projected number of people with a profound or severe handicap who live in households.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1997.

## Family trends

The evolution of the Australian family in recent decades and the implications for welfare services are discussed in the Institute's most recent biennial report *Australia's Welfare* (AIHW 1997a:55-95).

A fundamental change in Australian families has been the steady move away from the 'male breadwinner' model of the family, with the implication that we can no longer assume the full-time (and life long) availability of female carers. The adjustment of social institutions to this change has been variable:

In all advanced countries, however, institutions more related to family and parenthood have been much slower to move away from the presumption of a male breadwinner model of the family and to adapt to the new reality of advancing gender equity. With some exceptions, the delivery of publicly provided welfare services is still premised upon the male breadwinner model, that is, upon the assumption that women will be available as full-time carers. (AIHW 1997a:59)

A rise in the proportion of sole parent families is projected to continue. Delayed child bearing will continue, with longer gaps between the generations resulting in the likelihood of more, older 'principal carers'. Younger people overall are tending to stay longer with their parents before setting up independent living arrangements, for a range of reasons including longer education years, high youth unemployment and the high cost of housing.

The ageing of the population generally will place pressure on Home and Community Care services, adding to the pressure on CSDA services, which provide similar services to a related and sometimes overlapping client group (Table 1.5 and Section 2.4).

The discussion concluded that:

As family arrangements become more complex and family income circumstances more variable, the arguments are strong that formal and informal systems of support need to be integrated into a single system of support, rather than being regarded as separate systems. This is even more the case when one of the central frameworks of policy is the deinstitutionalisation of those who are dependent upon aged care services, psychiatric services and disability services. The role of public support for families is to strengthen the families, not to weaken them. (AIHW 1997a:89–90)

## 4.5 De-institutionalisation

Living in community settings is an important goal of people with a disability, and de-institutionalisation has also been a goal of most governments responsible for the accommodation of people with a disability (see, for instance, AIHW 1993:270–279).

Available data provide evidence that de-institutionalisation has been occurring among people with a disability (AIHW 1997a:335–336). The 1981, 1988 and 1993 ABS disability surveys indicate that the number and percentage of people aged under 65 years with a 'severe handicap',<sup>8</sup> or any disability, who live in households have risen, while the number and percentage of those who live in establishments have declined (Tables 4.14 and 4.15).

**Table 4.14: Number of people with a profound or severe handicap aged 5–64 years by residence ('000), Australia, 1981, 1988 and 1993**

	Number with profound or severe handicap			% changes in numbers		
	1981	1988	1993	1981–1988	1988–1993	1981–1993
Households	244.1	302.5	349.1	23.9	15.4	42.9
Establishments <sup>(a)</sup>	27.0	24.2	19.2	–10.5	–20.8	–29.1

(a) Establishments are defined by ABS as hospitals, nursing homes, hostels, retirement villages and other 'homes'.

Source: ABS unpublished data; AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers Confidentialised Unit Record File.

<sup>8</sup> In the 1993 disability survey the severe handicap category was further divided into severe handicap and profound handicap. Therefore, the category of severe handicap for 1993 refers to either severe or profound handicap.

Among people aged under 65 years, the number of people with a severe or profound handicap living in households has increased by 42.9%, or 104,900 people between 1981 and 1993. In contrast, the number of people living in establishments has dropped by 29.1%, or 7,900 people (Table 4.14).

**Table 4.15: People with a disability aged under 65 years: type of residence by age as a percentage of the Australian population at that age, Australia, 1981, 1988 and 1993<sup>(a)</sup>**

Residence	Aged under 30 years			Aged under 30–64 years		
	Severe <sup>(b)</sup>	Total with a handicap	Total with a disability	Severe <sup>(b)</sup>	Total with a handicap	Total with a disability
<b>Households</b>						
1981	1.1	3.1	5.6	2.9	9.0	14.9
1988	1.5	5.0	6.3	2.9	13.2	15.9
1993	2.0	5.1	6.7	3.1	12.7	16.8
<b>Establishments<sup>(c)</sup></b>						
1981	0.2	0.2	0.2	0.3	0.3	0.3
1988	0.1	0.1	0.1	0.2	0.3	0.3
1993	0.1	0.1	0.1	0.2	0.2	0.3
<b>Total population</b>						
1981	1.3	3.3	5.8	3.1	9.3	15.2
1988	1.7	5.1	6.4	3.2	13.5	16.2
1993	2.1	5.2	6.8	3.3	13.0	17.0
<b>Ratio: establishments/households*100<sup>(d)</sup></b>						
1981	15.9	5.1	2.9	9.2	3.2	2.1
1988	7.8	2.2	1.8	7.9	2.0	1.9
1993	3.1	1.2	1.3	6.3	1.8	1.6

(a) The percentages of disability and handicap have been standardised using the age and sex structures of the estimated resident population at March 1993 for comparative purposes. The estimates for the 1993 disability survey data were made using definitions as close as possible to the definitions of the 1981 and 1988 disability surveys.

(b) In the 1993 disability survey the severe handicap category was further divided into severe handicap and profound handicap. Therefore, the category of severe handicap for 1993 refers to either severe or profound handicap.

(c) Establishments are defined by ABS as hospitals, nursing homes, hostels, retirement villages and other 'homes'.

(d) Ratios were calculated by dividing the total number of people living in establishments by the total number of people living in households and multiplying by 100.

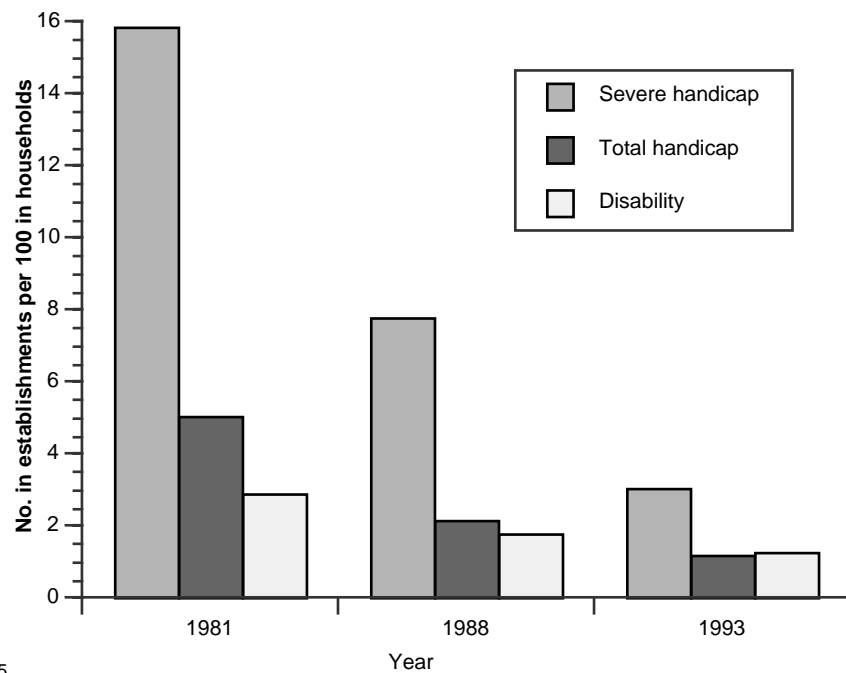
Source: ABS unpublished data; AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers Confidentialised Unit Record File.

This trend is even clearer when the ratio of people in 'establishments' to people in households is calculated and particularly for people under the age of 30 years (Figures 4.1 and 4.2). In 1981 there were, on average, 15.9 people aged under 30 years with a severe handicap living in establishments for every 100 living in households. By 1993 this ratio had dropped to 3.1 for every 100 (Table 4.15, Figure 4.1).

The majority of people with a severe handicap aged under 65 years were living with relatives in 1993. Most of the change since 1981 has been an increase in the proportion living with relatives; people who at one time were living in institutions are tending to live with relatives rather than in other arrangements (AIHW 1997a:336).

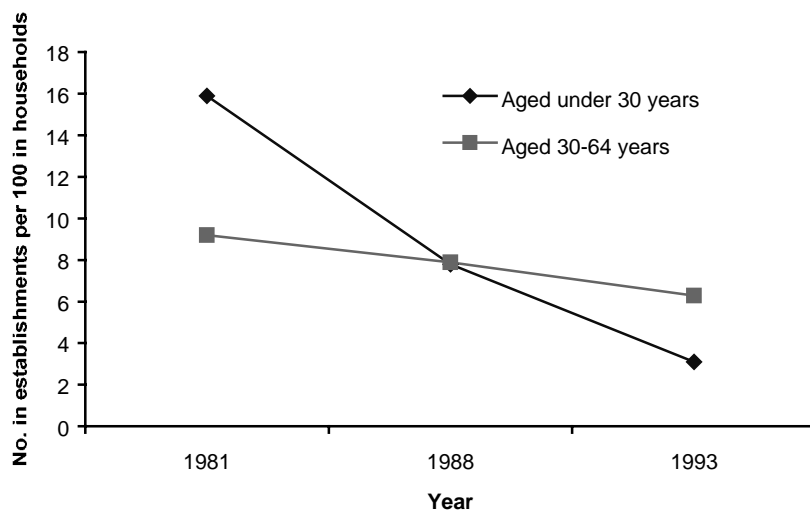
These trends confirm the assumptions made in Chapters 2 and 3, that growth in demand for disability support services is unlikely to be met through the expansion of institutions. The trends also show clearly the importance of programs to support carers and the stability of living and caring arrangements.





Source: Table 4.15.

**Figure 4.1: People with a disability under age 30 years: ratio of people living in establishments to people living in households**



Source: Table 4.15.

**Figure 4.2: People with a severe or profound handicap under age 65 years: ratio of people living in establishments to people living in households**

The 'health establishments' in which people were living in 1993 are shown in Table 4.16. Almost 7,000 people aged under 65 were in psychiatric hospitals, close to 5,000 in homes for the aged and over 5,000 in 'other homes'. None of these people have been included in the estimates of unmet demand, and although their numbers have

probably continued to fall since 1993, many could be awaiting community accommodation.

**Table 4.16: People with a profound or severe handicap by type of establishment ('000), by age, Australia, 1993<sup>(a)</sup>**

	5-29	30-49	50-64	65+	Total < 50	Total < 65
General hospitals	0.4	0.7	0.8	13.4	1.1	1.8
Psychiatric hospitals	1.7	3.2	2.1	7.7	4.8	6.9
Homes for the aged	0.6	0.9	3.2	60.8	1.5	4.7
Homes — other	1.5	2.7	0.8	2.6	4.3	5.0
Retirement villages	0.1	0.04	0.6	20.0	0.1	0.7
Total establishments	4.2	7.5	7.4	104.6	11.7	19.2

(a) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data.

## 4.6 Growth estimates and trends: overview

This chapter indicates that demographic changes, along with changes in other factors, will have considerable impact on the growth in demand for disability support services in the next six years.

The ageing of the Australian population is projected to continue. The working age population will be ageing significantly, with greatest growth among the population aged 45–64 years, from 3.7 million in 1995 to 4.7 million in 2003.

The projected demographic trends, particularly the population ageing, result in a substantial increase in the projected number of people with a profound or severe handicap in the next six years (1997–2003):

- The total number of Australians with a severe or profound handicap is projected to increase by 13.7% (109,200 people).
- The overall growth is mainly attributable to the rapid increase in the age groups of 45–64 years (19.5% or 32,600 people) and 65 years and over (17.3% or 70,200 people).
- The increase in the age group of 5–64 years is 9.9% (39,100 people).
- The growth in the working age population (age 15–64) is 11.3% (37,200 people).
- The projected population decline in the age group of 15–24 years results in a negative growth rate in the number of people with severe or profound handicap in the age group of 20–29 years.

Between 1997 and 2003, and corresponding to the projected population growth, the estimated overall growth in different disability groups is mainly due to the rapid increases in the population age groups of 45–64 years and 65 years and over. Nevertheless, the sizes of the increase vary among different disability groups aged 5–64 years. The projected growth rates in the numbers of people in hearing (12.0%), circulatory (15.2%) and arthritis (16.0%) disability groups are higher than the overall growth rate (9.9%) of people with a profound or severe handicap in this age group. The higher growth rates of these disability groups is probably related to the higher growth rates in the older age groups, 45–64 years. In contrast, the growth rates of

intellectual (5.0%), speech (4.9%) and learning (3.4%) disability groups are lower than the overall growth rate of people with a severe or profound handicap.

The number of females aged 5–64 years with severe or profound handicap is projected to remain higher than the number of males. Among people under the age of 65 years, the numbers for males are higher than those for females in the disability groups of intellectual, acquired brain injury, visual, hearing, speech, and 'other musculoskeletal'.

The projected demographic trends also indicate the following future impacts of the ageing population:

- The high projected rates of increase in the number of people with a severe or profound handicap aged 45 years and over is likely to result in ageing of the client population of disability support services. The high growth in numbers of people aged 45–64 years will bring particular pressure on CSDA services, either to provide services to an increasingly older clientele, or to make transitional arrangements between CSDA services and suitable aged care services.
- The increase in the number of people with a profound or severe handicap among both the working age population and people aged 65 years and over will further increase the need for carers.
- The ageing of carers is likely to continue to be an important issue. The number of parents aged 65 years and over who are the principal carers for people with a profound or severe handicap is projected to increase from 7,700 in 1993 to 9,000 in the year 2003.

Taken together, the projected growth in the target group for CSDA services, detailed in Sections 4.2 and 4.3, and the trends in families and carers outlined in Section 4.3, suggest:

- further pressure on CSDA services, in particular because of ageing of the target group and their carers and families;
- pressure on related services such as HACC;
- pressure on families and services from ongoing trends in de-institutionalisation; and
- continuing mutual support among family members, in various patterns and relationships, which require formal assistance where the family support is likely to be intense and long-term.

## References

Abraham B, d'Espaignet E, Stevenson C 1995. Australian health trends 1995. Canberra: Australian Institute of Health and Welfare.

ACT Auditor-General 1997. Auditor-General's report: No. 7: The disability program and community nursing. Canberra, Australian Capital Territory.

Alessandri LM, Leonard H, Blum LM, Bower C 1996. Disability counts: a profile of disability in Western Australia. Perth: Disability Services Commission.

Australian Bureau of Statistics (ABS) 1979. Australian health survey 1977–1978. Cat. No. 4311.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics (ABS) 1991. 1989–90 National health survey: summary of results Australia. Cat. No. 4364.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics (ABS) 1993. Disability, ageing and carers: data reference package. Cat. No. 4432.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics (ABS) 1994. Australian demographic statistics, March Quarter 1994. Cat. No. 3101.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics (ABS) 1996a. Projections of the populations of Australia States and Territories 1995–2051. Cat. No. 3222.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics (ABS) 1996b. Disability, ageing and carers: Australia disability and disabling conditions 1993. Cat. No. 4433.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics (ABS) 1996c. National health survey: first results 1995. Cat. No. 4392.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics (ABS) 1997. Australian demographic statistics, March Quarter 1997. Cat. No. 3101.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics (ABS) & Australian Institute of Health and Welfare (AIHW) 1997. The health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples. ABS Cat. No. 4704.0; AIHW Cat. No. IHW2.

Australian Healthcare Associates 1996. Commonwealth/State Disability Agreement evaluation: the cost study supporting paper 4. Canberra: Australian Government Publishing Service.

Australian Institute of Health and Welfare (AIHW) 1993. Australia's welfare 1993: services and assistance. Canberra: Australian Government Publishing Service.

Australian Institute of Health and Welfare (AIHW) 1995. Australia's welfare 1995: services and assistance. Canberra: Australian Government Publishing Service.

Australian Institute of Health and Welfare (AIHW) 1997a. Australia's welfare 1997: services and assistance. Canberra: Australian Institute of Health and Welfare.

Australian Institute of Health and Welfare (AIHW) 1997b. Effectiveness indicators and descriptors: first results for disability services. Welfare Division Working Paper No. 15. Canberra: Australian Institute of Health and Welfare.

- Black K, Eckerman S 1997. Disability support services provided under the Commonwealth/State Disability Agreement: first national data 1995. Canberra: Australian Institute of Health and Welfare.
- Black K, Madden R 1995. Commonwealth/State Disability Agreement national minimum data set: report on the 1994 full-scale pilot test. Canberra: Australian Government Publishing Service.
- Black K, Maples J, Wen X, Madden R (forthcoming). Disability support services provided under the Commonwealth/State Disability Agreement: national data 1996. Canberra: Australian Institute of Health and Welfare.
- Bordeaux S, Harrison J 1996. Injury mortality Australia, 1994. Australian Injury Prevention Bulletin 13.
- Campbell E, Heal L 1995. Prediction of cost, rates, and staffing by provider and client characteristics. *American Journal on Mental Retardation* 100(1):17–35.
- Chamie M 1995. What does morbidity have to do with disability? *Disability and Rehabilitation* 17(7):323–337.
- Disability Services Commission (1997), The prediction of facility costs by the BEKK methodology. Disability Services Commission Western Australia.
- English, Kretzschmar and Associates Pty Ltd 1997. Accommodation services funding reform: statistical report. Report commissioned by the Disability Services Commission Western Australia.
- Ernst and Young 1996. Commonwealth/State Disability Agreement Evaluation: Supporting Paper 5—The equipment study. Canberra: Australian Government Publishing Service.
- Gould A, Kennedy R 1997. Funding estimates for unmet and future demand for disability support services. Sydney: New South Wales Ageing and Disability Department.
- Hounsome D 1994. The cost of providing accommodation services: a comparison of public and private agency expenditures, Western Australia. Disability Services Commission Western Australia.
- Jain S 1992. Recent trends in mortality in Australia: an analysis of the causes of death through the application of life table techniques. *Journal of the Australian Population Association* 9(1):1–23.
- Jenkins A 1995. Aged care service used by Aboriginal and Torres Strait Islander peoples. AIHW Aboriginal & Torres Strait Islander Health Information Bulletin No. 21. Canberra: Australian Government Publishing Service.
- Knapp M (ed.) 1995. The economic evaluation of mental health care. Aldershot: Hants Arena.
- KPMG Management Consulting 1996. Accommodation services funding reform: final report to the Disability Services Commission Western Australia. Perth: KPMG Management Consulting.
- Lancaster P, Hurst T, Day P, Huang J, Shafir E 1997. Congenital malformations Australia 1993 and 1994. Sydney: Australian Institute of Health and Welfare National Perinatal Statistics Unit.

- Madden R, Black K, Wen X 1995. The definition and categorisation of disability in Australia. Canberra: Australian Institute of Health and Welfare.
- Madden R, Wen X, Black K, Malam K, Mallise S 1996. The demand for disability support services in Australia. Canberra: Australian Institute of Health and Welfare.
- Mathers C 1991. Health expectancies in Australia 1981 and 1988. Canberra: Australian Government Publishing Service.
- Mathers C 1995. Expectation of disability and handicap in Australia: paper presented at 3rd National Rehabilitation Conference, Australian Institute of Health and Welfare, Canberra, May.
- Mathers C 1996. Issues in the measurement of health status. Paper presented at ninth meeting of Network on Health Expectancy (REVES), Rome.
- Mathur S 1996. Aged care services in Australia's States and Territories. Canberra: Australian Institute of Health and Welfare.
- New South Wales (NSW) Law Reform Commission 1996. People with an intellectual disability in the criminal justice system. Sydney: NSW Law Reform Commission (Report 80).
- Otis N, Howe A 1991. Trends in reported disability in the Australian aged population: interpretation of preliminary ABS survey findings. Australian Health Review 14(4): 380–393.
- Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP) 1995. Report on government service provision: Commonwealth of Australia. Canberra: Australian Government Publishing Service.
- Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP) 1997. Report on government service provision: Commonwealth of Australia. Canberra: Australian Government Publishing Service.
- Verbrugge C 1984. 'Longer life but worsening health?' Trends in health and mortality of middle-aged and older persons. *Milbank Quarterly* 62:475–519.
- Wen X, Madden R, Black K 1995. Population indicators of needs for disability services: an exploration. Welfare Division Working Paper No. 9. Canberra: Australian Institute of Health and Welfare.
- World Health Organization (WHO) 1980. International classification of impairments, disabilities, and handicaps: a manual of classification relating to the consequences of disease. Geneva: WHO.
- Yeatman A 1996. Getting real: the final report of the review of the Commonwealth/State Disability Agreement. Canberra: Australian Government Publishing Service.

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**Table A1.1: People aged 5–64 years: main disabling conditions by disability status and severity of handicap, by sex, Australia, 1993<sup>(a)</sup>**

Main disabling conditions	Profound	Severe	Moderate	Mild	Not determined <sup>(b)</sup>	Disability no handicap	Total disability
<b>Males</b>							
Intellectual	17.4	4.8	7.6	8.0	14.3	2.2	54.2
Learning	1.9	1.8	2.1	2.8	9.2	2.7	20.6
Psychiatric	7.8	5.7	7.8	13.5	16.3	16.9	67.9
Acquired brain injury	3.5	3.2	4.3	6.3	5.1	2.5	24.9
Vision	1.8	3.8	0.9	8.9	8.5	14.5	38.4
Hearing	3.5	1.4	2.7	32.4	19.1	121.7	180.8
Speech	2.9	1.1	5.2	1.4	9.4	5.0	25.1
Circulatory	2.7	5.7	6.9	31.6	11.2	11.8	69.9
Respiratory	2.2	9.2	4.4	33.7	23.0	34.0	106.5
Arthritis	4.5	12.7	20.6	36.5	10.7	17.0	102.1
Other musculoskeletal disorder	6.4	23.8	35.5	46.6	21.1	21.5	155.0
Other physical	21.7	11.3	22.9	40.0	30.3	31.7	157.8
Neurological	5.0	5.7	3.2	9.9	10.6	6.9	41.4
Other	1.3	9.6	11.7	20.2	11.1	7.7	61.6
<i>Total</i>	<i>82.5</i>	<i>99.8</i>	<i>136.0</i>	<i>291.9</i>	<i>199.8</i>	<i>296.3</i>	<i>1,106.2</i>
<b>Females</b>							
Intellectual	11.3	4.4	5.2	6.0	8.9	2.5	38.3
Learning	1.8	1.0	1.1	3.0	2.7	0.5	10.1
Psychiatric	6.5	10.6	11.1	24.1	19.1	29.5	100.9
Acquired brain injury	3.8	1.9	1.8	3.8	1.3	3.1	15.7
Vision	2.2	3.5	1.1	4.6	4.1	6.4	21.8
Hearing	2.0	3.6	3.0	23.3	11.5	60.6	104.0
Speech	0.0	0.8	0.8	0.7	2.7	1.4	6.4
Circulatory	1.6	4.9	5.1	16.8	4.7	9.0	42.0
Respiratory	6.5	8.8	9.8	34.9	19.8	31.9	111.7
Arthritis	3.4	25.7	23.1	45.5	13.2	15.2	126.0
Other musculoskeletal disorder	5.0	21.1	26.1	39.0	19.3	15.8	126.3
Other physical	18.4	15.3	19.6	39.7	19.5	21.8	134.3
Neurological	7.8	5.8	4.2	6.2	7.9	11.9	43.8
Other	4.5	3.9	9.4	15.1	4.5	7.0	44.3
<i>Total</i>	<i>74.8</i>	<i>111.2</i>	<i>121.4</i>	<i>262.6</i>	<i>139.2</i>	<i>216.6</i>	<i>925.7</i>
<b>Persons</b>							
Intellectual	28.7	9.1	12.8	14.0	23.2	4.7	92.5
Learning	3.7	2.8	3.2	5.8	12.0	3.3	30.8
Psychiatric	14.2	16.3	18.9	37.6	35.4	46.4	168.8
Acquired brain injury	7.3	5.1	6.1	10.1	6.3	5.6	40.6
Vision	4.0	7.2	1.9	13.5	12.6	20.9	60.2
Hearing	5.5	5.0	5.7	55.7	30.6	182.4	284.8
Speech	3.0	1.9	6.0	2.2	12.1	6.4	31.5
Circulatory	4.3	10.6	12.0	48.3	15.9	20.8	112.0
Respiratory	8.8	18.0	14.2	68.6	42.8	65.8	218.2
Arthritis	7.9	38.4	43.7	82.0	23.9	32.2	228.1
Other musculoskeletal disorder	11.4	44.9	61.6	85.7	40.4	37.4	281.3
Other physical	40.1	26.5	42.6	79.7	49.7	53.5	292.1
Neurological	12.7	11.5	7.5	16.1	18.5	18.8	85.1
Other	5.7	13.5	21.1	35.3	15.6	14.7	105.8
<b>Total</b>	<b>157.3</b>	<b>211.0</b>	<b>257.3</b>	<b>554.5</b>	<b>338.9</b>	<b>512.9</b>	<b>2,031.9</b>

(a) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

(b) This group comprises all children with a disability aged 0–4 years and people who had a schooling or employment limitation only.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data.

