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Health and Welfare**

People using both Disability Services and Home and Community Care in 2010–11

DISABILITY SERIES



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*Authoritative information and statistics
to promote better health and wellbeing*

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People using both Disability Services and Home and Community Care 2010–11

Australian Institute of Health and Welfare
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Abbreviations

AIHW	Australian Institute of Health and Welfare
DS	Disability Services program
DS NMDS	Disability Services National Minimum Data Set
EPG	English proficiency group
HACC	Home and Community Care program
HACC MDS	Home and Community Care Minimum Data Set
NDA	National Disability Agreement
NDIS	National Disability Insurance Scheme
PwC	PricewaterhouseCoopers

Symbols

–	nil or rounded to zero
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

Many people with disability, or the frail elderly, need specialised services to enhance or maintain a reasonable quality of life, or to maintain their independence for as long as possible. This report examines the characteristics and service use of people who accessed two major sets of services in 2010–11: Disability Services (DS) and the Home and Community Care program (HACC). This analysis can inform the development and monitoring of the services to meet the needs of these groups of people, especially in the context of implementing the National Disability Insurance Scheme (NDIS). Key findings are summarised below.

Number of people who used both DS and HACC services in the same year

In 2010–11, around 54,800 people were known to have used both DS and HACC services. A total of 1.2 million people received services from the DS program and/or the HACC program, including 259,400 who used only DS and 879,500 who used only HACC services.

People using both service programs required higher, more complex and diverse supports

Compared with users who accessed only DS, users of both service programs were older and more likely to have had disability from an early age. They were also more likely to have activity limitation/participation restrictions that required higher level, complex and diverse supports; to have an informal carer and be cared for by an older carer; to not participate in the labour force; and to rely on the Disability Support Pension as their main source of income.

Compared with users who accessed only HACC services, a higher proportion of users of both service programs were younger than 65 and lived with family. They were more likely to have a carer, and their carer was more likely to be female, a parent, and co-resident.

People using both service programs were more extensive users of the two programs

Users of both service programs received substantially more DS support than those who accessed only DS, in terms of type of care and quantity of care. The four service groups accessed more highly were accommodation support (24% versus 12%, respectively), community support (63% versus 41%), community access (31% versus 17%) and respite (26% versus 9%). Compared with users who accessed only HACC services, a greater proportion of users of both service programs received most of the available HACC services and usually used more of each service.

People using both service programs relied on these programs' complementary services

A wide range of combinations of services from DS and HACC programs were delivered to users of both programs. These combinations included services similar to both programs and services specific to only one of them. For example, a majority (62%) of those who used both service programs used 2 or more types of HACC services to meet their needs, including 14% who used 5 or more. Among users of both programs, 37% of users of DS respite care also received HACC respite care services, one-quarter of DS users receiving community support services also received HACC allied health services, about one-fifth of DS users receiving accommodation support also received HACC domestic assistance, and one-quarter received HACC nursing care at home. This pattern of service use indicates the important role played by the DS and HACC programs in 2010–11 in meeting the high support needs of users of both programs, in terms of quantity and type of care.

1 Introduction

Background to the project

The Standing Council on Community and Disability Services Advisory Council commissioned the Australian Institute of Health and Welfare (AIHW) to link and analyse two community sector administrative data sets in order to:

- further the knowledge, experience and capability to conduct data linkage across community service administrative data collections
- analyse the characteristics of clients who are common to more than one service sub-sector in the same time period.

The AIHW considered several factors when selecting the two community service data sets to be linked and analysed, including:

- their policy relevance
- the feasibility of linking them using a statistical linkage key common to both
- the likelihood of their having overlapping target populations
- the feasibility of conducting a descriptive analysis on the characteristics of any overlapping population
- the potential to contribute to data infrastructure for reporting on the movements of people between the service sectors, possibly on a regular basis.

After considering the above factors, the AIHW selected the Disability Services National Minimum Data Set (DS NMDS) and the Home and Community Care Minimum Data Set (HACC MDS) as the two data sets for this project.

Approval was granted by the AIHW Ethics Committee on 26 February 2013 (EO 2013/1/9) to proceed with the project. The data custodians for the DS NMDS (AIHW) and for the HACC MDS (previously the Australian Government Department of Health and Ageing, and now the Australian Government Department of Social Services) granted approval to use the data sets for the project in April 2013. The AIHW provided progress updates on this project to the Disability Policy and Research Working Group and the Research, Evaluation and Data Working Group.

Two reports were produced from this project: this analytical report and an accompanying technical report detailing the data linkage method (AIHW 2014).

This project will provide valuable information, at the national level, to policy makers involved in developing and monitoring services to meet user needs of these two programs.

Policy environment

DS is provided under the National Disability Agreement (NDA) (AIHW 2012a). These services aim to improve the lives of people with disability, and their carers, and to ensure that both have the opportunity to participate in the community. There is no age limit on providing services under the NDA, but the majority of service users (94%) are aged under 65.

In 2010–11, the HACC program was a joint Australian, state and territory government initiative under the *Home and Community Care Act 1985* (Cwlth). The Australian Government

contributed approximately 60% of program funding nationally and maintained a broad strategic role; the state and territory governments were responsible for the program's day-to-day administration. The program funded services for older people and for younger people with disability (and their respective carers) who live in the community and whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long-term residential care facilities.

While the DS and HACC programs have a somewhat different focus, they do have potentially overlapping target populations and do provide potentially overlapping, or complementary, services. Understanding service overlaps and the ways the programs complement each other will assist policy makers to develop ways to better meet the needs of people with disability, both in terms of efficiency and quality of outcome.

The National Health Reform Agreement saw responsibilities divided for the HACC program. In July 2012, funding of and program responsibility for HACC services for clients aged under 65 (under 50 for Indigenous clients) was transferred from the Australian Government to states and territories, except for Victoria and Western Australia. Services for HACC users aged under 65/50 are now termed 'Basic Community Care services'. The funding and regulation of these services are recognised as a state/territory responsibility under the 2012 revised NDA.

As part of the negotiations for the NDIS (Box 1.1), in May 2013, the Victorian Government agreed to transfer the responsibility of HACC services for older clients to the Australian Government from July 2015, while HACC services for younger clients would be the responsibility of the Victorian Government. Following this, in August 2013, the Western Australian Government agreed to start negotiations to transfer the responsibility for HACC services for older people to the Australian Government in 2016–17 (Department of Health 2013).

Box 1.1: National Disability Insurance Scheme

New approaches to providing long-term disability care and support were identified as a priority area for future action under the National Disability Strategy (Action 4.2). After the release of the Productivity Commission's final report on the inquiry into disability care and support, the Council of Australian Governments agreed on the need for reform of DS through an insurance-based scheme, and developed principles to guide consideration of the commission's recommendations (COAG 2012; Productivity Commission 2011). The principles focus on areas that include foundation reforms, resourcing, and governance. Some of the foundation reforms are also key aspects of the NDA, including nationally consistent assessment processes, service standards, and a disability workforce strategy.

Responding to this identified need for reform, the Australian Government announced the introduction of the NDIS. Unlike the current system – which provides support based on the number of places in a limited number of programs – the NDIS is intended to provide more choice and control, and to deliver a life-long, individualised funding approach to support people with permanent and significant disability, their families and carers. Each individual seeking access to the scheme will be assessed on functional needs, according to a common set of criteria. Those who are eligible will receive an individualised package of funding to purchase services and support, as identified during the assessment and planning stages.

The NDIS was launched by the Australian Government, in partnership with the states and territories in 2013. From 1 July 2013, the first stage of the scheme was rolled out at specific sites across Australia. For further details of the NDIS, see <www.ndis.gov.au>.

Analysis undertaken

The analysis of this report answers the following policy-relevant questions:

- To what extent is there overlap of clients accessing services of both DS and HACC programs?
- Who are the people who use services of both programs and what are their needs and characteristics (such as age, sex and disability type)?
- Are clients receiving similar services from both programs, or are they receiving services that meet different needs?
- What are the service use patterns of people who receive similar services from both programs? What are the service use patterns of people who receive different services from both programs?

This report has nine chapters:

- Chapters 1 and 2 provide background information and describe the method for the project.
- Chapter 3 presents the key numbers and characteristics of people who used both DS and HACC services during 2010–11.
- Chapter 4 compares the characteristics of people who used both DS and HACC services with those of people who used only DS services, to assist in understanding service use patterns.
- Chapter 5 compares the characteristics of people who used both DS and HACC services with those of people who used only HACC services.

- Chapter 6 compares the use of DS services by people who used both DS and HACC services with that for people who only used DS services.
- Chapter 7 presents a detailed analysis of the combinations of DS and HACC services received by people who used services from both programs.
- Chapter 8 compares the use of HACC services by people who used both DS and HACC services with that for people who used only HACC services.
- Chapter 9 comments on the findings.

This structure provides clarity when comparing the characteristics and service use of people who use both DS and HACC services with those of people who use only DS services or only HACC services. In doing so, it ensures the findings are reported in a meaningful way to inform disability and ageing-related policy.

2 Data and methods

Data

The main data sources for this project are the 2010–11 DS NMDS and the 2010–11 HACC MDS.

DS NMDS

The DS NMDS contains information on services and service users where funding has been provided by a government organisation operating under the NDA, during a specified period. It is held by the AIHW. Service user data contain 25 service types within 5 service groups: accommodation support, community support, community access, respite, and employment. Service user data are not collected for the service groups of ‘advocacy, information, alternative forms of communication’ and ‘other support’ (AIHW 2013a).

HACC MDS

The HACC MDS collects information on clients that receive HACC services. There are 22 HACC service types including ‘provision of goods and equipment’. Service user data are collected for all HACC service types. HACC MDS data for this project are derived from the HACC National Data Repository for all jurisdictions except New South Wales. In accordance with data custodian approvals for AIHW use of HACC data, New South Wales data for 2010–11 were sourced directly from the New South Wales data repository rather than the National Data Repository.

Methods

This project consists of three key components: the data linkage, the analysis of linked data, and the mapping of DS and HACC service types. The associated technical report (AIHW 2014) details the method of data linkage. Details of the other two components are outlined below. Specific details about the method relevant to each chapter are outlined at the beginning of that chapter.

In this report, people who received DS but not HACC services are referred to as ‘DS only users’, while people who received HACC but not DS services are referred to as ‘HACC only users’. People who received services from both DS and HACC programs are referred to as ‘users accessing both programs’ or as ‘users of both DS and HACC services’; in tables, they are referred to as the ‘both DS and HACC’ group.

Analysis of the linked DS and HACC data set

The analysis is based on the linked 2010–11 DS and HACC data set. The linked data set contains 528,140 DS NMDS service records (314,252 DS clients) and 934,379 HACC client records (with service records attached to each client). Based on the unique match number of each user of DS and/or HACC services, there were 1,193,789 people who used DS and/or HACC services in 2010–11. Three mutually exclusive user groups have been identified for the analysis:

- 54,842 people who used both DS and HACC services (17% of all DS users, or 6% of all HACC users)

- 259,410 people who used DS services only (83% of all DS users)
- 879,537 people who used HACC services only (94% of all HACC users).

About 8.3% of DS users and 6.4% of HACC users did not have sufficient information to be linked, and were therefore unmatchable (see AIHW 2014 for further details). This means there are missed matches in the DS only and HACC only groups, leading to underestimation of the number of users accessing both programs. This also potentially leads to an underestimation of the differences between the groups.

However, the total number of DS users included in this report is consistent with the number reported in the AIHW report on disability support services in 2010–11 (AIHW 2012a). The total number of HACC users in this report is not consistent with the number reported in the HACC 2010–11 Annual Bulletin (DoHA 2012). This is because HACC MDS data in this report were derived by collating data from the New South Wales State Data Repository and from the HACC National Data Repository for all other jurisdictions, whereas the Annual Bulletin included the HACC National Repository data for all jurisdictions.

Further information on the details of the DS NMDS can be viewed in the data quality statement at <meteor.aihw.gov.au/content/index.phtml/itemId/518043>. Information about the HACC MDS data collection can be viewed in the Annual Bulletin at <www.health.gov.au/internet/main/publishing.nsf/Content/ageing-hacc-mds-annual-bulletin.htm>.

The linked data set included two sets of information about demographics and other characteristics for users of both DS and HACC services: one from the DS NMDS, and the other from the HACC MDS (Box 2.1).

Box 2.1: Characteristic information for users of both DS and HACC services

The linked data set included two sets of information about characteristics for users of both DS and HACC services: one from the DS NMDS and the other from the HACC MDS.

In chapters 3, 4, 6 and 7, DS NMDS information about main characteristics was used as the most reliable source for users accessing both DS and HACC services. However, chapters 5 and 8 focus on comparative analyses of users who access both DS and HACC services with HACC only users. In these two chapters, characteristic information for both groups had to be derived from the HACC MDS.

The different source of data for these chapters leads to different results for the characteristics between these chapters. In most instances, such as for age and sex, these differences are minor. However, DS NMDS data and HACC MDS data showed different patterns for Indigenous status results for users who accessed services from both programs (AIHW 2014). In this case, DS data are considered the most reliable source.

In 2012, PricewaterhouseCoopers (PwC) reported in its *National report: national need and supply modelling–2010/11* (PwC 2012) that about 23% of people aged under 65 receiving DS also received HACC services. However, not all DS and HACC users are included in the PwC model. For example, the model excluded about 36.7% (110,830) of DS users aged under 65 who received open employment services only. Hence, numbers of DS and HACC users in the PwC model are not comparable with those of this project.

Mapping of DS and HACC service types

In order to facilitate the analysis, a mapping exercise was undertaken to describe different combinations of service use by people who used both programs, and to provide information about users who accessed services with common primary purposes. The mapping table was not intended to define 'overlap' of DS and HACC service types.

The structure of DS service groups provided the main framework for mapping. Each HACC service type was mapped to a DS service group based on the primary purposes of services, rather than the specific activities or tasks undertaken as part of the service (Table 2.1).

The *National classification of community services, version 2.0* (AIHW 2003a) was initially used as a reference for the mapping process. However, DS and HACC service type details in this document date before the current NDA DS service types and HACC v2.0 service types. For this reason, it only ever served just as a guide.

Mapping DS and HACC service types is subject to various limitations such as data limitations, complexities of definitions, and differences in service provision across jurisdictions. Specific examples include those listed below:

- The DS NMDS does not collect service user data about 'advocacy, information and alternative forms of communication' and 'other support' such as research and evaluation or training and development, where data are collected for service outlets.
- By ensuring that each HACC service type was mapped to one DS service group only:
 - some HACC service types did not map ideally to a specific DS service group – for example, the HACC service 'provision of goods and equipment'. In this instance, it was mapped to the DS service group 'other support'
 - some HACC service types could potentially map to more than one DS service group because of multiple purposes. For example, the HACC service type 'counselling/support, information and advocacy' could map to DS service groups 'community support' or 'advocacy, information and alternative forms of communication'.

Table 2.1: Mapping of HACC service types to DS service groups based on primary purpose, 2010–11

DS		HACC
Service group and definition ^(a)	Service type	Service type
Accommodation support Services that provide accommodation to people with a disability and services that provide support needed to enable a person with a disability to remain in their existing accommodation or to move to more suitable or appropriate accommodation.	Large residential/institution (>20 places) – 24 hour	Domestic assistance
	Small residential/institution (7–20 places) – 24 hour	Personal care
	Hostels (generally not 24 hour)	Meals (at home)
	Group homes (<7 places)	Meals (at a centre or other setting)
	Alternative family placement	Other food services
	Other accommodation support	Home maintenance
	Attendant care/personal care	Home modification
	In-home accommodation support	Formal linen services
Community support Services that provide the support needed for a person with a disability to live in a non-institutional setting. Support with the basic needs of living such as meal preparation, dressing, transferring and so on are included under 'accommodation support'.	Therapy support for individuals	Nursing care (at home)
	Early childhood intervention	Nursing care (at a centre of other setting)
	Behaviours/specialist interventions	Allied health care (at home) ^(b)
	Counselling (individual/family/group)	Allied health care (at a centre or other setting) ^(b)
	Regional resource and support teams	Assessment
	Case management and local coordination and development	Case management
	Other community support	Client care coordination
		Counselling/support, information and advocacy (care recipient)
Community access Services designed to provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence.	Learning and life skills development	Social support
	Recreation/holiday programs	Transport
	Other community access	

(continued)

Table 2.1 (continued): Mapping of HACC service types to DS service groups based on primary purpose, 2010–11

Disability services		Home and community care services
Service group and definitions^(a)	Service type	Service type
Respite Services that provide a short-term and time-limited break for families and other voluntary caregivers of people with disability, to assist in supporting and maintaining the primary caregiving relationship, while providing a positive experience for the person with disability.	Own home respite	Centre-based day care
	Centre-based respite/respite homes	Respite
	Host family respite/peer support respite	
	Flexible/combination respite	
	Other respite	
Employment^(c) Services that provide employment assistance or opportunities to people with disability to obtain/retain paid employment in the open market or work in specialised and supported work environments.	Open employment	
	Supported employment	
Advocacy, information and alternative forms of communication^(c)	Advocacy	
	Information/referral	
	Combined information/advocacy	
	Mutual support/self-help groups	
	Alternative formats of communication	
Other support	Research and evaluation	Provision of goods and equipment ^(d)
	Training and development	
	Peak bodies	
	Other support services	

(a) The DS NMDS does not collect data at the service user level for DS service groups 'advocacy, information and alternative communication' or 'other support'.

(b) Includes various disciplines such as occupational therapy, speech therapy, dietetics, physiotherapy, audiology and social work. It maps to disability service types 2.01–2.05. However, it is not possible to determine the specific allied health service received by HACC.

(c) No comparable HACC service is available.

(d) HACC 'provision of goods and equipment' does not map to a DS service type. For the purpose of this project, it has been included in the DS service group 'other support'.

Source: Mapping table developed by the AIHW from service type definitions in AIHW (2012a) and DoHA (2012).

3 Number of people who used both DS and HACC services

This chapter examines the number of users of both DS and HACC services, and users of DS services only or HACC services only (Box 3.1). The analysis focuses on comparisons between users of both programs and users of only DS or only HACC. The analyses of main characteristics and service use patterns of these users will be presented in subsequent chapters.

Box 3.1: Technical notes

This chapter analyses the data set created by linking the DS NMDS and HACC MDS 2010–11 collections.

The total number of DS service users included in the analysis was 314,252, which is consistent with the number reported in the AIHW report on disability support services in 2010–11 (Table 3.1; AIHW 2012a).

The total number of HACC service users was 934,379 (Table 3.1). The number of HACC service users has been derived from the HACC National Data Repository for all jurisdictions except New South Wales. Data for New South Wales were provided separately by the New South Wales State Data Repository and collated with data for the other states by the AIHW.

In this analysis, a HACC care recipient and their carer are considered as a single user record. This is consistent with the DS NMDS collection method, which counts a service user and his/her informal carer as a single user record.

The number of users of both DS and HACC programs is underestimated. About 8% of DS users and 6% of HACC users were ‘unmatchable’; that is, their records contain insufficient information for user identification so that they could not be included in the DS and HACC linkage process.

Further information about the DS NMDS and HACC MDS are presented in Chapter 2. Data issues relating to the linkage process are discussed in the technical report of this project (AIHW 2014).

Number and age profile of service users

In 2010–11, a total of 1,193,800 people used DS and/or HACC services. Of these, 458,200 (38%) were aged under 65 and 735,600 (62%) were aged 65 or over (Figure 3.1; Table 3.1). Among all users:

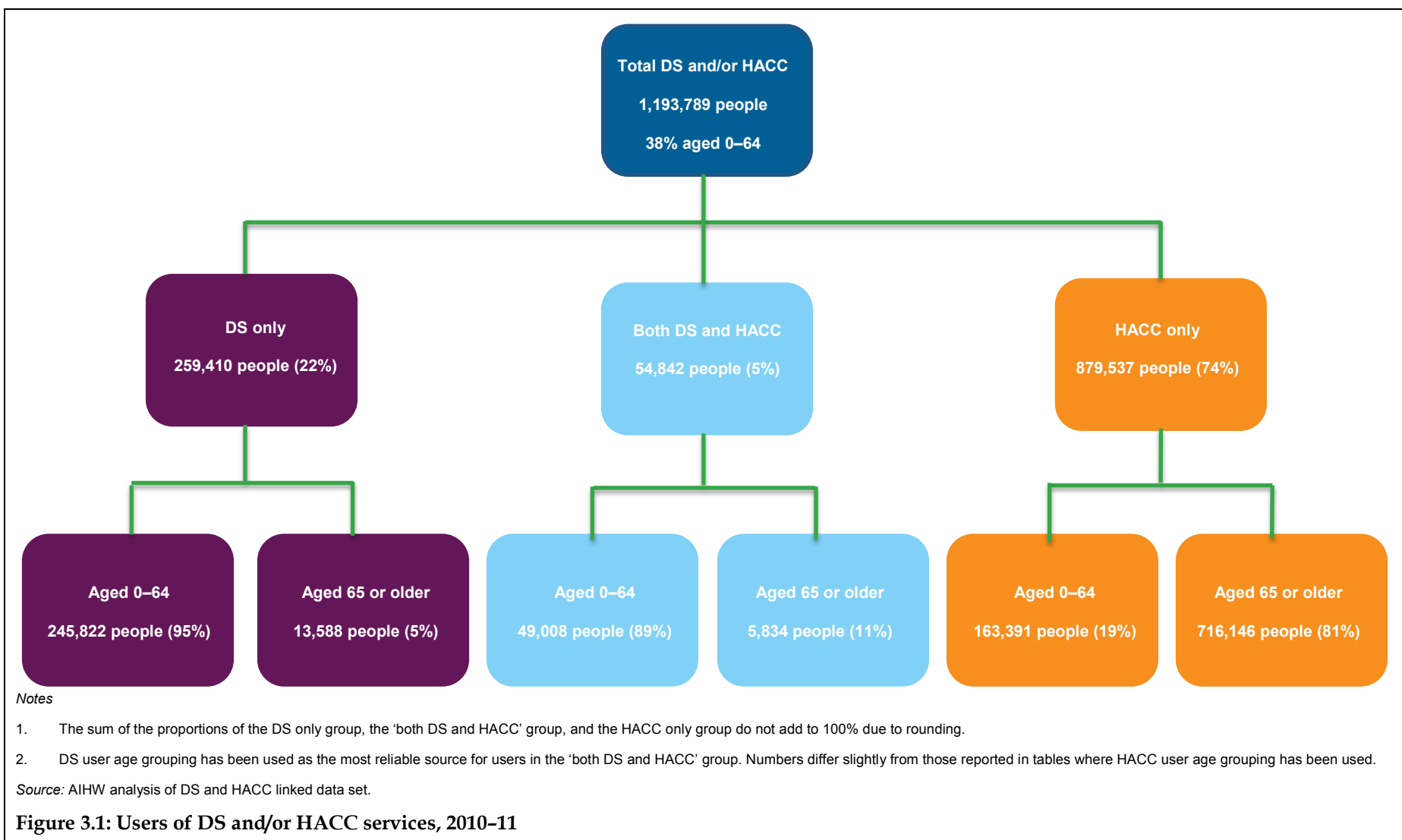
- 54,842 used both DS and HACC services (17% of all DS users, or 6% of all HACC users)
- 259,410 used DS services only (83% of all DS users)
- 879,537 used HACC services only (94% of all HACC users).

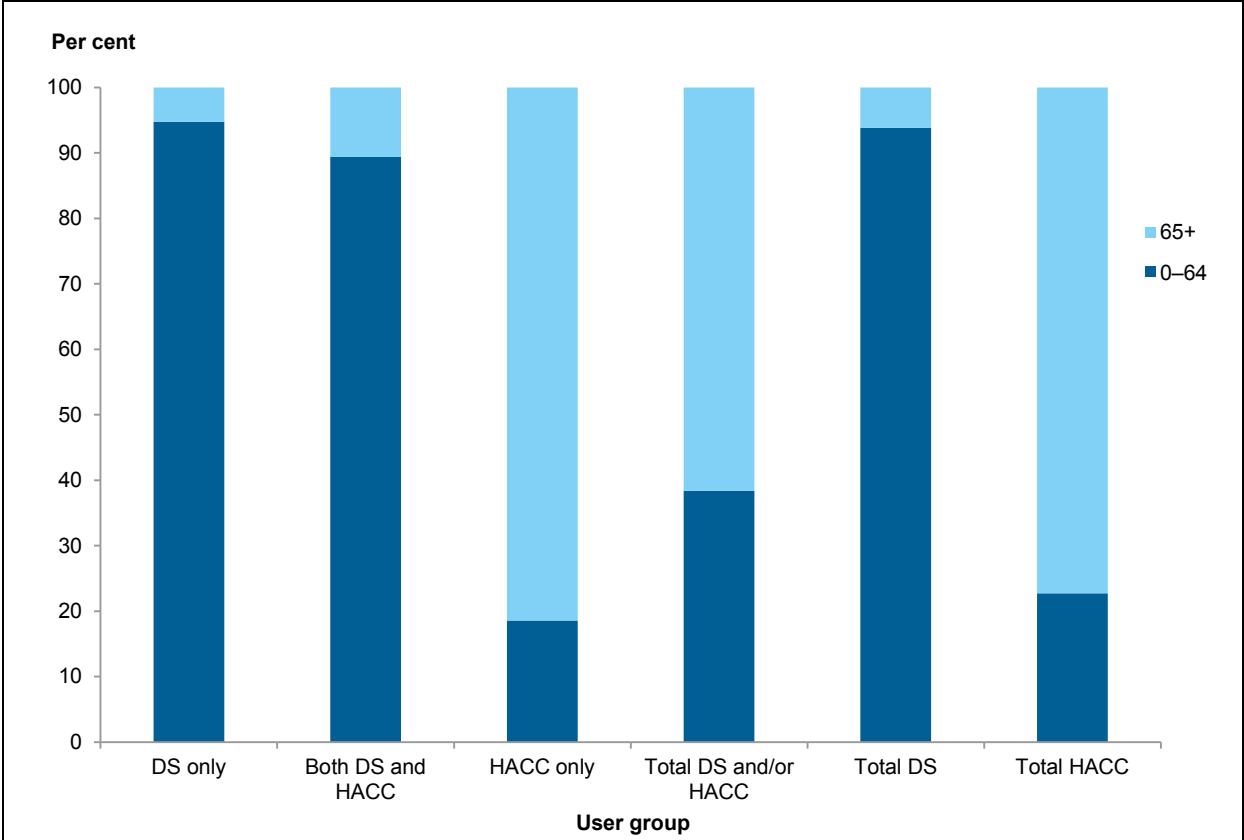
Among the total 54,842 users of both DS and HACC services:

- 49,008 (89%) were aged under 65 (17% of all DS users aged under 65, or 23% of all HACC users aged under 65)

- 5,834 (11%) were aged 65 or over (30% of all DS users aged 65 or over, or 0.8% of all HACC users aged 65 or over) (Table 3.1).

The age profiles of the user groups were substantially different, with the vast majority (94%) of DS users aged under 65 and a majority (77%) of HACC users aged 65 or older (Figure 3.2).





Source: Table 3.1.

Figure 3.2: Users of DS and/or HACC services, by broad age group, 2010-11

Table 3.1: Age of users of DS and/or HACC services, 2010–11

	0–64 years	65+ years	All ages
Number			
DS only	245,822	13,588	259,410
Both DS and HACC	49,008	5,834	54,842
HACC only	163,391	716,146	879,537
Total DS and/or HACC	458,221	735,568	1,193,789
Total DS	294,830	19,422	314,252
Total HACC	212,399	721,980	934,379
Per cent (row)			
DS only	94.8	5.2	100.0
Both DS and HACC	89.4	10.6	100.0
HACC only	18.6	81.4	100.0
Total DS and/or HACC	38.4	61.6	100.0
Total DS	93.8	6.2	100.0
Total HACC	22.7	77.3	100.0
Per cent (column)			
DS only	53.6	1.8	21.7
Both DS and HACC	10.7	0.8	4.6
HACC only	35.7	97.4	73.7
Total DS and/or HACC	100.0	100.0	100.0
Per cent of total DS users (column)			
DS only	83.4	70.0	82.5
Both DS and HACC	16.6	30.0	17.5
Total DS	100.0	100.0	100.0
Per cent of total HACC users (column)			
HACC only	76.9	99.2	94.1
Both DS and HACC	23.1	0.8	5.9
Total HACC	100.0	100.0	100.0

Note: DS user age grouping has been used as the most trustworthy source for users in the 'both DS and HACC' group.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Overview of users aged under 65

In 2010–11, a vast majority (around 90%) of users accessing both programs ('both DS and HACC' group) were aged under 65 (Table 3.1). The following analysis looks in detail at the age profile of these users, along with the support needs of this population group. This analysis is highly relevant because of the importance of age in the current support service environment for people with disability.

For example, National Health Reform changes agree that states and territories:

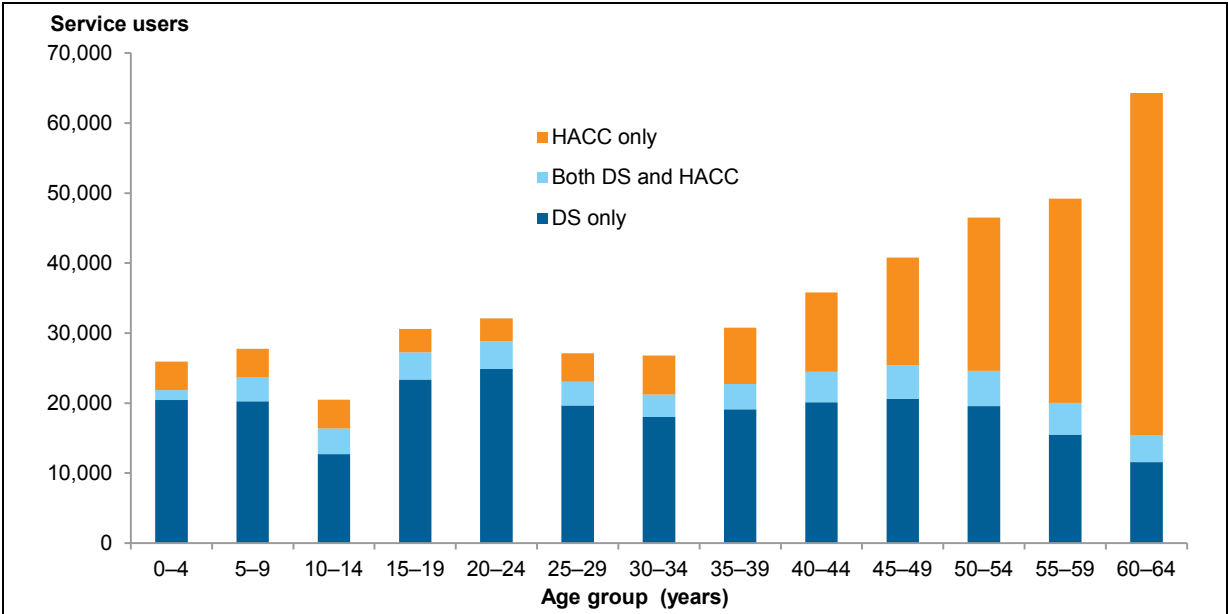
- are responsible for delivering specialist disability services regardless of age; however, the Australian Government is responsible for funding these services for people aged 65 and over (aged 50 and over for Indigenous Australians)
- have funding and program responsibility for Basic Community Care services (previously the responsibility of HACC) provided to people with disability under 65 (under 50 for Indigenous Australians) –excluding Victoria and Western Australia.

In addition, eligibility for the Australian Government’s NDIS will consider the age of clients. People who need disability support for the first time after the age of 65 will have their needs met through the aged care system. Those who receive support under the NDIS, and turn 65, may choose either to remain in the NDIS or to move to the aged care system. (For further details, see *National Disability Insurance Scheme Act 2013* (Cwlth) at <www.comlaw.gov.au>.)

Age distributions of users aged under 65

For most age groups, between 3,200 and 5,050 users received both DS and HACC services. The exception was the youngest age group (0–4), with 1,428 users (Figure 3.3; Table B3.1).

From the age group 35–39 and above, the total number of users of DS and/or HACC services consistently increased with age; the increase was mainly due to the increasing number of HACC only users. From the age group 50–54 and above, the number of DS users declined; there were more HACC users than DS users within each age group. The number of HACC only users aged 60–64 (48,915) was more than 4 times the number of DS only users of the same age (11,579). This pattern partly reflects the different objectives and major target groups for each program and, in particular, the focus of DS on people with disability acquired at younger ages.



Source: Table B3.1.

Figure 3.3: Age distributions of people aged under 65 who used both DS and HACC services compared with people who used HACC only or DS only, 2010–11

Comparisons with the age pattern of people with severe or profound core activity limitation

Estimates of the number of people with severe or profound core activity limitation (that is, sometimes or always needing help with core activities of self-care, mobility and communication) are based on the ABS 2009 survey of disability, ageing and carers (ABS 2010) – the most comparable population disability data available for this study – and provide a broad indicator of people’s need for services and assistance.

The estimated number of school age children aged under 15 in 2009 with severe or profound core activity limitation was markedly larger than the number of DS or HACC users (Figure 3.4) in 2010–11 (comparable years of data are not available). The peak in the number of children aged 5–9 who needed help with core activities may reflect the effects of early intervention services and the school environment in identifying disability, especially intellectual/learning disability (Figure 3.4).

The comparatively low number of users in the age group 10–14 does not necessarily suggest low support needs of this population group (Figure 3.3). This is because support services provided in the school environment by the education sector or other mainstream service sectors are not captured in the DS and HACC data collections.

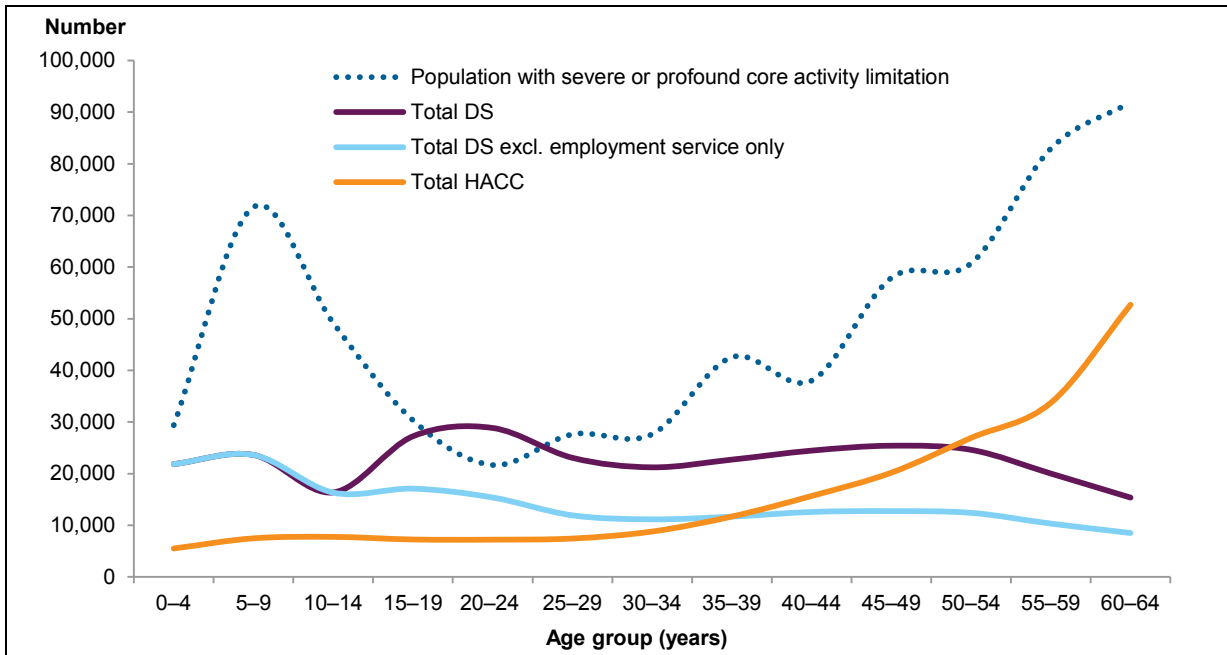
Despite the age group of 20–24 having the lowest number of people needing help with core activities, it had the highest number of DS services users. However, if DS users of employment services are excluded, the number of DS users aged 20–24 was less than the number of people needing help with core activity (Figure 3.4). This highlights the importance of employment services for this age group.

Excluding DS users of employment services, the number of DS users remained relatively low and stable from the age group 25–29 and above compared with users at younger ages. The number ranged from 11,000 to 13,000 for users aged 25–54 and then declined to 10,000 or less for users aged 55–64 (Table B3.2). In contrast, the number of HACC users increased substantially with age (Figure 3.3).

As people with disability age, their service needs are likely to change. Retirement of disability employment service users may result in increased demand for alternative types of DS or HACC services.

Among the older cohort of those aged under 65, there were substantially more people needing help with core activities than people who were using DS and/or HACC services (Figure 3.4). Analysis of data in the ABS Survey of Disability, Ageing and Carers (ABS 2010) has shown that informal carers provided most of the assistance needed by people with severe or profound core activity limitation living in the community. For example, in 2009, around 92% of these people received informal help with a range of activities. People were more likely to rely solely on informal assistance for core activities (that is, self-care, mobility and communication) than non-core activities such as household chores, meal preparation, private transport, personal health care and property maintenance (AIHW 2011). The reliance of people with disability on informal care highlights the importance of providing a range of flexible services to support informal carers.

Services to assist with non-core activities are more likely to be provided by the HACC program. This is reflected in the increasing number of HACC users among the older cohort of those aged under 65 (Figure 3.3; see more analysis of HACC services in chapters 7 and 8).



Source: Table B3.2.

Figure 3.4: People aged under 65: DS users (excluding users of employment service only) compared with total DS and total HACC users, 2010–11, and the population with severe or profound core activity limitation in households, 2009

4 DS user profile: users of both programs compared with DS only users

This chapter compares the characteristics of users of both DS and HACC services with those of DS only users. At times, comparisons with all DS users are included to provide additional context (Box 4.1). In 2010–11, there were 314,252 users of DS services, of whom 259,410 (83%) used DS only and 54,842 used both DS and HACC services.

Box 4.1: Technical notes

This chapter focuses on the comparisons between users of both DS and HACC services and DS only users. Therefore, the analysis is based on the DS NMDS data set containing a linkage key to distinguish users accessing both programs from users of DS only.

Comparisons between users accessing both programs and HACC only users are presented in Chapter 5. This presentational structure is selected to account for differences in the scope of data collections and some inconsistencies between DS NMDS and HACC MDS in collections of user characteristics (see Chapter 5 Box 5.1).

In the linked DS and HACC data set, users of both DS and HACC services have two sets of information for some characteristics. Where there are differences in reported values, DS NMDS information about main characteristics is used as the most trustworthy source.

The main findings of the analysis show that, compared with DS only users, users of both DS and HACC services are older. They are also more likely to have disability from an early age; to have activity limitation/participation restrictions that require higher level, complex and diverse supports; to have an informal carer and be cared for by an older carer; to rely on the Disability Support Pension as their main source of income; and to not participate in the labour force.

Age and sex

Compared with DS only users, users of both DS and HACC services tend to be older and are more likely to be female (Figure 4.1; Table 4.1). In 2010–11:

- the proportion of users accessing both programs aged 65 or over (11%) was twice as high as that for DS only users (5%) (Table 3.1)
- the mean age of users accessing both programs overall was 39, compared with 33 for DS only users
- the difference in female mean ages between users accessing both programs and DS only users was larger (6.1 years) than the difference in male mean ages between the two user groups (5.6 years)
- the difference between male and female mean ages within the groups was slightly larger for users accessing both programs (5.9 years) than for DS only users (5.4 years)
- while there were more male users than female users in both groups, the proportion of females who accessed both programs (46%) was higher than that for females who accessed DS only (40%).

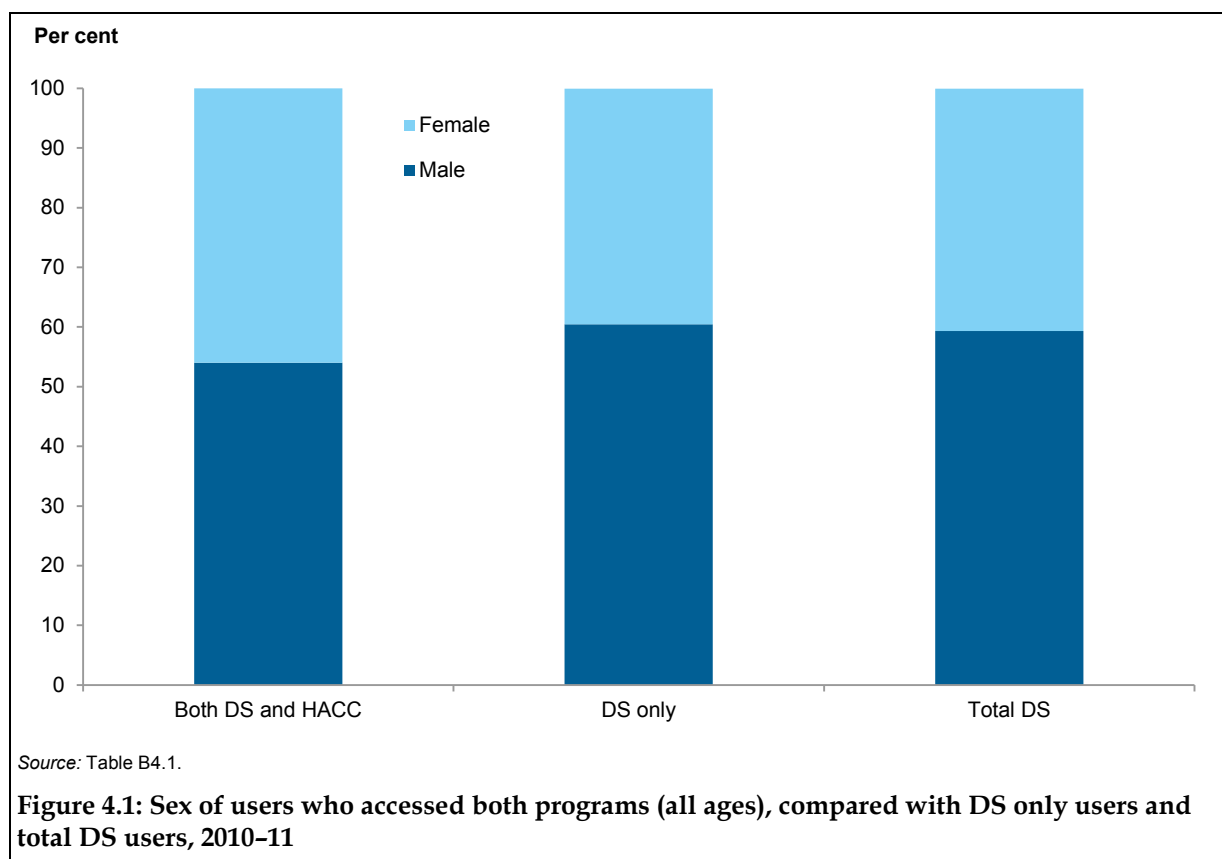
Table 4.1: Mean age of users accessing both programs^(a), compared with DS only users and total DS users, by sex, 2010–11

	Both DS and HACC	DS only	Total DS
Male	36.6	31.0	31.9
Female	42.5	36.4	37.6
All service users^(b)	39.3	33.1	34.2

(a) Based on data items included in the DS NMDS data set.

(b) Includes service users for whom sex was 'not state/not collected'.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.



Disability groups

In Australia, disability is often classified into broad groups based on underlying long-term health conditions, impairments, activity limitations, participation restrictions and environmental factors (AIHW 2003b, 2005). Information about the primary disability of DS users is collected in the DS NMDS. A service user's primary disability is the disability that most clearly expresses their 'experience' of disability and that causes the most difficulty in the everyday life of the person (AIHW 2013b; also see Definition of service types).

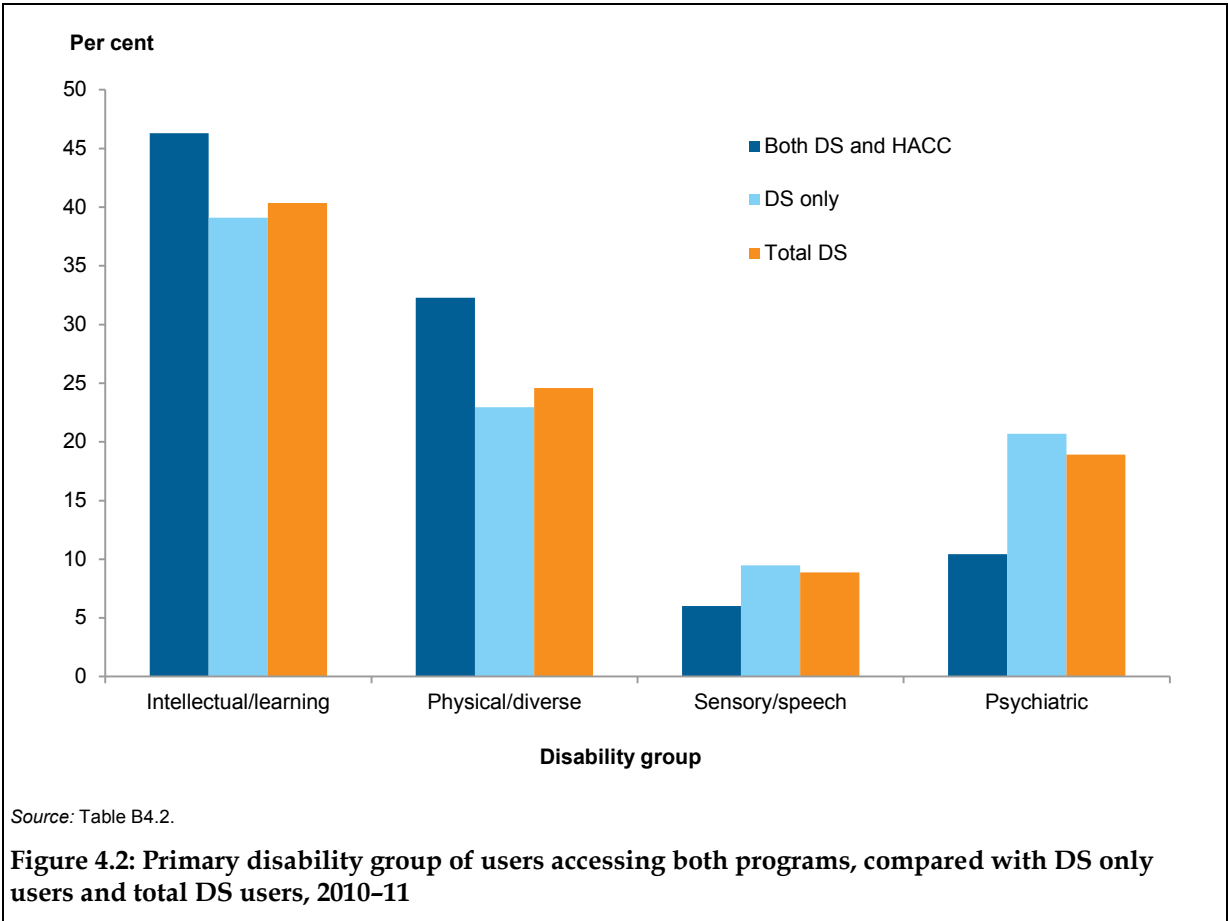
Compared with DS only users, users accessing both programs were more likely to have disability from an early age and their disability was more likely to result in complex and diverse support needs.

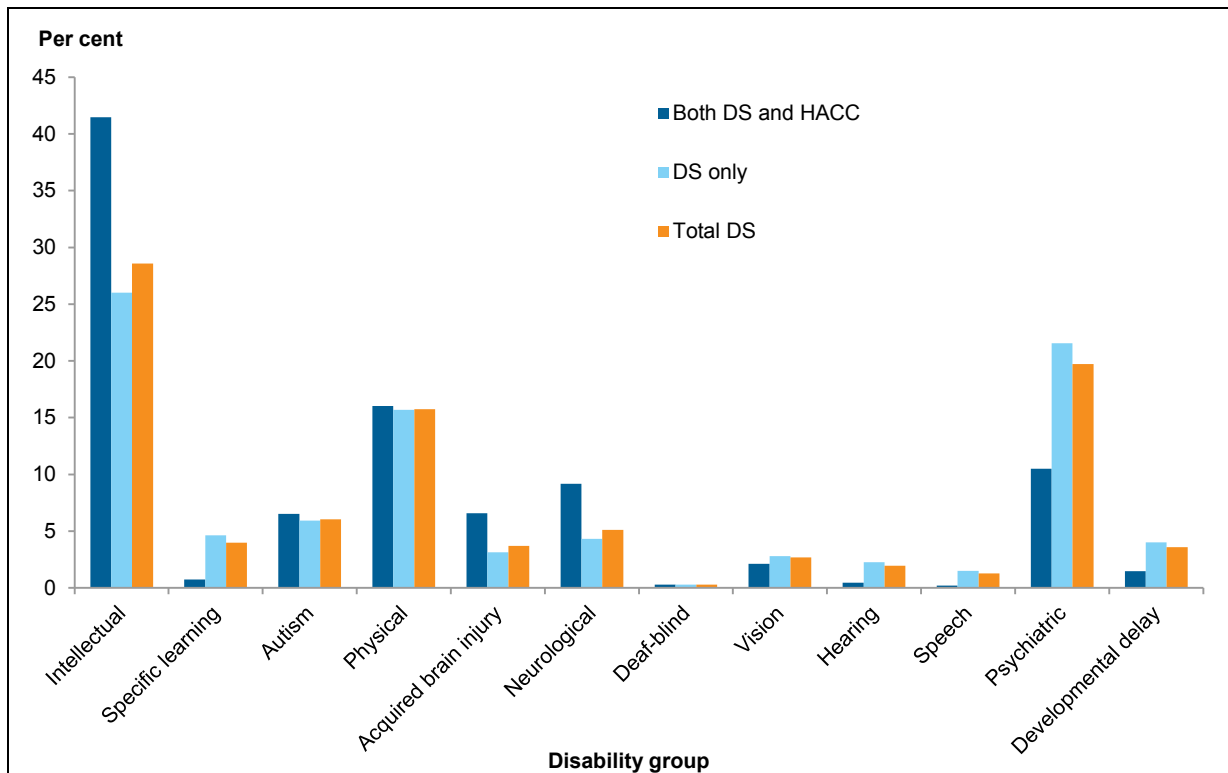
In 2010–11, users accessing both programs (figures 4.2 and 4.3) were:

- more likely than DS only users to have intellectual/learning (46% versus 39%, respectively) or physical/ diverse (32% versus 23%) primary disability
- less likely to have sensory/speech (6% versus 10%) or psychiatric (10% versus 21%) primary disability
- more likely to have disability associated with acquired brain injury (ABI) (7% versus 3%) or neurological conditions (9% versus 4%).