**Table A1.2: Disability/impairment groupings, related to ABS screening questions and ICD code**

<b>Impairment/ Disability</b>	<b>ABS Categories</b>	<b>ABS code</b>	<b>ICD code</b>	<b>Diseases, impairments and conditions</b>
<b>Intellectual</b>	<b>Other mental disorder and part of Mental psychosis</b>	305	299.0	Infantile autism
		307	Search question	Slow at learning or understanding things
		309	317–319	Mental or intellectual retardation/ disability
		317		Behaviour changes
		318		Memory loss
		703	758.0	Down syndrome
		998	998	Refer to Section 4.5.4 in the coding instructions
		EQ30=1	HQ15=08	Slow at learning or understanding things
<b>Learning</b>		316	315.02	Developmental dyslexia
		316	315.0	Reading disorder
		316	315	Specific delays in development
<b>Psychiatric</b>	<b>Mental psychosis</b>	301	303	Alcohol dependence syndrome
		301	304	Drug dependence
		302	291	Alcoholic psychoses
		303	300.0	Anxiety
		303	300.4	Neurotic depression
		303	308.0	Stress
		303	Search question	Receiving treatment for nerves or an emotional condition
		304	307.1	Anorexia nervosa
		304	307.5	Other eating disorder including bulimia
		306	296	Manic depression
		307	Search question	Needs to be helped/supervised in doing things because of mental illness
		310	300–316	Neurotic disorders, personality disorders and non-psychotic mental disorders not elsewhere specified
		310		Cognitive loss/changes
		311	290–294	Organic psychoses
		312	300.2	Phobic disorders, other, including agoraphobia and claustrophobia
		313	295–299	Other psychoses not elsewhere specified
		314	295	Schizophrenic disorders
		315	290	Senile psychoses
	EQ18=1	HQ15=12	Receiving treatment for nerves or an emotional condition	
	EQ32=1	HQ15=15	Ever need to be helped or supervised in doing things because of any mental illness	
<b>Acquired brain injury</b>	<b>Head injury/ stroke/other brain injury</b>	381	348.1	Brain damage
		381	997.0	Brain damage — anoxia (lack of oxygen to brain)
		308	310.9	Mental degeneration due to brain damage
		754	800–804	Head/brain injury — fracture of skull
		754	850–854	Head/brain injury — other

**Table A1.2 (continued): Disability/impairment groupings, related to ABS screening questions and ICD code**

Impairment/ Disability	ABS Categories	ABS code	ICD code	Diseases, impairments and conditions
		754	Search question	Head injury, stroke or any other brain damage
	EQ24=1,2,3	HQ15=16		Ever suffered a head injury, stroke or any other brain damage
<b>Sensory:</b>				
<b>Deaf and blind</b>	EQ1=1 and EQ4=1	HQ15=01 and 03		Total loss of sight and hearing
<b>Vision</b>	<b>Disorders of eye and adnexa</b>	352	366	Cataract
		357	372	Conjunctivitis — not caused by virus
		358	370.0	Corneal ulcer
		362	369	Blindness and low vision
		362	360–379,743	Disorders of the eye and adnexa
		362	Search question	Loss of sight — full/partial
		365	365	Glaucoma
		368	370	Keratitis
		378	361.3	Retinal defects without detachment
		379	361	Retinal detachments and defects
	EQ1=1 or EQ1=2 and EQ2=2	HQ15=01 or 02		Loss of sight — full or partial
<b>Hearing</b>	<b>Disorders of ear and mastoid process</b>	359	389.7	Deaf mutism — not elsewhere classified
		361	388.3	Tinnitus
		361	380–389	Disorders of the ear and mastoid process (code 359 if deaf—mutism)
		361	Search question	Loss of hearing — full/partial
	EQ4=1 or 2	HQ15=03 or 04		Loss of hearing — full/partial
<b>Speech</b>		753	Search question	Speech impairment, loss of speech
	EQ8=1 or EQ8=2	HQ15=05 or 06		Loss of speech — full/partial
<b>Physical</b>	EQ12=1	HQ15=9		Don't have full use of arms or fingers
	EQ14=1	HQ15=10		Have difficulty gripping or holding things such as a cup or pen
	EQ16=1	HQ15=11		Don't have full use of feet or legs
	EQ22=1	HQ15=14		Have any disfigurement or deformity
	<b>Circulatory diseases</b>	401	413	Angina
		402	442	Aneurysm — other
		403	441	Aortic aneurysm
		404	440	Atherosclerosis, thickening of the arteries
		404	414.0	Coronary atherosclerosis, thickening of the arteries
		405	453.9	Blocked veins — unspecified

**Table A1.2 (continued): Disability/impairment groupings, related to ABS screening questions and ICD code**

<b>Impairment/ Disability</b>	<b>ABS Categories</b>	<b>ABS code</b>	<b>ICD code</b>	<b>Diseases, impairments and conditions</b>
		406	425	Cardiomyopathy, cardiovascular disease not elsewhere specified
		406	429.2	Cardiovascular disease — other
		407	392–459	Diseases of circulatory system not elsewhere specified
		408	395	Diseases of aortic valve
		409	415–417	Diseases of the pulmonary circulation
		411	391	Rheumatic fever with heart involvement
		412	390	Rheumatic fever without mention of heart involvement
		413	455	Haemorrhoids/piles
<b>Physical: continued</b>		414	423–428	Heart disease — other
		414	429	Heart disease — ill-defined descriptions and complications
		415	401–405	High blood pressure/hypertensive disease
		416	458.9	Low blood pressure/hypotension
		417	410–414	Ischaemic heart disease not elsewhere specified
		419	420	Pericarditis — acute
		420	393–398	Rheumatic heart disease
		421	444	Thrombosis and embolism
		422	454	Varicose veins with ulcer, inflammation
		423	430–438	Cerebrovascular disease — other and ill-defined
	<b>Respiratory diseases</b>	451	501	Asbestosis
		452	493	Asthma
		453	490–491	Bronchitis
		454	478.3– 478.7	Diseases of larynx
		455	518	Other diseases of lung
		456	460–519	Diseases of respiratory system not elsewhere specified
		456	477.9	Sinusitis
		457	492	Emphysema
		458	510	Empyema
		459	511	Pleurisy
		751	477	Allergic rhinitis
	<b>Arthritis (osteo and rheumatoid)</b>	658	716	Arthritis
		669	715	Osteoarthrosis/osteoarthritis
		674	714	Rheumatoid arthritis
		676	719	Joint disorders, other and unspecified

**Table A1.2 (continued): Disability/impairment groupings, related to ABS screening questions and ICD code**

Impairment/ Disability	ABS Categories	ABS code	ICD code	Diseases, impairments and conditions
	<b>Other musculoskeletal disorders</b>			
		651	887	Amputation of arm(s)
		652	886	Amputation of finger(s)
		653	896	Amputation of foot
		654	887	Amputation of hand(s)
		655	897	Amputation of leg(s)
		656	895	Amputation of toe(s)
		657	720	Ankylosing spondylitis
		659	724	Back disorders, other and unspecified
		660	738.3	Chest and rib deformities
		661	738.1	Head — other deformities of
		662	738.2, 744.9	Neck — deformities of
		665	734–738	Limb deformities
		666	724.2	Lumbago
		667	756	Musculoskeletal deformities
		668	710–739	Diseases of the musculoskeletal system and connective tissue not elsewhere specified
		670	730	Osteomyelitis
		671	733.0	Osteoporosis
		672	727.0	Repetitive strain injury (RSI, tenosynovitis)
		673	725–729	Rheumatism, excluding the back, not elsewhere specified
		675	724.3	Sciatica
		757	Search question	Disfigurement or deformity
<b>Physical: continued</b>	<b>All other diseases and conditions</b>			
		101	042	Acquired immune deficiency syndrome (AIDS)
		102	045	Acute poliomyelitis
		103	046	Slow virus infection of the central nervous system
		104	001	Cholera
		105	077	Conjunctivitis due to viruses and chlamydiae
		106	032	Diphtheria
		107	008.6	Enteritis
		108	053–054	Herpes
		109	030	Leprosy
		110	084	Malaria
		111	003–139	Infectious and parasitic diseases not elsewhere specified
		112	053	Shingles
		113	050	Smallpox

**Table A1.2 (continued): Disability/impairment groupings, related to ABS screening questions and ICD code**

Impairment/ Disability	ABS Categories	ABS code	ICD code	Diseases, impairments and conditions
		114	037	Tetanus
		115	076	Trachoma
		116	010–018	Tuberculosis
		117	002	Typhoid
		118	098	Chronic urinary tract infection
		151	191	Brain cancer, tumour, neoplasm
		152	174–175	Breast cancer, tumour, neoplasm
		153	140–239	Cancer, tumour, neoplasm — unspecified nature
		154	204	Lymphoid leukaemia
		154	205	Myeloid leukaemia
		155	200	Lymphoma
		156	185	Prostate cancer, tumour, neoplasm
		157	140–239	Cancer, tumour, neoplasm — secondary or specified site
		201	250	Diabetes
		202	240–279	Endocrine, nutritional and metabolic diseases, and immunity disorders not elsewhere specified
		203	240	Goitre — simple and unspecified
		204	274	Gout
		205	243	Congenital hypothyroidism
		205	244	Acquired hypothyroidism
		206	279.10	Immunodeficiency with predominant T-cell defect, unspecified
		207	278.0	Obesity
		208	246	Other disorders of the thyroid
		208	759.2	Disorders of thyroid — other
		251	280–285	Anaemia
		252	287–289	Diseases of blood and blood-forming organs not elsewhere specified
		253	286	Haemophilia
		355	343	Cerebral palsy
		360	344.2	Diplegia
		366	342	Hemiplegia
		370	344.3– 344.5	Monoplegia
		371	335.2	Motor neuron disease
		372	340	Multiple sclerosis
		373	359	Muscular dystrophy



**Table A1.2 (continued): Disability/impairment groupings, related to ABS screening questions and ICD code**

Impairment/ Disability	ABS Categories	ABS code	ICD code	Diseases, impairments and conditions
Physical: continued	All other diseases and conditions	374	344	Paralysis — other
		375	344.1	Paraplegia
		376	332	Parkinson's disease
		377	344	Quadriplegia
		410	421	Endocarditis — acute and subacute
		418	422	Myocarditis, acute
		501	571	Cirrhosis of the liver
		502	520–579	Diseases of digestive system not elsewhere specified
		503	532	Duodenal ulcer
		504	575	Gall bladder — other diseases of
		505	571.4	Hepatitis — chronic
		506	550–553	Hernia
		507	571.1	Liver disease — acute alcoholic
		508	570–573	Liver disorders not elsewhere specified
		509	577	Pancreas — diseases of
		510	531	Stomach ulcer
		510	533–534	Stomach ulcer
		551	603–629	Diseases and disorders of genital organs and breast
		552	580–599	Diseases of the urinary system not elsewhere specified
		553	596	Bladder disorders
		554	590	Kidney infections
		555	600–602	Diseases and disorders of prostate
		556	584–586	Renal failure — acute/chronic
		557		Incontinence
		601	680–709	Skin and subcutaneous tissue — diseases of
		663	Search question	Incomplete use of arms/fingers
		663	Search question	Difficulty gripping/holding things such as pen or cup
		664	Search question	Incomplete use of feet/legs
		701	758	Chromosomal anomalies
		702	749	Cleft palate
		702	740–759	Congenital anomalies — other
		704	741	Spina bifida
		752		Speech impediment
		'Not known'		755
'Not known'		756	Search question	Restricted in physical activity/physical work
'Not known'		758	Search question	Receiving treatment/medication for a long-term condition/ailment
'Not known'		999	630–676	Inappropriate condition — refer to section 4.5.1 in the coding instructions
'Not known'	EQ10=1	HQ15=07 (755)		Blackouts, fits or loses consciousness
'Not known'	EQ20=1	HQ15=13 (756)		Restricted in physical activity/physical work

**Table A1.2 (continued): Disability/impairment groupings, related to ABS screening questions and ICD code**

<b>Impairment/Disability</b>	<b>ABS Categories</b>	<b>ABS code</b>	<b>ICD code</b>	<b>Diseases, impairments and conditions</b>
'Not known'	EQ27=1	HQ15=18 (758)		Receiving treatment/medication for a long-term condition/ailment
Neurological	Nervous system diseases	351	331.0	Alzheimer's disease
		353	324–326	Inflammatory diseases of the central nervous system not elsewhere specified
		353	333–358	Diseases of the central nervous system — unspecified
		353	740	Disorders of central nervous system — hereditary, congenital, degenerative
		354	330-331	Cerebral degeneration
		356	348	Brain — other conditions
		363	323	Encephalitis, myelitis, encephalomyelitis
		364	345	Epilepsy
		367	357	Neuropathy — inflammatory and toxic
		367	356	Neuropathy
		369	320–322	Meningitis
		380	334	Spinocerebellar disease

*Note:* \* The codes for search questions refer to the survey search questions only, no corresponding International Classification of Disease code appropriate. In the cases where the condition is coded to the search questions (refer to section 4.5 in the coding instructions) use the ABS codes.

\* HQ refers to question asked in households: EQ refers to question asked in establishments.

**Table A2.1: People aged 5–64 years with a severe or profound handicap in households ('000), main disabling conditions by whether there were reported unmet needs for formal help,<sup>(a)</sup> by number of activities needing assistance,<sup>(b)</sup> Australia, 1993<sup>(c)</sup>**

Main disabling conditions	Profound handicap				Severe handicap			
	Number of activities needing help			Total	Number of activities needing help			Total
	1	2	3		1	2	3	
<b>People with reported unmet needs for formal help</b>								
Intellectual	3.2	0.3	2.4	5.9	2.8	0.6	0.0	3.4
Learning	0.6	0.0	0.9	1.5	0.0	0.0	0.0	0.0
Psychiatric	2.6	1.0	0.0	3.6	5.7	0.2	0.0	5.9
Acquired brain injury	0.4	0.5	0.4	1.3	0.4	1.7	0.5	2.6
Vision	1.3	0.1	0.0	1.4	2.3	1.1	0.0	3.4
Hearing	0.0	0.0	0.0	0.0	2.1	0.0	0.0	2.1
Speech	0.9	0.0	0.5	1.4	0.5	0.0	0.0	0.5
Circulatory	0.5	1.0	0.0	1.5	5.9	0.0	0.0	5.9
Respiratory	1.1	1.3	0.0	2.4	1.9	1.5	0.0	3.4
Arthritis	1.0	3.1	0.0	4.1	10.4	6.3	0.4	17.1
Other musculoskeletal disorder	0.7	3.6	0.0	4.3	12.6	9.2	0.0	21.8
Other physical	3.4	5.2	3.3	11.8	7.2	3.0	0.6	10.8
Neurological	0.7	0.6	0.0	1.3	2.1	1.0	0.0	3.1
Other	1.1	0.8	0.3	2.2	3.3	1.3	0.0	4.5
<b>Total</b>	<b>17.3</b>	<b>17.6</b>	<b>7.7</b>	<b>42.7</b>	<b>57.2</b>	<b>25.8</b>	<b>1.5</b>	<b>84.5</b>
<b>People with no reported unmet needs for formal help</b>								
Intellectual	7.5	0.6	9.5	17.6	5.8	0.0	0.0	5.8
Learning	1.2	0.0	0.1	1.2	1.2	1.2	0.4	2.8
Psychiatric	3.2	1.6	2.3	7.1	8.7	1.5	0.1	10.3
Acquired brain injury	2.9	0.4	2.0	5.3	2.5	0.0	0.0	2.5
Vision	1.0	1.1	0.3	2.4	3.0	0.4	0.5	3.9
Hearing	3.6	0.0	1.9	5.4	2.6	0.0	0.3	2.9
Speech	1.4	0.0	0.0	1.4	1.4	0.0	0.0	1.4
Circulatory	1.2	0.9	0.0	2.2	4.6	0.2	0.0	4.7
Respiratory	3.5	2.1	0.6	6.3	8.9	5.1	0.6	14.6
Arthritis	2.3	1.4	0.0	3.6	16.4	4.9	0.0	21.3
Other musculoskeletal disorder	3.4	3.2	0.0	6.7	14.9	8.2	0.0	23.1
Other physical	11.8	8.3	3.8	24.0	11.1	4.7	0.0	15.8
Neurological	4.4	2.4	2.5	9.2	4.7	3.6	0.0	8.4
Other	2.9	0.2	0.0	3.1	4.4	4.5	0.0	8.9
<b>Total</b>	<b>50.2</b>	<b>22.3</b>	<b>22.9</b>	<b>95.5</b>	<b>90.3</b>	<b>34.3</b>	<b>1.9</b>	<b>126.5</b>
<b>Total people with a profound or severe handicap in households</b>								
Intellectual	10.7	0.9	11.8	23.4	8.6	0.6	0.0	9.1
Learning	1.7	0.0	1.0	2.8	1.2	1.2	0.4	2.8
Psychiatric	5.8	2.6	2.3	10.6	14.5	1.7	0.1	16.2
Acquired brain injury	3.2	0.9	2.5	6.6	2.9	1.7	0.5	5.1
Vision	2.3	1.2	0.3	3.8	5.3	1.5	0.5	7.2
Hearing	3.6	0.0	1.9	5.4	4.7	0.0	0.3	5.0
Speech	2.4	0.0	0.5	2.8	1.9	0.0	0.0	1.9
Circulatory	1.7	2.0	0.0	3.6	10.5	0.2	0.0	10.6
Respiratory	4.6	3.5	0.6	8.7	10.8	6.6	0.6	18.0
Arthritis	3.2	4.5	0.0	7.8	26.7	11.2	0.4	38.4
Other musculoskeletal disorder	4.1	6.8	0.0	10.9	27.5	17.4	0.0	44.9
Other physical	15.2	13.5	7.1	35.8	18.3	7.6	0.6	26.5
Neurological	5.1	3.0	2.5	10.6	6.8	4.7	0.0	11.5
Other	4.0	10.4	0.3	5.3	7.7	5.8	0.0	13.5
<b>Total</b>	<b>67.6</b>	<b>39.9</b>	<b>30.6</b>	<b>138.1</b>	<b>147.5</b>	<b>60.2</b>	<b>3.3</b>	<b>211.0</b>

(a) Unmet need was defined as having reported at least one reason for receiving no help or not enough help from formal assistance.

(b) Activities include self-care, mobility and verbal communication.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data

**Table A3.1: Government contribution (\$m)<sup>(a)</sup> by service type, by jurisdiction, 1996–97**

	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Total
Accommodation support		266.7	97.6	93.6	87.4	34.9	13.0	5.9	599.1
Community support		49.0	23.2	3.6	20.3	4.5	1.8	1.7	104.0
Community access		65.9	13.7	10.7	5.8	6.3	0.9	1.5	104.8
Respite		19.1	14.2	14.0	4.6	3.2	1.8	0.9	57.7
Employment		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other		7.7	0.0	16.5	5.9	0.4	0.0		30.6
Other support		11.6	1.5	0.8	1.0	0.1	0.0	0.0	15.0
<b>Total service type contribution</b>		<b>420.0</b>	<b>150.1</b>	<b>139.2</b>	<b>125.0</b>	<b>49.3</b>	<b>17.5</b>	<b>10.1</b>	<b>911.2</b>

(a) Includes both recurrent and capital expenditure. Excludes government administration expenditure.

Source: State and Territory draft returns to the Industry Commission for the Report on Government Service Provision, 1996–97.

**Table A3.2: Group homes: expenditure,<sup>(a)</sup> receipts, places and costs to government per place, by auspice and by jurisdiction, 1996–97**

	NSW <sup>(b)</sup>	Vic.	Qld	WA	SA	Tas.	ACT	NT	Australia
<b>Existing services 1996–97</b>									
Government contribution (\$ million)									
Government		104.4	33.3	18.2	8.6	1.6	9.0	—	175.0
Non-government		43.3	14.3	14.4	12.7	17.5	1.5	5.4	109.1
<i>All group homes</i>		<i>147.7</i>	<i>47.5</i>	<i>32.6</i>	<i>21.2</i>	<i>19.1</i>	<i>10.5</i>	<i>5.4</i>	<i>284.0</i>
Receipts (\$ million)									
Government		2.7	0.2	1.1	0.3	0.0	0.3	—	4.7
Non-government		—	—	—	—	—	—	—	—
<i>All group homes</i>		<i>2.7</i>	<i>0.2</i>	<i>1.1</i>	<i>0.3</i>	<i>0.0</i>	<i>0.3</i>	<i>—</i>	<i>4.7</i>
Places (number of)									
Government		1,928	537	393	181	22	131	—	3,192
Non-government		1,428	1,022	538	385	321	83	117	3,894
<i>All group homes</i>		<i>3,356</i>	<i>1,559</i>	<i>931</i>	<i>566</i>	<i>343</i>	<i>214</i>	<i>117</i>	<i>7,086</i>
Existing services — government contribution per place per annum									
Government		\$52,746	\$61,645	\$43,405	\$45,429	\$72,864	\$66,002	—	\$53,361
Non-government		\$30,352	\$13,955	\$26,754	\$32,934	\$54,395	\$18,433	\$46,001	\$28,005
<i>All group homes</i>		<i>\$43,217</i>	<i>\$30,382</i>	<i>\$35,004</i>	<i>\$36,930</i>	<i>\$55,580</i>	<i>\$47,561</i>	<i>\$46,001</i>	<i>\$39,427</i>

(a) Includes recurrent and minor capital expenditure. Major capital valued over \$50,000 is excluded.

(b) New South Wales did not provide Industry Commission data for 1996–97. The Industry Commission's report for 1995–96 showed \$60,372 as New South Wales' average cost per place for government group homes and \$50,603 as its average government contribution per place to non-government group homes (SCRCSSP 1997).

Source: State and Territory draft returns to the Industry Commission for the Report on Government Service Provision, 1996–97.

**Table A3.3: Recipients of CSDA-funded services, service provider estimates of annual recipient numbers, service type by State and Territory, 1996**

<b>Service type</b>	<b>NSW</b>	<b>Vic.</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas.</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
In-home and other accommodation support	2,466	7,395	1,876	2,191	1,466	112	65	129	15,700
Community access/ day programs	24,311	27,214	2,398	1,995	3,279	3,861	409	290	63,757
Respite	11,918	4,111	4,292	1,544	1,690	1,497	226	537	25,815

*Notes*

1. An individual may be counted more than once if more than one service type was accessed on the 'snapshot' day.
2. All data are for 1995–96, with the exception of Western Australia, where data were collected in June 1997 for 1996–97.