The likelihood of severe or profound core activity limitation is very high for people with early onset conditions such as Down syndrome and cerebral palsy, and with neurological conditions such as multiple sclerosis and Parkinson disease (AIHW 2004).

Compared with other health conditions and other types of disability, the consequences of acquired brain injury are often complex. Acquired brain injury-related disability can affect cognitive, physical, emotional and independent functioning. People with ABI-related disability often need high-level and diverse supports (AIHW 2007a).





Source: Table B4.3.

Figure 4.3: Primary disability group of users accessing both programs aged under 65, compared with DS only users and total DS users of that age, 2010–11

Support needs for participation in life areas

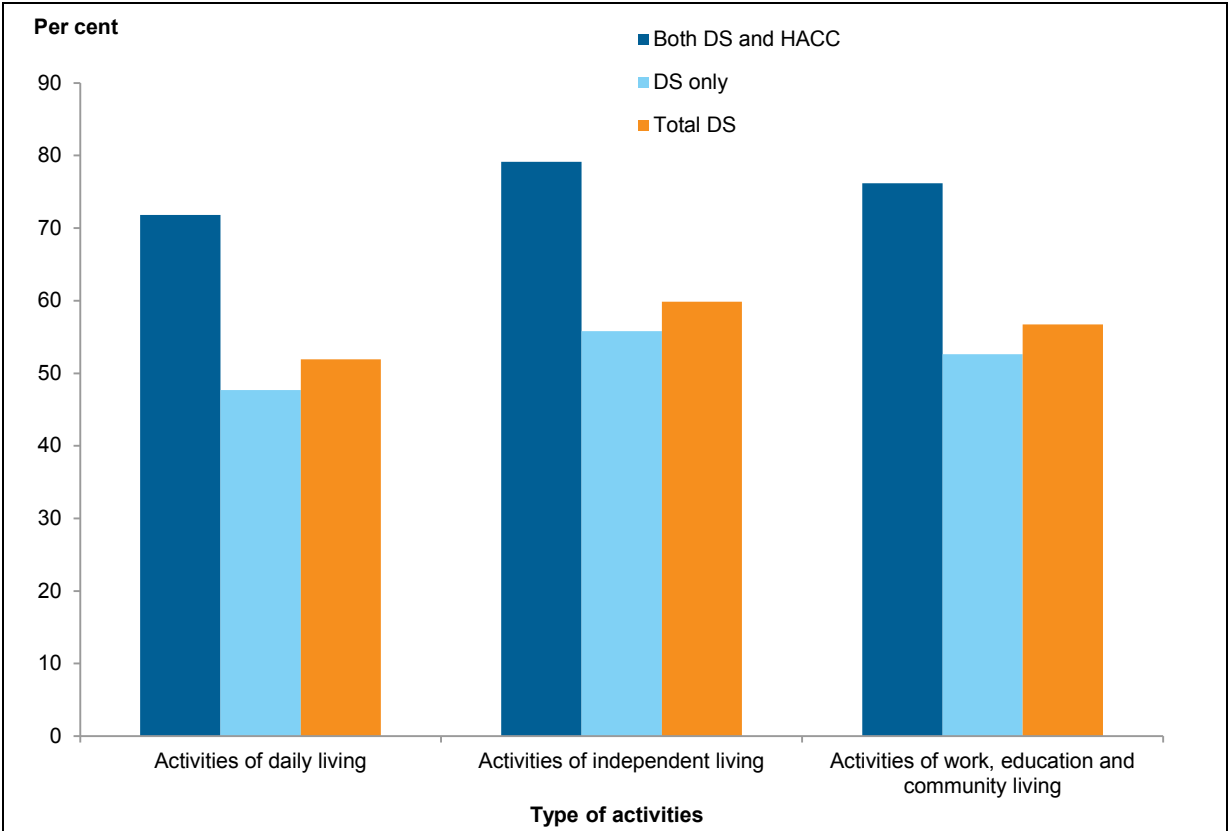
People with disability need support to perform basic daily activities and to participate in various life areas. Information about support needs of people with disability is collected in the DS NMDS in terms of nine domains of activity and participation, and is based on the conceptual framework of the International Classification of Functioning, Disability and Health (WHO 2001). The nine domains are grouped into three broad life areas:

- ‘activities of daily living’, including self-care, mobility and communication
- ‘activities of independent living’, including interpersonal interactions and relationships, learning, applying knowledge and general tasks and demands, and domestic life
- ‘activities of work, education and community living’, including education, community (civic) and economic life, and work (AIHW 2013b; also see Definition of service types).

Users recorded as always or sometimes needing help with activities of daily living in the DS NMDS are conceptually similar to the respondents reported as having profound or severe core activity limitation in the 2009 ABS survey of disability, ageing and carers (ABS 2010).

A higher proportion of users accessing both programs (compared with DS only users) needed support in each of the three life areas (Figure 4.4): activities of daily living 72% versus 48%, respectively; activities of independent living 79% versus 56%; and activities of work, education and community living 76% versus 53%.

The higher proportions of need for help with activities of independent living and activities of work, education and community living may be partly due to the fact that almost half (46%) of users accessing both programs had intellectual/learning disability and were more likely to have higher support needs in these life areas. These findings are consistent with previous analysis by the AIHW that indicated that people with intellectual disability often have considerable difficulty in managing emotions and relating to other people, and in learning and applying knowledge, and thus need support with social interaction and with activities associated with work and education. School students with intellectual/learning disability typically need additional support at school in order to learn and successfully participate in the school environment. On finishing school, they are far less likely to move into further education or the labour force than their age peers without disability. They have difficulty in maintaining employment and need to find alternative means of social participation when they retire early (AIHW 2008).



Sources: Tables B4.4, B4.5 and B4.6.

Figure 4.4: Users accessing both programs (all ages) who ‘always’ or ‘sometimes’ need assistance with activities compared with DS only users and total DS users of all ages, 2010–11

Living arrangements and informal care

Living with family in community settings is a common goal of people with disability. In 2010–11, around 600 (1%) users accessing both programs were living in residential settings (residential facilities or hostels) (Table 6.1). Users of both DS and HACC services were more likely than DS only users to live with family (56% and 46%, respectively) and slightly less likely to live alone (18% and 19%) (Table 4.2).

Table 4.2: Living arrangements of users accessing both programs, compared with DS only users and total DS users, 2010-11

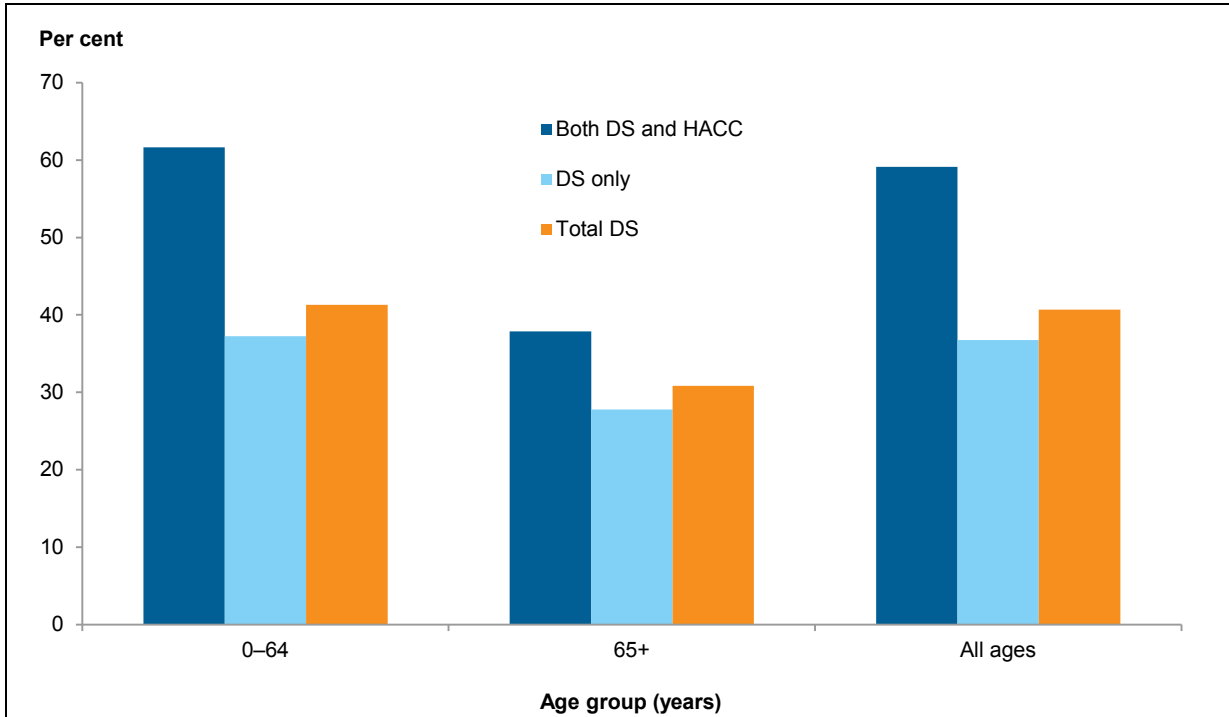
	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
Lives alone	9,983	18.2	49,240	19.0	59,223	18.8
Lives with family	30,413	55.5	120,341	46.4	150,754	48.0
Lives with others	11,079	20.2	59,698	23.0	70,777	22.5
Not stated/not collected	3,367	6.1	30,131	11.6	33,498	10.7
All service users	54,842	100.0	259,410	100.0	314,252	100.0

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

People using both service programs are more likely than DS only users to need more informal help if they are to live in the community. Around 60% of users accessing both programs of all ages had an informal carer, compared with 37% of DS only users. The differences between the two groups of users aged under 65 (62% versus 38%, respectively) was twice as large as the difference between users aged 65 or over (38% versus 28%) (Figure 4.5).

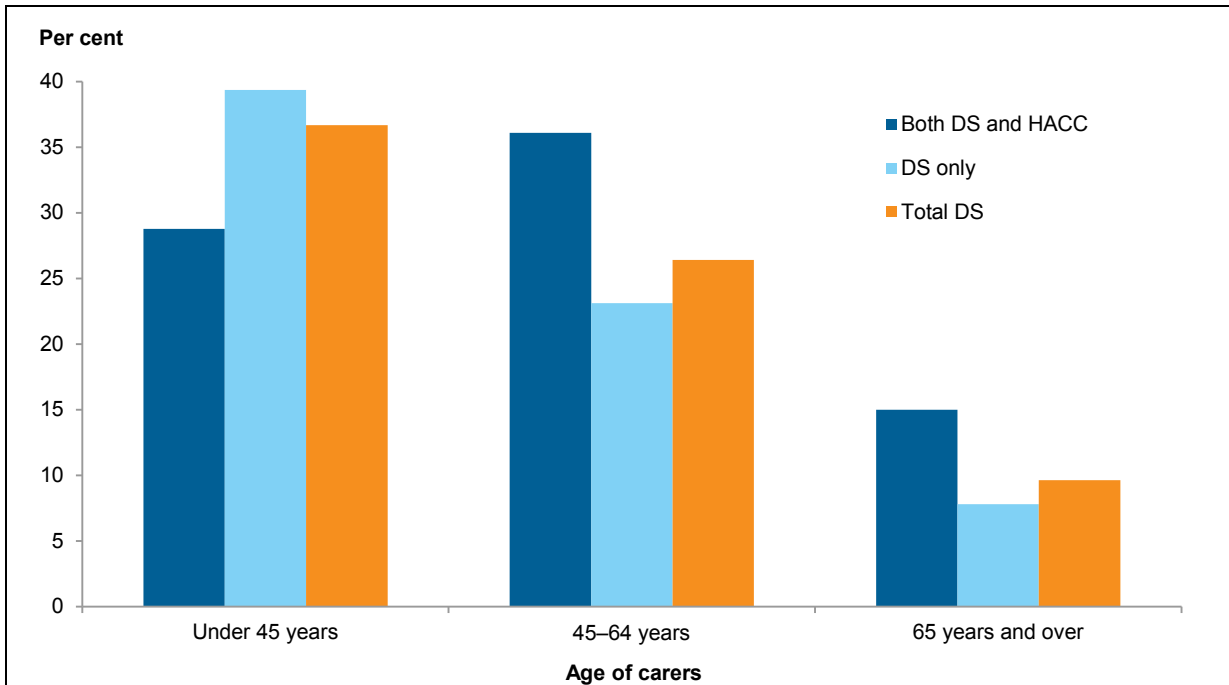
Among all DS users, mothers were the most likely informal carers of DS users (64% of the total 127,777 informal carers) (Table 4.3). However, users of both DS and HACC services were less likely than DS only users to be cared for by a mother (60% versus 65%, respectively), and were more likely to be cared for by a spouse (12% versus 7%). The latter was especially true among users aged 65 or over (45% versus 36%).

Informal carers of users accessing both programs were older than DS only users, and there were higher proportions of carers in older age groups of 45–64 (36% versus 23%, respectively) and 65 or over (15% versus 7.8%). This partly reflects the higher proportion of spouse carers of users accessing both programs (Figure 4.6).



Source: Table B4.7.

Figure 4.5: Proportion of users accessing both programs who have an informal carer, compared with DS only users and total DS users, by age, 2010-11



Source: Table B4.8.

Figure 4.6: Age of informal carers for users accessing both programs, compared with DS only users and total DS users, 2010-11

Table 4.3: Relationship of carer to service user: users accessing both programs compared with DS only users and total DS users, by age, 2010–11

	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Spouse	2,858	9.5	5,027	5.5	7,885	6.5
Mother	19,296	63.9	62,218	67.9	81,514	66.9
Father	1,705	5.6	4,851	5.3	6,556	5.4
Child	511	1.7	849	0.9	1,360	1.1
Other family	1,900	6.3	4,260	4.7	6,160	5.1
Friend/neighbour	677	2.2	1,620	1.8	2,297	1.9
Not stated	3,259	10.8	12,761	13.9	16,020	13.2
Total 0–64	30,206	100.0	91,586	100.0	121,792	100.0
65+						
Spouse	1,004	45.4	1,345	35.6	2,349	39.2
Mother	38	1.7	59	1.6	97	1.6
Father	3	0.1	12	0.3	15	0.3
Child	408	18.5	932	24.7	1,340	22.4
Other family	208	9.4	292	7.7	500	8.4
Friend/neighbour	97	4.4	156	4.1	253	4.2
Not stated	452	20.5	979	25.9	1,431	23.9
Total 65+	2,210	100.0	3,775	100.0	5,985	100.0
Total						
Spouse	3,862	11.9	6,372	6.7	10,234	8.0
Mother	19,334	59.6	62,277	65.3	81,611	63.9
Father	1,708	5.3	4,863	5.1	6,571	5.1
Child	919	2.8	1,781	1.9	2,700	2.1
Other family	2,108	6.5	4,552	4.8	6,660	5.2
Friend/neighbour	774	2.4	1,776	1.9	2,550	2.0
Not stated	3,711	11.4	13,740	14.4	17,451	13.7
All service users	32,416	100.0	95,361	100.0	127,777	100.0

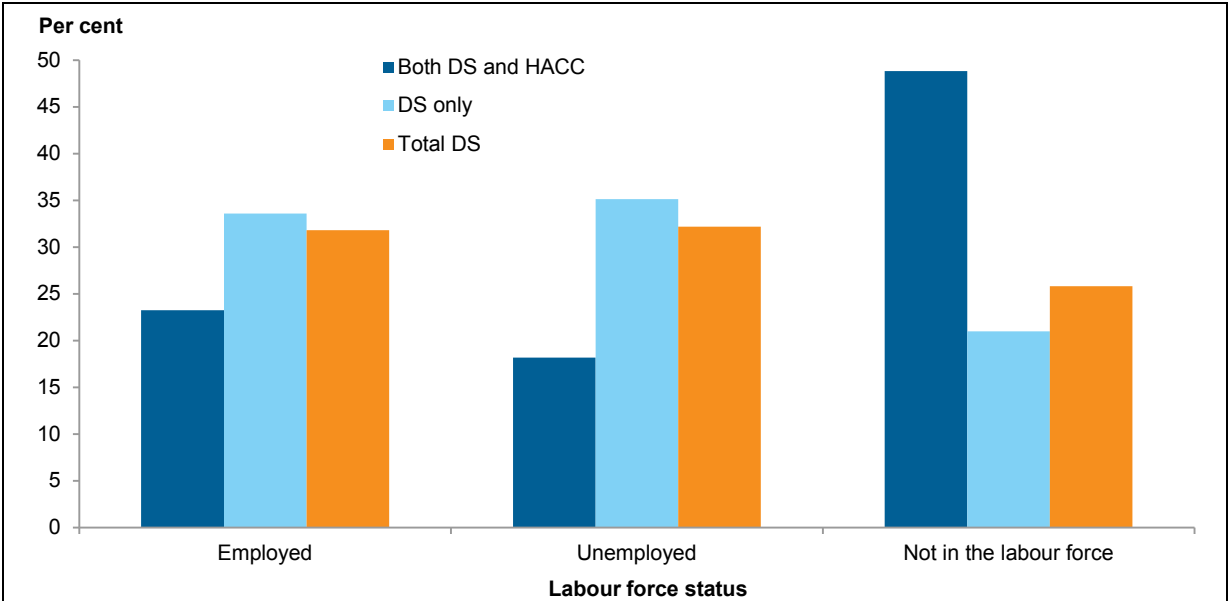
Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Labour force participation and income

Information about labour force participation and income provides some insights into the differences in socioeconomic status between users accessing both programs and DS only users. The section focuses on users of traditional working age; that is, users aged 15–64.

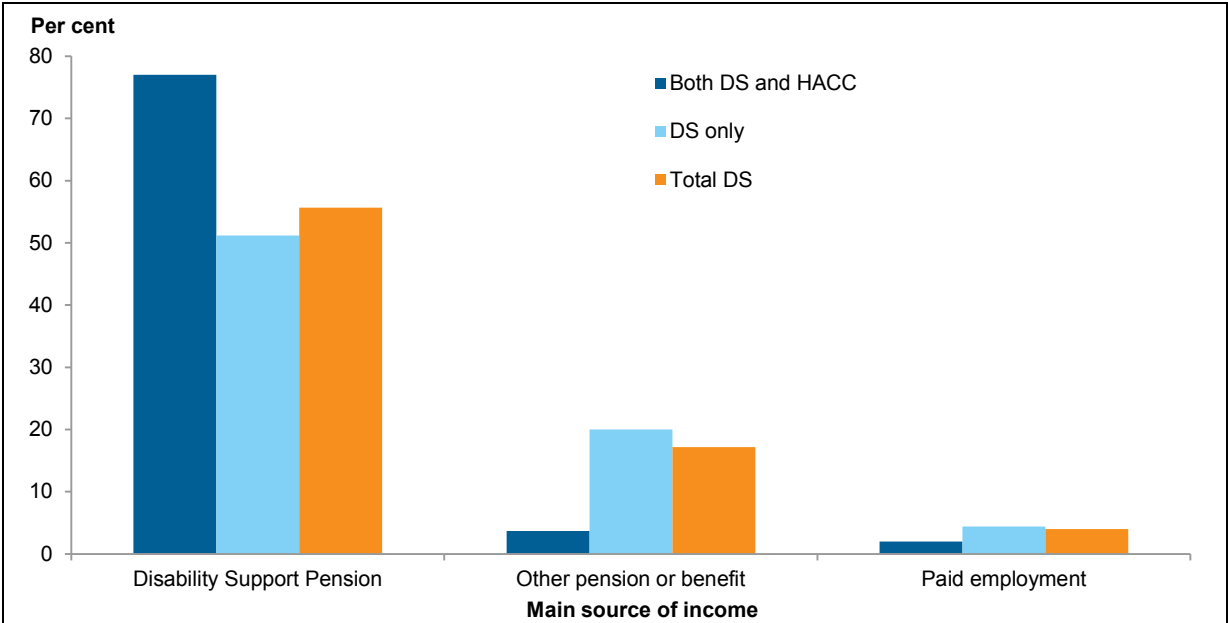
In 2010–11, almost half (49%) of users accessing both programs were not in the labour force and this proportion was 2.3 times the proportion of DS only users (21%). Just under one-quarter (23%) of users accessing both programs were employed, compared with 34% of DS only users (Figure 4.7).

Among all DS users aged 16–64, the most common source of income was the Disability Support Pension (Figure 4.8). More than three-quarters (77%) of users accessing both programs of this age relied on the Disability Support Pension as their main source of income, compared with about half of DS only users (51%), compared with about half of DS only users (51%).



Source: Table B4.9.

Figure 4.7: Labour force status of users accessing both programs, compared with DS only users and total DS users aged 15–64, 2010–11



Note: The proportions of 'not known/stated/collected' information about income source was 14% for users of both programs and 22% for DS only.

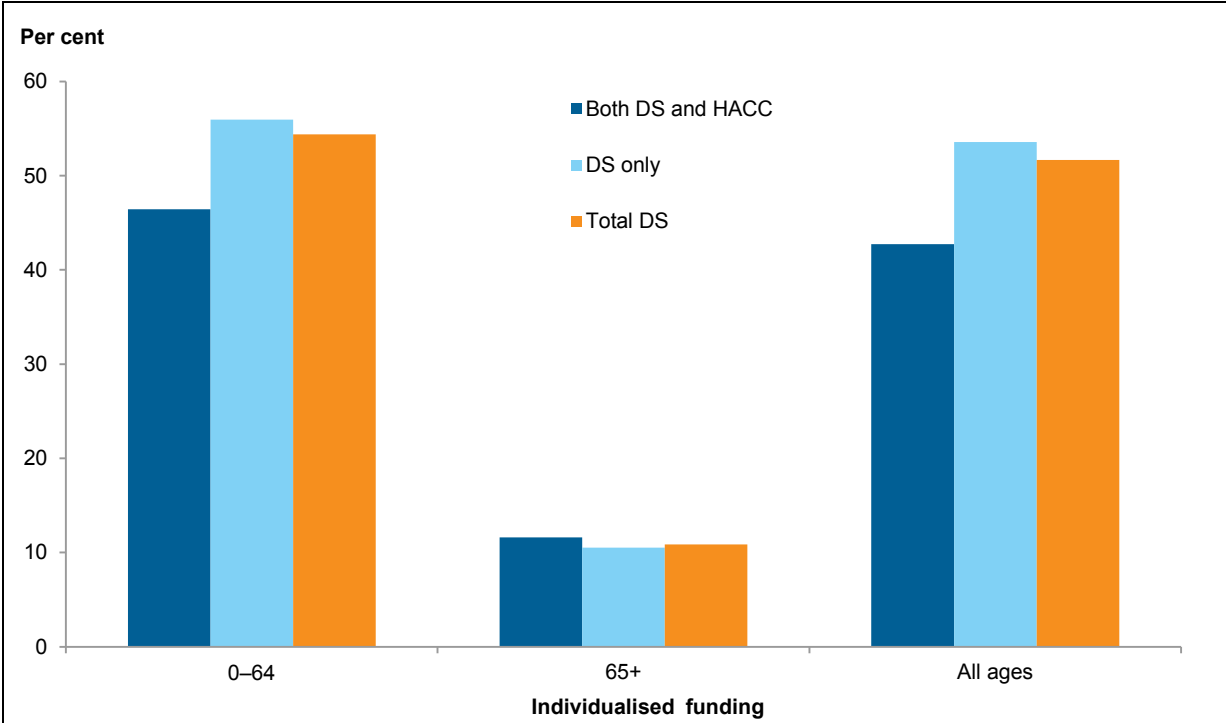
Source: Table B4.10.

Figure 4.8: Main source of income for users accessing both programs aged 16–64, compared with DS only users and total DS users of that age, 2010–11

Individualised funding arrangements

Individualised funding arrangements are designed to enable greater individual choice and autonomy for service users. In 2010–11, overall, around 43% of users accessing both programs reported an individualised funding arrangement, compared with over half of DS only users (54%). The main difference between the two user groups was among users aged under 65 (46% versus 56%, respectively) (Figure 4.9).

The higher likelihood of DS only users having an individualised funding arrangement may be partly related to the collection method for this information. For the purposes of the DS NMDS, all employment services provided by the Australian Government through ‘case-based funding’ are considered to be provided on an individualised funding basis. As mentioned in the previous section, almost half (49%) of users accessing both programs aged 15–64 were not in the labour force, compared with 21% of DS only users. DS only users were more than twice as likely to receive employment services as users accessing both programs (Chapter 6) and were thus more likely have individualised funding arrangements.



Source: Table B4.11.