*Source:* 1996 CSDA MDS collection unpublished data, and Australian Capital Territory and Western Australian data provided directly by departments.

## Table A3.4: Second request for information from jurisdictions

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### Questions for the States and Territories

1. Please fill in **Tables 1–3** attached, as far as you can. Also:

#### **Table 4: Current costs**

- a. Please provide us with a copy of the material you are now sending to the Industry Commission, relating to 1996–97 costs of services—the 4-page paper survey form.
  - b. Please also provide **expenditure** on CSDA grants in 1996–97 for in-home support (CSDA MDS service types 1.04, 1.05, 1.06, 1.07) and the **numbers of clients** receiving these service types. (If you are unable to provide these figures, we will use 1995–96 figures from the CSDA MDS collection, and inflate them to 1996–97.)
2. Do you have data on the costs of provision of services to rural and remote communities? Or services to Indigenous people? If so, please enclose.
  3. We will be applying marginal costs (derived from Table 1 attached) to only a proportion of the statistically estimated unmet demand. For other people we will assume that the person will receive the lowest possible amount of care, respite, or day activity (consistent with the need to provide conservative estimates).  
What are the nature (e.g. hours, location) and costs of very low levels of respite, accommodation support or day programs per person per year in your jurisdiction?
  4. What increases in the level of supply (numbers of places) have occurred in your jurisdiction since 1993 in:
    - accommodation, accommodation support, respite
    - day programs?
  5. Are there any special features of your jurisdiction which should be considered in understanding cost differentials, for instance:
    - higher costs (e.g. price of real estate)
    - lower current provision levels (e.g. Queensland)?

### **Assumptions**

It will be assumed that new demand will NOT be met by placement in large institutions. We will assume that any unmet demand for accommodation services will be met by accommodation and support outside large institutions. This reflects an apparent general policy of placing people in ‘least intrusive, least cost’ services.

**Table A3.4 (continued): Second request for information from jurisdictions**

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**Counting rules**

The six service types we are using are based on the CSDA MDS, and are as follows:

Accommodation support is divided into:

- (i) institutional accommodation (CSDA MDS service type codes 1.01, 1.02)
- (ii) group homes (1.03)
- (iii) in-home accommodation support (1.04, 1.05, 1.06, 1.07)
- (iv) day programs (CSDA MDS codes 3.01 to 3.03)
- (v) respite (residential or centre-based—4.02)
- (vi) in-home respite (CSDA MDS codes 4.01, 4.03, 4.04).



**Table A3.4 (continued): Second request for information from jurisdictions**

**Table 1: Costs of additional services: for new demand**

Please provide expected costs per place for group homes and expected costs per client for other services, when you are setting up NEW services to meet currently unmet demand in the following service categories.

(For instance, do you expect it to be more or less expensive than your current average costs?)

If you do not expect to use a particular category of service to meet unmet demand, cross its box.

**RECURRENT**

	Non-government services	Government services
<b>Group homes (\$ per place)</b>		
High support (e.g. 24 hours)		
Medium support (e.g. 11–16 hours)		
Low (e.g. 6–10 hours)		
<6 hours		
<i>All group homes</i>		
<b>In-home support (\$ per client)</b>		
<b>Respite (\$ per client)</b>		
Residential/centre		
In-home		
<b>Day programs (\$ per client)</b>		
 <b><u>CAPITAL</u></b>		
<b>Group homes (\$ per place)</b>		
<b>In-home support (\$ per client)</b>		
<b>Respite (\$ per client)</b>		
Residential/centre		
In-home		
<b>Day programs (\$ per client)</b>		

*Please include the source of the data and the method of estimation (as attachments if possible).*

**Table A3.4 (continued): Second request for information from jurisdictions**

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**Table 2: Explanations of costs in Table 1**

Please provide information explaining your figures on the costs of new services for people with unmet demand (Table 1). This justification is particularly important where the new services have different cost structures from existing services.

The justification could include details of strategies being used for each type of service including:

- (a) use of non-government services;
- (b) dependency level of new clients compared to existing clients;
- (c) sources of funds for capital including equipment;
- (d) nature of funding such as packages, which may span a number of different service types; and
- (e) other matters, such as changes in awards.

**Group homes**

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**In-home support**

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**Respite**

Residential

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In-home

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**Day programs**

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**Table A3.4 (continued): Second request for information from jurisdictions**

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**Table 3: Information about unmet demand**

Thinking about unmet demand, do you have any knowledge about whether people needing accommodation, support, respite and day program services have needs equivalent to current clients, or whether they may need lower intensity services?

*(This information will be used to check orders of magnitude of other statistical estimates of unmet demand.)*

	Numbers of people needing services equivalent to average current service delivery	Numbers of people needing lower intensity services
<b>Group homes</b>		
High support		
Medium support		
Low support		
<b>In-home support</b>		
<b>Respite</b>		
Residential		
In-home		
<b>Day programs</b>		

*Please indicate data source and method of estimation.*

**Table A3.5: Expected net cost to government of new services,  
New South Wales**

<b>RECURRENT</b>	
<b>Group homes (per place per annum)</b>	
High support	n.a.
Medium support	n.a.
Low support	n.a.
Lowest support	n.a.
<i>All group homes</i>	<i>\$64,902<sup>(a)</sup></i>
<b>In-home accommodation support (per client per annum)</b>	
Attendant care	\$44,248
Outreach/other	n.a.
<i>All services</i>	<i>n.a.</i>
<b>Respite (per client per annum)</b>	
Residential/centre	n.a.
In-home/package	\$8,500 <sup>(b)</sup>
<i>All respite</i>	<i>n.a.</i>
<b>Day programs (per client per annum)</b>	<b>n.a.</b>
<b>All services</b>	<b>\$16,500<sup>(c)</sup></b>
<b>CAPITAL</b>	
<b>Group homes (per place)</b>	<b>n.a.</b>
<b>In-home support (per client)</b>	<b>n.a.</b>
<b>Respite (per client)</b>	
Residential/centre	n.a.
In-home/package	n.a.
<b>Day programs (\$ per client)</b>	<b>n.a.</b>

<sup>(a)</sup> Based on the average cost of the 300 supported accommodation initiative.

<sup>(b)</sup> Based on 28 days of 12 hours @ \$25 per hour.

<sup>(c)</sup> Based on the current high support need Post School Options funding formula.

Source: Ageing and Disability Department, New South Wales.

**Table A3.6: Expected net cost to government of new services, Victoria**

<b>Recurrent</b>	
<b>Group homes (per place per annum)</b>	
High support	n.a.
Medium support	\$57,400 <sup>(a)</sup>
Low support	\$44,950
Lowest support	\$23,330
<i>All group homes</i>	<i>n.a.</i>
<b>In-home accommodation support (per client per annum)</b>	
Attendant care	\$42,000 (max.)
Outreach/other	\$5,000
<i>All services</i>	<i>n.a.</i>
<b>Respite (per client per annum)</b>	
Residential/centre	\$44,950
In-home/package	n.a.
<i>All respite</i>	<i>n.a.</i>
<b>Day programs (per client per annum)</b>	<b>n.a.</b>
<b>All services</b>	<b>\$11,701</b>
<b>Capital</b>	
<b>Group homes (per place)</b>	<b>\$72,235</b>
<b>In-home support (per client)</b>	<b>—</b>
<b>Respite (per client)</b>	<b>n.a.</b>
Residential/centre	\$72,235
In-home/package	n.a.
<b>Day programs (\$ per client)</b>	
	\$18,123 <sup>(b)</sup>
	\$21,200 <sup>(c)</sup>

<sup>(a)</sup> Victoria expects to target high to very high support need clients (needing at least sleep-over support) as new residents in group homes. Therefore future costs are expected to increase. Lower need people will receive in-home accommodation support.

<sup>(b)</sup> If existing facilities can be used.

<sup>(c)</sup> If new facilities are required.

Source: Department of Human Services, Victoria.

**Table A3.7: Expected net cost to government of new services, Queensland**

<b>Recurrent</b>	
<b>Group homes (per place per annum)</b>	
High support	\$70,000
Medium support	\$32,000 to \$47,000
Low support	\$17,500 to \$30,000
Lowest support	\$0 to \$17,500
<i>All group homes</i>	<i>n.a.</i>
<b>In-home accommodation support (per client per annum)</b>	
Attendant care	\$0 to \$30,000
Outreach/other	<i>n.a.</i>
<i>All services</i>	<i>n.a.</i>
<b>Respite (per client per annum)</b>	
Residential/centre	\$0 to \$30,000
In-home/package	\$0 to \$30,000
<i>All respite</i>	<i>n.a.</i>
<b>Day programs (\$ per client per annum)</b>	
Post-school options	\$16,500
Community access	\$17,000
<b>Capital</b>	
<b>Group homes (per place)</b>	<b>n.a.</b>
<b>In-home support (per client)</b>	<b>n.a.</b>
<b>Respite (per client)</b>	<b>n.a.</b>
Residential/centre	<i>n.a.</i>
In-home/package	<i>n.a.</i>
<b>Day programs (\$ per client)</b>	<b>n.a.</b>

Source: Department of Families, Youth and Community Care, Queensland.

**Table A3.8: Expected net cost to government of new services, Western Australia**

<b>Recurrent</b>	
<b>Group homes (per place per annum)</b>	
High support	\$74,000
Medium support	\$60,000
Low support	\$29,000
Lowest support	n.a.
<i>All group homes</i>	\$46,379 <sup>(a)</sup>
<b>In-home accommodation support (per client per annum)</b>	
Attendant care	\$32,781 <sup>(a)</sup>
Outreach/other	n.a.
<i>All services</i>	<i>n.a.</i>
<b>Respite (per client per annum)</b>	
Residential/centre	\$47,379 <sup>(b)</sup>
In-home/package	\$4,241 <sup>(c)</sup>
<i>All respite</i>	<i>n.a.</i>
<b>Day programs (per client per annum)</b>	
Low support, full-time	\$6,000 <sup>(d)</sup>
High support, full-time	\$18,000 <sup>(d)</sup>
<b>All services</b>	<b>n.a.</b>
<b>Capital</b>	
<b>Group homes (per place)</b>	<b>n.a.</b>
<b>In-home support (per client)</b>	<b>n.a.</b>
<b>Respite (per client)</b>	<b>n.a.</b>
Residential/centre	n.a.
In-home/package	n.a.
<b>Day programs (per client)</b>	<b>\$6,470<sup>(a)</sup></b>

<sup>(a)</sup> Based on average cost to government for 1996–97 funding round.

<sup>(b)</sup> The estimated annual cost of a residential respite place.

<sup>(c)</sup> Based on respite provision via Local Area Coordination.

<sup>(d)</sup> Based on the Post School Options funding formula.

Source: Disability Services Commission, Western Australia.

**Table A3.9: Expected net cost to government of new services, South Australia**

<b>Recurrent</b>	
<b>Group homes (per place per annum)</b>	
High support	n.a.
Medium support	n.a.
Low support	n.a.
Lowest support	n.a.
<i>All group homes</i>	<i>n.a.</i>
<b>In-home accommodation support (per client per annum)</b>	
Attendant care	n.a.
Outreach/other	n.a.
<i>All services</i>	<i>n.a.</i>
<b>Respite (per client per annum)</b>	
Residential/centre	n.a.
In-home/package	n.a.
<i>All respite</i>	<i>n.a.</i>
<b>Day programs (per client per annum)</b>	<b>n.a.</b>
<b>All services</b>	<b>n.a.</b>
<b>Capital</b>	
<b>Group homes (per place)</b>	<b>n.a.</b>
<b>In-home support (per client)</b>	<b>n.a.</b>
<b>Respite (per client)</b>	<b>n.a.</b>
Residential/centre	n.a.
In-home/package	n.a.
<b>Day programs (per client)</b>	<b>n.a.</b>

*Note:* No information was provided for this table.



**Table A3.10: Expected net cost to government of new services, Tasmania**

<b>Recurrent</b>	
<b>Group homes (per place per annum)</b>	
High support	n.a.
Medium support	n.a.
Low support	n.a.
Lowest support	n.a.
<i>All group homes</i>	<i>n.a.</i>
<b>In-home accommodation support (per client per annum)</b>	
Attendant care	n.a.
Outreach/other	n.a.
<i>All services</i>	<i>n.a.</i>
<b>Respite (per client per annum)</b>	
Residential/centre	n.a.
In-home/package	n.a.
<i>All respite</i>	<i>n.a.</i>
<b>Day programs (per client per annum)</b>	<b>n.a.</b>
<b>All services</b>	<b>n.a.</b>
<b>Capital</b>	
<b>Group homes (per place)</b>	<b>n.a.</b>
<b>In-home support (per client)</b>	<b>n.a.</b>
<b>Respite (per client)</b>	<b>n.a.</b>
Residential/centre	n.a.
In-home/package	n.a.
<b>Day programs (per client)</b>	<b>n.a.</b>

*Note:* Tasmania reported that 1997–98 costs to government were not expected to be significantly higher than for 1996–97.

**Table A3.11: Expected net cost to government of new services,  
Australian Capital Territory**

<b>Recurrent</b>	
<b>Group homes (per place per annum)</b>	
High support	n.a.
Medium support	n.a.
Low support	n.a.
Lowest support	n.a.
<i>All group homes</i>	<i>n.a.</i>
<b>In-home accommodation support (per client per annum)</b>	
Attendant care	\$25,000 to \$44,000
Outreach/other	n.a.
<i>All services</i>	<i>n.a.</i>
<b>Respite (per client per annum)</b>	
Residential/centre	n.a.
In-home/package	n.a.
<i>All respite</i>	<i>n.a.</i>
<b>Day programs (per client per annum)</b>	<b>n.a.</b>
<b>All services</b>	<b>n.a.</b>
<b>Capital</b>	
<b>Group homes (per place)</b>	<b>n.a.</b>
<b>In-home support (per client)</b>	<b>n.a.</b>
<b>Respite (per client)</b>	<b>n.a.</b>
Residential/centre	n.a.
In-home/package	n.a.
<b>Day programs (per client)</b>	<b>n.a.</b>

**Table A3.12: Expected net cost to government of new services, Northern Territory**

<b>Recurrent</b>	
<b>Group homes (per place per annum)</b>	
High support	Up to \$120,000
Medium support	n.a.
Low support	n.a.
Lowest support	n.a.
<i>All group homes</i>	<i>\$50,000</i>
<b>In-home accommodation support (per client per annum)</b>	
Attendant care	\$32,700
Outreach/other	n.a.
<i>All services</i>	<i>n.a.</i>
<b>Respite (per client per annum)</b>	
Residential/centre	n.a.
In-home/package	n.a.
<i>All respite</i>	<i>n.a.</i>
<b>Day programs (per client per annum)</b>	<b>n.a.</b>
<b>All services</b>	<b>n.a.</b>
<b>Capital</b>	
<b>Group homes (per place)</b>	<b>n.a.</b>
<b>In-home support (per client)</b>	<b>n.a.</b>
<b>Respite (per client)</b>	
Residential/centre	n.a.
In-home/package	n.a.
<b>Day programs (per client)</b>	<b>n.a.</b>

Source: Department of Health and Community Services, Northern Territory.

**Table A3.13: Average number of residents in group homes by jurisdiction**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of residents	2,286	2,204	1,453	727	523	267	209	101	7,770
Number of homes	515	460	277	140	115	23	44	8	1,582
<b>Average number of residents</b>	<b>4.4</b>	<b>4.8</b>	<b>5.2</b>	<b>5.2</b>	<b>4.5</b>	<b>11.6</b>	<b>4.8</b>	<b>12.6</b>	<b>4.9</b>

Source: Black et al. (forthcoming).

**Table A4.1: Summary of assumptions of population projections**

<b>Component</b>	<b>Assumption</b>
<b>Mortality — Australia</b>	1992–94 mortality rates decline to the year 2004 according to short-term rates of decline and from 2004–51 according to long-term rates of decline.
<b>Mortality — States</b>	State-specific mortality rates (except the Northern Territory) converge to the rates for Australia as a whole in the year 2004 and then decline to 2051 according to long-term rates of decline (i.e. 2004–51 mortality rates are the same as for Australia as whole).  Northern Territory mortality rates decline to the year 2004 according to short-term (Australian) rates of decline and then from 2004–51 according to long-term (Australian) rates of decline.
<b>Fertility 1 — Australia</b>	The total fertility rate for 1994 of 1.85 children per woman remains unchanged.
<b>Fertility 1 — States</b>	For the States and Territories, fertility rates are State-specific and trend from the total fertility rate for 1994 to rates that are determined as ratios of the Australian fertility rate in the year 2004. These ratios, i.e. relative differentials between States and the Australian rate, remain constant from 2004–51.
<b>Fertility 2 — Australia</b>	The total fertility rate declines from 1.85 children per woman in 1994 to 1.75 in the year 2004, after which it remains unchanged.
<b>Fertility 2 — States</b>	For the States and Territories, fertility rates are State-specific and trend from the total fertility rate for 1994 to rates that are determined as ratios of the Australian fertility rate in the year 2004. These ratios, i.e. relative differentials between States and the Australian rate, remain constant from 2004–51.
<b>Overseas migration 1</b>	Annual net migration gain declining from 120,000 in 1995–96 to 70,000 in 1998–99 and then remaining unchanged.
<b>Overseas migration 2</b>	Annual net migration gain declining from 120,000 in 1995–96 to 100,000 in 1997–98 and then remaining unchanged.
<b>Overseas migration 3</b>	Zero net migration gain throughout the projection period to enable an assessment of the effect of overseas migration on population growth.
<b>Interstate migration 1</b>	'Large' net gains and losses for most States and Territories, commensurate with annual net gains of 38,000 for Queensland and 6,000 for Western Australia. After a transitional period from 1995 to the year 2000, annual net gains and losses remain unchanged.
<b>Interstate migration 2</b>	'Medium' net gains and losses for most States and Territories, commensurate with annual net gains of 29,000 for Queensland and 4,000 for Western Australia. After a transitional period from 1995 to the year 2000, annual net gains and losses remain unchanged.
<b>Interstate migration 3</b>	'Small' net gains and losses for most States and Territories commensurate with annual net gains of 21,000 for Queensland and 2,000 for Western Australia. After a transitional period from 1995 to the year 2000, annual net gains and losses remain unchanged.

Source: Adapted from ABS 1996a.

**Table A4.2: People aged under 65 years, Indigenous factor by State and Territory, calculation data and results, 1993 and 1996**

	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Australia
<b>People under 65 years</b>									
Indigenous people	103,700	21,900	97,900	52,500	20,700	14,400	2,900	48,200	<b>362,100</b>
Non-Indigenous people	5,318,000	3,969,500	2,868,600	1,529,900	1,247,000	399,800	282,800	127,800	<b>15,743,200</b>
All people (weighted)	5,525,300	4,013,200	3,064,300	1,634,900	1,288,400	428,500	288,600	224,300	<b>16,467,500</b>
All people (weighted per person)	1.02	1.01	1.03	1.03	1.02	1.03	1.01	1.27	<b>1.02</b>
Indigenous factor	99.67	98.34	101.03	101.05	99.40	101.19	98.80	124.60	<b>100.00</b>

*Notes*

1. Data are estimates. They are rounded to the nearest 100 or 0.01, though unrounded figures have been used for further calculations.
2. Data for the Indigenous people and non-Indigenous people are from the 1996 Australian Census.
3. Data for all people (weighted) were calculated by multiplying the data for Indigenous people by two and adding the data for non-Indigenous people data. Hence Indigenous people are weighted at 2 and non-Indigenous people at 1.
4. Data for all people (weighted per person) were calculated by dividing the all people (weighted) data by the sum of the Indigenous people data and the non-Indigenous people data.
5. The Indigenous factors adjust the data for all people (weighted per person) to figures relative to an arbitrary figure for Australia of 100. They were calculated by multiplying the all people (weighted per person) data by 100 and dividing by the all people (weighted per person) figure for Australia.

Source: ABS 1997 Australian Demographic Statistics, March Quarter 1997, Cat. No. 3101.0.

**Table A4.3: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by age and sex, New South Wales, 1996–2003**

Age	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	12.6	12.7	12.8	12.8	12.9	13.0	13.1	13.2
15–19	2.7	2.7	2.7	2.7	2.7	2.8	2.8	2.8
20–29	6.9	6.9	6.9	6.9	6.8	6.7	6.6	6.5
30–44	16.2	16.3	16.4	16.5	16.7	16.8	16.9	17.0
45–64	26.1	26.8	27.5	28.3	29.1	30.0	30.8	31.7
65+	43.5	44.9	46.2	47.6	49.1	50.7	52.3	53.8
Total 5–64	64.4	65.4	66.4	67.3	68.3	69.2	70.2	71.2
Total 15–64	51.8	52.7	53.6	54.4	55.4	56.2	57.1	58.0
<i>Total</i>	<i>107.9</i>	<i>110.3</i>	<i>112.6</i>	<i>114.9</i>	<i>117.4</i>	<i>119.9</i>	<i>122.5</i>	<i>125.0</i>
<b>Females</b>								
5–14	8.7	8.7	8.8	8.8	8.9	8.9	9.0	9.0
15–19	2.8	2.8	2.9	2.9	2.9	2.9	2.9	3.0
20–29	8.0	8.0	8.0	8.0	7.9	7.8	7.7	7.6
30–44	17.2	17.3	17.5	17.6	17.8	18.1	18.3	18.4
45–64	29.5	30.2	31.0	31.8	32.7	33.6	34.5	35.5
65+	95.4	97.9	100.2	102.5	104.9	107.8	110.3	112.6
Total 5–64	66.1	67.1	68.1	69.1	70.2	71.3	72.4	73.5
Total 15–64	57.4	58.4	59.3	60.3	61.3	62.3	63.4	64.4
<i>Total</i>	<i>161.5</i>	<i>165.0</i>	<i>168.3</i>	<i>171.7</i>	<i>175.1</i>	<i>179.1</i>	<i>182.7</i>	<i>186.0</i>
<b>Persons</b>								
5–14	21.3	21.4	21.6	21.7	21.8	21.9	22.0	22.2
15–19	5.5	5.5	5.6	5.6	5.7	5.7	5.7	5.7
20–29	14.9	14.9	14.9	14.9	14.7	14.5	14.3	14.2
30–44	33.3	33.7	33.9	34.2	34.5	34.9	35.2	35.4
45–64	55.6	57.0	58.5	60.1	61.8	63.5	65.3	67.2
65+	138.9	142.7	146.4	150.1	154.0	158.6	162.7	166.4
Total 5–64	130.5	132.5	134.5	136.4	138.4	140.5	142.6	144.6
Total 15–64	109.2	111.1	112.9	114.8	116.7	118.6	120.5	122.4
<b>Total</b>	<b>269.4</b>	<b>275.3</b>	<b>280.9</b>	<b>286.6</b>	<b>292.5</b>	<b>299.0</b>	<b>305.2</b>	<b>311.0</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.4: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by age and sex, Victoria, 1996–2003**

Age	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	9.2	9.2	9.2	9.3	9.3	9.3	9.3	9.3
15–19	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
20–29	5.2	5.2	5.2	5.1	5.0	4.9	4.8	4.8
30–44	11.8	11.8	11.9	12.0	12.0	12.1	12.2	12.2
45–64	18.9	19.4	19.8	20.3	20.8	21.4	22.0	22.5
65+	31.9	32.9	33.7	34.6	35.6	36.7	37.7	38.6
Total 5–64	47.0	47.6	48.1	48.6	49.1	49.7	50.3	50.8
Total 15–64	37.8	38.4	38.9	39.4	39.9	40.4	41.0	41.5
<i>Total</i>	<i>78.9</i>	<i>80.5</i>	<i>81.8</i>	<i>83.2</i>	<i>84.8</i>	<i>86.4</i>	<i>88.0</i>	<i>89.5</i>
<b>Females</b>								
5–14	6.2	6.2	6.3	6.3	6.3	6.3	6.3	6.3
15–19	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1
20–29	6.1	6.1	6.0	5.9	5.8	5.7	5.6	5.5
30–44	12.8	12.8	12.9	13.0	13.1	13.3	13.4	13.4
45–64	21.7	22.2	22.8	23.3	24.0	24.6	25.3	26.0
65+	69.8	71.4	72.9	74.5	76.2	78.2	79.8	81.3
Total 5–64	48.8	49.5	50.1	50.7	51.3	52.0	52.7	53.3
Total 15–64	42.6	43.2	43.8	44.4	45.1	45.7	46.4	47.0
<i>Total</i>	<i>118.7</i>	<i>120.9</i>	<i>122.9</i>	<i>125.1</i>	<i>127.5</i>	<i>130.2</i>	<i>132.5</i>	<i>134.6</i>
<b>Persons</b>								
5–14	15.4	15.4	15.5	15.5	15.5	15.6	15.6	15.7
15–19	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1
20–29	11.2	11.2	11.2	11.0	10.9	10.7	10.4	10.3
30–44	24.5	24.7	24.8	25.0	25.2	25.4	25.5	25.6
45–64	40.6	41.6	42.6	43.6	44.8	46.0	47.2	48.5
65+	101.8	104.3	106.6	109.1	111.8	114.9	117.5	119.9
Total 5–64	95.8	97.0	98.2	99.3	100.5	101.7	103.0	104.2
Total 15–64	80.4	81.6	82.7	83.8	84.9	86.1	87.3	88.5
<b>Total</b>	<b>197.6</b>	<b>201.3</b>	<b>204.8</b>	<b>208.4</b>	<b>212.3</b>	<b>216.6</b>	<b>220.5</b>	<b>224.1</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.5: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by age and sex, Queensland, 1996–2003**

Age	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	7.2	7.3	7.4	7.5	7.5	7.6	7.7	7.8
15–19	1.5	1.6	1.6	1.6	1.7	1.7	1.7	1.7
20–29	3.9	4.0	4.0	4.0	4.0	4.0	4.0	4.0
30–44	8.7	8.8	9.0	9.1	9.3	9.5	9.6	9.8
45–64	13.9	14.5	15.0	15.6	16.2	16.8	17.5	18.1
65+	22.2	23.1	23.9	24.8	25.7	26.8	27.8	28.8
Total 5–64	35.2	36.1	37.0	37.9	38.7	39.6	40.5	41.4
Total 15–64	28.0	28.8	29.6	30.4	31.2	32.0	32.8	33.6
<i>Total</i>	<i>57.4</i>	<i>59.2</i>	<i>60.9</i>	<i>62.7</i>	<i>64.5</i>	<i>66.4</i>	<i>68.3</i>	<i>70.2</i>
<b>Females</b>								
5–14	4.8	4.9	5.0	5.0	5.1	5.1	5.2	5.3
15–19	1.6	1.7	1.7	1.7	1.8	1.8	1.8	1.8
20–29	4.5	4.5	4.6	4.6	4.6	4.5	4.5	4.5
30–44	9.3	9.5	9.7	9.8	10.1	10.3	10.5	10.7
45–64	15.5	16.1	16.7	17.4	18.0	18.7	19.5	20.2
65+	45.1	46.7	48.2	49.8	51.5	53.3	55.0	56.6
Total 5–64	35.7	36.7	37.6	38.5	39.5	40.5	41.5	42.4
Total 15–64	30.9	31.8	32.6	33.5	34.4	35.3	36.3	37.2
<i>Total</i>	<i>80.8</i>	<i>83.3</i>	<i>85.9</i>	<i>88.4</i>	<i>91.0</i>	<i>93.7</i>	<i>96.4</i>	<i>99.0</i>
<b>Persons</b>								
5–14	12.0	12.2	12.3	12.5	12.6	12.7	12.9	13.1
15–19	3.2	3.2	3.3	3.4	3.4	3.5	3.5	3.5
20–29	8.4	8.5	8.6	8.6	8.6	8.6	8.5	8.5
30–44	18.0	18.3	18.7	19.0	19.3	19.7	20.1	20.5
45–64	29.4	30.5	31.7	33.0	34.3	35.6	36.9	38.3
65+	67.3	69.7	72.2	74.6	77.2	80.0	82.8	85.4
Total 5–64	70.9	72.8	74.6	76.4	78.2	80.1	82.0	83.9
Total 15–64	58.9	60.6	62.3	64.0	65.7	67.3	69.1	70.8
<b>Total</b>	<b>138.2</b>	<b>142.6</b>	<b>146.8</b>	<b>151.1</b>	<b>155.4</b>	<b>160.1</b>	<b>164.7</b>	<b>169.2</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.



**Table A4.6: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by age and sex, Western Australia, 1996–2003**

Age	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	3.9	3.9	3.9	3.9	3.9	3.9	3.9	4.0
15–19	0.8	0.8	0.8	0.8	0.9	0.9	0.9	0.9
20–29	2.0	2.1	2.1	2.1	2.1	2.1	2.1	2.1
30–44	4.8	4.8	4.9	4.9	5.0	5.0	5.1	5.1
45–64	7.3	7.6	7.9	8.2	8.5	8.8	9.1	9.4
65+	10.8	11.1	11.5	11.8	12.3	12.7	13.2	13.6
Total 5–64	18.8	19.2	19.5	19.9	20.3	20.7	21.1	21.5
Total 15–64	14.9	15.3	15.6	16.0	16.4	16.7	17.1	17.5
<i>Total</i>	<i>29.5</i>	<i>30.3</i>	<i>31.0</i>	<i>31.7</i>	<i>32.5</i>	<i>33.4</i>	<i>34.2</i>	<i>35.0</i>
<b>Females</b>								
5–14	2.6	2.6	2.6	2.6	2.6	2.6	2.7	2.7
15–19	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9
20–29	2.3	2.4	2.4	2.4	2.4	2.4	2.4	2.4
30–44	5.1	5.1	5.2	5.2	5.3	5.4	5.4	5.5
45–64	8.1	8.4	8.7	9.0	9.4	9.7	10.1	10.4
65+	22.4	23.0	23.7	24.3	25.1	25.9	26.6	27.2
Total 5–64	19.0	19.4	19.8	20.2	20.6	21.1	21.5	22.0
Total 15–64	16.4	16.8	17.2	17.6	18.0	18.4	18.9	19.3
<i>Total</i>	<i>41.3</i>	<i>42.4</i>	<i>43.5</i>	<i>44.5</i>	<i>45.7</i>	<i>46.9</i>	<i>48.1</i>	<i>49.2</i>
<b>Persons</b>								
5–14	6.5	6.5	6.5	6.5	6.5	6.6	6.6	6.6
15–19	1.7	1.7	1.7	1.7	1.8	1.8	1.8	1.8
20–29	4.3	4.4	4.5	4.5	4.5	4.5	4.5	4.5
30–44	9.8	9.9	10.0	10.1	10.2	10.4	10.5	10.6
45–64	15.4	16.0	16.6	17.2	17.8	18.5	19.2	19.8
65+	33.1	34.2	35.1	36.1	37.3	38.6	39.7	40.8
Total 5–64	37.7	38.5	39.3	40.1	40.9	41.7	42.6	43.4
Total 15–64	31.2	32.0	32.8	33.6	34.4	35.2	36.0	36.8
<b>Total</b>	<b>70.9</b>	<b>72.7</b>	<b>74.5</b>	<b>76.2</b>	<b>78.2</b>	<b>80.3</b>	<b>82.3</b>	<b>84.2</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.7: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by age and sex, South Australia, 1996–2003**

Age	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	3.0	3.0	3.0	2.9	2.9	2.9	2.9	2.9
15–19	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
20–29	1.6	1.6	1.6	1.6	1.5	1.5	1.5	1.5
30–44	3.9	3.9	3.9	3.9	3.9	4.0	4.0	4.0
45–64	6.2	6.4	6.5	6.7	6.9	7.1	7.3	7.5
65+	11.7	12.0	12.4	12.7	13.1	13.5	13.8	14.1
Total 5–64	15.3	15.4	15.6	15.7	15.9	16.1	16.3	16.4
Total 15–64	12.3	12.5	12.6	12.8	13.0	13.2	13.3	13.5
<i>Total</i>	<i>27.0</i>	<i>27.5</i>	<i>28.0</i>	<i>28.5</i>	<i>29.0</i>	<i>29.5</i>	<i>30.1</i>	<i>30.5</i>
<b>Females</b>								
5–14	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
15–19	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
20–29	1.8	1.8	1.8	1.8	1.7	1.7	1.7	1.7
30–44	4.1	4.1	4.1	4.1	4.2	4.2	4.2	4.2
45–64	7.2	7.4	7.5	7.7	7.9	8.1	8.4	8.6
65+	25.5	26.1	26.7	27.3	27.9	28.6	29.1	29.7
Total 5–64	15.8	15.9	16.1	16.3	16.5	16.7	16.9	17.1
Total 15–64	13.8	13.9	14.1	14.3	14.5	14.7	14.9	15.1
<i>Total</i>	<i>41.3</i>	<i>42.1</i>	<i>42.8</i>	<i>43.6</i>	<i>44.4</i>	<i>45.2</i>	<i>46.0</i>	<i>46.7</i>
<b>Persons</b>								
5–14	5.0	4.9	4.9	4.9	4.9	4.9	4.9	4.9
15–19	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3
20–29	3.4	3.4	3.4	3.3	3.2	3.2	3.1	3.1
30–44	8.0	8.0	8.0	8.1	8.1	8.2	8.2	8.2
45–64	13.5	13.7	14.1	14.4	14.8	15.2	15.6	16.0
65+	37.3	38.2	39.1	40.0	41.0	42.0	42.9	43.8
Total 5–64	31.1	31.4	31.7	32.0	32.4	32.7	33.1	33.5
Total 15–64	26.1	26.4	26.7	27.1	27.5	27.9	28.3	28.6
<b>Total</b>	<b>68.3</b>	<b>69.6</b>	<b>70.8</b>	<b>72.0</b>	<b>73.4</b>	<b>74.8</b>	<b>76.1</b>	<b>77.3</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.8: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by age and sex, Tasmania, 1996–2003**

Age	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
15–19	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
20–29	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
30–44	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
45–64	2.0	2.0	2.1	2.2	2.2	2.3	2.3	2.4
65+	3.4	3.5	3.6	3.7	3.8	3.9	4.0	4.1
Total 5–64	4.9	5.0	5.0	5.1	5.1	5.2	5.2	5.3
Total 15–64	3.9	4.0	4.0	4.1	4.1	4.2	4.2	4.3
<i>Total</i>	<i>8.4</i>	<i>8.5</i>	<i>8.6</i>	<i>8.7</i>	<i>8.9</i>	<i>9.0</i>	<i>9.2</i>	<i>9.3</i>
<b>Females</b>								
5–14	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
15–19	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
20–29	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.5
30–44	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3
45–64	2.3	2.3	2.4	2.5	2.5	2.6	2.7	2.7
65+	7.3	7.5	7.7	7.8	8.0	8.2	8.4	8.6
Total 5–64	5.1	5.1	5.2	5.2	5.3	5.3	5.4	5.5
Total 15–64	4.4	4.4	4.5	4.5	4.6	4.7	4.7	4.8
<i>Total</i>	<i>12.4</i>	<i>12.6</i>	<i>12.8</i>	<i>13.0</i>	<i>13.3</i>	<i>13.5</i>	<i>13.8</i>	<i>14.0</i>
<b>Persons</b>								
5–14	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.6
15–19	0.4	0.4	0.5	0.5	0.5	0.5	0.5	0.5
20–29	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
30–44	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
45–64	4.3	4.4	4.5	4.6	4.7	4.9	5.0	5.2
65+	10.7	11.0	11.2	11.5	11.7	12.1	12.4	12.6
Total 5–64	10.0	10.1	10.2	10.3	10.4	10.5	10.6	10.7
Total 15–64	8.3	8.4	8.5	8.6	8.7	8.8	9.0	9.1
<b>Total</b>	<b>20.8</b>	<b>21.1</b>	<b>21.4</b>	<b>21.8</b>	<b>22.1</b>	<b>22.6</b>	<b>23.0</b>	<b>23.4</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.9: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by age and sex, Australian Capital Territory, 1996–2003**

Age	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
15–19	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
20–29	0.4	0.4	0.5	0.5	0.5	0.5	0.5	0.5
30–44	0.8	0.8	0.8	0.9	0.9	0.9	0.9	0.9
45–64	1.2	1.2	1.3	1.3	1.4	1.4	1.4	1.5
65+	1.2	1.2	1.3	1.3	1.4	1.5	1.5	1.6
Total 5–64	3.3	3.3	3.4	3.4	3.5	3.5	3.6	3.6
Total 15–64	2.6	2.7	2.7	2.8	2.8	2.9	3.0	3.0
<i>Total</i>	<i>4.4</i>	<i>4.5</i>	<i>4.6</i>	<i>4.7</i>	<i>4.9</i>	<i>5.0</i>	<i>5.1</i>	<i>5.2</i>
<b>Females</b>								
5–14	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
15–19	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
20–29	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
30–44	0.9	0.9	0.9	0.9	0.9	0.9	1.0	1.0
45–64	1.4	1.4	1.5	1.5	1.6	1.6	1.6	1.7
65+	2.5	2.6	2.7	2.8	2.9	3.1	3.2	3.3
Total 5–64	3.3	3.4	3.5	3.5	3.6	3.6	3.7	3.8
Total 15–64	2.9	3.0	3.0	3.1	3.2	3.2	3.3	3.3
<i>Total</i>	<i>5.9</i>	<i>6.0</i>	<i>6.2</i>	<i>6.3</i>	<i>6.5</i>	<i>6.7</i>	<i>6.9</i>	<i>7.1</i>
<b>Persons</b>								
5–14	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
15–19	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
20–29	0.9	0.9	1.0	1.0	1.0	1.0	1.0	1.0
30–44	1.7	1.7	1.7	1.8	1.8	1.8	1.9	1.9
45–64	2.6	2.6	2.7	2.8	2.9	3.0	3.1	3.2
65+	3.7	3.8	4.0	4.1	4.3	4.5	4.7	4.9
Total 5–64	6.6	6.7	6.8	6.9	7.0	7.2	7.3	7.4
Total 15–64	5.5	5.6	5.8	5.9	6.0	6.1	6.2	6.4
<b>Total</b>	<b>10.3</b>	<b>10.6</b>	<b>10.8</b>	<b>11.1</b>	<b>11.4</b>	<b>11.7</b>	<b>12.0</b>	<b>12.3</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.10: Projected population<sup>(a)</sup> of persons with a profound or severe handicap ('000), by age and sex, Northern Territory, 1996–2003**

Age	Number with profound or severe handicap <sup>(b)</sup>							
	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
15–19	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
20–29	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3
30–44	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
45–64	0.6	0.7	0.7	0.7	0.8	0.8	0.8	0.9
65+	0.3	0.4	0.4	0.4	0.4	0.4	0.5	0.5
Total 5–64	1.9	2.0	2.0	2.1	2.1	2.1	2.2	2.2
Total 15–64	1.5	1.5	1.6	1.6	1.6	1.7	1.7	1.7
<i>Total</i>	<i>2.3</i>	<i>2.3</i>	<i>2.4</i>	<i>2.5</i>	<i>2.5</i>	<i>2.6</i>	<i>2.6</i>	<i>2.7</i>
<b>Females</b>								
5–14	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
15–19	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
20–29	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
30–44	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
45–64	0.6	0.7	0.7	0.7	0.8	0.8	0.9	0.9
65+	0.5	0.5	0.6	0.6	0.6	0.7	0.7	0.7
Total 5–64	1.9	1.9	2.0	2.0	2.1	2.1	2.1	2.2
Total 15–64	1.5	1.6	1.6	1.7	1.7	1.8	1.8	1.9
<i>Total</i>	<i>2.4</i>	<i>2.4</i>	<i>2.5</i>	<i>2.6</i>	<i>2.7</i>	<i>2.7</i>	<i>2.8</i>	<i>2.9</i>
<b>Persons</b>								
5–14	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8
15–19	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
20–29	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
30–44	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
45–64	1.3	1.3	1.4	1.5	1.5	1.6	1.7	1.8
65+	0.8	0.9	0.9	1.0	1.0	1.1	1.2	1.2
Total 5–64	3.8	3.9	4.0	4.1	4.2	4.2	4.3	4.4
Total 15–64	3.0	3.1	3.2	3.3	3.4	3.4	3.5	3.6
<b>Total</b>	<b>4.6</b>	<b>4.8</b>	<b>4.9</b>	<b>5.0</b>	<b>5.2</b>	<b>5.3</b>	<b>5.5</b>	<b>5.6</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.11: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, Australia, 1996–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>							
	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	0.8	0.2	–0.2	–0.8	–1.3	–1.3	–0.6	<b>–3.9</b>
30–44	0.9	0.8	0.8	0.9	0.9	0.9	0.6	<b>5.1</b>
45–64	3.0	2.9	3.0	3.1	3.1	3.1	3.0	<b>19.5</b>
65+	3.2	3.0	3.0	3.2	3.4	3.1	2.9	<b>20.1</b>
Total 5–64	1.7	1.5	1.5	1.5	1.5	1.6	1.5	<b>9.5</b>
Total 15–64	1.9	1.8	1.8	1.8	1.7	1.8	1.7	<b>11.1</b>
<i>Total</i>	<i>2.3</i>	<i>2.1</i>	<i>2.1</i>	<i>2.2</i>	<i>2.3</i>	<i>2.2</i>	<i>2.1</i>	<b>13.7</b>
<b>Females</b>								
5–14	0.7	0.5	0.4	0.2	0.4	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	0.6	0.1	–0.5	–0.9	–1.4	–1.3	–0.6	<b>–4.5</b>
30–44	1.0	0.9	0.9	1.1	1.4	1.2	0.7	<b>6.5</b>
45–64	2.8	2.9	3.0	3.1	3.0	3.1	3.0	<b>19.5</b>
65+	2.7	2.5	2.5	2.6	2.9	2.4	2.2	<b>16.0</b>
Total 5–64	1.7	1.6	1.6	1.7	1.7	1.7	1.6	<b>10.4</b>
Total 15–64	1.9	1.8	1.8	1.9	1.8	1.9	1.8	<b>11.5</b>
<i>Total</i>	<i>2.3</i>	<i>2.1</i>	<i>2.1</i>	<i>2.2</i>	<i>2.4</i>	<i>2.1</i>	<i>2.0</i>	<b>13.7</b>
<b>Persons</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.2	0.5	0.3	0.1	<b>4.3</b>
20–29	0.7	0.1	–0.3	–0.9	–1.3	–1.3	–0.6	<b>–4.2</b>
30–44	1.0	0.9	0.9	1.0	1.2	1.1	0.6	<b>5.8</b>
45–64	2.9	2.9	3.0	3.1	3.0	3.1	3.0	<b>19.5</b>
65+	2.9	2.6	2.7	2.8	3.1	2.6	2.4	<b>17.3</b>
Total 5–64	1.7	1.6	1.6	1.6	1.6	1.6	1.6	<b>9.9</b>
Total 15–64	1.9	1.8	1.8	1.8	1.8	1.8	1.7	<b>11.3</b>
<b>Total</b>	<b>2.3</b>	<b>2.1</b>	<b>2.1</b>	<b>2.2</b>	<b>2.3</b>	<b>2.2</b>	<b>2.0</b>	<b>13.7</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.12: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, New South Wales, 1996–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>							
	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.7	0.6	0.4	0.4	0.6	0.8	0.7	<b>3.6</b>
15–19	0.7	1.0	0.8	0.8	0.2	0.1	0.2	<b>3.2</b>
20–29	0.5	0.0	–0.3	–0.9	–1.5	–1.6	–1.0	<b>–5.1</b>
30–44	1.0	0.7	0.7	0.7	0.9	0.8	0.4	<b>4.2</b>
45–64	2.7	2.6	2.8	2.9	2.9	2.9	2.8	<b>18.2</b>
65+	3.3	3.0	3.0	3.1	3.3	3.1	2.9	<b>19.9</b>
Total 5–64	1.6	1.4	1.4	1.4	1.4	1.4	1.4	<b>8.8</b>
Total 15–64	1.8	1.6	1.7	1.7	1.6	1.6	1.5	<b>10.0</b>
<i>Total</i>	<i>2.2</i>	<i>2.1</i>	<i>2.1</i>	<i>2.1</i>	<i>2.2</i>	<i>2.2</i>	<i>2.0</i>	<b>13.3</b>
<b>Females</b>								
5–14	0.8	0.7	0.4	0.3	0.6	0.7	0.6	<b>3.3</b>
15–19	0.7	0.9	0.8	1.2	0.5	0.3	0.5	<b>4.2</b>
20–29	0.6	0.1	–0.5	–1.0	–1.6	–1.4	–0.8	<b>–5.2</b>
30–44	0.9	0.8	0.8	1.0	1.4	1.2	0.6	<b>6.0</b>
45–64	2.5	2.6	2.8	2.8	2.7	2.8	2.8	<b>17.6</b>
65+	2.6	2.4	2.4	2.4	2.8	2.3	2.0	<b>15.0</b>
Total 5–64	1.5	1.5	1.5	1.5	1.5	1.6	1.5	<b>9.4</b>
Total 15–64	1.7	1.6	1.7	1.7	1.6	1.7	1.6	<b>10.4</b>
<i>Total</i>	<i>2.2</i>	<i>2.0</i>	<i>2.0</i>	<i>2.0</i>	<i>2.3</i>	<i>2.0</i>	<i>1.8</i>	<b>12.8</b>
<b>Persons</b>								
5–14	0.7	0.6	0.4	0.4	0.6	0.8	0.6	<b>3.5</b>
15–19	0.7	0.9	0.8	1.0	0.3	0.2	0.3	<b>3.7</b>
20–29	0.6	0.0	–0.4	–1.0	–1.6	–1.5	–0.9	<b>–5.2</b>
30–44	1.0	0.8	0.7	0.9	1.1	1.0	0.5	<b>5.2</b>
45–64	2.6	2.6	2.8	2.9	2.8	2.8	2.8	<b>17.8</b>
65+	2.8	2.5	2.6	2.6	2.9	2.6	2.3	<b>16.6</b>
Total 5–64	1.5	1.5	1.5	1.5	1.5	1.5	1.4	<b>9.1</b>
Total 15–64	1.7	1.6	1.7	1.7	1.6	1.6	1.6	<b>10.2</b>
<b>Total</b>	<b>2.2</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.2</b>	<b>2.1</b>	<b>1.9</b>	<b>13.0</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.13: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, Victoria, 1996–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>							
	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.2	0.3	0.0	0.3	0.3	0.3	<b>1.5</b>
15–19	–0.2	0.2	0.2	0.6	0.0	0.3	0.0	<b>1.3</b>
20–29	0.2	–0.3	–1.0	–1.5	–1.9	–2.0	–1.2	<b>–7.6</b>
30–44	0.6	0.5	0.6	0.6	0.5	0.5	0.2	<b>3.0</b>
45–64	2.5	2.3	2.4	2.5	2.7	2.7	2.6	<b>16.3</b>
65+	2.9	2.5	2.7	2.8	3.1	2.7	2.4	<b>17.5</b>
Total 5–64	1.3	1.1	1.1	1.1	1.1	1.2	1.1	<b>6.9</b>
Total 15–64	1.4	1.3	1.3	1.3	1.3	1.4	1.3	<b>8.2</b>
<i>Total</i>	<i>1.9</i>	<i>1.7</i>	<i>1.8</i>	<i>1.8</i>	<i>2.0</i>	<i>1.8</i>	<i>1.7</i>	<b>11.2</b>
<b>Females</b>								
5–14	0.3	0.4	0.3	–0.1	0.2	0.4	0.1	<b>1.4</b>
15–19	0.3	0.1	0.1	0.8	–0.1	–0.1	0.4	<b>1.2</b>
20–29	–0.2	–0.7	–1.2	–1.6	–2.1	–2.0	–1.3	<b>–8.6</b>
30–44	0.7	0.6	0.7	0.8	1.0	0.8	0.3	<b>4.3</b>
45–64	2.4	2.4	2.5	2.7	2.6	2.8	2.7	<b>16.8</b>
65+	2.2	2.1	2.2	2.3	2.7	2.1	1.9	<b>13.9</b>
Total 5–64	1.3	1.2	1.2	1.3	1.3	1.3	1.2	<b>7.8</b>
Total 15–64	1.4	1.4	1.4	1.5	1.4	1.5	1.4	<b>8.8</b>
<i>Total</i>	<i>1.9</i>	<i>1.7</i>	<i>1.8</i>	<i>1.9</i>	<i>2.1</i>	<i>1.8</i>	<i>1.6</i>	<b>11.4</b>
<b>Persons</b>								
5–14	0.5	0.3	0.3	0.0	0.2	0.4	0.2	<b>1.4</b>
15–19	0.0	0.1	0.1	0.7	0.0	0.1	0.2	<b>1.2</b>
20–29	0.0	–0.5	–1.1	–1.6	–2.0	–2.0	–1.3	<b>–8.1</b>
30–44	0.6	0.6	0.7	0.7	0.8	0.7	0.2	<b>3.7</b>
45–64	2.4	2.4	2.4	2.6	2.7	2.8	2.6	<b>16.6</b>
65+	2.5	2.2	2.3	2.5	2.8	2.3	2.0	<b>15.0</b>
Total 5–64	1.3	1.2	1.2	1.2	1.2	1.3	1.2	<b>7.4</b>
Total 15–64	1.4	1.3	1.3	1.4	1.4	1.4	1.4	<b>8.5</b>
<b>Total</b>	<b>1.9</b>	<b>1.7</b>	<b>1.8</b>	<b>1.9</b>	<b>2.0</b>	<b>1.8</b>	<b>1.6</b>	<b>11.3</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.