Figure 4.9: Individualised funding arrangements for users accessing both programs, compared with DS only users and total DS users, by age, 2010–11

Aboriginal and Torres Strait Islander people

In 2010–11, users accessing both programs had the same overall proportion of Indigenous people (5.3%) as DS only users (Table 4.4). However, they had a slightly higher proportion of Indigenous people than DS only users within two age subgroups: age 0–49 (6.0% versus 5.8%, respectively), and age 50 or older (3.9% versus 3.5%).

Table 4.4: Indigenous status of users accessing both programs, compared with DS only users and total DS users, by age, 2010–11

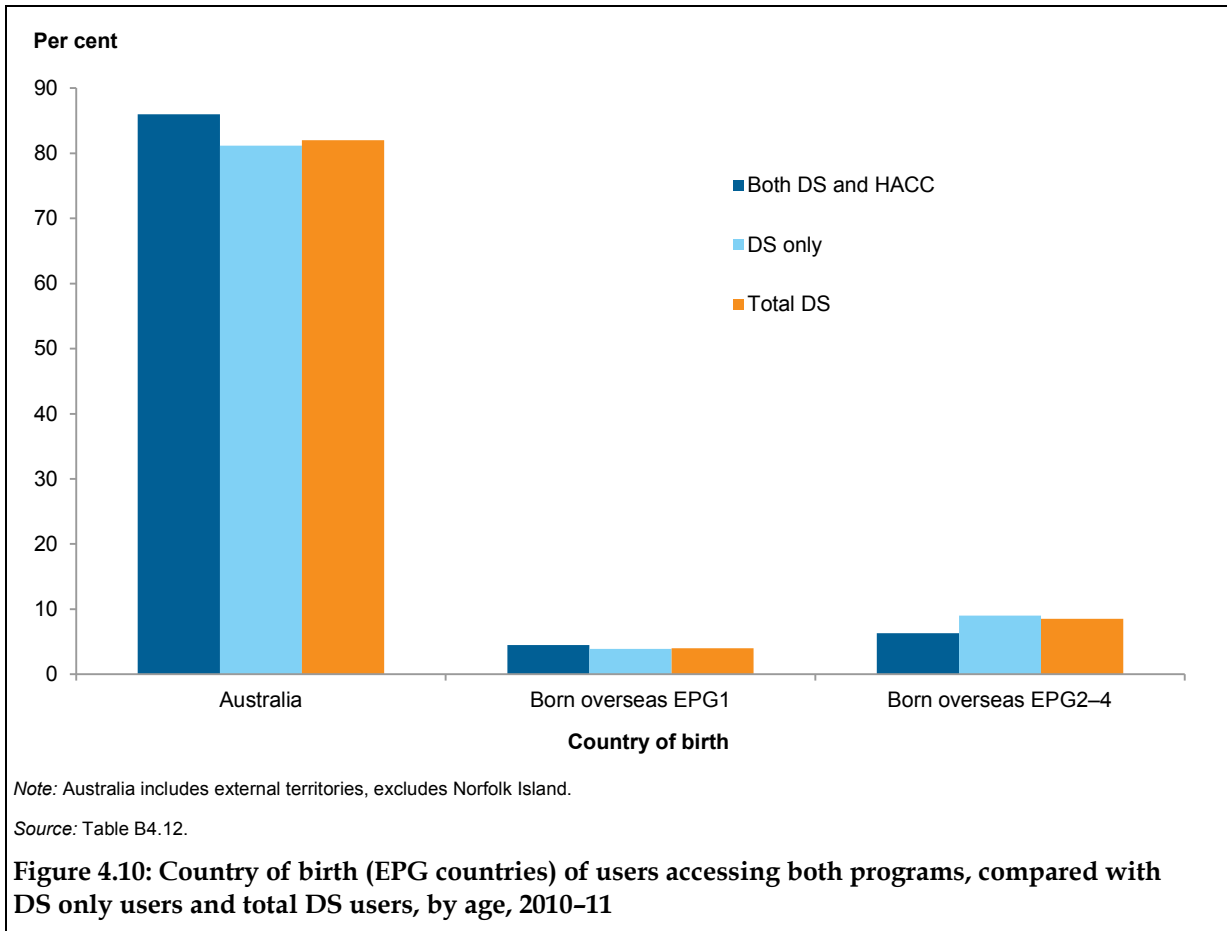
	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–49						
Indigenous	2,143	6.0	11,598	5.8	13,741	5.9
Non-Indigenous	32,497	91.1	177,037	88.9	209,534	89.2
Not stated/not collected	1,018	2.9	10,534	5.3	11,552	4.9
Total 0–49	35,658	100.0	199,169	100.0	234,827	100.0
50+						
Indigenous	744	3.9	2092	3.5	2836	3.6
Non-Indigenous	17,646	92.0	53,254	88.4	70,900	89.3
Not stated/not collected	794	4.1	4,895	8.1	5,689	7.2
Total 50+	19,184	100.0	60,241	100.0	79,425	100.0
Total						
Indigenous	2,887	5.3	13,690	5.3	16,577	5.3
Non-Indigenous	50,143	91.4	230,291	88.8	280,434	89.2
Not stated/not collected	1,812	3.3	15,429	5.9	17,241	5.5
All service users	54,842	100.0	259,410	100.0	314,252	100.0

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Country of birth

For the purposes of comparison, data on country of birth have been grouped into three broad categories based on English proficiency: Australian born, born overseas English Proficiency Group 1 (EPG1) (predominantly English-speaking country), and born overseas EPG 2–4 (predominantly non-English speaking country).

Compared with DS only users, users who accessed both programs were more likely to be born in Australia (86% versus 81%, respectively) or in a predominantly English-speaking country (4.5% versus 3.9%); they were less likely to be born in a predominantly non-English speaking country (6.3% versus 9.0%) (Figure 4.10).



5 HACC user profile: users of both programs compared with HACC only users

This chapter compares the characteristics of the users accessing both DS and HACC services with those of HACC only users (Box 5.1). In 2010–11, there were 934,379 users of HACC services, of whom 879,537 (94%) used HACC services only. The remaining 54,842 (6% of all HACC users) used both DS and HACC services. Differences in the profiles of the two groups provide contextual information for the service use patterns discussed in Chapter 8.

A particular focus of this chapter is on HACC service users aged under 65 since a large majority of users accessing both programs were aged under 65 (89%). This information may be particularly relevant for state and territory governments, which are responsible for HACC services for people aged under 65 under the revised NDA, and NDIS launch sites.

The main finding of this chapter is that a higher proportion of users of both programs than of HACC only users are younger than 65, live with family and have a carer. Their carer is more likely to be female, a parent and co-resident. Of note, users accessing both programs aged 0–34 were almost twice as likely to have a carer as HACC only users of the same age.

Box 5.1: Technical notes

This chapter focuses on the comparisons between users accessing both programs and HACC only users. Consequently, the analysis is based on data items reported in the HACC MDS data set. These data items differ from those reported in the DS NMDS based chapters (that is, chapters 3 and 4). One key difference is that the HACC data set does not collect information about primary disability group. Nine functional status items are included in the HACC MDS. However, this chapter does not include analysis based on these items because about 50% of all collected records had missing data.

The different source of data for this chapter than for Chapter 4 leads to different results for the characteristics. In most instances, such as for age and sex, these differences are minor. However, Indigenous status results for users who accessed services from both programs showed a different pattern for DS NMDS data than for HACC MDS data (AIHW 2014). In this case, DS data are considered the most reliable data source. Therefore, Indigenous status is not reported in this chapter.

Age and sex

Compared with HACC only users, users accessing both programs were younger and were more likely to be male. In 2010–11:

- a large majority of users accessing both programs were aged under 65 (48,977 people or 89%) compared with 1 in 5 (163,422 or 19%) HACC only users
- 2 in 5 (42%) users accessing both programs were aged 0–34, compared with about 1 in 30 (3%) HACC only users (Table B5.1)

- the average (mean) age of users accessing both programs overall was 39 and the median was 41. In comparison, the mean age for HACC only users was 74 and the median was 78 (Table 5.1).

Figure 5.1 shows the age distribution of HACC users of all ages. The proportion of users accessing both programs was relatively steady between the age groups 5–9 and 35–39, fluctuating between 6% and 7%. Above the age group 60–64, the proportion of users accessing both programs steadily decreased, from 7% to 2% for users aged 80–84. In contrast, the proportion of people accessing HACC only varied from 6% for users aged 60–64 to 20% for those aged 80–84.

The smaller proportions in the very old age groups (aged 85 or older) were partly due to changes in living circumstances (from independent living to aged care residential facilities). It was also partly due to death.

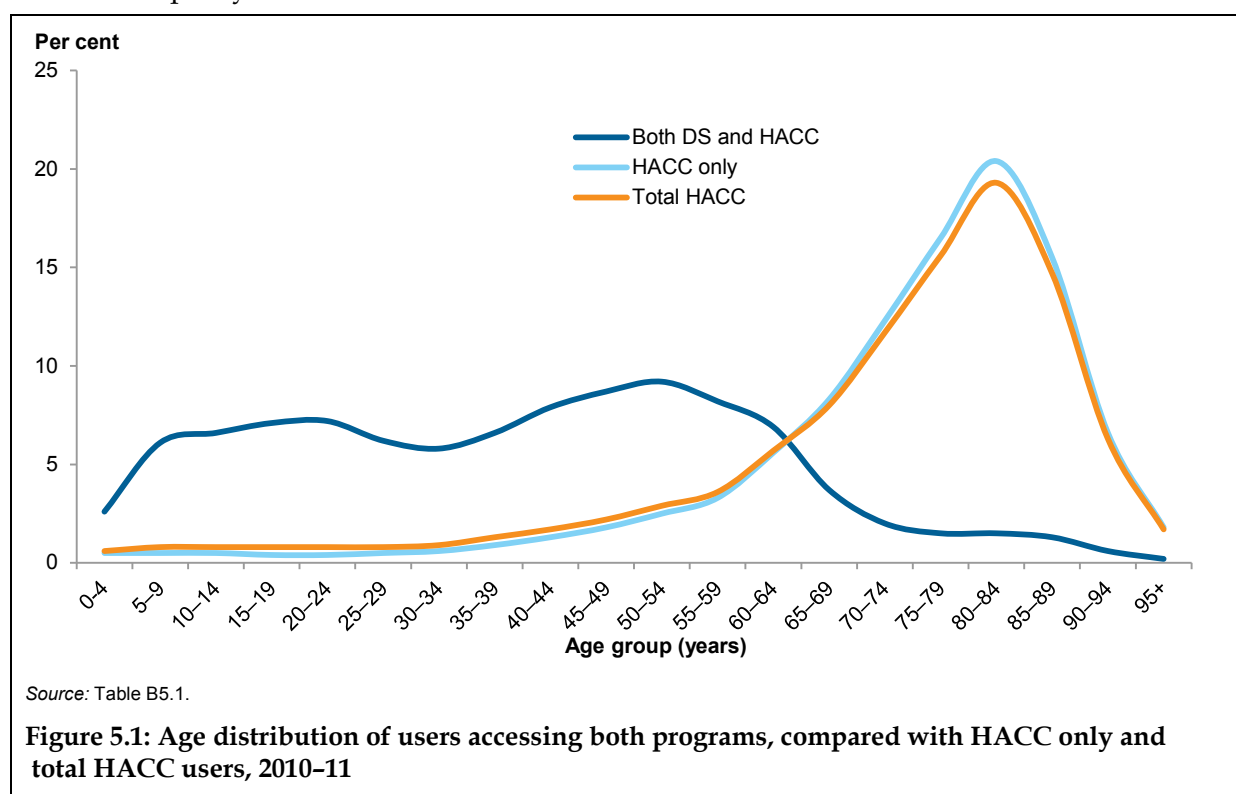


Table 5.1: Mean and median age of users accessing both programs^(a), compared with HACC only and total HACC users, 2010-11

	Both DS and HACC		HACC only		Total HACC	
	Mean	Median	Mean	Median	Mean	Median
Male	36.7	37.0	72.4	77.0	69.3	76.0
Female	42.5	44.0	75.0	78.0	73.6	78.0
All service users^(b)	39.4	41.0	74.1	78.0	72.0	77.0

(a) Based on data items reported in the HACC MDS data set.

(b) 'All service users' includes service users for whom sex was 'not stated/not collected'.

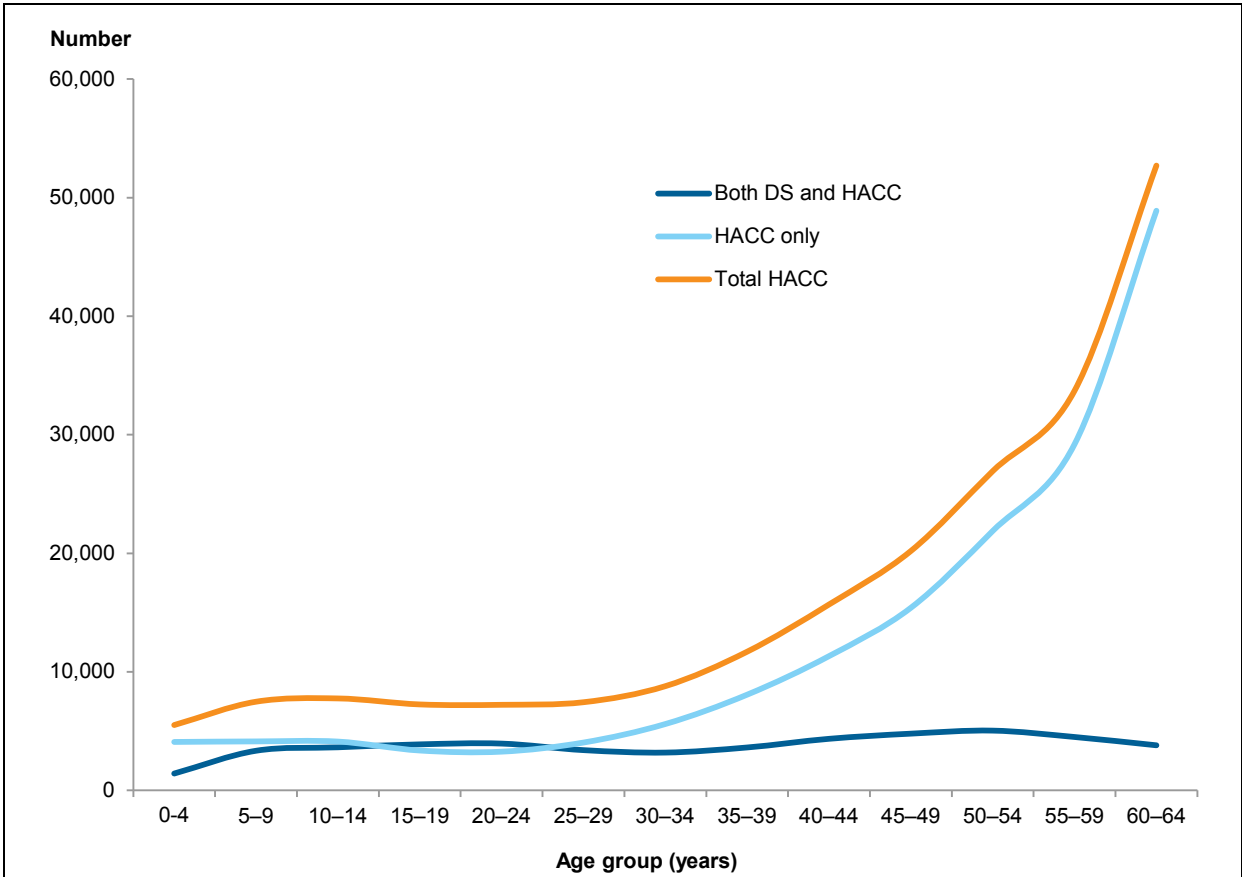
Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Figure 5.2 shows the age distribution of HACC users aged under 65. The distribution of users accessing both programs was relatively steady across all age groups. This may

represent the population group with ongoing high-level support needs, requiring service from both HACC and DS service programs (as described in Chapter 3).

Comparatively, the distribution shown in Figure 5.2 shows a steeper increase with age group in number of HACC only users from age group 35–39. This pattern may reflect a number of factors:

- an increase in the need for support by people with moderate or mild core activity limitations, who may experience the effects of ageing earlier than people without disability
- an increase in the prevalence of different types of age-related health conditions
- an increase in the need for in-home support for co-resident carers of people with disability who experience early onset ageing
- an increase in the number of people who are beginning to require small amounts of HACC support, such as domestic assistance.

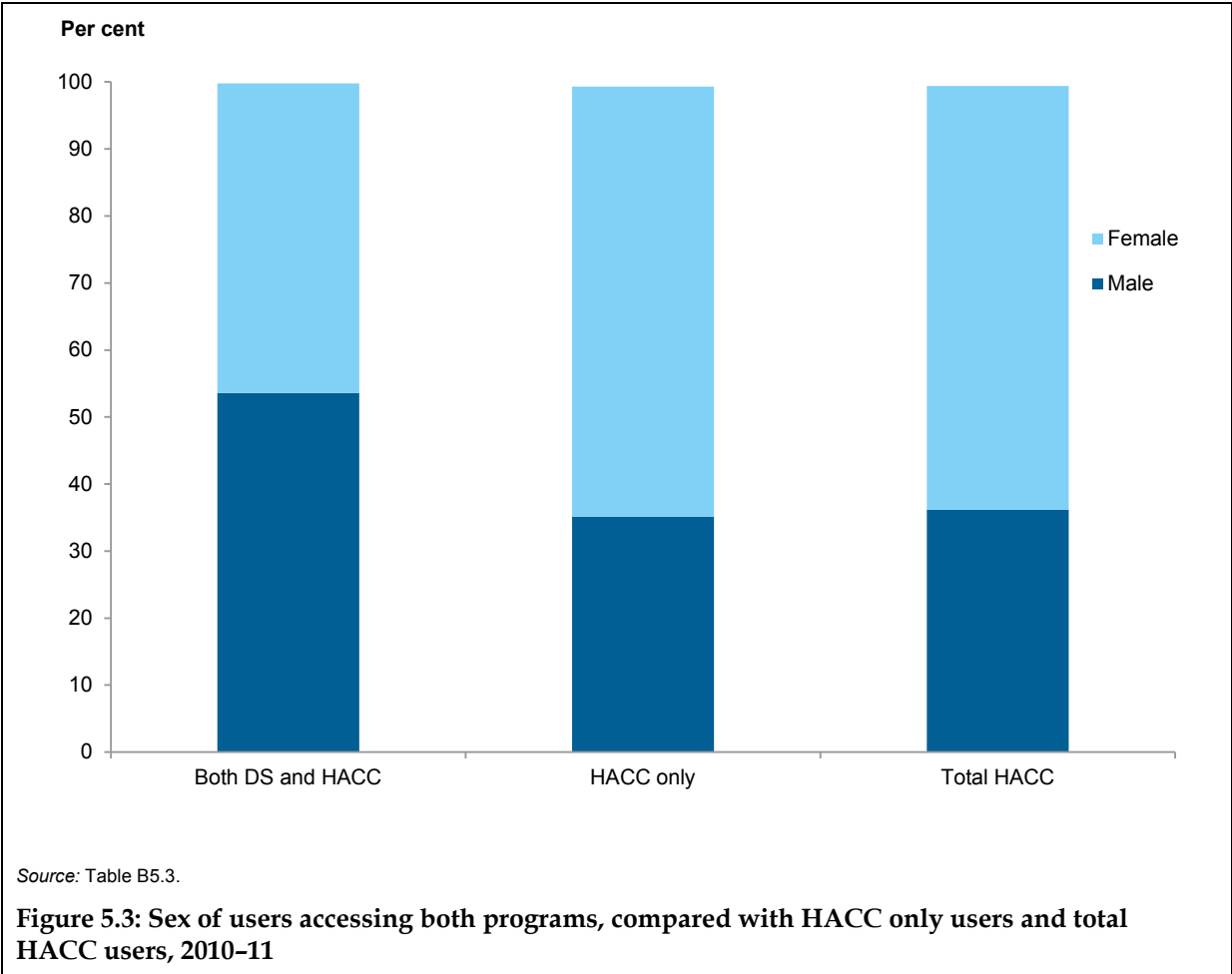


Source: Table B5.2.

Figure 5.2: Age distribution of users accessing both programs aged 0-64 compared with HACC only and total HACC users, 2010-11

More than half (54%) of the users accessing both programs were male, compared with about one-third (35%) of HACC only users (Figure 5.3). Users who accessed both programs are, on average, younger than the HACC only group and this helps explain the difference in the proportion of males and females between groups. For instance, life expectancy for females

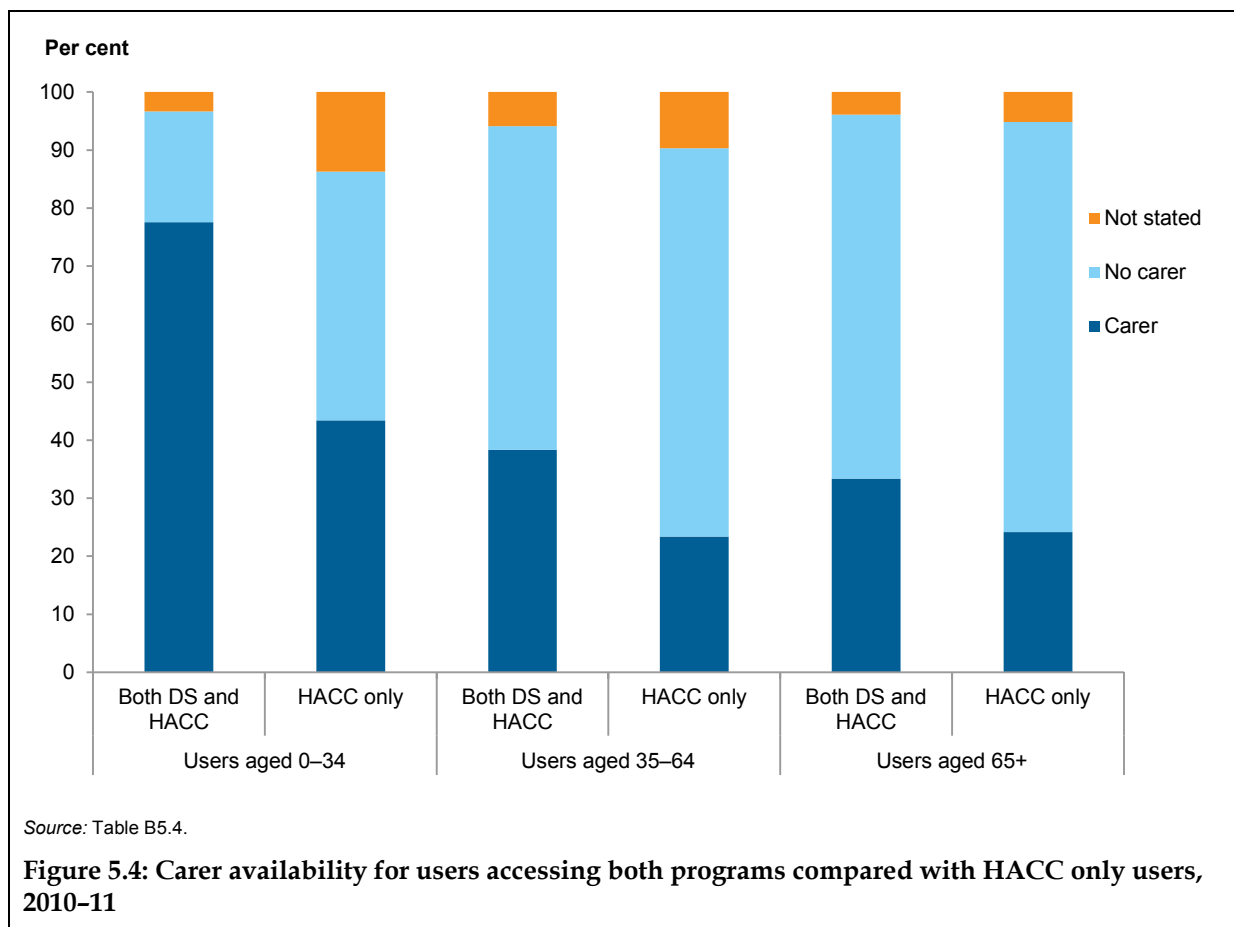
(with and without disability) is higher than for males (AIHW 2012b); therefore, there is a greater number of older females requiring support from the HACC program. Females are also more likely to live longer alone at home than males (AIHW 2013c), hence requiring HACC services to support them to continue living independently. The higher proportion of males in the group accessing both programs may partly be related to a higher prevalence rate of severe or profound core activity limitation in males aged under 25 than females of the same age (ABS 2010).



Living arrangements and informal care

Users accessing both programs were more likely to have a carer in all age groups compared with HACC only users (Figure 5.4):

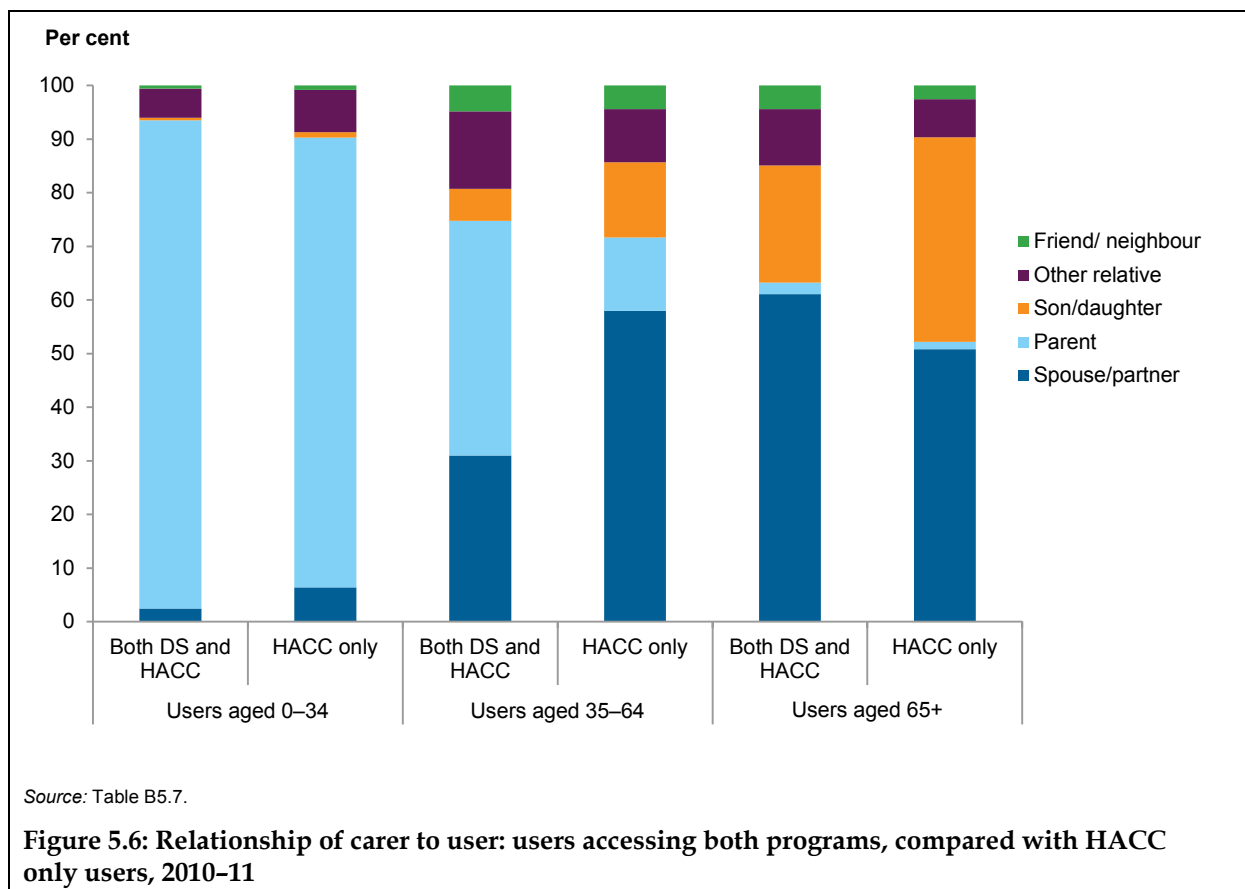
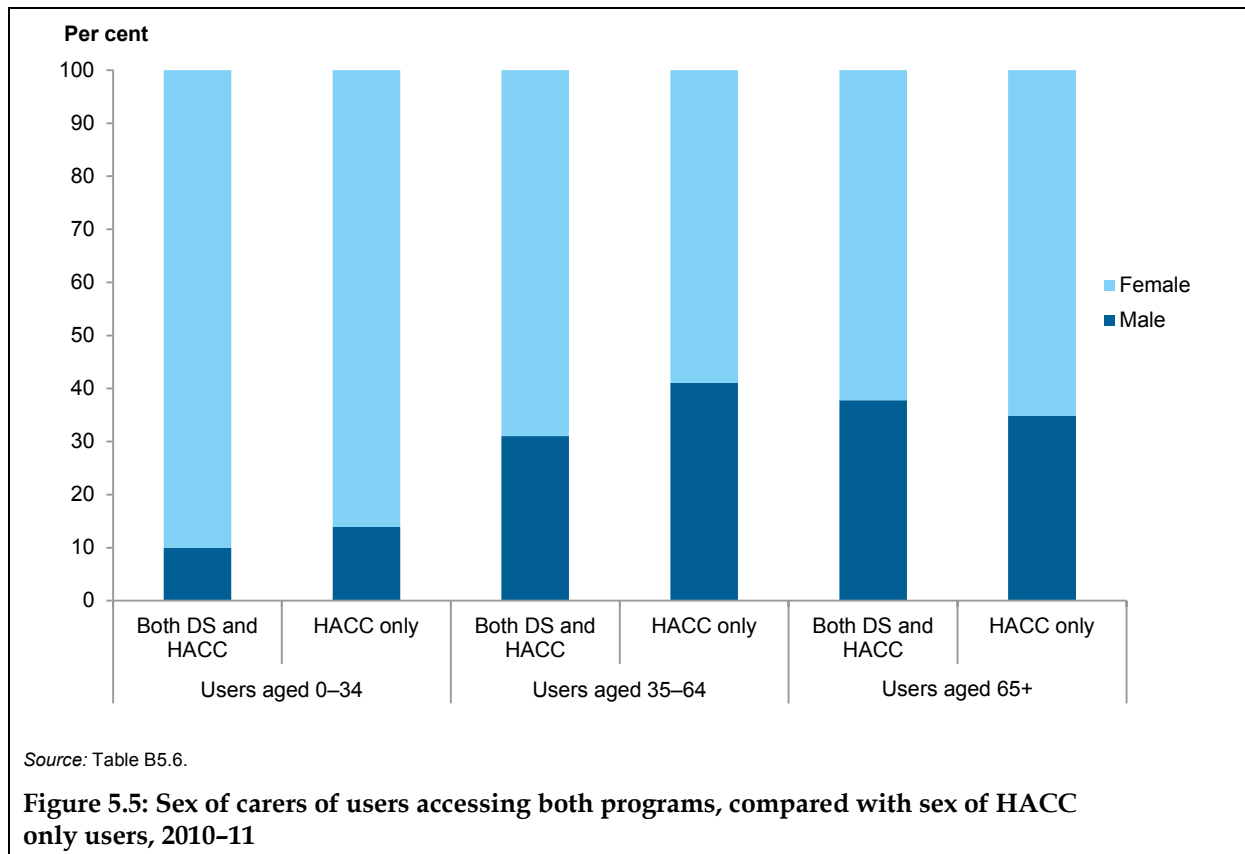
- aged 0-64: 57% of users accessed both programs compared with 27% of HACC only users:
 - aged 0-34: 78% of users accessed both programs compared with 43% of HACC only users
 - aged 35-64: 38% of users accessed both programs compared with 23% of HACC only users
- aged 65 or older: 33% of users accessed both programs compared with 24% of HACC only users.



For HACC users of all ages, users accessing both programs were more likely to live with family (59%) and with others (14%) than HACC only users (47% and 3%, respectively). HACC only users were twice as likely to be living alone as users accessing both programs (40% versus 20%) (Table B5.5). These are likely factors that relate to the differences in the availability of carers for the two groups.

For those care recipients where carer characteristic information was available, there were slight differences between the two groups. However, carer characteristics were generally consistent with the age and life-stage of the users for both groups:

- A large majority of carers of HACC users aged under 35 were female (90% for users accessing both programs and 86% for HACC only users) and a parent (91% for users accessing both programs and 84% for HACC only users) (figures 5.5 and 5.6).
- Three (3) in 5 (61%) carers of users accessing both programs aged 65 or older were a spouse or partner and 1 in 5 (22%) was a son or daughter (Figure 5.6).
- One (1) in 2 (51%) carers of HACC only users aged 65 or older was a spouse or partner and 2 in 5 (38%) were a son or daughter (Figure 5.6).
- One (1) in 2 (54%) carers of users accessing both programs was aged 45-64, compared with 2 in 5 (38%) carers of HACC only users (Table B5.8).
- A total of 88% of carers of users accessing both programs were co-resident carers, compared with 71% of carers of HACC only (Table B5.9).



Country of birth

Overall, a greater proportion of users accessing both programs were born in Australia than HACC only users (87% versus 67%, respectively) (Table B5.10). Of users accessing both programs aged younger than 65, 89% were born in Australia, 4% in main English-speaking countries and 6% elsewhere. In comparison, a smaller proportion of HACC only users of the same age group were born in Australia (76%), with a greater proportion was born in main English-speaking countries (6%) or elsewhere (13%).

6 Disability service use: comparisons between users of both programs and DS only users

This chapter analyses the differences in the use of DS between users of both DS and HACC services and DS only users. Chapter 7 examines various combinations of DS and HACC services used by people who accessed both programs.

DS provides services under the NDA to improve the quality of life of people with disability and their carers, and to ensure that both have the opportunity to participate in the community. This chapter does not describe the full volume and complexity of the provision of DS services. Such analyses are reported by the AIHW in its annual report on DS (for example, AIHW 2013a).

The analysis shows that users accessing both programs are extensive users of DS services. They use substantially more DS services than DS only users in terms of both quantity and type of care. The high use of DS services by users accessing both programs is associated with their relatively high-level and complex needs for support (see Chapter 4).

Service groups

The DS NMDS classifies services according to service type, arranging specific types of services into seven broad and distinct categories known as service groups: accommodation support, community support, community access, respite, employment, 'advocacy, information, alternative forms of communication', and 'other support'. Service user data are not collected for the 'advocacy' and 'other support' service groups (AIHW 2013a). Service user data collected for the other five service groups contain 25 specific service types. Analysis of these service types is discussed in the next section (AIHW 2013a).

In 2010–11, users accessing both programs were extensive users of DS services and used substantially more services than DS only users in four of the five service groups (Figure 6.1): accommodation support (24% versus 12%, respectively), community support (63% versus 41%), community access (31% versus 17%), and respite (26% versus 9%).

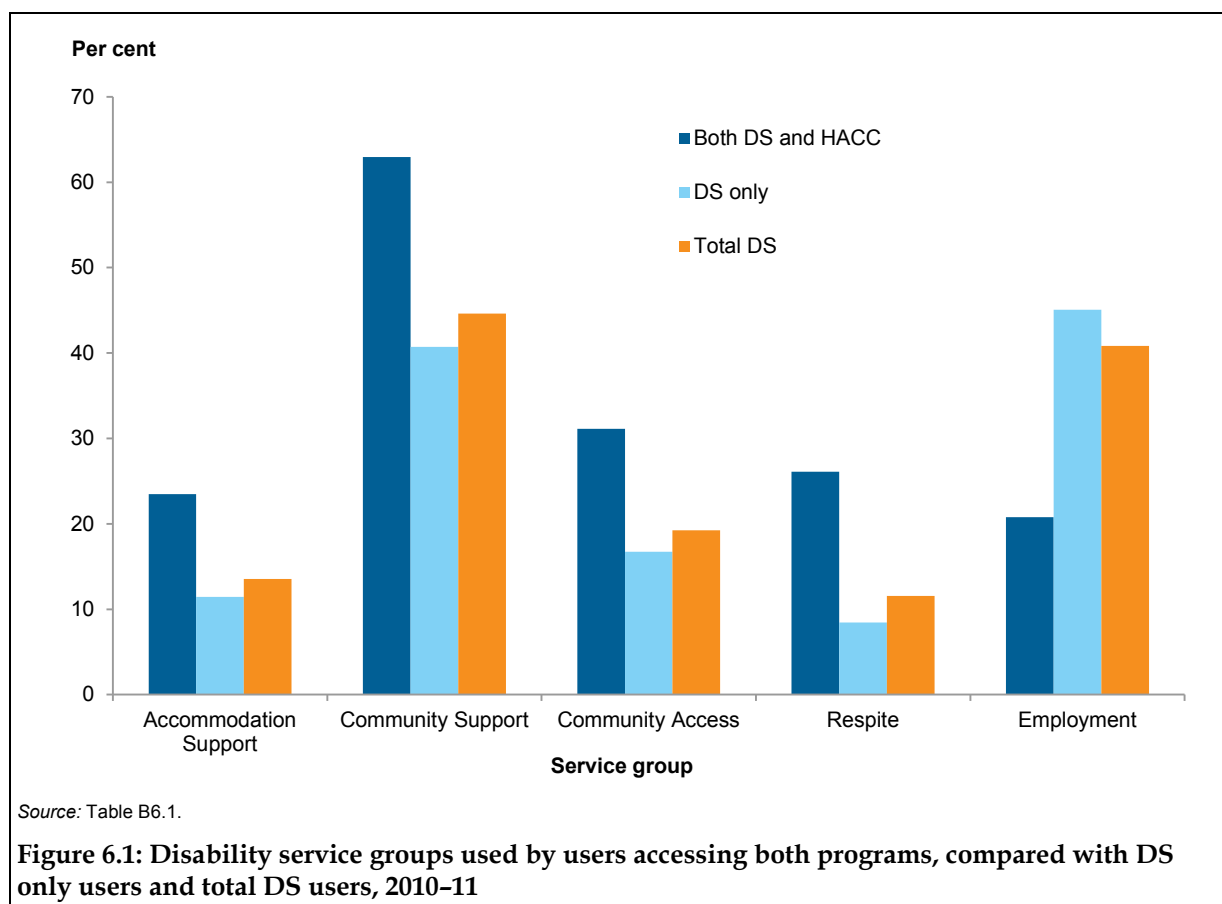
In contrast, DS only users were more than twice as likely to receive employment services as users accessing both programs (45% versus 21%, respectively). This result is consistent with the finding in Chapter 4 that almost half of users accessing both programs aged 15–64 were not in the labour force and just under 80% relied on the Disability Support Pension as their main source of income.

There was a much higher proportion of users accessing both programs who received respite services, compared with DS only users (26% versus 9%, respectively). This reflects the higher dependence on informal carers of these users.

The most common service groups used were for:

- users accessing both programs: community support services (63%, 34,528 people) followed by community access (31%, 17,074), respite (26%, 14,323), accommodation support (24%, 12,871) and employment services (21%, 11,395)

- DS only users: in contrast, employment services (45%), followed by community support services (41%), community access (17%), accommodation support (12%), and respite (9%).



Service types

As noted previously, within each of the five service groups discussed in the previous section, there are 25 specific service types. A 'DS service type' is a support activity that the service type outlet has been funded to provide under the NDA.

This section examines service types used within service groups that have more than 10% of people who access both programs. In 2010-11, people accessing both programs were more likely to use these service types than DS only users (Figure 6.2; Table 6.1).

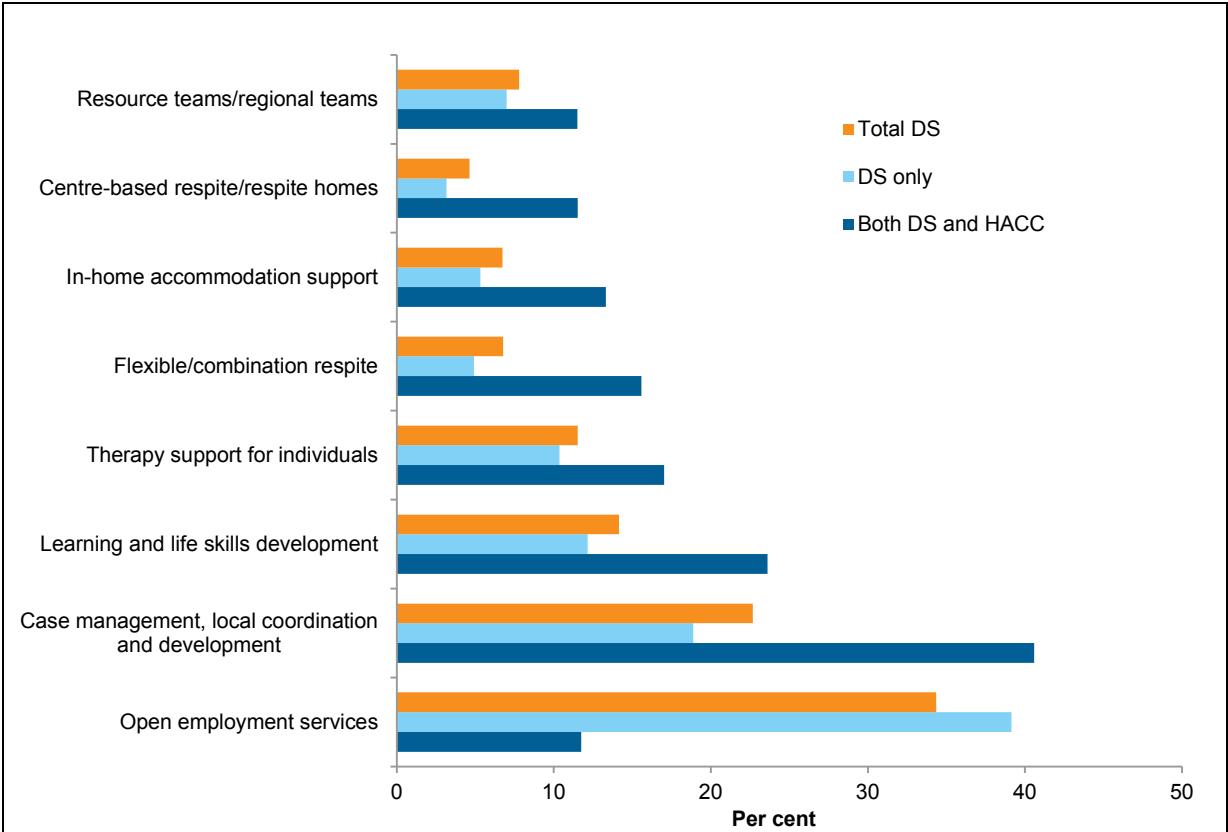
Within the accommodation support service group, users accessing both programs were more than twice as likely to use in-home accommodation support services as DS only users (13% versus 5%, respectively).

Within the community support service group, users accessing both programs were twice as likely as DS only users to use case management, local coordination and development services (41% versus 19%, respectively). Users accessing both programs were also more likely to use therapy support (17% versus 10%) and resource teams/regional teams (12% versus 7%).

Learning and life skills development was the most commonly used service type within the community access service group for all DS users. However, users accessing both programs were twice as likely to use this service type as DS only users (24% versus 12%, respectively).

Within the respite service group, users accessing both programs were more than 3 times as likely as DS only users to use flexible/combination respite (16% versus 5%, respectively) and 4 times as likely to use centre-based respite/respite homes (12% versus 3%) services.

While users accessing both programs had a higher proportion using supported employment services (10% versus 6%, respectively) (Table 6.1), DS only users were more than 3 times as likely to receive open employment services as they were (39% versus 12%).



Source: Table 6.1.

Figure 6.2: Commonly used disability service types by users accessing both programs, compared with DS only users and total DS users, 2010-11

Table 6.1: Use of disability service type by users accessing both programs, compared with DS only users and total DS users, 2010–11

DS service group and service type	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
Accommodation support						
Large residential facilities/institutions	261	0.5	2,521	1.0	2,782	0.9
Small residential facilities/institutions	263	0.5	549	0.2	812	0.3
Hostels	99	0.2	294	0.1	393	0.1
Group homes	3,697	6.7	11,433	4.4	15,130	4.8
Attendant care/personal care	1,721	3.1	1,054	0.4	2,775	0.9
In-home accommodation support	7,307	13.3	13,822	5.3	21,129	6.7
Alternative family placement	80	0.1	207	0.1	287	0.1
Other accommodation	506	0.9	1,402	0.5	1,908	0.6
Community support						
Therapy support for individuals	9,339	17.0	26,887	10.4	36,226	11.5
Early childhood intervention	2,208	4.0	23,852	9.2	26,060	8.3
Behaviour/specialist intervention	2,306	4.2	5,794	2.2	8,100	2.6
Counselling (individual/family/group)	1,005	1.8	1,542	0.6	2,547	0.8
Resource teams/regional teams	6,310	11.5	18,163	7.0	24,473	7.8
Case management, local coordination and development	22,261	40.6	48,993	18.9	71,254	22.7
Other community support	1,877	3.4	3,347	1.3	5,224	1.7
Community access						
Learning and life skills development	12,942	23.6	31,519	12.2	44,461	14.1
Recreation/holiday programs	3,562	6.5	6,468	2.5	10,030	3.2
Other community access and day program	2,037	3.7	7,356	2.8	9,393	3.0
Respite						
Own home respite	1,903	3.5	1,704	0.7	3,607	1.1
Centre-based respite/respice homes	6,323	11.5	8,233	3.2	14,556	4.6
Host family/peer support respite	574	1.0	786	0.3	1,360	0.4
Flexible/combination respite	8,547	15.6	12,753	4.9	21,300	6.8
Other respite	690	1.3	1,311	0.5	2,001	0.6
Employment						
Open employment services	6,441	11.7	101,501	39.1	107,942	34.3
Supported employment services	5,192	9.5	16,381	6.3	21,573	6.9
All service users	54,842	100.0	259,410	100.0	314,252	100.0

Notes

1. Tables B6.2 and B6.3 provide data by age groups of under 65 and 65 or older respectively.
2. Sum of components may exceed totals because individuals may have used more than one service type during 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Combinations of services used

Table 6.2 shows various combinations of service group use by users accessing both programs and DS only users. The shaded numbers along the diagonal from top left to bottom right for each group of users show those users who accessed only one service group during 2010–11. For example, of all users who accessed both programs, 2,639 users received accommodation support services only and they were 21% of all users who accessed both programs who received accommodation support services; 15,380 received community support services only and they were 45% of all users who accessed both programs who received community support services. The remaining numbers along each row or column show different combinations of services used.

Users accessing both programs and DS only users had the same five most common combinations of services but in a slightly different order. The most commonly combined service groups for users accessing both programs were respite and community support services (9,367 users). This combination represents 65% of users accessing both programs of respite services, and 27% of users accessing both programs of community support services (Table 6.2). Other common combinations of services used by users accessing both programs were:

- community access with community support: 9,327 users, representing 55% of community access users, and 27% of community support users
- accommodation support with community support: 6,807 users, representing 53% of accommodation support users, and 20% of community support users
- respite with community access: 4,938 users, representing 35% of respite users, and 29% of community access users
- employment with community support: 3,735 users, representing 33% of employment users, and 11% of community support users.

For DS only users, community access and community support were the most commonly combined service groups (15,780 users). This combination represents 36% of DS only users of community access services, and 15% of DS only users of community support services. Other common combinations of services used by DS only users were:

- accommodation support with community access: 13,415 users, representing 45% of accommodation support users, and 31% of community access users
- accommodation support with community support: 11,449 users, representing 39% of accommodation support users, and 11% of community support users
- respite with community support: 9,156 users, representing 43% of respite users, and 9% of community support users
- employment with community support: 7,064 users, representing 6% of employment users, and 7% of community support users.

Users of employment services were the least likely to access other service groups for users accessing both programs and DS only users. However, DS only users of employment services were much more likely to use that service group only (104,366 users or 89% of DS only users of employment services) than users accessing both programs (5,660 users or 50% of employment services users who were accessing both programs).

Table 6.2: Combinations of disability support services use by users accessing both programs compared with DS only users and total DS users, across service groups^(a), 2010–11

	Accommodation support		Community support		Community access		Respite		Employment	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Both DS and HACC										
Accommodation support	2,639	20.5	6,807	19.7	6,098	35.7	2,047	14.3	1,998	17.5
Community support	6,807	52.9	15,380	44.5	9,327	54.6	9,367	65.4	3,735	32.8
Community access	6,098	47.4	9,327	27.0	3,645	21.3	4,938	34.5	2,320	20.4
Respite	2,047	15.9	9,367	27.1	4,938	28.9	3,091	21.6	1,587	13.9
Employment	1,998	15.5	3,735	10.8	2,320	13.6	1,587	11.1	5,660	49.7
Total^(b)	12,871	100.0	34,528	100.0	17,074	100.0	14,323	100.0	11,395	100.0
DS users only										
Accommodation support	9,299	31.3	11,449	10.8	13,415	30.9	2,176	9.9	4,443	3.8
Community support	11,449	38.5	75,190	71.2	15,780	36.3	9,516	43.4	7,064	6.0
Community access	13,415	45.2	15,780	14.9	17,712	40.8	4,832	22.0	4,746	4.1
Respite	2,176	7.3	9,516	9.0	4,832	11.1	9,677	44.1	1,848	1.6
Employment	4,443	15.0	7,064	6.7	4,746	10.9	1,848	8.4	104,366	89.3
Total^(b)	29,708	100.0	105,628	100.0	43,435	100.0	21,943	100.0	116,926	100.0
Total DS users										
Accommodation support	11,938	28.0	18,256	13.0	19,513	32.2	4,223	11.6	6,441	5.0
Community support	18,256	42.9	90,570	64.6	25,107	41.5	18,883	52.1	10,799	8.4
Community access	19,513	45.8	25,107	17.9	21,357	35.3	9,770	26.9	7,066	5.5
Respite	4,223	9.9	18,883	13.5	9,770	16.1	12,768	35.2	3,435	2.7
Employment	6,441	15.1	10,799	7.7	7,066	11.7	3,435	9.5	110,026	85.7
Total^(b)	42,579	100.0	140,156	100.0	60,509	100.0	36,266	100.0	128,321	100.0

(a) Service users who used three, four or five service groups are included under all relevant combinations.