**Table A4.14: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, Queensland, 1996–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>							1997–2003
	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	
<b>Males</b>								
5–14	1.4	1.2	1.0	0.9	1.2	1.4	1.4	<b>7.3</b>
15–19	1.8	2.3	1.8	1.7	1.1	0.6	0.1	<b>7.8</b>
20–29	2.0	1.0	0.7	0.1	–0.3	–0.4	0.1	<b>1.2</b>
30–44	1.8	1.7	1.7	1.7	1.8	1.8	1.6	<b>10.7</b>
45–64	4.1	3.9	3.9	3.9	3.8	3.7	3.6	<b>24.9</b>
65+	3.9	3.6	3.6	3.8	4.0	3.9	3.5	<b>24.6</b>
Total 5–64	2.7	2.4	2.4	2.3	2.2	2.3	2.2	<b>14.6</b>
Total 15–64	3.0	2.7	2.7	2.6	2.5	2.5	2.4	<b>16.4</b>
<i>Total</i>	3.2	2.9	2.9	2.9	2.9	2.9	2.7	<b>18.5</b>
<b>Females</b>								
5–14	1.7	1.0	1.1	0.8	1.2	1.4	1.5	<b>7.1</b>
15–19	1.5	2.0	1.8	2.0	1.3	0.8	0.1	<b>8.3</b>
20–29	1.6	0.9	0.3	–0.4	–0.8	–0.7	–0.1	<b>–0.8</b>
30–44	2.1	1.8	1.8	2.1	2.3	2.2	1.7	<b>12.5</b>
45–64	3.9	3.9	4.0	3.9	3.9	3.8	3.8	<b>25.7</b>
65+	3.5	3.4	3.3	3.3	3.5	3.2	3.0	<b>21.3</b>
Total 5–64	2.7	2.5	2.5	2.5	2.5	2.5	2.4	<b>15.7</b>
Total 15–64	2.9	2.7	2.7	2.7	2.7	2.6	2.5	<b>17.0</b>
<i>Total</i>	3.2	3.0	2.9	2.9	3.1	2.9	2.7	<b>18.8</b>
<b>Persons</b>								
5–14	1.5	1.1	1.0	0.9	1.2	1.4	1.4	<b>7.2</b>
15–19	1.6	2.2	1.8	1.9	1.2	0.7	0.1	<b>8.0</b>
20–29	1.7	1.0	0.5	–0.2	–0.6	–0.6	0.0	<b>0.1</b>
30–44	2.0	1.8	1.7	1.9	2.1	2.0	1.6	<b>11.6</b>
45–64	4.0	3.9	4.0	3.9	3.8	3.8	3.7	<b>25.3</b>
65+	3.7	3.5	3.4	3.4	3.7	3.4	3.1	<b>22.4</b>
Total 5–64	2.7	2.5	2.4	2.4	2.4	2.4	2.3	<b>15.1</b>
Total 15–64	2.9	2.7	2.7	2.7	2.6	2.5	2.5	<b>16.7</b>
<b>Total</b>	<b>3.2</b>	<b>3.0</b>	<b>2.9</b>	<b>2.9</b>	<b>3.0</b>	<b>2.9</b>	<b>2.7</b>	<b>18.7</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.15: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, Western Australia, 1996–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>							
	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.3	0.0	0.2	0.2	0.3	0.5	0.7	<b>2.0</b>
15–19	1.4	1.3	1.6	1.7	1.2	1.1	0.3	<b>7.4</b>
20–29	1.9	1.3	0.5	0.1	–0.5	–0.4	0.6	<b>1.7</b>
30–44	1.0	1.0	1.1	1.1	1.2	1.2	0.9	<b>6.6</b>
45–64	3.8	3.6	3.7	3.5	3.7	3.7	3.4	<b>23.7</b>
65+	3.3	3.1	3.1	3.7	3.7	3.4	3.2	<b>22.0</b>
Total 5–64	2.1	1.9	1.9	1.9	1.9	2.0	1.9	<b>12.0</b>
Total 15–64	2.5	2.4	2.3	2.3	2.3	2.3	2.2	<b>14.5</b>
<i>Total</i>	<i>2.5</i>	<i>2.3</i>	<i>2.4</i>	<i>2.5</i>	<i>2.6</i>	<i>2.5</i>	<i>2.4</i>	<i>15.7</i>
<b>Females</b>								
5–14	0.4	0.3	0.2	0.0	0.4	0.8	0.9	<b>2.6</b>
15–19	1.4	1.5	1.3	2.2	1.4	0.9	0.5	<b>8.0</b>
20–29	1.8	1.1	0.8	0.3	–0.3	–0.3	0.6	<b>2.2</b>
30–44	1.1	1.0	1.0	1.0	1.3	1.5	1.0	<b>7.1</b>
45–64	3.8	3.7	3.8	3.8	3.6	3.6	3.4	<b>24.0</b>
65+	3.1	2.7	2.7	3.1	3.3	2.7	2.4	<b>18.0</b>
Total 5–64	2.2	2.1	2.1	2.1	2.1	2.2	2.0	<b>13.3</b>
Total 15–64	2.5	2.4	2.4	2.4	2.3	2.4	2.2	<b>14.9</b>
<i>Total</i>	<i>2.7</i>	<i>2.4</i>	<i>2.4</i>	<i>2.7</i>	<i>2.7</i>	<i>2.4</i>	<i>2.3</i>	<i>15.9</i>
<b>Persons</b>								
5–14	0.3	0.2	0.2	0.1	0.4	0.6	0.7	<b>2.3</b>
15–19	1.4	1.4	1.4	2.0	1.3	1.0	0.4	<b>7.7</b>
20–29	1.8	1.2	0.7	0.2	–0.4	–0.3	0.6	<b>1.9</b>
30–44	1.0	1.0	1.0	1.1	1.3	1.4	0.9	<b>6.8</b>
45–64	3.8	3.7	3.7	3.7	3.7	3.7	3.4	<b>23.9</b>
65+	3.2	2.8	2.8	3.3	3.4	2.9	2.7	<b>19.3</b>
Total 5–64	2.2	2.0	2.0	2.0	2.0	2.1	2.0	<b>12.6</b>
Total 15–64	2.5	2.4	2.4	2.3	2.3	2.3	2.2	<b>14.7</b>
<b>Total</b>	<b>2.6</b>	<b>2.4</b>	<b>2.4</b>	<b>2.6</b>	<b>2.7</b>	<b>2.5</b>	<b>2.3</b>	<b>15.8</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.16: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, South Australia, 1996–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>							
	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	–0.2	–0.1	–0.6	–0.3	–0.5	–0.2	–0.3	<b>–2.0</b>
15–19	0.0	1.2	1.6	1.3	0.8	0.0	–0.3	<b>4.6</b>
20–29	–0.7	–1.2	–1.3	–1.8	–2.0	–1.6	–0.8	<b>–8.4</b>
30–44	0.3	0.4	0.4	0.4	0.4	0.2	–0.2	<b>1.7</b>
45–64	2.2	2.4	2.5	2.7	2.7	2.9	2.7	<b>17.0</b>
65+	2.8	2.7	2.8	2.9	2.9	2.4	2.3	<b>17.2</b>
Total 5–64	0.9	1.0	1.0	1.1	1.0	1.2	1.0	<b>6.4</b>
Total 15–64	1.1	1.2	1.3	1.4	1.4	1.4	1.3	<b>8.4</b>
<i>Total</i>	<i>1.7</i>	<i>1.7</i>	<i>1.8</i>	<i>1.9</i>	<i>1.9</i>	<i>1.7</i>	<i>1.6</i>	<i>11.1</i>
<b>Females</b>								
5–14	–0.3	0.1	–0.3	–0.3	–0.3	–0.2	–0.1	<b>–1.1</b>
15–19	0.7	1.1	2.0	1.6	0.4	–0.1	–0.6	<b>4.5</b>
20–29	–0.7	–1.1	–1.5	–1.7	–1.6	–1.3	–0.7	<b>–7.6</b>
30–44	0.1	0.2	0.3	0.7	0.5	0.2	–0.1	<b>1.8</b>
45–64	2.0	2.4	2.4	2.5	2.6	2.8	2.5	<b>16.2</b>
65+	2.4	2.3	2.2	2.1	2.4	1.9	1.8	<b>13.5</b>
Total 5–64	0.9	1.1	1.1	1.2	1.2	1.3	1.1	<b>7.1</b>
Total 15–64	1.0	1.2	1.3	1.4	1.4	1.4	1.3	<b>8.3</b>
<i>Total</i>	<i>1.8</i>	<i>1.8</i>	<i>1.8</i>	<i>1.8</i>	<i>2.0</i>	<i>1.7</i>	<i>1.6</i>	<i>11.1</i>
<b>Persons</b>								
5–14	–0.2	–0.1	–0.5	–0.3	–0.4	–0.2	–0.2	<b>–1.7</b>
15–19	0.4	1.1	1.8	1.5	0.6	–0.1	–0.5	<b>4.5</b>
20–29	–0.7	–1.1	–1.4	–1.7	–1.8	–1.4	–0.8	<b>–8.0</b>
30–44	0.2	0.3	0.4	0.6	0.5	0.2	–0.1	<b>1.8</b>
45–64	2.1	2.4	2.4	2.6	2.7	2.9	2.6	<b>16.6</b>
65+	2.5	2.4	2.4	2.4	2.6	2.1	2.0	<b>14.6</b>
Total 5–64	0.9	1.0	1.0	1.2	1.1	1.2	1.1	<b>6.8</b>
Total 15–64	1.1	1.2	1.3	1.4	1.4	1.4	1.3	<b>8.4</b>
<b>Total</b>	<b>1.8</b>	<b>1.8</b>	<b>1.8</b>	<b>1.8</b>	<b>1.9</b>	<b>1.7</b>	<b>1.6</b>	<b>11.1</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.17: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, Tasmania, 1996–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>							1997–2003
	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	
<b>Males</b>								
5–14	-1.1	-0.9	-0.3	-1.0	-0.8	-0.8	-0.5	<b>-4.3</b>
15–19	0.6	1.4	0.3	1.5	-0.2	-0.3	-1.5	<b>1.2</b>
20–29	-0.2	-0.6	-1.0	-1.6	-1.8	-1.3	-0.5	<b>-6.8</b>
30–44	-0.6	-0.3	0.2	0.1	-0.2	-0.3	-0.7	<b>-1.2</b>
45–64	2.7	2.7	2.5	2.7	2.9	3.0	2.8	<b>17.9</b>
65+	2.5	2.4	2.5	2.2	2.8	2.7	2.7	<b>16.2</b>
Total 5–64	0.7	0.8	1.0	0.9	0.9	1.0	0.9	<b>5.6</b>
Total 15–64	1.2	1.3	1.3	1.4	1.3	1.4	1.2	<b>8.1</b>
<i>Total</i>	<i>1.4</i>	<i>1.5</i>	<i>1.6</i>	<i>1.4</i>	<i>1.7</i>	<i>1.7</i>	<i>1.7</i>	<b>10.0</b>
<b>Females</b>								
5–14	-0.8	-1.0	-0.9	-0.6	-1.2	-0.9	-0.8	<b>-5.3</b>
15–19	1.0	0.9	1.1	2.1	0.0	-0.6	-0.6	<b>2.9</b>
20–29	-1.1	-1.1	-1.2	-1.6	-1.6	-1.5	-0.6	<b>-7.3</b>
30–44	-0.1	0.0	0.0	0.2	0.3	0.0	-0.5	<b>-0.1</b>
45–64	2.3	2.4	2.7	2.8	2.8	2.9	2.7	<b>17.4</b>
65+	2.3	2.2	2.1	2.3	2.6	2.2	2.1	<b>14.4</b>
Total 5–64	0.8	0.9	1.0	1.2	1.1	1.1	1.0	<b>6.5</b>
Total 15–64	1.1	1.2	1.3	1.5	1.4	1.4	1.3	<b>8.4</b>
<i>Total</i>	<i>1.7</i>	<i>1.6</i>	<i>1.7</i>	<i>1.9</i>	<i>2.0</i>	<i>1.8</i>	<i>1.7</i>	<b>11.2</b>
<b>Persons</b>								
5–14	-1.0	-0.9	-0.6	-0.8	-1.0	-0.8	-0.6	<b>-4.7</b>
15–19	0.8	1.1	0.7	1.8	-0.1	-0.4	-1.0	<b>2.1</b>
20–29	-0.7	-0.9	-1.1	-1.6	-1.7	-1.4	-0.6	<b>-7.1</b>
30–44	-0.3	-0.1	0.1	0.2	0.0	-0.1	-0.6	<b>-0.6</b>
45–64	2.5	2.5	2.6	2.8	2.9	2.9	2.7	<b>17.6</b>
65+	2.3	2.2	2.2	2.3	2.7	2.4	2.3	<b>15.0</b>
Total 5–64	0.8	0.9	1.0	1.1	1.0	1.0	1.0	<b>6.1</b>
Total 15–64	1.2	1.2	1.3	1.4	1.4	1.4	1.2	<b>8.3</b>
<b>Total</b>	<b>1.6</b>	<b>1.6</b>	<b>1.6</b>	<b>1.7</b>	<b>1.9</b>	<b>1.8</b>	<b>1.7</b>	<b>10.7</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.18: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, Australian Capital Territory, 1996–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>							
	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	-0.1	-0.2	-1.0	-0.9	-0.2	0.4	0.5	-1.4
15–19	0.6	0.3	0.0	-0.2	-0.5	-0.5	-1.1	-2.0
20–29	2.4	2.4	2.1	0.8	-0.4	-1.9	-1.3	1.6
30–44	0.2	0.6	0.6	1.7	2.1	2.6	2.5	10.4
45–64	3.7	3.1	3.3	2.8	3.0	3.6	2.9	20.3
65+	4.2	4.5	4.1	4.9	5.3	4.1	4.3	30.4
Total 5–64	1.7	1.6	1.5	1.4	1.6	1.9	1.7	10.1
Total 15–64	2.2	2.1	2.1	2.0	2.0	2.2	1.9	12.9
<i>Total</i>	2.4	2.4	2.2	2.4	2.7	2.5	2.5	15.6
<b>Females</b>								
5–14	-0.3	-0.5	-0.1	-0.3	-0.2	0.4	0.8	0.2
15–19	-0.1	-0.2	-1.0	-0.9	-1.8	-1.2	-1.0	-6.1
20–29	2.5	2.5	1.8	1.3	0.0	-1.1	-1.5	3.0
30–44	-0.2	0.1	0.5	1.1	1.9	2.3	2.3	8.5
45–64	3.5	3.4	3.4	3.1	2.7	3.3	3.1	20.4
65+	4.2	3.7	3.8	4.1	4.7	4.0	3.8	26.8
Total 5–64	1.7	1.7	1.8	1.7	1.6	1.9	1.8	10.9
Total 15–64	2.0	2.0	2.0	2.0	1.8	2.0	2.0	12.4
<i>Total</i>	2.7	2.6	2.7	2.8	3.0	2.8	2.8	17.8
<b>Persons</b>								
5–14	-0.2	-0.3	-0.6	-0.7	-0.2	0.4	0.6	-0.8
15–19	0.2	0.0	-0.6	-0.6	-1.2	-0.9	-1.0	-4.1
20–29	2.5	2.5	1.9	1.1	-0.2	-1.5	-1.4	2.3
30–44	0.0	0.3	0.6	1.4	2.0	2.4	2.4	9.5
45–64	3.6	3.3	3.3	2.9	2.9	3.4	3.0	20.4
65+	4.2	4.0	3.9	4.4	4.9	4.0	4.0	28.0
Total 5–64	1.7	1.7	1.6	1.6	1.6	1.9	1.8	10.5
Total 15–64	2.1	2.0	2.0	2.0	1.9	2.1	2.0	12.6
<b>Total</b>	<b>2.6</b>	<b>2.5</b>	<b>2.5</b>	<b>2.6</b>	<b>2.8</b>	<b>2.7</b>	<b>2.6</b>	<b>16.9</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.19: Changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap, by age and sex, Northern Territory, 1996–2003**

Age	% changes in number with profound or severe handicap <sup>(b)</sup>							
	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	1.4	0.5	1.3	0.2	0.8	0.4	0.1	<b>3.4</b>
15–19	1.7	2.8	0.6	1.2	0.0	0.6	0.8	<b>6.3</b>
20–29	2.1	1.1	1.2	0.9	1.2	1.3	1.8	<b>7.7</b>
30–44	0.4	–0.5	–0.3	–0.2	–0.2	0.1	–0.2	<b>–1.3</b>
45–64	4.9	4.9	4.6	4.2	4.1	3.7	3.5	<b>27.7</b>
65+	5.5	4.5	4.1	5.3	8.1	6.1	6.0	<b>39.2</b>
Total 5–64	2.4	1.9	2.0	1.7	1.8	1.7	1.5	<b>11.0</b>
Total 15–64	2.7	2.3	2.2	2.1	2.0	2.0	1.9	<b>13.3</b>
<i>Total</i>	<i>2.8</i>	<i>2.3</i>	<i>2.3</i>	<i>2.2</i>	<i>2.8</i>	<i>2.4</i>	<i>2.3</i>	<b><i>15.2</i></b>
<b>Females</b>								
5–14	1.9	0.7	0.8	1.0	0.4	–0.2	0.5	<b>3.2</b>
15–19	3.4	3.8	3.7	2.0	0.6	0.3	–0.8	<b>9.9</b>
20–29	0.1	–0.5	–1.2	–1.6	–0.8	1.0	1.3	<b>–1.8</b>
30–44	1.6	1.2	1.2	1.4	1.7	0.6	0.3	<b>6.5</b>
45–64	5.7	5.2	5.3	5.8	4.9	4.9	4.9	<b>35.2</b>
65+	5.0	5.4	4.0	4.3	7.0	5.6	5.1	<b>35.8</b>
Total 5–64	2.9	2.4	2.4	2.6	2.3	2.1	2.2	<b>14.8</b>
Total 15–64	3.1	2.7	2.7	2.9	2.7	2.6	2.5	<b>17.1</b>
<i>Total</i>	<i>3.4</i>	<i>3.0</i>	<i>2.7</i>	<i>2.9</i>	<i>3.4</i>	<i>3.0</i>	<i>2.9</i>	<b><i>19.4</i></b>
<b>Persons</b>								
5–14	1.6	0.6	1.1	0.5	0.6	0.1	0.3	<b>3.3</b>
15–19	2.5	3.3	2.2	1.6	0.3	0.5	0.0	<b>8.1</b>
20–29	1.0	0.2	–0.1	–0.4	0.1	1.1	1.5	<b>2.5</b>
30–44	1.0	0.4	0.5	0.6	0.8	0.3	0.0	<b>2.7</b>
45–64	5.3	5.0	4.9	5.0	4.5	4.3	4.2	<b>31.4</b>
65+	5.2	5.0	4.1	4.7	7.5	5.8	5.5	<b>37.2</b>
Total 5–64	2.6	2.1	2.2	2.1	2.0	1.9	1.9	<b>12.9</b>
Total 15–64	2.9	2.5	2.5	2.5	2.4	2.3	2.2	<b>15.3</b>
<b>Total</b>	<b>3.1</b>	<b>2.7</b>	<b>2.5</b>	<b>2.6</b>	<b>3.1</b>	<b>2.7</b>	<b>2.6</b>	<b>17.4</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.20: Intellectual disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	22.5	22.6	22.7	22.8	22.9	23.0	23.2	23.3
15–19	4.6	4.7	4.7	4.8	4.8	4.8	4.8	4.8
20–29	10.0	10.0	10.0	9.9	9.9	9.8	9.7	9.7
30–44	7.4	7.4	7.5	7.5	7.6	7.7	7.9	7.9
45–64	10.1	10.4	10.6	10.9	11.2	11.5	11.8	12.1
65+	26.3	27.2	28.1	29.1	30.2	31.3	32.3	33.3
Total 5–64	54.7	55.1	55.5	55.9	56.3	56.8	57.3	57.9
Total 15–64	32.2	32.5	32.8	33.1	33.4	33.8	34.2	34.6
<i>Total</i>	<i>80.9</i>	<i>82.3</i>	<i>83.6</i>	<i>85.0</i>	<i>86.5</i>	<i>88.1</i>	<i>89.6</i>	<i>91.1</i>
<b>Females</b>								
5–14	10.5	10.6	10.6	10.7	10.7	10.8	10.8	10.9
15–19	6.4	6.5	6.5	6.6	6.7	6.7	6.7	6.8
20–29	9.4	9.4	9.4	9.3	9.3	9.1	9.1	9.0
30–44	10.8	10.9	10.9	11.0	11.1	11.2	11.3	11.4
45–64	9.3	9.6	9.8	10.1	10.4	10.7	10.9	11.2
65+	57.9	59.9	61.7	63.8	66.0	68.4	70.5	72.4
Total 5–64	46.5	46.9	47.4	47.8	48.2	48.5	48.9	49.3
Total 15–64	35.9	36.3	36.7	37.1	37.5	37.8	38.1	38.4
<i>Total</i>	<i>104.4</i>	<i>106.8</i>	<i>109.1</i>	<i>111.6</i>	<i>114.1</i>	<i>116.9</i>	<i>119.4</i>	<i>121.7</i>
<b>Persons</b>								
5–14	33.0	33.2	33.4	33.5	33.6	33.8	34.0	34.2
15–19	11.0	11.1	11.2	11.4	11.5	11.6	11.6	11.6
20–29	19.5	19.4	19.4	19.3	19.1	18.9	18.8	18.7
30–44	18.2	18.3	18.4	18.5	18.7	19.0	19.2	19.3
45–64	19.5	19.9	20.5	21.0	21.5	22.1	22.7	23.3
65+	84.2	87.1	89.9	92.9	96.1	99.7	102.8	105.6
Total 5–64	101.2	102.0	102.9	103.6	104.5	105.3	106.2	107.1
Total 15–64	68.1	68.8	69.5	70.2	70.9	71.6	72.3	72.9
<b>Total</b>	<b>185.3</b>	<b>189.1</b>	<b>192.7</b>	<b>196.5</b>	<b>200.6</b>	<b>205.0</b>	<b>209.0</b>	<b>212.8</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.21: Learning disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	3.8	3.9	3.9	3.9	3.9	3.9	4.0	4.0
15–19	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
20–29	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8
30–44	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
45–64	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
65+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total 5–64	5.2	5.2	5.2	5.2	5.2	5.3	5.3	5.3
Total 15–64	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3
<i>Total</i>	<i>5.2</i>	<i>5.2</i>	<i>5.2</i>	<i>5.2</i>	<i>5.3</i>	<i>5.3</i>	<i>5.3</i>	<i>5.3</i>
<b>Females</b>								
5–14	1.8	1.8	1.8	1.8	1.8	1.9	1.9	1.9
15–19	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
20–29	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
30–44	2.1	2.1	2.1	2.1	2.2	2.2	2.2	2.2
45–64	0.4	0.4	0.4	0.4	0.5	0.5	0.5	0.5
65+	1.4	1.4	1.4	1.4	1.5	1.5	1.5	1.5
Total 5–64	5.3	5.3	5.4	5.4	5.5	5.5	5.5	5.6
Total 15–64	3.5	3.5	3.5	3.6	3.6	3.6	3.7	3.7
<i>Total</i>	<i>6.6</i>	<i>6.7</i>	<i>6.8</i>	<i>6.9</i>	<i>6.9</i>	<i>7.0</i>	<i>7.0</i>	<i>7.1</i>
<b>Persons</b>								
5–14	5.7	5.7	5.7	5.7	5.8	5.8	5.8	5.9
15–19	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.8
20–29	1.1	1.1	1.1	1.1	1.1	1.1	1.0	1.0
30–44	2.4	2.5	2.5	2.5	2.5	2.5	2.6	2.6
45–64	0.5	0.5	0.5	0.6	0.6	0.6	0.6	0.6
65+	1.4	1.4	1.4	1.5	1.5	1.5	1.5	1.5
Total 5–64	10.4	10.5	10.6	10.6	10.7	10.7	10.8	10.9
Total 15–64	4.8	4.8	4.9	4.9	4.9	5.0	5.0	5.0
<b>Total</b>	<b>11.8</b>	<b>11.9</b>	<b>12.0</b>	<b>12.1</b>	<b>12.2</b>	<b>12.2</b>	<b>12.3</b>	<b>12.4</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.