(b) Sum of components may exceed totals because individuals may have used more than one service group combination during 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

7 Users of both DS and HACC: combinations of service use

This chapter examines various combinations of DS and HACC services used by the 54,842 people who used services from both programs in 2010–11. The chapter begins by highlighting the HACC service use of users who accessed both programs (also see detail in Chapter 8), and then explores the combinations of both DS and HACC services used by these users. This analysis demonstrates the interface between DS and HACC programs in meeting the support needs of people with disability.

The analysis shows that users accessing both programs are extensive users of a wide range of HACC services. They have used various combinations of services from both DS and HACC service programs. These combinations include services that are similar to both programs as well as services that do not overlap between the two programs. ('Similar' services are those DS and HACC service types with a common primary purpose – see Chapter 2.) This service use pattern may partly reflect the greater need for services among users with complex and diverse needs.

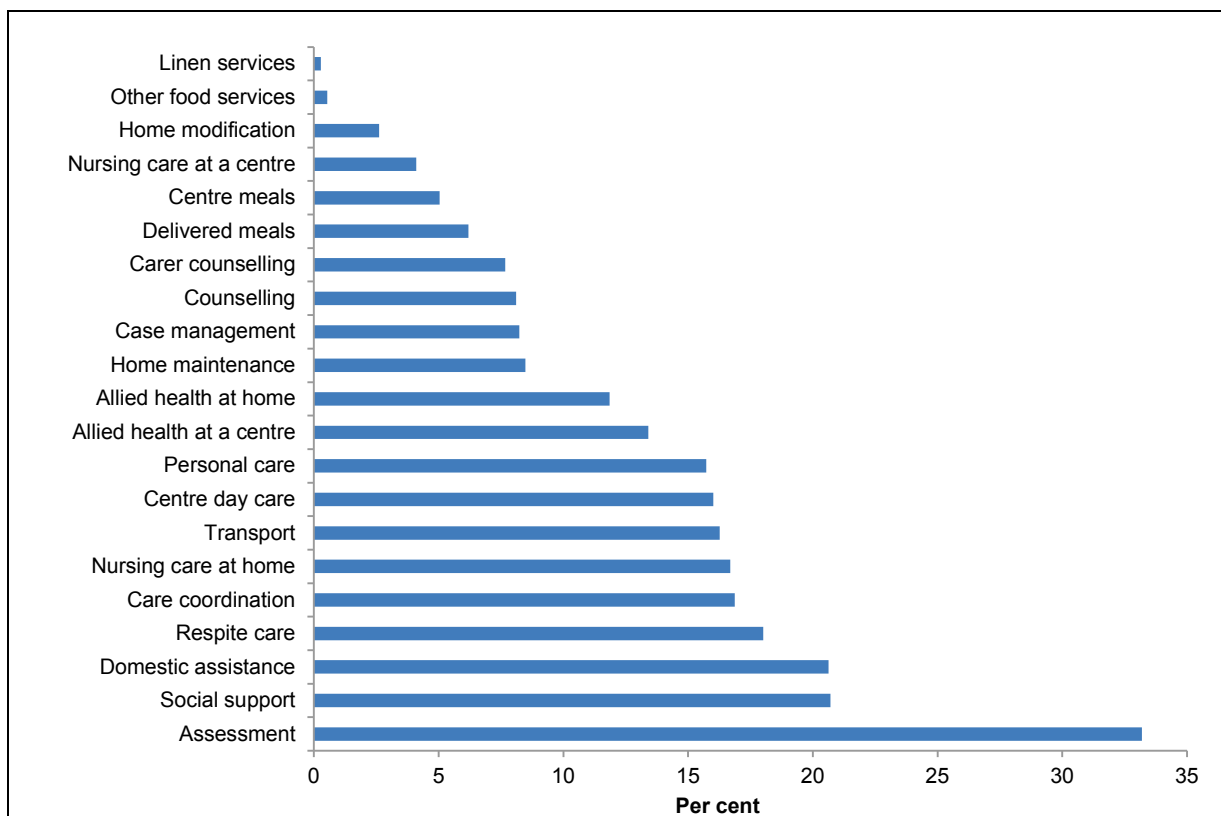
HACC service use by people who use both programs

HACC provides basic support and care services to people in the community whose capacity for independent living is at risk. The target population in 2010–11 included frail older people and their carers, as well as younger people with disability and their carers (DoHA 2012).

Types of HACC service used

HACC provides a wide range of types of services such as nursing care, allied health services, respite care, domestic assistance, delivered meals, transport, social support, and counselling and assistance of various kinds (Figure 7.1; Table B7.1; also see Definition of service types). Apart from assessment services (33%, 18,200), the 5 most commonly used HACC service types by users accessing both programs were social support (21%, 11,354 users), domestic assistance (21%, 11,314), respite care (18%, 9,875), care coordination (17%, 9,252) and nursing care at home (17%, 9,195). Assessment services do not have to be undertaken on an annual basis.

Assessment services refer to assessment and re-assessment activities that are directly related to the individual user. This includes assessment activities associated with client intake procedures and the determination of eligibility for service provision. It also includes more comprehensive assessments of a person's need for assistance (DoHA 2012).



Source: Table B7.1.

Figure 7.1: Type of HACC service received by users accessing both programs, 2010-11

Aids and equipment used

HACC also provides services for aids and equipment. Around 3% of users accessing both programs received services for aids and equipment. Most aids and equipment were used to assist with basic daily activities of self-care, mobility and communication (Table 7.1).

Table 7.1: HACC aids and equipment services received by users who accessed both programs, 2010-11

	Number	Per cent
Self-care aids	412	0.8
Support and mobility aids	800	1.5
Communication aids	197	0.4
Aids for reading	6	0.0
Medical care aids	31	0.1
Car modifications and other aids/equipment	340	0.6
Total users of aids/equipment	1,525	2.8

Source: AIHW analysis of 2010-11 linked DS and HACC data set.

Mean number of HACC service types used

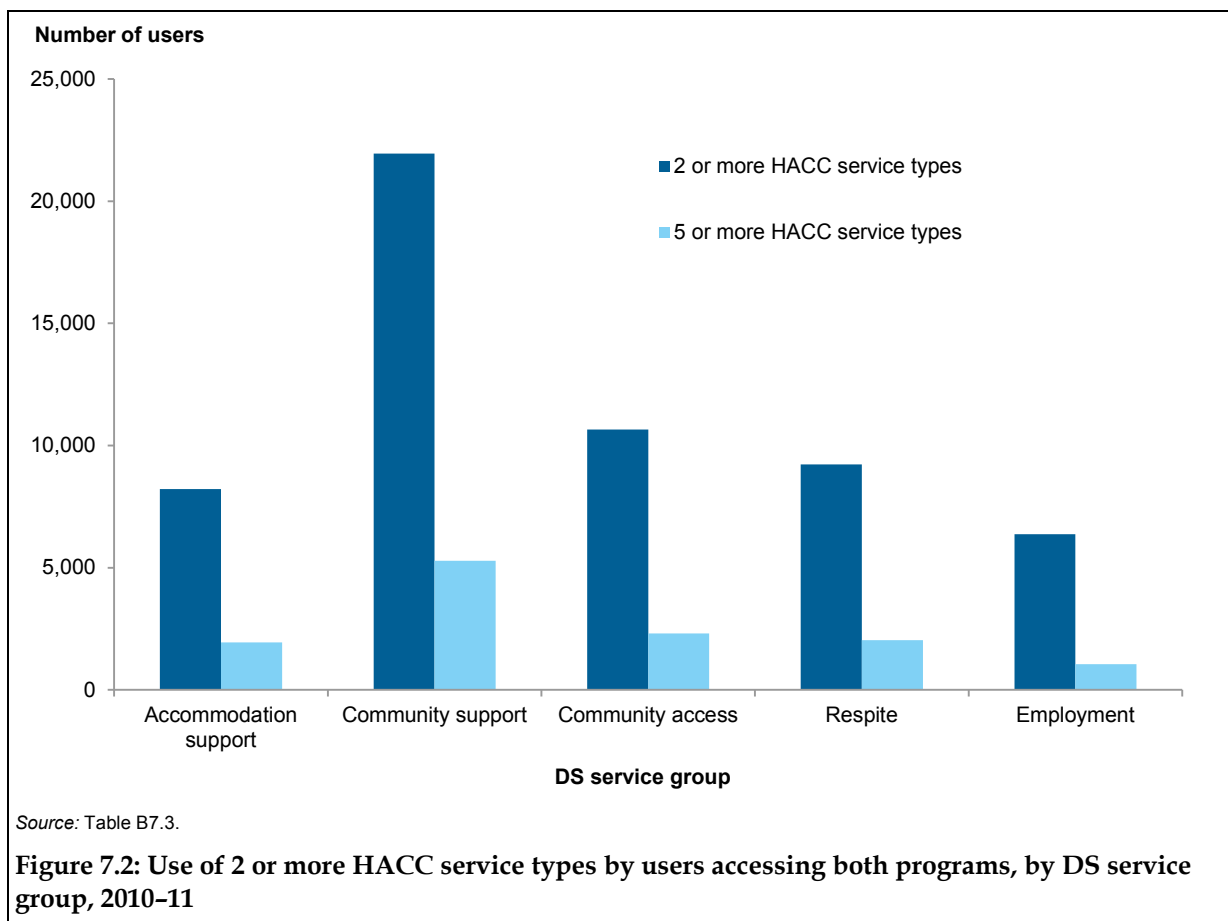
In 2010–11, users accessing both programs, on average, used 2.5 types of HACC services. A majority (62% or 33,853 users) used 2 or more types of HACC services, and 14% (7,608) used 5 or more types of services (tables B7.2 and B7.3).

People aged 65 or over accessing both programs used a larger average number of service types (3.2) than those aged under 65 (2.5). Three-quarters (75%) of users accessing both programs aged 65 or over used 2 or more types of services, compared with 60% of users aged under 65. Users aged 65 or over were almost 2 times as likely to use 5 or more types of services than those aged under 65 (24% versus 13%, respectively).

The analysis that follows examines the average number of HACC service types used by people accessing both programs of specific DS service groups. Overall, users of DS accommodation support and community support services used the largest average number of HACC service types (around 2.6) among users of all DS service groups. Users of DS employment services used the smallest average number of HACC service types (2.2).

Users of DS respite services had the highest proportion (64%) of users using 2 or more types of HACC services (64% for users aged under 65 and 78% for users aged 65 or over).

As discussed in Chapter 6, DS community support services was the largest service user group of people accessing both programs (63% or 34,528 users). Hence, this group also made up the largest number of users using 2 or more HACC service types (21,945) and 5 or more service types (5,287) (Figure 7.2).

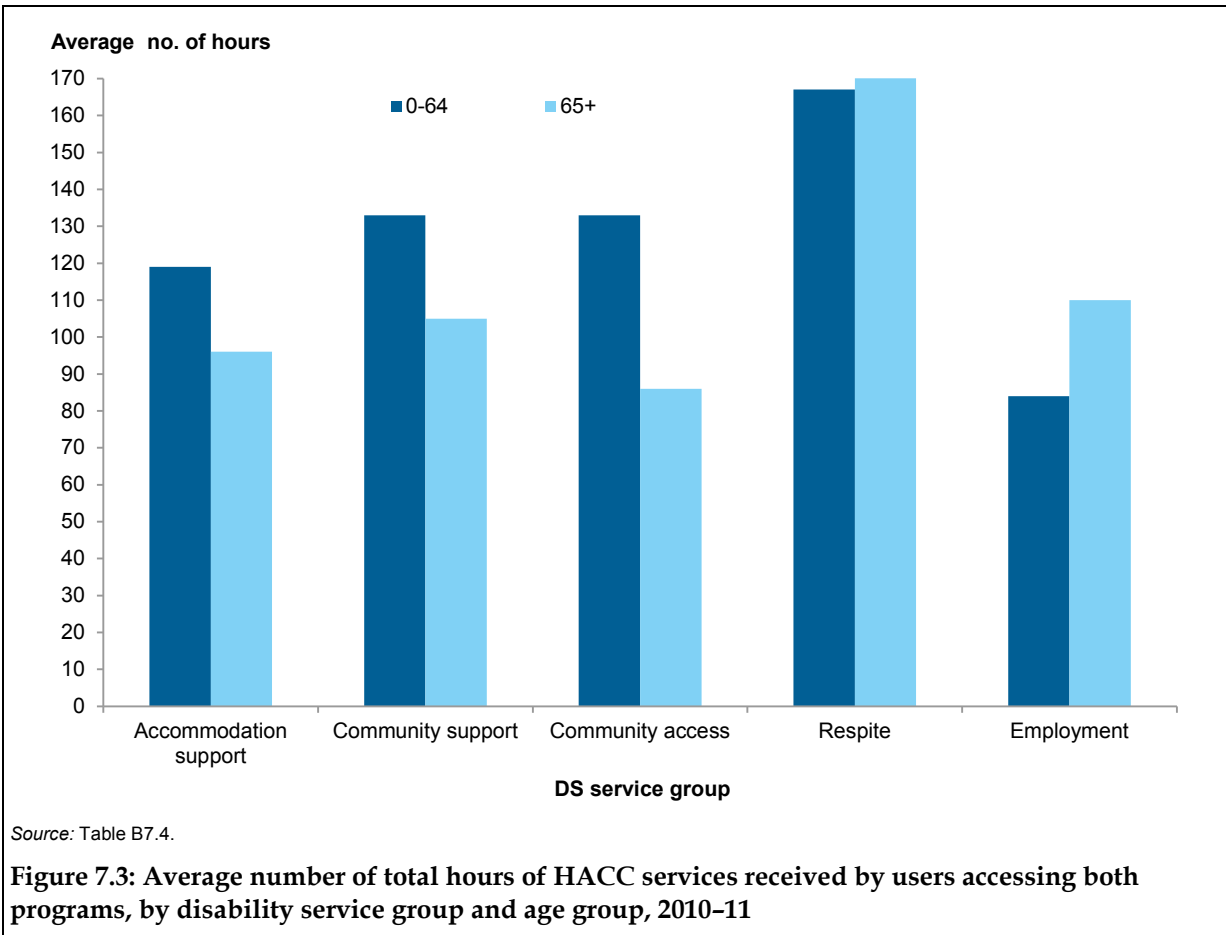


Average total hours of HACC services received

In 2010–11, users accessing both programs, on average, used 116 hours of HACC services. People aged under 65 received a higher number of average hours (118) of HACC services than those aged 65 or over (100) (Table B7.4).

People accessing both programs, including DS respite services, received the highest average number of hours (167) of HACC services, followed by users of DS community support services (130) and community access (127). About 11,200 users aged under 65 accessing both programs received DS employment services. These people received the lowest number of average hours of HACC services (84) (Figure 7.3). Although there were only around 200 users of DS employment services who were aged 65 or older, they received an average of 110 hours of HACC services. (Table B7.3).

The average total number of hours of different HACC service types received by users accessing both programs and HACC only users is discussed in Chapter 8.



Combinations of DS and HACC services used

This section examines various combinations of DS and HACC services used by people accessing both programs. Data on the use of HACC service types have been mapped to the use of DS service groups and DS service types to provide information about users accessing

potentially similar types of services, or services with common primary purposes from the two programs (see the framework for mapping service types in Chapter 2).

The analysis that supports the findings of this chapter is complex. It is detailed in full in Appendix A, along with the accompanying tables. As discussed in Chapter 6, while there are two levels of classification for DS data – service groups and service types – HACC service data contain only service types data. Hence the findings below are presented at two levels in order to describe the comprehensive interfaces between the two service programs:

- Level 1 presents the information at a higher level by exploring the use of different DS service *groups* by users accessing both programs, along with their use of HACC service types.
- Level 2 presents more detailed information by exploring the use of different combinations of DS service *types* and HACC service types by users accessing both programs.

The main findings based on the two-level analysis are as described below:

- Over half of the people accessing both programs who used DS respite services relied on the two programs to provide a short-term break or relief for informal carers.
- Around half of the people accessing both programs (of whom 89% were aged under 65) accessed HACC respite care services, and did not receive respite services from the DS program.
- Users of both HACC respite care and DS community support services were the largest user group of any service combinations of the two programs, representing 14% of all users accessing both programs.
- Around 25% of DS community support services users received HACC allied health services either at home (13%) and/or at a centre (12%); about 21% received nursing care either at home (17%) and/or at a centre (4%).
- People receiving DS learning and life skills development services (the largest service type subgroup – 12,942 or 76% of all users accessing both programs who received DS community access services) had the largest number of users receiving HACC services of social support (3,049) and transport (3012).
- One-quarter (24%) of people accessing both programs who used DS community access services received HACC social support services; 21% received transport services.
- About 20% of people accessing both programs who used DS accommodation support services received HACC domestic assistance; 25% received HACC nursing care at home.

The following sections provide further detail about people accessing both programs using each specific DS service group and their use of HACC service types. This analysis is presented at both the higher and more detailed level (that is, including the Level 1 analysis of DS service *groups* and HACC service types, and the Level 2 analysis about combinations of HACC service types and DS service *types* within each DS service group).

These sections focus on the use of HACC service types other than on assessment services as there was a consistent proportion of around 30% of people accessing both programs receiving HACC assessment services in each of the five DS service groups.

HACC services received by DS respite services users

As discussed in Chapter 6, in 2010–11, of the total 54,842 users accessing both programs, one-quarter (14,323) received DS respite services. The proportion of users accessing both programs who received DS respite services was about 3 times as high as for DS only users (26% versus 9%, respectively), reflecting the higher dependence of these users on informal carers.

Over half (57%) of users accessing both programs who received DS respite services also received similar services from HACC respite care services (37%, 5,275) and/or HACC centre day care services (20%, 2,839) (tables A7.1 and A7.2). This represents 53% of all users accessing both programs who received HACC respite care services and 32% who received HACC centre day care services (Table A7.3). This means that 47% of the total 9,875 users accessing both programs who received HACC respite care and 68% of the total 8,777 users accessing both programs who received HACC centre day care services were users of DS service groups other than respite services.

This service use pattern suggests that around half of users of both programs who received DS respite services rely on the two programs to provide a short-term break or relief for informal carers, and that HACC respite care and centre day care services have also been used by some DS users who do not receive respite services from the DS program.

People who used both programs and received DS respite care services also received other complementary HACC services. The top 5 most commonly used other HACC service types by this group were social support (24%), personal care (20%), transport (16%), care coordination (16%) and domestic assistance (14%) (tables A7.1 and A7.2).

Among users of both programs who received DS respite services, people using DS 'flexible/combination respite' and 'centre-based respite/respite homes' services made up the two largest service type subgroups. These two DS service type groups were also the most common users of HACC respite care and centre day care services (tables A7.4 and A7.5).

HACC services received by DS community support services users

In 2010–11, there were 34,528 users accessing both programs who received DS community support services, the largest DS service group among users who received both DS and HACC services. A large proportion of these users also received the following types of HACC services with similar primary aims to DS community support services (tables A7.1 and A7.2):

- allied health at home (13%; 4,488) and at a centre (12%; 4,297)
- nursing at home (17%; 5,995) and at a centre (4%; 1,395)
- care coordination (18%; 6,129)
- case management (9%; 3,103)
- counselling (9%; 2,949)
- carer counselling (9%; 3,253).

A majority of users accessing both programs who received DS community support services also received other types of HACC services that had a different purpose to the DS community support services. As discussed in earlier sections, of users accessing both programs, those who received DS community support services made up the largest number of people using 2 or more HACC service types (21,945, or 64%) and 5 or more HACC service types (5,287, or 15%) (Figure 7.2).

There were 7,668 users of combined DS community support and HACC respite care services, representing the largest user group of any service combinations of the two programs. This represented 22% of users accessing both programs who received DS community support services and 14% of total users accessing both programs (Table A7.1). This was consistent with the pattern that the most commonly combined DS service groups for users accessing both programs were DS respite and DS community support services (9,367 people, see Chapter 6).

Other commonly used HACC services by users accessing both programs who received DS community support services were:

- domestic assistance (20%; 6,989)
- social support (20%; 6,816)
- personal care (19%; 6,375)
- transport (16%; 5,434).

Among users accessing both programs who received DS community support services, people receiving DS case management, local coordination and development services (22,261 or 64%) made up the largest service type group. Of these users, 20% received HACC nursing care at home, 16% received allied health care at home and 14% received allied health care at a centre (tables A7.6 and A7.7).

The use of combinations of services both within and between the two programs among users receiving both DS and HACC services suggests that they relied on both programs to support their high-level and complex needs for assistance.

HACC services received by DS community access service users

There were 17,074 users accessing both programs who received DS community access services in 2010–11, the second largest DS service group among these users. This group received two HACC service types with a similar primary purpose to DS community access services: social support (24%; 4,114) and transport services (21%; 3,604) (tables A7.1 and A7.2). This represents 40% of all users accessing both programs who received transport services and 36% of all users accessing both programs who received social support services (Tables A7.3). This also means that a large proportion of users accessing both programs who received HACC social support and transport services were users of DS services groups other than community access services.

A majority of users accessing both programs who received DS community access services also accessed other types of HACC services. Around 3,668 of these users received both HACC centre day care and DS community access services, and 2,843 received combined HACC respite care and community access services. This was consistent with the pattern that one of the 3 most commonly combined DS service groups for users accessing both programs was respite with community access services (Chapter 6).

Other types of HACC services used by more than 15% of users accessing both programs who received DS community access services were:

- care coordination (17%; 2,906)
- domestic assistance (17%; 2,840)
- personal care (16%; 2,651)
- nursing at home (16%; 2,729).

Among users accessing both programs who received DS community access services, people receiving DS learning and life skills development services made up the largest service type subgroup – 12,942 or 76% of total users accessing both programs who received DS community access services. This reflects the large proportion with intellectual and learning disability. This service type group also had the largest number of users receiving HACC services of social support and transport (tables A7.8 and A7.9).

HACC services received by DS accommodation support service users

In 2010–11, there were 12,871 users accessing both programs who received DS accommodation support services. Of these, some also accessed HACC services with similar primary purposes to DS accommodation support services (tables A7.1 and A7.2):

- domestic assistance (20%)
- personal care (15%)
- home maintenance (9%) and home modification (2.6%)
- delivered meals (8%), centre meals (7%) and other food services (1%)
- linen services (1%).

Other HACC services used by more than 15% of users accessing both programs who received DS accommodation support services included:

- nursing care at home (25%)
- centre day care (19%)
- social support (19%) and transport (17%)
- care coordination (18%)
- allied health at a centre (17%).

HACC nursing care at home services were largely received by users accessing both programs who received DS service types of in-home accommodation support and group homes (Table A7.10). This may reflect a service gap in disability services or the complementary nature of the HACC nursing care services that are provided by professional care from registered or enrolled nurses.

Among users accessing both programs who received DS accommodation support services, people receiving in-home accommodation support (7,307) and group home (3,697) services made up the two largest subgroups. These two DS service type groups also contained the largest number of users receiving HACC services with similar primary purposes to DS accommodation support services (tables A7.10 and A7.11).

HACC services received by DS employment service users

In 2010–11, there were 11,395 users accessing both programs who received DS employment services. They also used various types of HACC services. The most commonly used HACC service types were (tables A7.1 and A7.2):

- social support (23%; 2,671)
- transport (21%; 2,344)

- domestic assistance (20%; 2,275)
- centre day care (18%; 2,030).

As expected, users accessing both programs who received DS supported employment services were more likely to use HACC centre day care and respite care services than users of DS open employment services (24% versus 13%, and 11% versus 6%, respectively) (Table A7.12).

8 HACC service use: comparisons between users of both programs and HACC only users

Chapter 6 presented the differences in DS service use by people accessing both programs and by people who were DS only users. This chapter presents the differences in HACC service use between people accessing both programs and HACC only users.

As discussed in Chapter 5, users accessing both programs are considerably younger than HACC only users. For this reason, much of the analysis in this chapter is broken down by three broad age groups: 0–34, 35–64, and 65+.

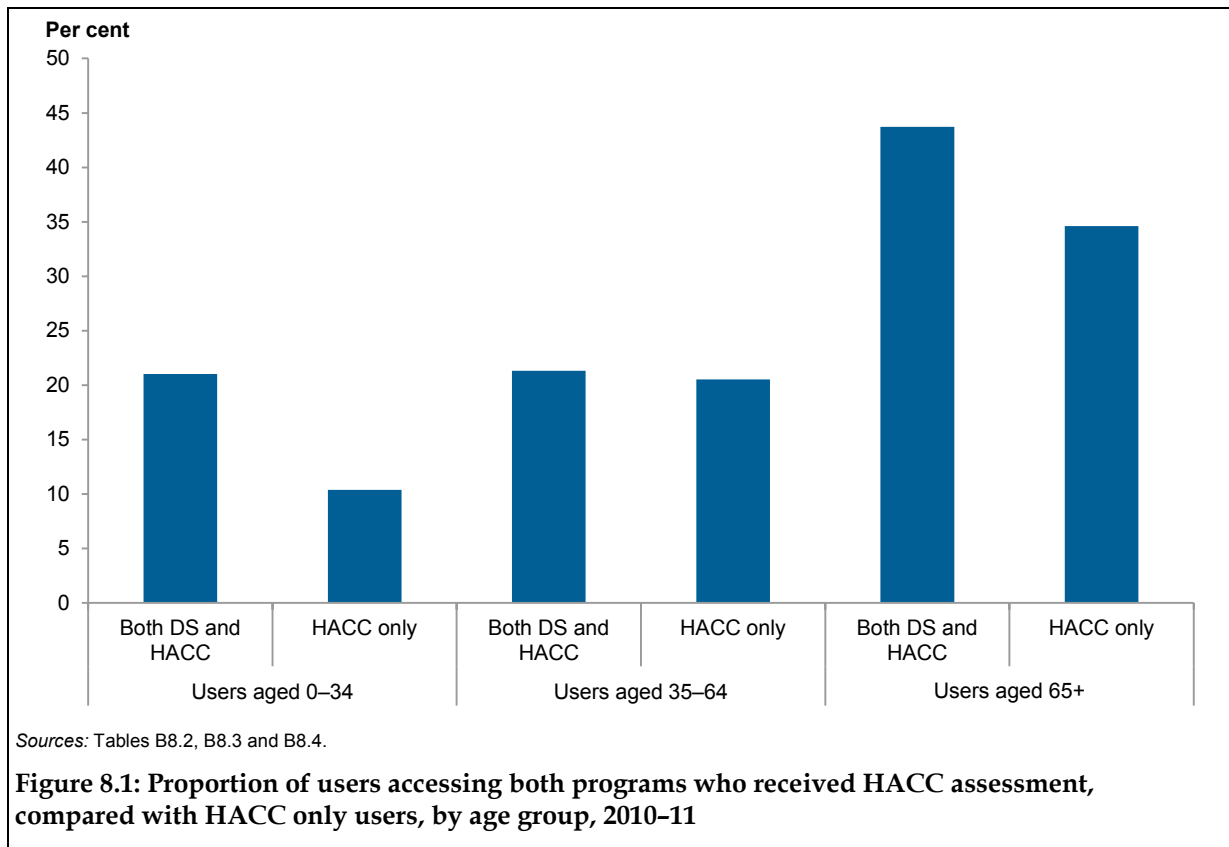
Results in this chapter differ from previously published 2010–11 HACC data. This is because this report comprises AIHW derived data from the HACC National Data Repository combined with data provided separately by the New South Wales Data Repository.

There were 21 types of assistance provided under the HACC program. Data were collected about the number of clients who received each type of assistance and the amount of assistance received. The amount received is measured by either time (using hours) or quantity (using frequency or cost in dollars).

Overall, compared with users who accessed only HACC services, a higher proportion of users of both service programs received most of the available HACC services and usually used more of each service. People accessing both programs aged under 65 were considerably more likely to be accessing HACC respite care, social support, centre day care and personal care than HACC only users. They were also receiving more hours, on average, of these services than HACC only users.

Assessment

In 2010–11, the most common HACC service used by users accessing both programs and HACC only users, of all ages, was assessment (33% and 34%, respectively). This is because assessment includes intake procedures and the determination of eligibility for service provision (DoHA 2012). Assessment generally occurs when a potential service user enters the service. If a service user's needs do not change, there is no need for re-assessment each year. People accessing both programs aged 65 or older were the most common users of assessment (44%), followed by HACC only users aged 65 or older (35%) (Figure 8.1).



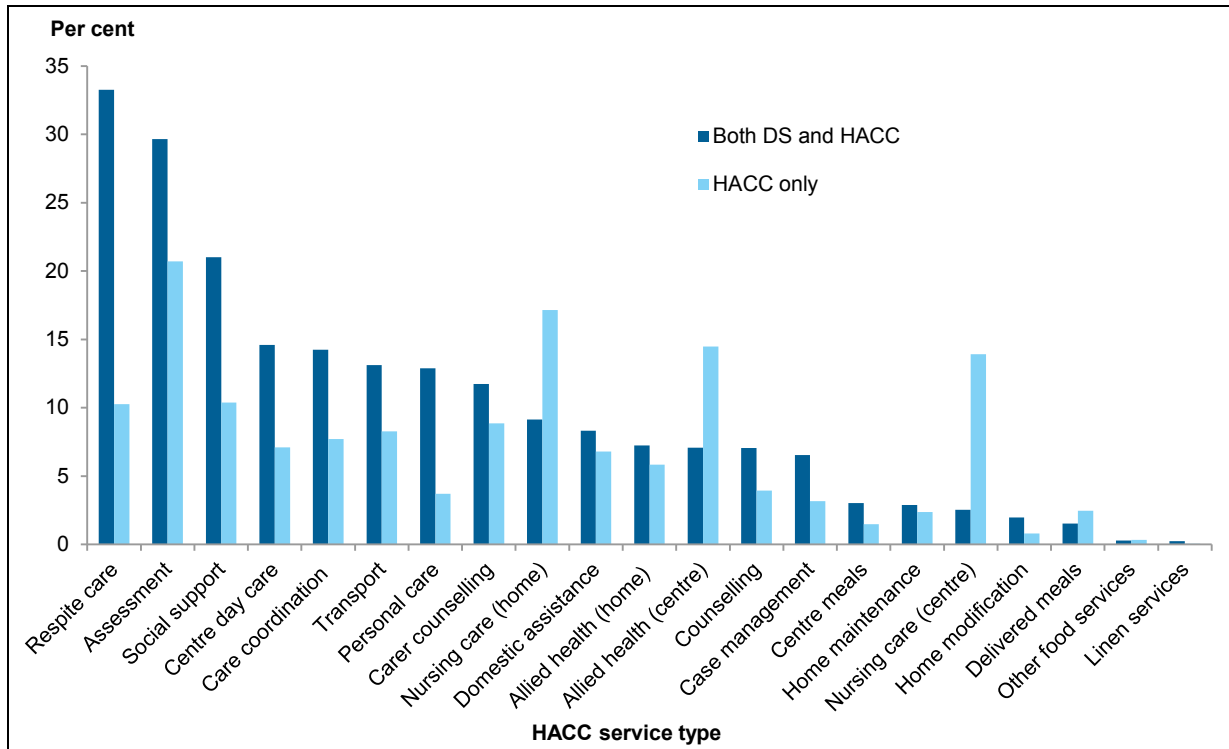
HACC service use by people aged under 65

A higher proportion of users accessing both programs aged under 65 received respite care, personal care, centre day care and social support compared with HACC only users of the same age. They also received, on average, considerably more hours of these service types compared with HACC only users. These differences in HACC service use between the two user groups remained substantial for the subgroups of users aged 0-34 and 35-64.

Type of assistance received

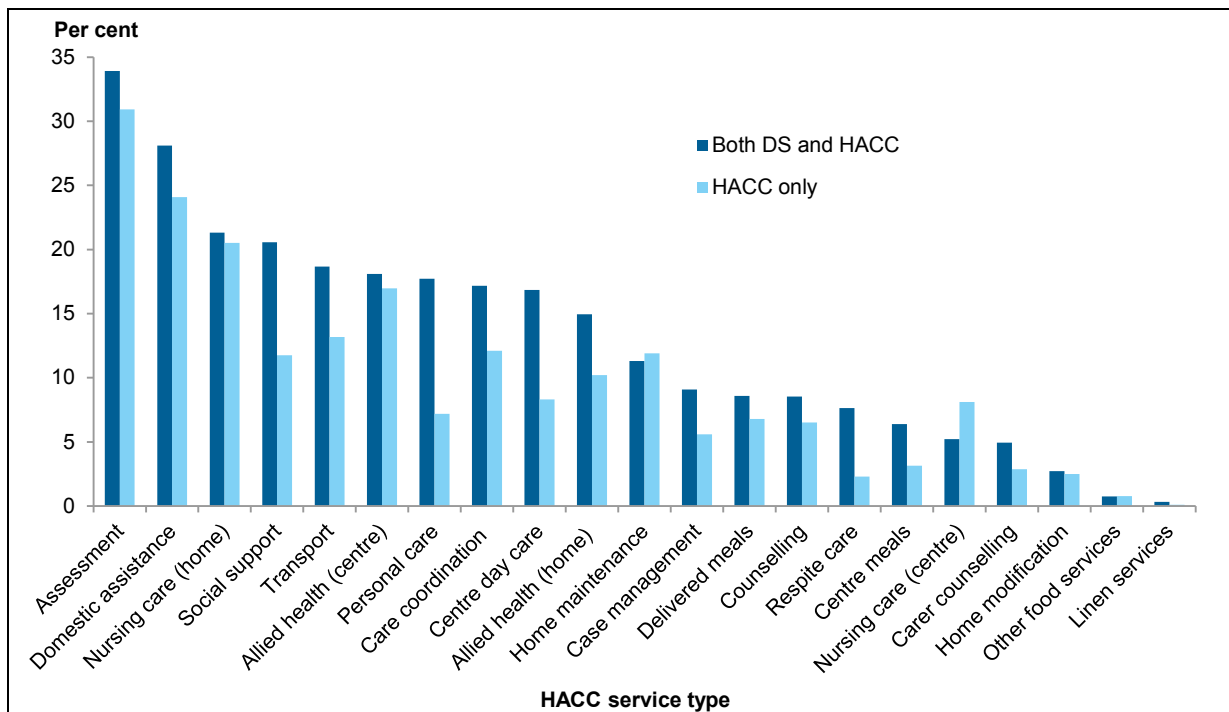
Figure 8.2 shows the proportion of HACC users who received each HACC service type. Some people accessed more than one service type over the year. Overall, a higher proportion of users accessing both programs aged 0-64 received 14 of the 21 HACC services compared with HACC only users of the same age. For younger users aged 0-34, a higher proportion of users accessing both programs received 16 of the 21 HACC services compared with HACC only users (Figure 8.2).

People accessing both programs aged 0-64 were 5 times more likely to have received respite care than HACC only users of the same age (20% versus 4%, respectively) (Table B8.3). For younger users aged 0-34, those accessing both programs were over 3 times more likely to receive respite care than HACC only users (33% versus 10%) (Figure 8.2). This pattern was the same for users aged 35-64, with 8% of users accessing both programs and 2% of HACC only users receiving respite (Figure 8.3). The greater use of respite by users accessing both programs reflects partly the greater proportion of these users who reported having a carer (and hence requiring carer support) than HACC only users, and partly the high-level support needs of this group (as discussed in Chapter 4).



Source: Table B8.2.

Figure 8.2: Proportion of users accessing both programs aged 0-34 who received each HACC service type, compared with HACC only users of the same age, 2010-11



Source: Table B8.3.

Figure 8.3: Proportion of users accessing both programs aged 35-64 who received each HACC service type, compared with HACC only users of the same age, 2010-11

Besides assessment and respite care, users accessing both programs aged 0–64 were more likely to be receiving social support (21%) compared with HACC only users (12%). This difference between the two user groups remained large for those aged 0–34 (21% for users accessing both programs and 10% for HACC only users) and, correspondingly, for users aged 35–64 (21% and 12%, respectively) (tables B8.1, B8.2 and B8.3).

Centre day care was also received by a higher proportion of users accessing both programs aged 0–64 than HACC only users of the same age (16% versus 8%, respectively). This difference remained correspondingly similar for users aged 0–34 (15% versus 7%) and users aged 35–64 (17% versus 8%) (tables B8.1, B8.2 and B8.3).

A higher proportion of users accessing both programs aged 0–64 received personal care than HACC only users (15% versus 7%, respectively). For the 0–34 age group, users accessing both programs were 4 times more likely to receive personal care than HACC only users (13% versus 4%). For the 35–64 age group, users accessing both programs were 2.5 times more likely to receive personal care than HACC only users (18% versus 7%).

Respite care, social support, centre day care and personal care were mapped to the following DS groups: community access, respite, and accommodation support. This indicates that users accessing both programs received HACC services with similar purpose to some DS services.

Alternatively, a higher proportion of HACC only users aged 0–64 received nursing care at home (20%), allied health care at a centre (17%) and nursing care at a centre (9%), compared with users accessing both programs of the same age (16%, 13% and 4%, respectively). These differences between the two groups were larger for the subgroup of users aged 0–34:

- nursing care at home: 17% of HACC only users and 9% of users accessing both programs
- nursing care at a centre: 14% of HACC only users and 3% of users accessing both programs
- allied health care at a centre: 14% of HACC only users and 7% of users accessing both programs.

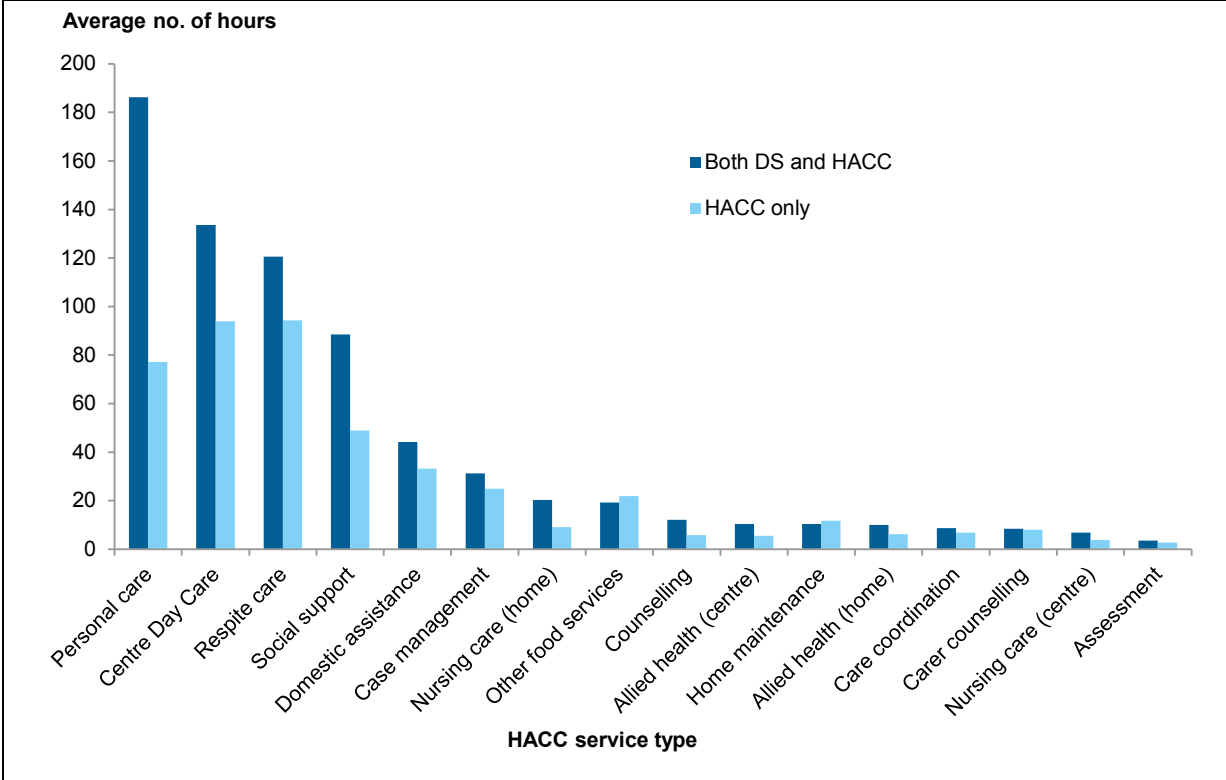
Nursing care services are not provided through the DS program, so individuals requiring this kind of support must go through HACC. Some allied health-care services are provided under the DS program, but data limitations mean it is not possible to determine the level of overlap of specific allied health services.

Amount of assistance received

The 4 HACC services mostly received, on average, by both users accessing both programs and HACC only users aged under 65 were personal care (168 hours and 70 hours, respectively), centre day care (167 hours and 115 hours), respite care (123 hours and 91 hours) and social support (85 hours and 42 hours) (Table B8.5). Substantial differences between the average amount of assistance received by users who accessed both programs and HACC only users were noted for (figures 8.3 and 8.4):

- users aged 0–34 who received HACC personal care: 186 hours for users who accessed both programs compared with 77 hours for HACC only users (109 hours difference)
- users aged 35–64 who received HACC centre day care: 192 hours for users who accessed both programs compared with 119 hours for HACC only users (73 hours difference)
- users aged 35–64 who received HACC personal care: 157 hours for users who accessed both programs compared with 68 hours for HACC only users (89 hours difference).

These 4 services are time-intensive services. They also map to DS service groups with a similar purpose, indicating that users accessing both programs may have very high-level needs for these types of supports, given they are accessing them through the HACC program.



Source: Table B8.6.

Figure 8.3: Average number of hours of HACC service received by users accessing both programs aged 0-34, compared with HACC only users of the same age, 2010-11

Table 8.1 shows the average use of other HACC services in 2010-11 where the ‘average hours’ was not the unit for measuring use. Users aged 0-64 accessing both programs received, on average, more of each service type than HACC only users. Most notably, users accessing both programs aged 0-64 received, on average, \$3,366 for home modifications compared with \$1,186 for HACC only users of the same age.

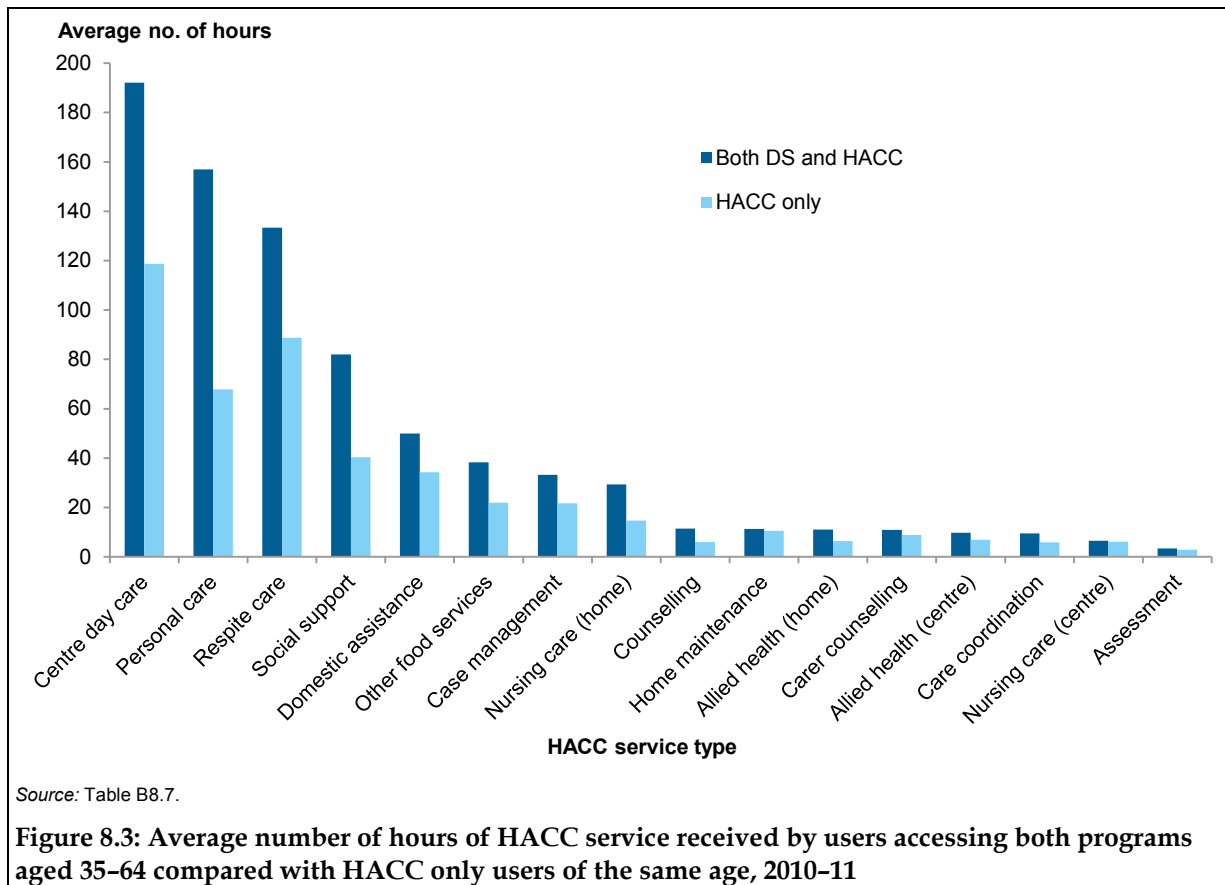


Table 8.1: Average HACC services received per year by users accessing both programs aged 0–64, compared with HACC only users and all HACC users, 2010–11

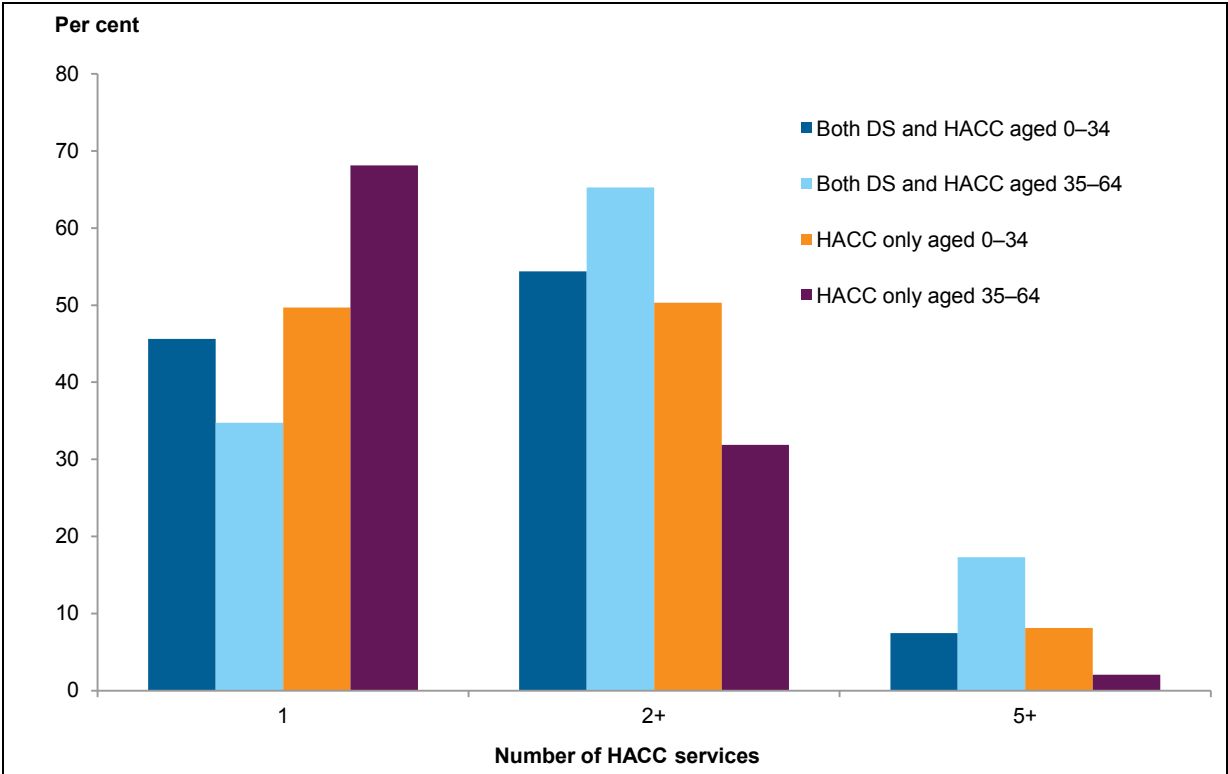
Measure		Both DS and HACC	HACC only	Total HACC
0–34				
Home modification	Dollars (\$s)	4901.5	3706.9	4500.3
Linen services	Deliveries	55.2	55.3	55.2
Centre meals	Meals	36.0	52.1	42.1
Delivered meals	Meals	92.6	88.2	89.7
Transport	One-way trips	63.4	36.0	51.3
35–64				
Home modification	Dollars (\$s)	2399.7	1016.4	1258.1
Linen services	Deliveries	46.2	39.2	41.7
Centre meals	Meals	44.4	35.8	38.3
Delivered meals	Meals	135.9	114.7	118.9
Transport	One-way trips	64.9	36.2	42.4
Total aged 0–64				
Home modification	Dollars (\$s)	3365.6	1186.0	1718.2
Linen services	Deliveries	49.7	40.7	44.9
Centre meals	Meals	41.9	37.3	38.9
Delivered meals	Meals	130.1	112.8	116.4
Transport	One-way trips	64.3	36.2	44.1

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Multiple HACC assistance received

Multiple HACC service use was more common among users accessing both programs aged 0–64 than among HACC only users of the same age (Figure 8.4; Table B8.8). In 2010–11, 3 in 5 (60%) users accessing both programs aged 0–64 received 2 or more HACC services, and 1 in 8 (13%) received 5 or more HACC services (Table B8.8). In comparison, 1 in 2 (47%) HACC only users aged 0–64 received 2 or more HACC services and 1 in 14 (87%) received 5 or more HACC services.

This difference between user groups was slightly larger for users aged 0–34. About 54% of users accessing both programs in this age group received 2 or more services compared with 32% of HACC only users of the same age (a difference of 22 percentage points). As well, 65% of users accessing both programs aged 35–64 received 2 or more services compared with 50% of HACC only users of the same age (a difference of 15 percentage points).



Source: Table B8.8.

Figure 8.4: Proportion of users accessing both programs aged 0–64 who received multiple HACC services compared with HACC only users of the same age, 2010–11

The combinations of types of HACC services received by users accessing both programs and HACC only users are different. Of the 6 most commonly accessed HACC services by users aged under 65 who accessed both programs (excluding assessment), common combinations of HACC service use included (Table B8.9):

- transport and centre day care: 3,307 people, representing 43% centre day care users and 42% of transport users

- transport and social support: 2,883 people, representing 37% of transport users and 28% of social support users
- care coordination and social support: 2,558 people, representing 33% of care coordination users and 25% of social support users
- domestic assistance and care coordination: 2,283 people, representing 25% of domestic assistance users and 29% of care coordination users.