**Table A4.22: Psychiatric disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	6.9	7.0	7.0	7.0	7.0	7.1	7.1	7.2
15–19	3.3	3.3	3.4	3.4	3.4	3.5	3.5	3.5
20–29	9.1	9.2	9.2	9.2	9.1	9.0	8.9	8.8
30–44	11.8	11.9	12.0	12.1	12.2	12.4	12.6	12.7
45–64	19.8	20.4	21.0	21.6	22.2	22.8	23.4	24.0
65+	36.6	38.0	39.3	40.8	42.3	44.0	45.5	47.0
Total 5–64	51.0	51.8	52.5	53.2	54.0	54.7	55.5	56.2
Total 15–64	44.1	44.8	45.5	46.2	46.9	47.7	48.4	49.0
<i>Total</i>	<i>87.6</i>	<i>89.8</i>	<i>91.8</i>	<i>94.0</i>	<i>96.3</i>	<i>98.7</i>	<i>101.0</i>	<i>103.2</i>
<b>Females</b>								
5–14	5.1	5.1	5.1	5.2	5.2	5.2	5.2	5.3
15–19	3.3	3.3	3.4	3.4	3.5	3.5	3.5	3.5
20–29	7.6	7.7	7.7	7.7	7.6	7.5	7.4	7.3
30–44	15.8	15.9	16.1	16.2	16.4	16.6	16.8	16.9
45–64	21.1	21.8	22.4	23.1	23.8	24.6	25.3	26.0
65+	82.5	85.1	87.5	90.2	92.9	95.9	98.4	100.8
Total 5–64	52.9	53.8	54.8	55.6	56.5	57.3	58.1	59.0
Total 15–64	47.8	48.7	49.6	50.5	51.3	52.1	52.9	53.7
<i>Total</i>	<i>135.4</i>	<i>138.9</i>	<i>142.3</i>	<i>145.8</i>	<i>149.4</i>	<i>153.2</i>	<i>156.6</i>	<i>159.8</i>
<b>Persons</b>								
5–14	12.0	12.1	12.1	12.2	12.2	12.3	12.3	12.4
15–19	6.6	6.7	6.7	6.8	6.9	6.9	7.0	7.0
20–29	16.7	16.9	16.9	16.8	16.7	16.5	16.3	16.2
30–44	27.6	27.8	28.0	28.3	28.6	29.0	29.4	29.6
45–64	40.9	42.1	43.4	44.7	46.1	47.4	48.7	50.0
65+	119.2	123.1	126.9	130.9	135.2	139.9	144.0	147.8
Total 5–64	103.8	105.6	107.3	108.9	110.5	112.1	113.6	115.1
Total 15–64	91.8	93.5	95.1	96.7	98.3	99.8	101.3	102.7
<b>Total</b>	<b>223.0</b>	<b>228.7</b>	<b>234.1</b>	<b>239.8</b>	<b>245.7</b>	<b>251.9</b>	<b>257.6</b>	<b>262.9</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.23: Acquired brain injury disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	7.4	7.4	7.5	7.5	7.5	7.6	7.6	7.7
15–19	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4
20–29	4.4	4.4	4.5	4.5	4.4	4.4	4.3	4.2
30–44	9.5	9.5	9.6	9.6	9.7	9.7	9.8	9.8
45–64	20.3	20.9	21.4	22.0	22.7	23.4	24.1	24.8
65+	40.2	41.5	42.7	44.1	45.5	47.1	48.5	49.9
Total 5–64	42.8	43.6	44.2	44.9	45.7	46.4	47.2	47.9
Total 15–64	35.4	36.1	36.8	37.5	38.1	38.8	39.5	40.3
<i>Total</i>	<i>83.0</i>	<i>85.0</i>	<i>87.0</i>	<i>89.0</i>	<i>91.2</i>	<i>93.4</i>	<i>95.7</i>	<i>97.8</i>
<b>Females</b>								
5–14	6.3	6.4	6.4	6.4	6.5	6.5	6.5	6.6
15–19	2.4	2.4	2.5	2.5	2.5	2.5	2.5	2.5
20–29	4.7	4.7	4.7	4.6	4.6	4.5	4.5	4.5
30–44	7.3	7.4	7.4	7.5	7.6	7.7	7.7	7.8
45–64	14.9	15.4	15.9	16.4	16.8	17.3	17.8	18.2
65+	55.4	56.9	58.4	59.9	61.5	63.3	64.9	66.4
Total 5–64	35.6	36.2	36.8	37.4	38.0	38.6	39.1	39.6
Total 15–64	29.2	29.8	30.4	31.0	31.5	32.1	32.6	33.1
<i>Total</i>	<i>91.0</i>	<i>93.1</i>	<i>95.2</i>	<i>97.3</i>	<i>99.5</i>	<i>101.9</i>	<i>104.0</i>	<i>106.0</i>
<b>Persons</b>								
5–14	13.7	13.8	13.9	13.9	14.0	14.0	14.1	14.2
15–19	3.7	3.8	3.8	3.8	3.9	3.9	3.9	3.9
20–29	9.0	9.1	9.1	9.1	9.0	8.9	8.8	8.7
30–44	16.7	16.9	17.0	17.1	17.3	17.4	17.5	17.6
45–64	35.2	36.2	37.3	38.4	39.5	40.7	41.9	43.1
65+	95.6	98.4	101.1	104.0	107.0	110.4	113.4	116.3
Total 5–64	78.4	79.8	81.1	82.3	83.6	84.9	86.3	87.6
Total 15–64	64.7	65.9	67.2	68.4	69.7	70.9	72.1	73.3
<b>Total</b>	<b>174.0</b>	<b>178.2</b>	<b>182.2</b>	<b>186.3</b>	<b>190.7</b>	<b>195.3</b>	<b>199.7</b>	<b>203.8</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.24: Visual disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	2.2	2.2	2.2	2.2	2.2	2.3	2.3	2.3
15–19	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4
20–29	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
30–44	8.5	8.5	8.6	8.6	8.7	8.8	8.8	8.9
45–64	5.9	6.1	6.2	6.3	6.5	6.7	6.9	7.2
65+	31.9	33.1	34.3	35.6	37.0	38.4	39.8	41.0
Total 5–64	19.0	19.2	19.4	19.6	19.9	20.2	20.5	20.8
Total 15–64	16.8	17.0	17.2	17.4	17.7	17.9	18.2	18.5
<i>Total</i>	<i>50.8</i>	<i>52.3</i>	<i>53.7</i>	<i>55.2</i>	<i>56.9</i>	<i>58.6</i>	<i>60.3</i>	<i>61.8</i>
<b>Females</b>								
5–14	3.2	3.2	3.2	3.2	3.2	3.2	3.3	3.3
15–19	1.6	1.7	1.7	1.7	1.7	1.7	1.7	1.7
20–29	1.8	1.9	1.9	1.9	1.9	1.8	1.8	1.8
30–44	2.3	2.3	2.4	2.4	2.4	2.4	2.4	2.4
45–64	6.8	6.9	7.1	7.3	7.5	7.7	8.0	8.2
65+	75.8	78.0	80.2	82.5	84.9	87.7	90.0	92.2
Total 5–64	15.7	15.9	16.2	16.5	16.7	16.9	17.2	17.4
Total 15–64	12.5	12.8	13.0	13.2	13.5	13.7	13.9	14.1
<i>Total</i>	<i>91.4</i>	<i>94.0</i>	<i>96.4</i>	<i>99.0</i>	<i>101.6</i>	<i>104.6</i>	<i>107.2</i>	<i>109.6</i>
<b>Persons</b>								
5–14	5.4	5.4	5.4	5.4	5.5	5.5	5.5	5.6
15–19	2.9	3.0	3.0	3.0	3.1	3.1	3.1	3.1
20–29	2.9	3.0	3.0	3.0	3.0	2.9	2.9	2.8
30–44	10.8	10.8	10.9	11.0	11.1	11.2	11.3	11.3
45–64	12.7	13.0	13.3	13.6	14.0	14.4	14.9	15.4
65+	107.6	111.1	114.5	118.1	121.9	126.1	129.8	133.2
Total 5–64	34.7	35.2	35.6	36.1	36.6	37.1	37.7	38.2
Total 15–64	29.3	29.8	30.2	30.7	31.1	31.6	32.1	32.6
<b>Total</b>	<b>142.3</b>	<b>146.3</b>	<b>150.1</b>	<b>154.2</b>	<b>158.5</b>	<b>163.2</b>	<b>167.5</b>	<b>171.4</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.25: Hearing disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	4.2	4.2	4.2	4.2	4.2	4.2	4.3	4.3
15–19	1.6	1.6	1.7	1.7	1.7	1.7	1.7	1.7
20–29	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
30–44	3.1	3.1	3.1	3.1	3.2	3.2	3.2	3.2
45–64	19.0	19.5	20.0	20.6	21.2	21.9	22.6	23.4
65+	52.8	54.6	56.4	58.3	60.5	62.8	65.1	67.1
Total 5–64	29.3	29.9	30.5	31.1	31.8	32.5	33.3	34.1
Total 15–64	25.2	25.7	26.3	26.9	27.6	28.3	29.1	29.8
<i>Total</i>	<i>82.1</i>	<i>84.5</i>	<i>86.9</i>	<i>89.4</i>	<i>92.3</i>	<i>95.4</i>	<i>98.4</i>	<i>101.2</i>
<b>Females</b>								
5–14	5.3	5.4	5.4	5.4	5.4	5.4	5.5	5.5
15–19	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
20–29	3.7	3.7	3.7	3.7	3.7	3.6	3.6	3.5
30–44	6.7	6.8	6.8	6.8	6.9	7.0	7.2	7.2
45–64	12.7	12.9	13.2	13.6	14.0	14.4	14.9	15.4
65+	101.6	105.0	108.3	111.9	115.6	119.7	123.2	126.4
Total 5–64	28.9	29.3	29.7	30.1	30.6	31.1	31.6	32.2
Total 15–64	23.6	23.9	24.3	24.7	25.1	25.6	26.2	26.7
<i>Total</i>	<i>130.5</i>	<i>134.3</i>	<i>137.9</i>	<i>142.0</i>	<i>146.1</i>	<i>150.8</i>	<i>154.8</i>	<i>158.6</i>
<b>Persons</b>								
5–14	9.5	9.5	9.6	9.6	9.7	9.7	9.8	9.8
15–19	2.1	2.1	2.2	2.2	2.2	2.2	2.2	2.2
20–29	5.2	5.3	5.3	5.3	5.2	5.2	5.1	5.0
30–44	9.8	9.9	9.9	10.0	10.1	10.2	10.4	10.5
45–64	31.6	32.4	33.2	34.1	35.2	36.3	37.5	38.8
65+	154.4	159.6	164.7	170.1	176.1	182.5	188.3	193.5
Total 5–64	58.2	59.2	60.2	61.2	62.4	63.6	65.0	66.3
Total 15–64	48.8	49.7	50.6	51.6	52.7	53.9	55.2	56.5
<b>Total</b>	<b>212.6</b>	<b>218.8</b>	<b>224.8</b>	<b>231.4</b>	<b>238.4</b>	<b>246.1</b>	<b>253.2</b>	<b>259.8</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.26: Speech disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	12.8	12.9	12.9	13.0	13.0	13.1	13.2	13.3
15–19	2.8	2.8	2.8	2.8	2.9	2.9	2.9	2.9
20–29	10.3	10.3	10.3	10.2	10.2	10.1	10.0	9.9
30–44	6.3	6.3	6.3	6.4	6.4	6.4	6.5	6.5
45–64	8.6	8.8	9.0	9.3	9.5	9.7	10.0	10.2
65+	21.6	22.4	23.1	23.9	24.7	25.6	26.4	27.2
Total 5–64	40.7	41.1	41.4	41.7	41.9	42.2	42.4	42.7
Total 15–64	27.9	28.2	28.5	28.7	28.9	29.1	29.3	29.5
<i>Total</i>	<i>62.3</i>	<i>63.4</i>	<i>64.5</i>	<i>65.6</i>	<i>66.7</i>	<i>67.8</i>	<i>68.9</i>	<i>69.9</i>
<b>Females</b>								
5–14	8.7	8.7	8.8	8.8	8.8	8.9	8.9	9.0
15–19	3.5	3.5	3.6	3.6	3.6	3.7	3.7	3.7
20–29	5.3	5.4	5.4	5.3	5.3	5.2	5.2	5.1
30–44	5.7	5.7	5.8	5.8	5.9	6.0	6.1	6.1
45–64	6.4	6.6	6.8	7.0	7.3	7.5	7.7	7.9
65+	35.0	36.0	37.0	38.0	39.1	40.4	41.6	42.6
Total 5–64	29.6	30.0	30.3	30.6	30.9	31.2	31.5	31.8
Total 15–64	20.9	21.2	21.5	21.8	22.0	22.3	22.6	22.8
<i>Total</i>	<i>64.6</i>	<i>66.0</i>	<i>67.3</i>	<i>68.6</i>	<i>70.0</i>	<i>71.6</i>	<i>73.1</i>	<i>74.4</i>
<b>Persons</b>								
5–14	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2
15–19	6.3	6.3	6.4	6.4	6.5	6.6	6.6	6.6
20–29	15.6	15.7	15.6	15.6	15.4	15.3	15.1	15.0
30–44	12.0	12.0	12.1	12.1	12.2	12.4	12.5	12.6
45–64	15.0	15.4	15.9	16.3	16.8	17.2	17.6	18.1
65+	56.6	58.4	60.1	61.9	63.8	66.1	68.0	69.8
Total 5–64	70.3	71.0	71.7	72.3	72.8	73.4	73.9	74.5
Total 15–64	48.8	49.4	50.0	50.5	51.0	51.4	51.8	52.3
<b>Total</b>	<b>126.9</b>	<b>129.4</b>	<b>131.8</b>	<b>134.1</b>	<b>136.7</b>	<b>139.4</b>	<b>141.9</b>	<b>144.3</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.27: Circulatory disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
15–19	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
20–29	2.7	2.7	2.8	2.8	2.8	2.7	2.7	2.6
30–44	3.0	3.1	3.1	3.2	3.2	3.2	3.2	3.2
45–64	20.9	21.4	22.0	22.6	23.3	24.1	24.9	25.6
65+	56.4	58.3	60.2	62.2	64.4	66.8	69.0	71.1
Total 5–64	27.6	28.2	28.8	29.5	30.2	30.9	31.6	32.4
Total 15–64	26.9	27.6	28.2	28.9	29.6	30.3	31.0	31.7
<i>Total</i>	<i>83.9</i>	<i>86.6</i>	<i>89.1</i>	<i>91.7</i>	<i>94.6</i>	<i>97.7</i>	<i>100.7</i>	<i>103.5</i>
<b>Females</b>								
5–14	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3
15–19	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
20–29	3.1	3.1	3.1	3.1	3.0	3.0	3.0	3.0
30–44	4.4	4.5	4.5	4.6	4.6	4.7	4.8	4.9
45–64	20.4	20.9	21.4	22.1	22.8	23.5	24.4	25.3
65+	135.9	139.5	143.0	146.5	150.2	154.6	158.2	161.7
Total 5–64	29.6	30.1	30.7	31.4	32.1	32.9	33.9	34.8
Total 15–64	28.3	28.8	29.4	30.1	30.8	31.6	32.6	33.5
<i>Total</i>	<i>165.5</i>	<i>169.7</i>	<i>173.7</i>	<i>177.9</i>	<i>182.4</i>	<i>187.5</i>	<i>192.1</i>	<i>196.5</i>
<b>Persons</b>								
5–14	1.9	1.9	1.9	1.9	1.9	1.9	2.0	2.0
15–19	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
20–29	5.8	5.9	5.9	5.8	5.8	5.7	5.6	5.6
30–44	7.4	7.5	7.6	7.7	7.8	7.9	8.0	8.0
45–64	41.3	42.3	43.4	44.7	46.1	47.6	49.2	50.9
65+	192.3	197.9	203.2	208.7	214.7	221.4	227.3	232.8
Total 5–64	57.1	58.3	59.5	60.9	62.4	63.8	65.5	67.2
Total 15–64	55.3	56.4	57.6	59.0	60.4	61.9	63.6	65.2
<b>Total</b>	<b>249.4</b>	<b>256.2</b>	<b>262.7</b>	<b>269.6</b>	<b>277.0</b>	<b>285.2</b>	<b>292.8</b>	<b>300.0</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.28: Respiratory disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	14.3	14.4	14.5	14.5	14.6	14.6	14.7	14.8
15–19	3.2	3.2	3.3	3.3	3.3	3.3	3.4	3.4
20–29	3.2	3.3	3.3	3.3	3.3	3.2	3.2	3.2
30–44	3.3	3.3	3.4	3.4	3.5	3.5	3.6	3.6
45–64	10.7	11.0	11.2	11.5	11.8	12.2	12.6	13.0
65+	20.9	21.4	22.0	22.6	23.2	23.8	24.4	25.0
Total 5–64	34.8	35.3	35.7	36.1	36.5	37.0	37.5	37.9
Total 15–64	20.5	20.8	21.2	21.6	22.0	22.3	22.7	23.1
<i>Total</i>	<i>55.7</i>	<i>56.7</i>	<i>57.7</i>	<i>58.6</i>	<i>59.7</i>	<i>60.7</i>	<i>61.9</i>	<i>62.9</i>
<b>Females</b>								
5–14	9.3	9.4	9.5	9.5	9.5	9.5	9.6	9.7
15–19	2.6	2.6	2.6	2.7	2.7	2.7	2.7	2.7
20–29	3.9	3.8	3.8	3.8	3.7	3.7	3.7	3.7
30–44	7.4	7.5	7.6	7.6	7.7	7.8	7.9	8.0
45–64	16.5	17.0	17.5	18.1	18.6	19.2	19.8	20.3
65+	34.4	35.1	35.8	36.4	37.0	37.9	38.6	39.4
Total 5–64	39.7	40.4	41.0	41.7	42.3	43.0	43.7	44.4
Total 15–64	30.4	31.0	31.6	32.2	32.8	33.5	34.1	34.7
<i>Total</i>	<i>74.2</i>	<i>75.5</i>	<i>76.8</i>	<i>78.0</i>	<i>79.3</i>	<i>80.9</i>	<i>82.4</i>	<i>83.8</i>
<b>Persons</b>								
5–14	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.5
15–19	5.8	5.8	5.9	6.0	6.0	6.1	6.1	6.1
20–29	7.1	7.1	7.1	7.1	7.1	7.0	6.9	6.8
30–44	10.7	10.8	10.9	11.0	11.2	11.4	11.5	11.6
45–64	27.3	28.0	28.8	29.6	30.5	31.4	32.4	33.3
65+	55.3	56.6	57.8	58.9	60.2	61.7	63.0	64.3
Total 5–64	74.5	75.6	76.7	77.7	78.8	80.0	81.2	82.4
Total 15–64	50.9	51.8	52.8	53.7	54.8	55.8	56.8	57.9
<b>Total</b>	<b>129.8</b>	<b>132.2</b>	<b>134.4</b>	<b>136.7</b>	<b>139.0</b>	<b>141.6</b>	<b>144.2</b>	<b>146.7</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.29: Arthritis disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15–19	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
20–29	2.1	2.2	2.2	2.2	2.2	2.2	2.1	2.1
30–44	7.2	7.3	7.3	7.4	7.5	7.5	7.5	7.5
45–64	29.9	30.8	31.7	32.6	33.7	34.7	35.8	37.0
65+	48.3	49.9	51.4	53.0	54.8	56.7	58.6	60.3
Total 5–64	39.9	40.9	41.9	43.0	44.0	45.1	46.2	47.3
Total 15–64	39.9	40.9	41.9	43.0	44.0	45.1	46.2	47.3
<i>Total</i>	<i>88.2</i>	<i>90.8</i>	<i>93.3</i>	<i>96.0</i>	<i>98.8</i>	<i>101.8</i>	<i>104.7</i>	<i>107.6</i>
<b>Females</b>								
5–14	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
15–19	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8
20–29	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.6
30–44	12.3	12.4	12.5	12.6	12.8	13.0	13.1	13.2
45–64	44.1	45.4	46.8	48.3	49.8	51.3	52.9	54.5
65+	138.6	142.3	145.8	149.5	153.1	157.2	160.6	163.8
Total 5–64	59.0	60.5	62.0	63.6	65.3	67.0	68.7	70.4
Total 15–64	58.9	60.3	61.9	63.4	65.1	66.8	68.5	70.2
<i>Total</i>	<i>197.7</i>	<i>202.8</i>	<i>207.9</i>	<i>213.1</i>	<i>218.4</i>	<i>224.2</i>	<i>229.3</i>	<i>234.2</i>
<b>Persons</b>								
5–14	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
15–19	1.4	1.4	1.5	1.5	1.5	1.5	1.5	1.5
20–29	3.8	3.9	4.0	4.0	4.0	3.9	3.8	3.7
30–44	19.4	19.7	19.8	20.0	20.2	20.4	20.6	20.8
45–64	74.0	76.2	78.5	80.9	83.4	86.0	88.7	91.5
65+	186.9	192.2	197.3	202.5	207.9	213.9	219.2	224.1
Total 5–64	98.9	101.5	104.0	106.6	109.3	112.0	114.9	117.7
Total 15–64	98.8	101.3	103.8	106.4	109.1	111.8	114.7	117.5
<b>Total</b>	<b>285.9</b>	<b>293.7</b>	<b>301.2</b>	<b>309.1</b>	<b>317.2</b>	<b>325.9</b>	<b>334.0</b>	<b>341.8</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.



**Table A4.30: Other musculoskeletal disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	3.0	3.1	3.1	3.1	3.1	3.1	3.1	3.1
15–19	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4
20–29	5.6	5.6	5.6	5.6	5.6	5.5	5.4	5.4
30–44	22.5	22.8	23.0	23.2	23.3	23.5	23.7	23.8
45–64	26.4	27.2	28.1	29.0	29.8	30.7	31.6	32.5
65+	26.6	27.4	28.1	28.9	29.7	30.6	31.4	32.3
Total 5–64	58.8	60.0	61.1	62.2	63.2	64.3	65.3	66.2
Total 15–64	55.8	56.9	58.0	59.1	60.2	61.2	62.2	63.1
<i>Total</i>	<i>85.4</i>	<i>87.4</i>	<i>89.3</i>	<i>91.1</i>	<i>93.0</i>	<i>94.9</i>	<i>96.7</i>	<i>98.5</i>
<b>Females</b>								
5–14	4.0	4.0	4.0	4.0	4.0	4.0	4.1	4.1
15–19	2.0	2.0	2.1	2.1	2.1	2.1	2.1	2.1
20–29	4.1	4.1	4.2	4.2	4.1	4.0	4.0	3.9
30–44	21.5	21.7	21.9	22.2	22.4	22.7	22.9	23.0
45–64	22.6	23.2	23.9	24.6	25.3	26.0	26.8	27.5
65+	71.9	73.9	75.8	77.7	79.8	82.3	84.4	86.4
Total 5–64	54.1	55.1	56.1	57.0	58.0	58.9	59.8	60.7
Total 15–64	50.1	51.1	52.1	53.0	53.9	54.9	55.8	56.6
<i>Total</i>	<i>126.0</i>	<i>129.0</i>	<i>131.8</i>	<i>134.7</i>	<i>137.7</i>	<i>141.2</i>	<i>144.2</i>	<i>147.1</i>
<b>Persons</b>								
5–14	7.0	7.0	7.1	7.1	7.1	7.1	7.2	7.2
15–19	3.3	3.4	3.4	3.4	3.5	3.5	3.5	3.5
20–29	9.6	9.8	9.8	9.8	9.7	9.6	9.4	9.3
30–44	44.0	44.5	44.9	45.3	45.8	46.2	46.6	46.9
45–64	48.9	50.4	52.0	53.6	55.2	56.8	58.4	60.0
65+	98.6	101.3	103.9	106.6	109.5	112.8	115.9	118.7
Total 5–64	112.9	115.1	117.2	119.2	121.2	123.2	125.1	126.9
Total 15–64	105.9	108.0	110.1	112.1	114.1	116.0	117.9	119.7
<b>Total</b>	<b>211.5</b>	<b>216.4</b>	<b>221.1</b>	<b>225.8</b>	<b>230.7</b>	<b>236.0</b>	<b>241.0</b>	<b>245.6</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.31: Other physical disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	14.6	14.7	14.8	14.8	14.8	14.9	15.0	15.1
15–19	3.3	3.4	3.4	3.4	3.5	3.5	3.5	3.5
20–29	9.3	9.5	9.6	9.6	9.6	9.4	9.2	9.1
30–44	25.3	25.5	25.7	25.9	26.1	26.3	26.5	26.6
45–64	50.0	51.5	53.0	54.6	56.3	58.0	59.7	61.3
65+	89.5	92.4	95.2	98.1	101.3	104.7	108.0	111.2
Total 5–64	102.5	104.6	106.5	108.4	110.3	112.1	113.9	115.6
Total 15–64	88.0	89.9	91.8	93.6	95.4	97.2	98.9	100.5
<i>Total</i>	<i>192.1</i>	<i>197.0</i>	<i>201.7</i>	<i>206.5</i>	<i>211.6</i>	<i>216.8</i>	<i>221.9</i>	<i>226.8</i>
<b>Females</b>								
5–14	10.7	10.8	10.8	10.9	10.9	11.0	11.0	11.1
15–19	3.4	3.4	3.5	3.5	3.6	3.6	3.6	3.6
20–29	10.7	10.8	10.8	10.7	10.6	10.5	10.4	10.3
30–44	25.6	25.8	26.1	26.3	26.6	27.0	27.3	27.4
45–64	57.7	59.3	61.1	62.9	64.8	66.8	68.8	70.9
65+	199.9	205.3	210.4	215.8	221.4	227.8	233.4	238.5
Total 5–64	108.1	110.2	112.2	114.3	116.5	118.7	121.0	123.3
Total 15–64	97.4	99.4	101.4	103.5	105.6	107.8	110.0	112.2
<i>Total</i>	<i>308.0</i>	<i>315.5</i>	<i>322.7</i>	<i>330.1</i>	<i>337.9</i>	<i>346.6</i>	<i>354.4</i>	<i>361.8</i>
<b>Persons</b>								
5–14	25.3	25.5	25.6	25.7	25.8	25.9	26.0	26.2
15–19	6.7	6.8	6.9	6.9	7.0	7.1	7.1	7.1
20–29	20.1	20.3	20.4	20.4	20.2	19.9	19.6	19.4
30–44	50.8	51.3	51.8	52.2	52.7	53.3	53.8	54.1
45–64	107.7	110.8	114.1	117.5	121.1	124.7	128.5	132.2
65+	289.4	297.7	305.6	313.9	322.6	332.6	341.4	349.7
Total 5–64	210.6	214.8	218.8	222.8	226.8	230.8	234.9	239.0
Total 15–64	185.3	189.3	193.2	197.1	201.1	204.9	208.9	212.8
<b>Total</b>	<b>500.0</b>	<b>512.5</b>	<b>524.4</b>	<b>536.6</b>	<b>549.5</b>	<b>563.4</b>	<b>576.4</b>	<b>588.7</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.32: Neurological disability group: projected population<sup>(a)</sup> of persons with a profound or severe handicap<sup>(b)</sup> ('000), by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996	1997	1998	1999	2000	2001	2002	2003
<b>Males</b>								
5–14	4.2	4.3	4.3	4.3	4.3	4.3	4.4	4.4
15–19	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7
20–29	3.8	3.8	3.8	3.9	3.8	3.8	3.7	3.7
30–44	7.2	7.3	7.4	7.4	7.5	7.6	7.6	7.6
45–64	9.4	9.8	10.2	10.5	10.8	11.1	11.3	11.6
65+	11.4	11.8	12.0	12.3	12.7	13.1	13.4	13.8
Total 5–64	26.3	26.9	27.4	27.8	28.1	28.5	28.7	29.0
Total 15–64	22.1	22.6	23.1	23.5	23.8	24.1	24.4	24.6
<i>Total</i>	<i>37.7</i>	<i>38.6</i>	<i>39.4</i>	<i>40.1</i>	<i>40.8</i>	<i>41.5</i>	<i>42.2</i>	<i>42.8</i>
<b>Females</b>								
5–14	6.0	6.0	6.1	6.1	6.1	6.1	6.2	6.2
15–19	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
20–29	6.9	6.9	7.0	6.9	6.9	6.8	6.7	6.6
30–44	8.7	8.8	8.8	8.9	9.1	9.2	9.4	9.5
45–64	11.2	11.6	11.9	12.3	12.7	13.1	13.6	14.0
65+	25.9	26.6	27.3	28.0	28.8	29.7	30.5	31.2
Total 5–64	33.3	33.8	34.2	34.7	35.2	35.7	36.3	36.8
Total 15–64	27.3	27.7	28.2	28.6	29.1	29.6	30.1	30.6
<i>Total</i>	<i>59.1</i>	<i>60.4</i>	<i>61.5</i>	<i>62.7</i>	<i>64.0</i>	<i>65.4</i>	<i>66.8</i>	<i>68.1</i>
<b>Persons</b>								
5–14	10.2	10.3	10.3	10.4	10.4	10.5	10.5	10.6
15–19	2.1	2.1	2.2	2.2	2.2	2.2	2.2	2.2
20–29	10.7	10.8	10.8	10.8	10.7	10.5	10.4	10.3
30–44	15.9	16.1	16.2	16.4	16.6	16.8	17.0	17.1
45–64	20.7	21.4	22.1	22.8	23.5	24.2	24.9	25.6
65+	37.3	38.3	39.3	40.3	41.5	42.8	43.9	45.0
Total 5–64	59.6	60.6	61.6	62.5	63.3	64.2	65.0	65.8
Total 15–64	49.3	50.3	51.2	52.1	52.9	53.7	54.5	55.2
<b>Total</b>	<b>96.9</b>	<b>99.0</b>	<b>100.9</b>	<b>102.8</b>	<b>104.8</b>	<b>107.0</b>	<b>108.9</b>	<b>110.8</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.33: Intellectual disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.4	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	–0.1	–0.4	–0.5	–0.8	–0.8	–0.8	–0.2	<b>–3.4</b>
30–44	0.3	0.4	0.6	1.3	1.7	1.7	1.0	<b>6.8</b>
45–64	2.4	2.4	2.5	2.7	2.7	2.8	2.7	<b>16.8</b>
65+	3.6	3.4	3.5	3.6	3.7	3.3	3.0	<b>22.3</b>
Total 5–64	0.8	0.7	0.7	0.8	0.9	1.0	0.9	<b>5.0</b>
Total 15–64	0.9	0.9	0.9	1.1	1.1	1.2	1.1	<b>6.4</b>
<i>Total</i>	<i>1.7</i>	<i>1.6</i>	<i>1.6</i>	<i>1.8</i>	<i>1.9</i>	<i>1.8</i>	<i>1.7</i>	<b>10.7</b>
<b>Females</b>								
5–14	0.6	0.4	0.4	0.3	0.6	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	0.1	–0.3	–0.6	–1.0	–1.1	–0.9	–0.4	<b>–4.2</b>
30–44	0.9	0.7	0.8	0.8	1.0	0.9	0.5	<b>4.9</b>
45–64	2.6	2.8	2.7	2.7	2.6	2.5	2.5	<b>16.8</b>
65+	3.3	3.1	3.3	3.4	3.7	3.0	2.7	<b>20.9</b>
Total 5–64	1.0	0.9	0.8	0.8	0.8	0.8	0.8	<b>5.0</b>
Total 15–64	1.1	1.1	1.0	1.0	0.8	0.8	0.8	<b>5.6</b>
<i>Total</i>	<i>2.3</i>	<i>2.2</i>	<i>2.2</i>	<i>2.3</i>	<i>2.5</i>	<i>2.1</i>	<i>1.9</i>	<b>13.9</b>
<b>Persons</b>								
5–14	0.6	0.4	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.3	0.5	0.3	0.1	<b>4.3</b>
20–29	0.0	–0.3	–0.6	–0.9	–1.0	–0.9	–0.3	<b>–3.8</b>
30–44	0.7	0.6	0.7	1.0	1.3	1.2	0.7	<b>5.7</b>
45–64	2.5	2.6	2.6	2.7	2.7	2.7	2.6	<b>16.8</b>
65+	3.4	3.2	3.4	3.5	3.7	3.1	2.8	<b>21.3</b>
Total 5–64	0.9	0.8	0.8	0.8	0.8	0.9	0.9	<b>5.0</b>
Total 15–64	1.0	1.0	0.9	1.0	1.0	1.0	1.0	<b>6.0</b>
<b>Total</b>	<b>2.0</b>	<b>1.9</b>	<b>2.0</b>	<b>2.1</b>	<b>2.2</b>	<b>2.0</b>	<b>1.8</b>	<b>12.5</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.34: Learning disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.4	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	–0.5	–0.6	–0.7	–0.8	–0.7	–0.6	0.0	<b>–3.2</b>
30–44	0.4	0.2	0.3	0.4	0.7	0.9	0.5	<b>3.0</b>
45–64	1.8	2.1	2.7	3.0	3.1	3.6	3.1	<b>18.9</b>
65+	–0.9	–1.3	–0.9	–0.7	0.5	2.2	3.1	<b>2.9</b>
Total 5–64	0.5	0.3	0.3	0.2	0.4	0.5	0.6	<b>2.3</b>
Total 15–64	0.0	–0.1	0.0	–0.1	0.1	0.2	0.4	<b>0.6</b>
<i>Total</i>	<i>0.4</i>	<i>0.3</i>	<i>0.3</i>	<i>0.2</i>	<i>0.4</i>	<i>0.6</i>	<i>0.6</i>	<b>2.3</b>
<b>Females</b>								
5–14	0.7	0.5	0.4	0.2	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	2.2	1.1	0.0	–0.8	–2.2	–2.2	–1.4	<b>–5.5</b>
30–44	1.0	0.8	0.8	0.8	0.9	0.9	0.5	<b>4.9</b>
45–64	2.0	2.1	2.3	2.7	2.4	2.9	2.9	<b>16.3</b>
65+	1.6	1.2	1.8	1.1	0.6	1.4	2.0	<b>8.4</b>
Total 5–64	1.0	0.9	0.8	0.8	0.7	0.7	0.6	<b>4.5</b>
Total 15–64	1.2	1.0	1.0	1.0	0.8	0.8	0.6	<b>5.3</b>
<i>Total</i>	<i>1.1</i>	<i>0.9</i>	<i>1.0</i>	<i>0.8</i>	<i>0.7</i>	<i>0.9</i>	<i>0.9</i>	<b>5.3</b>
<b>Persons</b>								
5–14	0.6	0.4	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.4</b>
20–29	0.3	–0.1	–0.5	–0.8	–1.1	–1.1	–0.4	<b>–3.9</b>
30–44	0.9	0.7	0.8	0.8	0.9	0.9	0.5	<b>4.6</b>
45–64	2.0	2.1	2.4	2.7	2.5	3.0	3.0	<b>16.8</b>
65+	1.6	1.2	1.7	1.1	0.6	1.4	2.0	<b>8.3</b>
Total 5–64	0.7	0.6	0.5	0.5	0.5	0.6	0.6	<b>3.4</b>
Total 15–64	0.9	0.7	0.7	0.7	0.6	0.6	0.6	<b>4.0</b>
<b>Total</b>	<b>0.8</b>	<b>0.7</b>	<b>0.7</b>	<b>0.6</b>	<b>0.5</b>	<b>0.7</b>	<b>0.8</b>	<b>4.0</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.35: Psychiatric disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	0.4	0.0	–0.3	–0.8	–1.1	–1.1	–0.4	<b>–3.7</b>
30–44	0.7	0.7	0.8	1.3	1.5	1.4	0.9	<b>6.8</b>
45–64	3.1	3.0	2.8	2.8	2.8	2.6	2.5	<b>17.8</b>
65+	3.7	3.5	3.6	3.8	3.9	3.5	3.1	<b>23.5</b>
Total 5–64	1.6	1.5	1.4	1.4	1.4	1.3	1.3	<b>8.6</b>
Total 15–64	1.7	1.6	1.5	1.6	1.6	1.4	1.4	<b>9.5</b>
<i>Total</i>	<i>2.5</i>	<i>2.3</i>	<i>2.3</i>	<i>2.5</i>	<i>2.5</i>	<i>2.3</i>	<i>2.1</i>	<b>14.9</b>
<b>Females</b>								
5–14	0.6	0.5	0.4	0.2	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	1.2	0.4	–0.3	–0.9	–1.7	–1.6	–0.9	<b>–4.8</b>
30–44	1.0	0.9	0.9	1.1	1.2	1.1	0.6	<b>6.0</b>
45–64	3.1	3.1	3.1	3.1	3.0	2.9	2.9	<b>19.4</b>
65+	3.1	2.9	3.0	3.0	3.2	2.7	2.4	<b>18.5</b>
Total 5–64	1.8	1.7	1.6	1.6	1.5	1.4	1.4	<b>9.5</b>
Total 15–64	2.0	1.8	1.7	1.7	1.6	1.5	1.5	<b>10.2</b>
<i>Total</i>	<i>2.6</i>	<i>2.4</i>	<i>2.5</i>	<i>2.5</i>	<i>2.6</i>	<i>2.2</i>	<i>2.0</i>	<b>15.0</b>
<b>Persons</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.2	0.5	0.3	0.1	<b>4.3</b>
20–29	0.8	0.2	–0.3	–0.8	–1.3	–1.3	–0.6	<b>–4.2</b>
30–44	0.9	0.8	0.9	1.2	1.4	1.3	0.7	<b>6.4</b>
45–64	3.1	3.1	3.0	3.0	2.9	2.7	2.7	<b>18.7</b>
65+	3.3	3.1	3.2	3.3	3.4	2.9	2.6	<b>20.1</b>
Total 5–64	1.7	1.6	1.5	1.5	1.4	1.4	1.3	<b>9.1</b>
Total 15–64	1.8	1.7	1.6	1.7	1.6	1.5	1.4	<b>9.8</b>
<b>Total</b>	<b>2.5</b>	<b>2.4</b>	<b>2.4</b>	<b>2.5</b>	<b>2.5</b>	<b>2.2</b>	<b>2.1</b>	<b>15.0</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.36: Acquired brain injury disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.4	0.3	0.4	0.5	0.6	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	1.5	0.7	0.0	–0.7	–1.6	–1.7	–1.0	<b>–4.2</b>
30–44	0.8	0.6	0.6	0.4	0.5	0.7	0.4	<b>3.1</b>
45–64	2.6	2.6	2.9	3.0	3.0	3.2	3.0	<b>19.1</b>
65+	3.3	3.0	3.1	3.3	3.4	3.1	2.8	<b>20.3</b>
Total 5–64	1.7	1.6	1.6	1.6	1.6	1.7	1.6	<b>10.0</b>
Total 15–64	1.9	1.8	1.9	1.8	1.8	1.9	1.8	<b>11.5</b>
<i>Total</i>	<i>2.5</i>	<i>2.3</i>	<i>2.4</i>	<i>2.4</i>	<i>2.5</i>	<i>2.4</i>	<i>2.2</i>	<b>15.0</b>
<b>Females</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	–0.2	–0.4	–0.7	–1.0	–1.0	–0.8	–0.2	<b>–4.0</b>
30–44	1.1	1.0	1.0	1.1	1.2	1.0	0.6	<b>6.0</b>
45–64	3.2	3.3	3.1	3.0	2.9	2.6	2.6	<b>18.9</b>
65+	2.8	2.6	2.6	2.7	3.0	2.5	2.3	<b>16.6</b>
Total 5–64	1.7	1.7	1.6	1.5	1.5	1.4	1.4	<b>9.5</b>
Total 15–64	2.0	2.0	1.8	1.8	1.8	1.6	1.5	<b>10.9</b>
<i>Total</i>	<i>2.4</i>	<i>2.2</i>	<i>2.2</i>	<i>2.2</i>	<i>2.4</i>	<i>2.1</i>	<i>1.9</i>	<b>13.9</b>
<b>Persons</b>								
5–14	0.6	0.4	0.4	0.3	0.5	0.7	0.6	<b>14.2</b>
15–19	0.8	1.0	1.0	1.3	0.5	0.3	0.1	<b>3.9</b>
20–29	0.6	0.1	–0.3	–0.9	–1.3	–1.2	–0.6	<b>8.7</b>
30–44	0.9	0.7	0.7	0.7	0.8	0.8	0.5	<b>17.6</b>
45–64	2.9	2.9	3.0	3.0	3.0	2.9	2.8	<b>43.1</b>
65+	3.0	2.8	2.8	2.8	3.1	2.7	2.5	<b>116.3</b>
Total 5–64	1.7	1.6	1.6	1.6	1.6	1.6	1.5	<b>87.6</b>
Total 15–64	1.9	1.9	1.8	1.8	1.8	1.8	1.7	<b>73.3</b>
<b>Total</b>	<b>2.4</b>	<b>2.3</b>	<b>2.3</b>	<b>2.3</b>	<b>2.4</b>	<b>2.2</b>	<b>2.1</b>	<b>14.4</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.37: Visual disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.3	0.3	0.4	0.6	0.6	0.6	<b>3.0</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	2.9	1.5	0.5	–0.7	–2.2	–2.4	–1.7	<b>–4.9</b>
30–44	0.7	0.5	0.6	0.7	0.9	1.0	0.6	<b>4.3</b>
45–64	2.0	1.8	2.5	2.8	3.0	3.8	3.7	<b>18.9</b>
65+	3.8	3.6	3.7	3.9	4.0	3.5	3.1	<b>23.9</b>
Total 5–64	1.2	1.0	1.2	1.3	1.3	1.6	1.5	<b>8.2</b>
Total 15–64	1.3	1.1	1.3	1.4	1.4	1.8	1.6	<b>8.9</b>
<i>Total</i>	<i>2.9</i>	<i>2.7</i>	<i>2.8</i>	<i>3.0</i>	<i>3.0</i>	<i>2.9</i>	<i>2.5</i>	<b>18.1</b>
<b>Females</b>								
5–14	0.6	0.5	0.4	0.2	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	2.6	1.3	0.1	–0.8	–2.3	–2.4	–1.6	<b>–5.7</b>
30–44	1.6	1.3	1.1	0.8	0.6	0.5	0.3	<b>4.8</b>
45–64	2.3	2.5	2.8	2.9	2.9	3.2	3.0	<b>18.8</b>
65+	3.0	2.8	2.8	2.9	3.3	2.7	2.4	<b>18.1</b>
Total 5–64	1.7	1.6	1.6	1.5	1.3	1.4	1.4	<b>9.2</b>
Total 15–64	2.0	1.9	1.9	1.8	1.5	1.6	1.6	<b>10.8</b>
<i>Total</i>	<i>2.8</i>	<i>2.6</i>	<i>2.6</i>	<i>2.7</i>	<i>3.0</i>	<i>2.5</i>	<i>2.2</i>	<b>16.6</b>
<b>Persons</b>								
5–14	0.6	0.4	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.3	0.5	0.3	0.1	<b>4.3</b>
20–29	2.7	1.4	0.3	–0.8	–2.3	–2.4	–1.6	<b>–5.4</b>
30–44	0.9	0.7	0.7	0.7	0.8	0.9	0.5	<b>4.4</b>
45–64	2.2	2.2	2.7	2.9	3.0	3.5	3.3	<b>18.9</b>
65+	3.3	3.0	3.1	3.2	3.5	2.9	2.6	<b>19.9</b>
Total 5–64	1.5	1.3	1.4	1.4	1.3	1.6	1.5	<b>8.7</b>
Total 15–64	1.6	1.5	1.5	1.6	1.4	1.7	1.6	<b>9.7</b>
<b>Total</b>	<b>2.8</b>	<b>2.6</b>	<b>2.7</b>	<b>2.8</b>	<b>3.0</b>	<b>2.6</b>	<b>2.4</b>	<b>17.2</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.



**Table A4.38: Hearing disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.7	0.6	0.4	0.2	0.4	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	0.9	0.3	–0.2	–0.8	–1.3	–1.4	–0.7	<b>–3.9</b>
30–44	0.9	0.8	0.8	0.9	0.9	0.9	0.6	<b>4.9</b>
45–64	2.7	2.6	2.9	3.1	3.2	3.5	3.3	<b>20.1</b>
65+	3.6	3.2	3.3	3.8	3.9	3.5	3.1	<b>22.8</b>
Total 5–64	2.0	1.9	2.1	2.2	2.2	2.5	2.3	<b>14.0</b>
Total 15–64	2.2	2.2	2.4	2.5	2.5	2.8	2.6	<b>15.8</b>
<i>Total</i>	<i>3.0</i>	<i>2.8</i>	<i>2.9</i>	<i>3.2</i>	<i>3.3</i>	<i>3.2</i>	<i>2.9</i>	<b>19.7</b>
<b>Females</b>								
5–14	0.7	0.5	0.4	0.2	0.4	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	1.4	0.6	–0.2	–0.9	–1.8	–1.8	–1.0	<b>–5.0</b>
30–44	0.4	0.4	0.7	1.2	1.8	1.6	0.9	<b>6.7</b>
45–64	2.0	2.3	2.8	2.9	3.0	3.5	3.2	<b>19.0</b>
65+	3.3	3.1	3.3	3.3	3.6	2.9	2.6	<b>20.4</b>
Total 5–64	1.3	1.3	1.4	1.5	1.6	1.9	1.7	<b>9.9</b>
Total 15–64	1.4	1.5	1.7	1.8	1.9	2.2	1.9	<b>11.5</b>
<i>Total</i>	<i>2.9</i>	<i>2.7</i>	<i>2.9</i>	<i>3.0</i>	<i>3.2</i>	<i>2.7</i>	<i>2.4</i>	<b>18.1</b>
<b>Persons</b>								
5–14	0.7	0.6	0.4	0.2	0.4	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	1.0	1.2	0.5	0.3	0.1	<b>4.1</b>
20–29	1.3	0.5	–0.2	–0.9	–1.7	–1.6	–0.9	<b>–4.7</b>
30–44	0.6	0.5	0.7	1.1	1.5	1.4	0.8	<b>6.1</b>
45–64	2.4	2.5	2.9	3.0	3.1	3.5	3.3	<b>19.7</b>
65+	3.4	3.2	3.3	3.5	3.7	3.1	2.8	<b>21.2</b>
Total 5–64	1.7	1.6	1.8	1.9	1.9	2.2	2.0	<b>12.0</b>
Total 15–64	1.9	1.8	2.0	2.2	2.2	2.5	2.3	<b>13.7</b>
<b>Total</b>	<b>2.9</b>	<b>2.7</b>	<b>2.9</b>	<b>3.1</b>	<b>3.2</b>	<b>2.9</b>	<b>2.6</b>	<b>18.7</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.39: Speech disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	0.3	–0.1	–0.4	–0.8	–1.0	–1.0	–0.4	<b>–3.6</b>
30–44	0.6	0.4	0.5	0.3	0.5	0.7	0.4	<b>2.8</b>
45–64	2.6	2.7	2.5	2.5	2.5	2.2	2.1	<b>15.4</b>
65+	3.6	3.3	3.4	3.5	3.6	3.2	2.9	<b>21.6</b>
Total 5–64	1.0	0.8	0.7	0.6	0.6	0.6	0.7	<b>4.0</b>
Total 15–64	1.1	1.0	0.9	0.7	0.6	0.6	0.7	<b>4.5</b>
<i>Total</i>	<i>1.9</i>	<i>1.7</i>	<i>1.7</i>	<i>1.6</i>	<i>1.7</i>	<i>1.6</i>	<i>1.5</i>	<b>10.2</b>
<b>Females</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	0.4	0.0	–0.5	–0.9	–1.3	–1.2	–0.5	<b>–4.4</b>
30–44	0.3	0.3	0.6	1.2	1.8	1.6	0.9	<b>6.6</b>
45–64	3.3	3.3	3.2	3.1	3.0	2.7	2.7	<b>19.5</b>
65+	2.9	2.7	2.7	2.9	3.4	2.8	2.5	<b>18.3</b>
Total 5–64	1.1	1.0	1.0	1.0	1.0	1.0	0.9	<b>6.2</b>
Total 15–64	1.3	1.3	1.2	1.3	1.3	1.1	1.1	<b>7.5</b>
<i>Total</i>	<i>2.1</i>	<i>1.9</i>	<i>1.9</i>	<i>2.1</i>	<i>2.3</i>	<i>2.0</i>	<i>1.8</i>	<b>12.8</b>
<b>Persons</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.3	0.5	0.3	0.1	<b>4.3</b>
20–29	0.4	–0.1	–0.4	–0.8	–1.1	–1.1	–0.4	<b>–3.9</b>
30–44	0.5	0.4	0.5	0.7	1.1	1.2	0.7	<b>4.6</b>
45–64	2.9	3.0	2.8	2.7	2.7	2.4	2.4	<b>17.1</b>
65+	3.2	2.9	3.0	3.2	3.4	3.0	2.7	<b>19.6</b>
Total 5–64	1.0	0.9	0.8	0.8	0.8	0.8	0.8	<b>4.9</b>
Total 15–64	1.2	1.1	1.0	1.0	0.9	0.8	0.9	<b>5.8</b>
<b>Total</b>	<b>2.0</b>	<b>1.8</b>	<b>1.8</b>	<b>1.9</b>	<b>2.0</b>	<b>1.8</b>	<b>1.7</b>	<b>11.5</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.40: Circulatory disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.8	0.7	0.4	0.0	0.3	0.7	0.6	<b>2.8</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	1.9	0.9	0.1	–0.7	–1.7	–1.9	–1.2	<b>–4.4</b>
30–44	1.7	1.3	1.1	0.3	–0.2	–0.1	0.0	<b>2.4</b>
45–64	2.6	2.6	2.9	3.1	3.1	3.3	3.1	<b>19.6</b>
65+	3.5	3.2	3.3	3.6	3.7	3.3	3.0	<b>21.8</b>
Total 5–64	2.4	2.2	2.4	2.3	2.2	2.5	2.3	<b>14.8</b>
Total 15–64	2.4	2.3	2.4	2.4	2.3	2.5	2.4	<b>15.1</b>
<i>Total</i>	<i>3.1</i>	<i>2.9</i>	<i>3.0</i>	<i>3.2</i>	<i>3.2</i>	<i>3.1</i>	<i>2.8</i>	<b>19.5</b>
<b>Females</b>								
5–14	0.8	0.7	0.4	0.1	0.3	0.7	0.6	<b>2.8</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	–0.5	–0.6	–0.8	–1.0	–0.8	–0.6	–0.1	<b>–3.9</b>
30–44	1.3	1.3	1.3	1.6	2.0	1.6	1.0	<b>9.0</b>
45–64	2.4	2.5	3.0	3.2	3.2	3.8	3.6	<b>20.8</b>
65+	2.7	2.5	2.5	2.5	2.9	2.4	2.2	<b>15.9</b>
Total 5–64	1.8	1.9	2.2	2.4	2.5	2.9	2.7	<b>15.5</b>
Total 15–64	1.9	1.9	2.3	2.5	2.5	3.0	2.8	<b>16.1</b>
<i>Total</i>	<i>2.5</i>	<i>2.4</i>	<i>2.4</i>	<i>2.5</i>	<i>2.8</i>	<i>2.5</i>	<i>2.3</i>	<b>15.8</b>
<b>Persons</b>								
5–14	0.8	0.7	0.4	0.1	0.3	0.7	0.6	<b>2.8</b>
15–19	0.8	1.0	1.0	1.2	0.5	0.3	0.1	<b>4.3</b>
20–29	0.6	0.1	–0.4	–0.9	–1.3	–1.2	–0.6	<b>–4.1</b>
30–44	1.4	1.3	1.2	1.1	1.1	0.9	0.6	<b>6.3</b>
45–64	2.5	2.5	2.9	3.2	3.1	3.6	3.3	<b>20.2</b>
65+	2.9	2.7	2.7	2.8	3.1	2.7	2.4	<b>17.6</b>
Total 5–64	2.1	2.1	2.3	2.4	2.4	2.7	2.6	<b>15.2</b>
Total 15–64	2.1	2.1	2.3	2.5	2.4	2.7	2.6	<b>15.6</b>
<b>Total</b>	<b>2.7</b>	<b>2.6</b>	<b>2.6</b>	<b>2.7</b>	<b>2.9</b>	<b>2.7</b>	<b>2.4</b>	<b>17.1</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.41: Respiratory disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.4	0.4	0.3	0.5	0.6	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	1.8	0.8	0.1	–0.7	–1.7	–1.8	–1.1	<b>–4.4</b>
30–44	1.2	1.2	1.2	1.6	1.6	1.3	0.8	<b>8.0</b>
45–64	2.2	2.2	2.6	2.9	2.9	3.3	3.1	<b>18.3</b>
65+	2.8	2.6	2.6	2.6	2.7	2.6	2.4	<b>16.5</b>
Total 5–64	1.3	1.2	1.2	1.2	1.2	1.3	1.3	<b>7.6</b>
Total 15–64	1.7	1.7	1.7	1.8	1.7	1.8	1.7	<b>10.9</b>
<i>Total</i>	<i>1.8</i>	<i>1.7</i>	<i>1.7</i>	<i>1.8</i>	<i>1.8</i>	<i>1.8</i>	<i>1.7</i>	<i><b>11.0</b></i>
<b>Females</b>								
5–14	0.7	0.6	0.4	0.2	0.4	0.7	0.6	<b>2.8</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	–0.5	–0.6	–0.8	–1.0	–0.8	–0.6	–0.1	<b>–3.8</b>
30–44	0.9	0.8	0.9	1.2	1.5	1.3	0.8	<b>6.6</b>
45–64	3.1	3.1	3.1	3.1	3.0	2.9	2.9	<b>19.4</b>
65+	2.0	1.8	1.7	1.8	2.3	2.0	1.9	<b>12.0</b>
Total 5–64	1.6	1.6	1.6	1.6	1.6	1.7	1.6	<b>10.0</b>
Total 15–64	1.9	1.9	1.9	2.0	2.0	1.9	1.9	<b>12.2</b>
<i>Total</i>	<i>1.8</i>	<i>1.7</i>	<i>1.6</i>	<i>1.7</i>	<i>1.9</i>	<i>1.8</i>	<i>1.7</i>	<i><b>10.9</b></i>
<b>Persons</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.1	1.0	1.2	0.5	0.3	0.1	<b>4.2</b>
20–29	0.5	0.1	–0.4	–0.9	–1.2	–1.2	–0.5	<b>–4.1</b>
30–44	1.0	0.9	1.0	1.3	1.5	1.3	0.8	<b>7.0</b>
45–64	2.7	2.8	2.9	3.0	3.0	3.1	3.0	<b>19.0</b>
65+	2.3	2.1	2.0	2.1	2.5	2.2	2.1	<b>13.7</b>
Total 5–64	1.5	1.4	1.4	1.4	1.4	1.5	1.4	<b>8.9</b>
Total 15–64	1.8	1.8	1.8	1.9	1.9	1.9	1.8	<b>11.6</b>
<b>Total</b>	<b>1.8</b>	<b>1.7</b>	<b>1.7</b>	<b>1.7</b>	<b>1.9</b>	<b>1.8</b>	<b>1.7</b>	<b>11.0</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.42: Arthritis disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<b>0.0</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	2.5	1.3	0.3	–0.7	–2.0	–2.2	–1.5	<b>–4.7</b>
30–44	1.2	1.0	0.9	0.6	0.4	0.5	0.3	<b>3.9</b>
45–64	3.0	2.8	3.0	3.1	3.1	3.3	3.2	<b>20.0</b>
65+	3.3	3.0	3.1	3.3	3.5	3.2	3.0	<b>20.8</b>
Total 5–64	2.6	2.4	2.5	2.4	2.4	2.5	2.4	<b>15.6</b>
Total 15–64	2.6	2.4	2.5	2.4	2.4	2.5	2.4	<b>15.6</b>
<i>Total</i>	<i>3.0</i>	<i>2.7</i>	<i>2.8</i>	<i>2.9</i>	<i>3.0</i>	<i>2.9</i>	<i>2.7</i>	<b>18.5</b>
<b>Females</b>								
5–14	0.6	0.4	0.4	0.3	0.6	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	2.2	1.1	0.0	–0.8	–2.2	–2.2	–1.4	<b>–5.5</b>
30–44	1.0	0.9	0.9	1.2	1.5	1.3	0.8	<b>6.8</b>
45–64	3.0	3.0	3.1	3.1	3.1	3.1	3.0	<b>19.9</b>
65+	2.6	2.5	2.5	2.4	2.7	2.2	2.0	<b>15.1</b>
Total 5–64	2.5	2.5	2.5	2.6	2.6	2.6	2.4	<b>16.2</b>
Total 15–64	2.5	2.5	2.6	2.6	2.6	2.6	2.4	<b>16.3</b>
<i>Total</i>	<i>2.6</i>	<i>2.5</i>	<i>2.5</i>	<i>2.5</i>	<i>2.6</i>	<i>2.3</i>	<i>2.1</i>	<b>15.5</b>
<b>Persons</b>								
5–14	0.6	0.4	0.4	0.3	0.6	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.2	0.5	0.3	0.1	<b>4.3</b>
20–29	2.4	1.2	0.2	–0.8	–2.1	–2.2	–1.5	<b>–5.0</b>
30–44	1.1	0.9	0.9	1.0	1.1	1.0	0.6	<b>5.7</b>
45–64	3.0	2.9	3.1	3.1	3.1	3.2	3.1	<b>20.0</b>
65+	2.8	2.6	2.7	2.7	2.9	2.5	2.3	<b>16.6</b>
Total 5–64	2.6	2.5	2.5	2.5	2.5	2.5	2.4	<b>16.0</b>
Total 15–64	2.6	2.5	2.5	2.5	2.5	2.6	2.4	<b>16.0</b>
<b>Total</b>	<b>2.7</b>	<b>2.6</b>	<b>2.6</b>	<b>2.6</b>	<b>2.8</b>	<b>2.5</b>	<b>2.3</b>	<b>16.4</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.43: Other musculoskeletal disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.3	0.3	0.4	0.6	0.6	0.6	<b>3.0</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	1.1	0.4	–0.1	–0.8	–1.4	–1.4	–0.8	<b>–4.0</b>
30–44	1.0	0.9	0.9	0.8	0.8	0.8	0.5	<b>4.8</b>
45–64	3.3	3.2	3.1	3.0	3.0	2.8	2.7	<b>19.2</b>
65+	2.9	2.7	2.8	2.7	2.9	2.8	2.6	<b>17.7</b>
Total 5–64	2.0	1.9	1.8	1.7	1.6	1.6	1.5	<b>10.4</b>
Total 15–64	2.1	1.9	1.8	1.8	1.7	1.6	1.5	<b>10.8</b>
<i>Total</i>	<i>2.3</i>	<i>2.1</i>	<i>2.1</i>	<i>2.0</i>	<i>2.1</i>	<i>1.9</i>	<i>1.8</i>	<b>12.7</b>
<b>Females</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	1.4	0.6	–0.2	–0.9	–1.8	–1.7	–1.0	<b>–5.0</b>
30–44	1.2	1.0	1.0	1.1	1.2	1.0	0.6	<b>6.1</b>
45–64	2.8	3.0	3.0	2.9	2.9	2.8	2.7	<b>18.5</b>
65+	2.8	2.5	2.5	2.7	3.1	2.6	2.4	<b>16.9</b>
Total 5–64	1.8	1.8	1.7	1.7	1.6	1.6	1.4	<b>10.2</b>
Total 15–64	1.9	1.9	1.8	1.8	1.7	1.6	1.5	<b>10.8</b>
<i>Total</i>	<i>2.4</i>	<i>2.2</i>	<i>2.2</i>	<i>2.3</i>	<i>2.5</i>	<i>2.2</i>	<i>2.0</i>	<b>14.1</b>
<b>Persons</b>								
5–14	0.6	0.4	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.3	0.5	0.3	0.1	<b>4.3</b>
20–29	1.2	0.5	–0.2	–0.8	–1.6	–1.6	–0.9	<b>–4.4</b>
30–44	1.1	1.0	0.9	0.9	1.0	0.9	0.6	<b>5.4</b>
45–64	3.1	3.1	3.0	3.0	3.0	2.8	2.7	<b>18.9</b>
65+	2.8	2.5	2.6	2.7	3.1	2.7	2.5	<b>17.1</b>
Total 5–64	1.9	1.8	1.7	1.7	1.6	1.6	1.5	<b>10.3</b>
Total 15–64	2.0	1.9	1.8	1.8	1.7	1.6	1.5	<b>10.8</b>
<b>Total</b>	<b>2.3</b>	<b>2.2</b>	<b>2.1</b>	<b>2.2</b>	<b>2.3</b>	<b>2.1</b>	<b>1.9</b>	<b>13.5</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.44: Other physical disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.5	0.4	0.3	0.4	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	2.0	1.0	0.2	–0.7	–1.8	–1.9	–1.2	<b>–4.4</b>
30–44	1.0	0.8	0.8	0.7	0.7	0.8	0.5	<b>4.4</b>
45–64	3.0	3.0	3.0	3.0	3.0	2.9	2.7	<b>19.0</b>
65+	3.2	3.0	3.1	3.2	3.4	3.2	2.9	<b>20.3</b>
Total 5–64	2.0	1.9	1.8	1.7	1.6	1.6	1.5	<b>10.6</b>
Total 15–64	2.2	2.1	2.0	1.9	1.8	1.8	1.7	<b>11.8</b>
<i>Total</i>	<i>2.6</i>	<i>2.4</i>	<i>2.4</i>	<i>2.4</i>	<i>2.5</i>	<i>2.4</i>	<i>2.2</i>	<i>15.1</i>
<b>Females</b>								
5–14	0.6	0.5	0.4	0.2	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	0.7	0.1	–0.4	–0.9	–1.4	–1.3	–0.7	<b>–4.6</b>
30–44	1.1	1.0	1.0	1.1	1.3	1.1	0.7	<b>6.2</b>
45–64	2.8	2.9	3.0	3.1	3.0	3.1	3.0	<b>19.5</b>
65+	2.7	2.5	2.5	2.6	2.9	2.4	2.2	<b>16.2</b>
Total 5–64	1.9	1.9	1.9	1.9	1.9	1.9	1.9	<b>11.9</b>
Total 15–64	2.1	2.0	2.0	2.1	2.0	2.1	2.0	<b>12.9</b>
<i>Total</i>	<i>2.4</i>	<i>2.3</i>	<i>2.3</i>	<i>2.4</i>	<i>2.6</i>	<i>2.3</i>	<i>2.1</i>	<i>14.7</i>
<b>Persons</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.2	0.5	0.3	0.1	<b>4.3</b>
20–29	1.3	0.5	–0.1	–0.8	–1.6	–1.6	–0.9	<b>–4.5</b>
30–44	1.0	0.9	0.9	0.9	1.0	0.9	0.6	<b>5.3</b>
45–64	2.9	2.9	3.0	3.0	3.0	3.0	2.9	<b>19.3</b>
65+	2.9	2.7	2.7	2.8	3.1	2.7	2.4	<b>17.5</b>
Total 5–64	2.0	1.9	1.8	1.8	1.8	1.8	1.7	<b>11.3</b>
Total 15–64	2.1	2.0	2.0	2.0	1.9	1.9	1.8	<b>12.4</b>
<b>Total</b>	<b>2.5</b>	<b>2.3</b>	<b>2.3</b>	<b>2.4</b>	<b>2.5</b>	<b>2.3</b>	<b>2.1</b>	<b>14.9</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.

**Table A4.45: Neurological disability group: percentage changes in the projected population<sup>(a)</sup> of persons with a profound or severe handicap,<sup>(b)</sup> by age and sex, Australia,<sup>(c)</sup> 1996–2003**

Age	1996–1997	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	1997–2003
<b>Males</b>								
5–14	0.6	0.4	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	0.9	1.1	0.5	0.3	0.0	<b>4.0</b>
20–29	1.8	0.8	0.1	–0.7	–1.7	–1.8	–1.1	<b>–4.3</b>
30–44	1.1	1.0	0.9	0.8	0.7	0.7	0.5	<b>4.8</b>
45–64	3.9	3.6	3.1	2.9	2.8	2.1	2.2	<b>17.9</b>
65+	2.8	2.5	2.4	2.8	3.0	2.9	2.7	<b>17.4</b>
Total 5–64	2.1	1.8	1.5	1.3	1.1	0.9	1.0	<b>7.9</b>
Total 15–64	2.4	2.1	1.7	1.5	1.3	1.0	1.0	<b>8.9</b>
<i>Total</i>	<i>2.3</i>	<i>2.0</i>	<i>1.8</i>	<i>1.8</i>	<i>1.7</i>	<i>1.5</i>	<i>1.5</i>	<b>10.8</b>
<b>Females</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.8	1.0	1.0	1.4	0.5	0.3	0.2	<b>4.5</b>
20–29	0.6	0.1	–0.5	–0.9	–1.4	–1.3	–0.6	<b>–4.5</b>
30–44	1.0	0.9	1.0	1.4	1.8	1.5	0.9	<b>8.0</b>
45–64	3.0	3.0	3.2	3.4	3.3	3.5	3.4	<b>21.5</b>
65+	2.9	2.6	2.6	2.8	3.2	2.6	2.4	<b>17.4</b>
Total 5–64	1.5	1.4	1.4	1.4	1.5	1.6	1.5	<b>9.1</b>
Total 15–64	1.7	1.6	1.6	1.7	1.7	1.8	1.7	<b>10.4</b>
<i>Total</i>	<i>2.1</i>	<i>1.9</i>	<i>1.9</i>	<i>2.0</i>	<i>2.2</i>	<i>2.1</i>	<i>1.9</i>	<b>12.7</b>
<b>Persons</b>								
5–14	0.6	0.5	0.4	0.3	0.5	0.7	0.6	<b>2.9</b>
15–19	0.7	1.1	1.0	1.1	0.5	0.3	0.1	<b>4.1</b>
20–29	1.0	0.3	–0.3	–0.9	–1.5	–1.5	–0.8	<b>–4.4</b>
30–44	1.0	0.9	1.0	1.2	1.3	1.2	0.7	<b>6.5</b>
45–64	3.4	3.3	3.2	3.1	3.1	2.9	2.9	<b>19.9</b>
65+	2.8	2.6	2.6	2.8	3.1	2.7	2.5	<b>17.4</b>
Total 5–64	1.8	1.6	1.4	1.4	1.3	1.3	1.3	<b>8.6</b>
Total 15–64	2.0	1.8	1.7	1.6	1.5	1.4	1.4	<b>9.7</b>
<b>Total</b>	<b>2.2</b>	<b>2.0</b>	<b>1.9</b>	<b>1.9</b>	<b>2.0</b>	<b>1.8</b>	<b>1.8</b>	<b>12.0</b>

(a) ABS population projections (Series A) as at 30 June.

(b) Estimated numbers were calculated using national age- and sex-specific prevalence rates derived from the ABS 1993 Survey of Disability, Ageing and Carers. The estimates were based on all reported disabling conditions.

(c) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1996a.