By comparison, of the 6 most commonly accessed HACC services by HACC only users aged under 65 (excluding assessment), the most common combinations of service use were:

- domestic assistance and care coordination: 7,177 people, representing 21% of domestic assistance users and 39% of care coordination users
- domestic assistance and social support: 6,432 people, representing 19% of domestic assistance users and 34% of social support users
- social support and transport: 5,955 people, representing 32% of social support users and 30% of transport users
- domestic assistance and transport: 4,942 people, representing 14% of domestic assistance users and 25% of transport users.

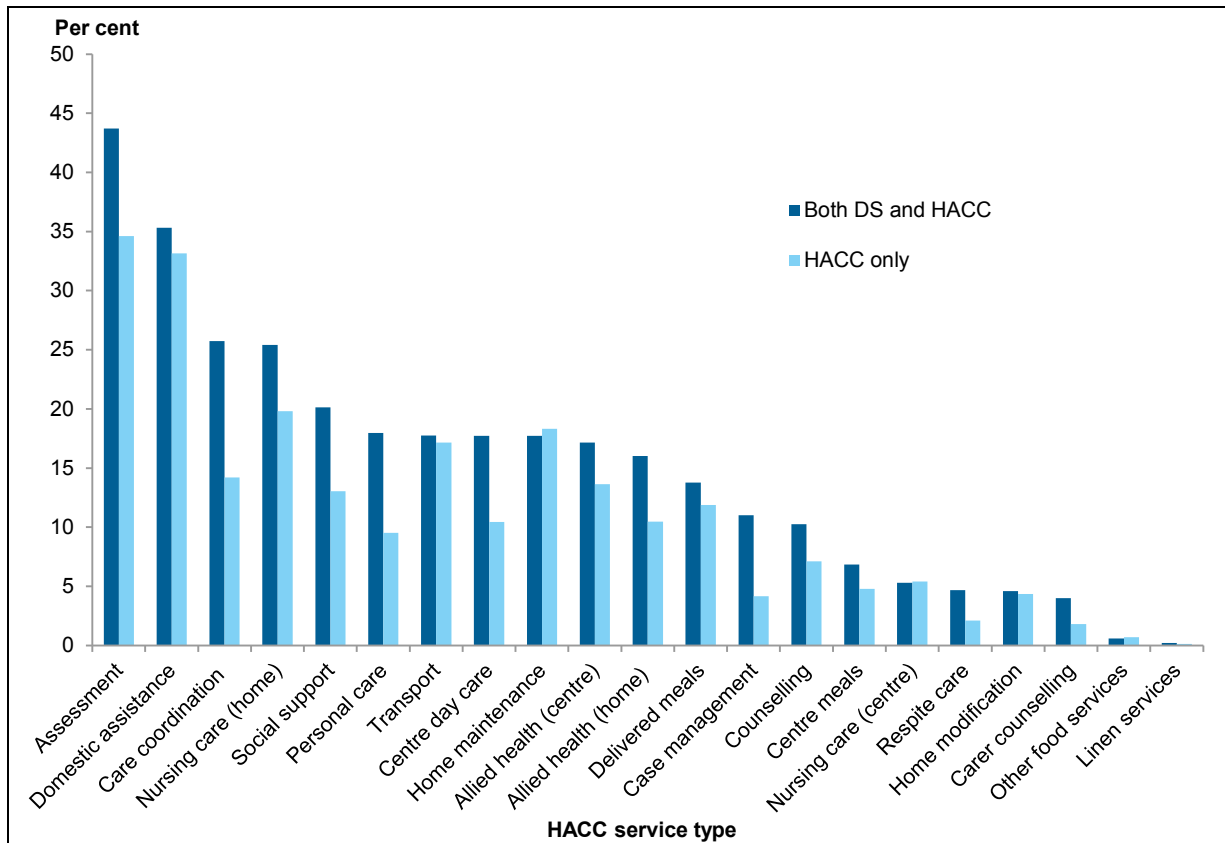
HACC service use by people aged 65 or older

Type of assistance received

There were 721,980 users of HACC services aged 65 or older, of whom 716,115 (94%) used only HACC services and 5,865 (6%) used both DS and HACC services. People accessing both programs aged 65 or older were more likely than HACC only users aged 65 or older to receive all HACC services. Exceptions to this were the relatively equal use of other food services, home maintenance, and nursing care at a centre.

Besides assessment, domestic assistance was the most commonly used HACC service by users aged 65 or older. It was received by 35% of users accessing both programs and 33% of HACC only users. Key differences in the proportions of users receiving other HACC services were noted for (Figure 8.5):

- care coordination: 26% of users accessing both programs and 14% of HACC only users
- personal care: 18% of users accessing both programs and 10% of HACC only users
- social support: 20% of users accessing both programs and 13% of HACC only users
- nursing care at home: 25% of users accessing both programs and 20% of HACC only users
- centre day care: 18% of users accessing both programs and 10% of HACC only users.



Source: Table B8.4.

Figure 8.5: Proportion of users accessing both programs aged 65+ who received each HACC service type compared with HACC only users of the same age, 2010-11

A higher proportion of users aged 65 or older who accessed both programs received care coordination services than HACC only users of the same age. This could indicate greater complexity of needs for this age group.

Nursing care at home was the second most commonly accessed service type by HACC users aged 65 or older. It was accessed by 1 in 4 (25%) users accessing both programs and 1 in 5 (20%) HACC only users. For HACC only users, this was a similar proportion to that for those aged 0-34 and 35-64. However, there was a steady increase for users accessing both programs: from 9% for users aged 0-34, to 21% for users aged 35-64, to 25% for users aged 65 or older.

Amount of assistance received

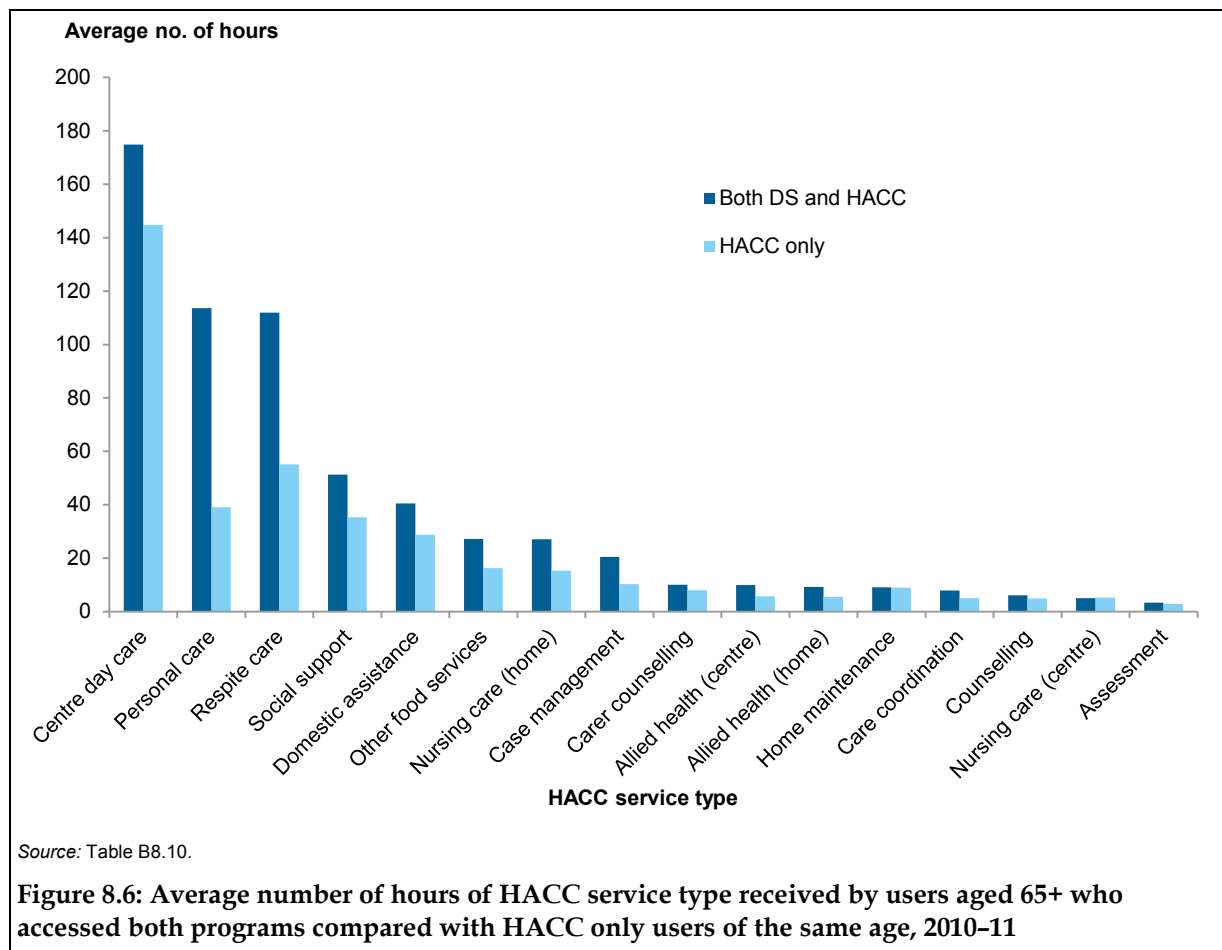
For most service types, users accessing both programs aged 65 or older, on average, received a greater number of hours of services than HACC only users of the same age (Figure 8.6).

Key differences were:

- centre day care: 175 hours for users accessing both programs and 145 hours for HACC only users
- personal care: 114 hours for users accessing both programs and 39 hours for HACC only users

- respite care: 112 hours for users accessing both programs and 55 hours for HACC only users.

There was a substantial difference in the total number of hours received of personal care and respite care between users accessing both programs and HACC only users (75 hours and 57 hours, respectively).



Users accessing both programs aged 65 or older also received, on average, more money for home modifications than HACC only users of the same age. They also received a greater number of linen service deliveries, centre meals, delivered meals and one-way transport trips than HACC only users (Table 8.2).

Table 8.2: Average HACC services received by users accessing both programs aged 65+ compared with HACC only users of the same age, 2010-11

HACC service type	Measure	Both DS and HACC	HACC only	Total HACC
Home modification	Dollars (\$s)	615.0	475.3	476.5
Linen services	Deliveries	30.3	25.9	26.0
Centre meals	Meals	33.6	29.2	29.2
Delivered meals	Meals	124.5	105.7	105.9
Transport	One-way trips	49.2	36.0	36.1

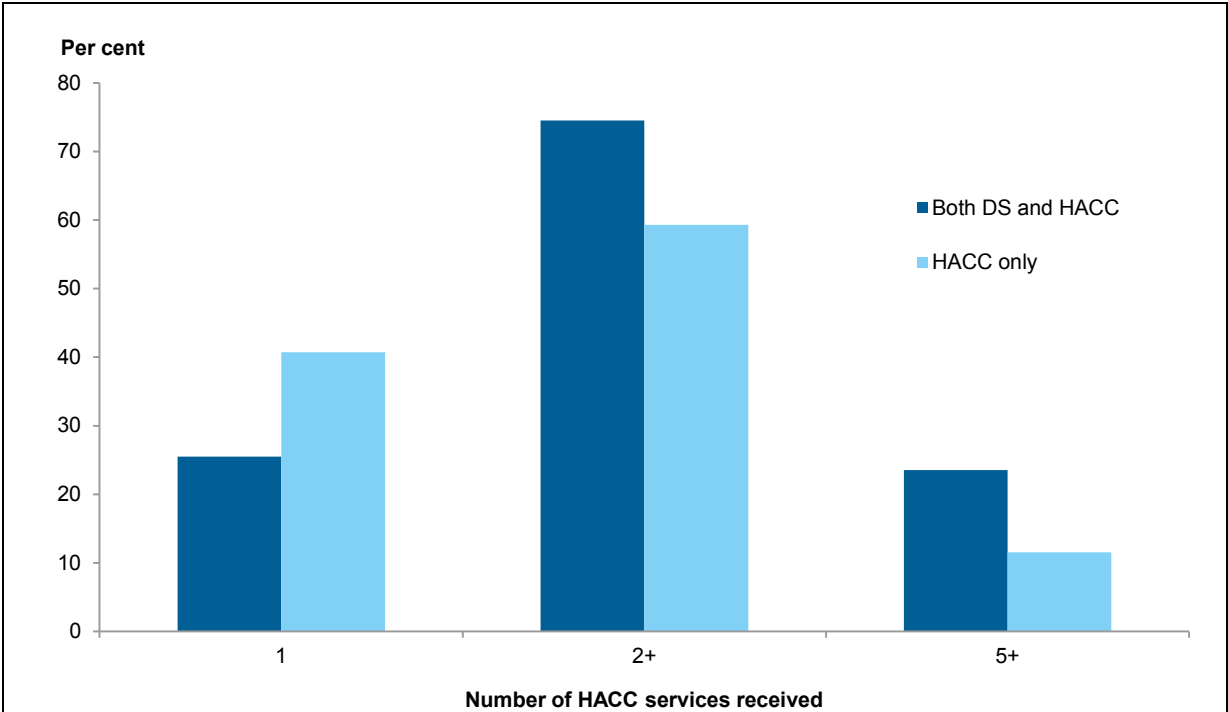
Source: AIHW analysis of 2010-11 linked DS and HACC data set.

Multiple HACC service use

People accessing both programs aged 65 or older were more likely to be using multiple types of HACC services than HACC only users of the same age (Figure 8.7). During 2010–11, 3 in 4 (74%) users accessing both programs received 2 or more types of HACC services and about 1 in 4 (24%) received 5 or more types of HACC services. In comparison, 3 in 5 (59%) HACC only users received 2 or more types of HACC services and about 1 in 8 (12%) received 5 or more types of HACC services, in the same time period.

A higher proportion of users accessing both programs aged 65 or older received multiple HACC services compared with users accessing both programs aged under 65 (Table B8.8). Although this pattern is similar for HACC only users, the increase in proportion of users accessing multiple HACC services between the broad age groups is greater in the ‘both DS and HACC’ group than in the HACC only group:

- users accessing both programs
 - 2 or more services: 60% of users aged under 65 compared with 74% of users aged 65 or older (an increase of 14 percentage points)
 - 5 or more services: 13% of users aged under 65 compared with 24% of users aged 65 or older (an increase of 11 percentage points).
- HACC only users:
 - 2 or more services: 47% of users aged under 65 compared with 59% of users aged 65 or older (an increase of 12 percentage points)
 - 5 or more services: 7% of users aged under 65 compared with 12% of users aged 65 or older (an increase of 5 percentage points).



Source: Table B8.8.

Figure 8.7: Proportion of users accessing both programs aged 65+ who received multiple types of HACC services compared with HACC only users and all HACC users of the same age, 2010–11

Of the 6 most commonly received HACC services by users accessing both programs aged 65 or older (excluding assessment), the most common combinations of HACC service use were (Table B8.11):

- domestic assistance and care coordination: 750 people, representing 36% of domestic assistance users and 50% of care coordination users
- care coordination and social support: 546 people, representing 36% of care coordination users and 46% of social support users
- domestic assistance and personal care: 540 people, representing 26% of domestic assistance users and 51% of personal care users
- domestic assistance and social support: 535 people, representing 26% of domestic assistance users and 45% of social support users.

In comparison, of the 6 most commonly accessed HACC services by HACC only users aged 65 or older (excluding assessment), the most common combinations of service use were:

- domestic assistance and care coordination: 49,909 people, representing 21% of domestic assistance users and 49% of care coordination users
- domestic assistance and nursing care at home: 39,978 people, representing 17% of domestic assistance users and 28% of nursing care at home users
- domestic assistance and personal care: 38,777 people, representing 16% of domestic assistance users and 51% of personal care users
- domestic assistance and social support: 38,670 people, representing 16% of domestic assistance users and 41% of social support users.

Provision of aids and equipment

The HACC program includes a service to provide goods and equipment. This service involves the loan or purchase of goods and equipment to help the client (DoHA 2012).

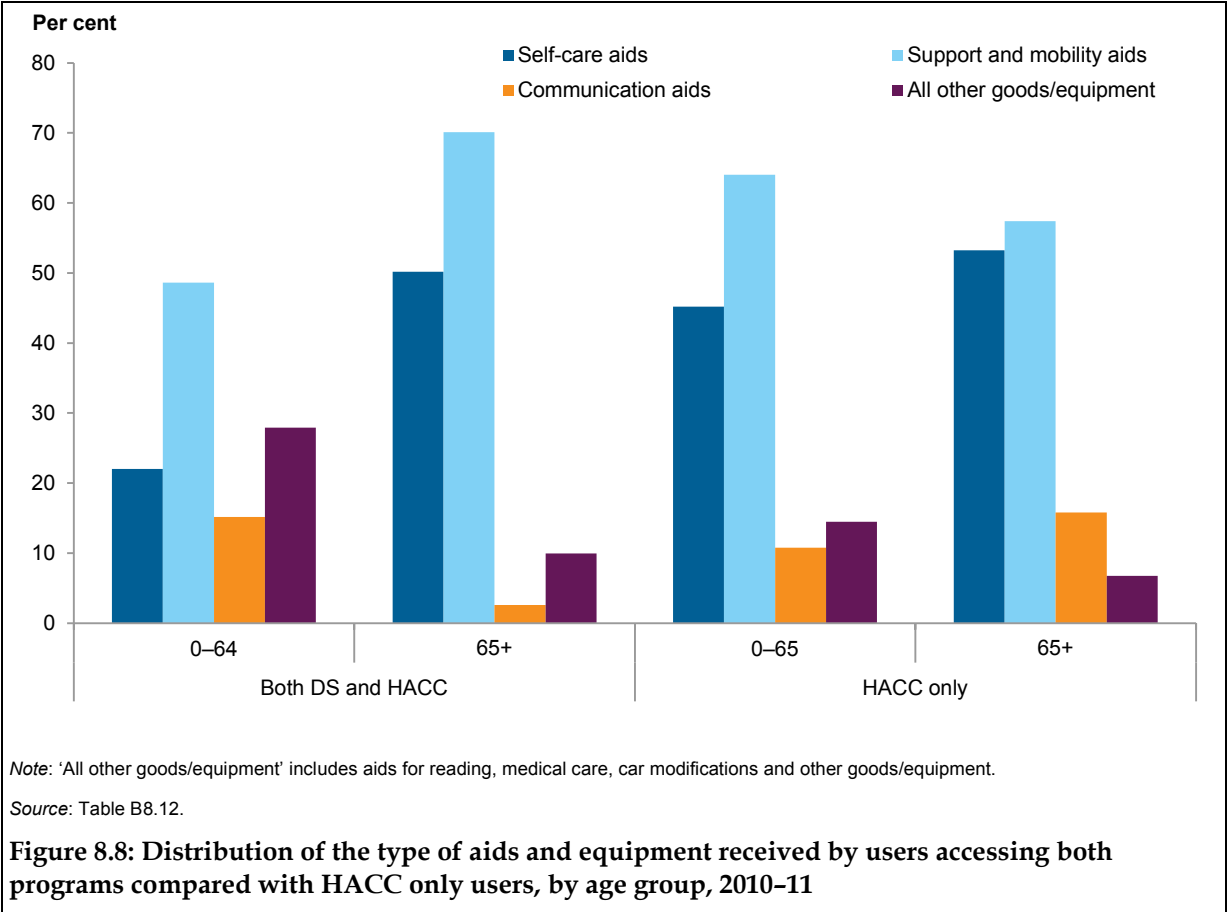
Within DS, there is not an equivalent aids or equipment service. There is an 'alternative formats of communication' service which is 'for people who by reason of their disabilities are unable to access information provided in the standard format' (AIHW 2012a: 57). This may include interpreter services, radio and alternative formats of print medium such as Braille. However, service user data are not collected under the DS NMDS for this item.

A total of 14,567 people received aids or equipment under the full HACC program (Table B8.12). Some received more than one type of aid or equipment. A slightly greater proportion of users accessing both programs received aids or equipment than HACC only users (2.8% versus 1.5%, respectively). However, a greater number of HACC only users received aids or equipment than users who accessed both programs (13,042 versus 1,525).

These figures show that only a small proportion of HACC clients received aids or equipment under the HACC program. This is because the provision of aids and equipment is primarily the responsibility of the individual states/territories under their Government Aids and Equipment services or programs (Pearson Associates 2013).

Figure 8.8 shows the distribution of the types of aids provided to users accessing both programs compared with HACC only users, by age group. Users accessing both programs aged under 65 were less likely to receive self-care aids and support and mobility aids than

users accessing both programs aged 65 or older, or HACC only users of all ages. However, they were more likely to receive communication aids and all other goods/equipment than users accessing both programs aged 65 or older, and HACC only users. This may reflect the difference in prominent disability types between the two groups. As discussed in Chapter 4, users accessing both programs are more likely to have early onset disability, as well as disability likely to result in complex and diverse needs such as intellectual/learning and physical/diverse primary disability.



9 Discussion

This chapter provides a broad context within which the analysis findings presented in earlier chapters may be interpreted. It also explores some possible implications for service planning and provision based on the analysis findings, focusing on people with high-level and complex support needs.

Flexible delivery of DS and HACC programs helps support individual needs

People with disability are not a homogenous group and their needs for support are affected by various factors such as age, age at onset of disability, disability type and availability of informal care. Hence, individual needs and circumstances should be the primary consideration in determining the eligibility for services, and what support services are appropriate (AIHW 2000, 2007b; National Disability Services 2010).

The analysis found that, compared with users of DS services only, users accessing both programs were older. They were also more likely to have disability acquired at younger ages and activity limitation/participation restrictions that required higher level, complex and diverse supports, and to have an informal carer and be cared by an older carer. The vast majority (89%) of people who use both service programs are aged under 65. Those aged 65 and over mostly rely on HACC services, with only 11% of users of both programs in this age group.

These user characteristics suggest that the extensive use of both DS and HACC services is because of this group's distinct support needs and individual circumstances. Flexibility in the delivery of both the DS and HACC programs allows this group of people to access the full range of services to help them to remain living in the community. For example, in 2010–11, almost half (49%) of users accessing both programs aged 15–64 were not in the labour force and this proportion was 2.3 times as high as that for DS only users (21%). The high proportion of users accessing both programs not participating in the labour force may explain their high use of DS community access services (or similar HACC services) as an alternative source of day-time activity, and respite and accommodation support services (if they require informal or formal help to remain at home during the day).

Complementary nature of combined DS and HACC service provisions

People who accessed services from both DS and HACC received a wide range of combinations of DS and HACC services. They used substantially more DS services than DS only users and more HACC services than HACC only users in both type and volume. This service use pattern indicates the important role of the two programs in 2010–11 in supporting these users, both in terms of quantity and type of care and highlights the high-level support needs of this specific population group.

For example, around half of users accessing both programs who received DS respite services relied on the two programs to provide a short-term break or relief for their informal carers. Some DS users who did not receive respite services from the DS program used HACC respite care and centre day care services.

Although the DS and HACC programs provide similar services (such as respite care and centre day care services), there are also some services that are available in only one of the programs. For example, HACC has a greater focus on providing nursing care, allied health services, and aids and equipment; this is not mirrored in the DS services.

The analysis showed that HACC nursing care at home services were largely received by those users of both programs, who also received the DS service types of in-home accommodation support, and group homes. This reflects the complementary nature of the HACC nursing care services.

The complementary nature of combined services of DS and HACC is of particular relevance for people ageing with early onset disability. The analysis shows that users accessing both programs were more likely to have intellectual/learning disability and disability associated with acquired brain injury and neurological conditions that were more likely to result in complex and diverse needs for support. For these people, the ageing process often begins at earlier ages than for the general population (AIHW 2000; Lin et al. 2011). These people are more likely to have both disability-related and age-related needs at earlier stages than the general population (AIHW 2000, 2007b; National Disability Services 2010). For example, they may have increasing needs for personal care, therapy services and aids and equipment due to the impact of the ageing process.

Further, given the NDIS's eligibility 'cut-off' for new entrants at age 65 and concerns about possible duplication between the disability and aged care systems, it is notable that only a relatively small proportion of those aged 65 and over use both programs, with this age group mostly relying only on HACC services.

Support for informal carers of people with high-level support needs

The interplay between disability services and informal care is highlighted by the fact that about 60% of users accessing both DS and HACC programs had an informal carer in 2010–11, and that their carers relied on respite services from both DS and HACC programs. Users accessing both programs were much more likely to receive DS respite services than DS only users and to receive HACC respite care and centre day care services than HACC only users.

Informal carers provide most of the assistance needed by people with severe or profound core activity limitation living in the community (AIHW 2011). This highlights the importance of providing a range of flexible services to support informal carers, and to help maintain the stability of community living and caring arrangements.

Ageing of informal carers, especially ageing of parents caring for their child with early onset disability, is likely to continue as a main issue. Around half of informal carers of users accessing both programs were aged 45 or over, including 15% who were aged 65 or older.

Definition of service types

Disability service groups and types

Accommodation support

- | | |
|---|--|
| 1.01 Large residential/institutions (>20 places) | Large residential/institutions are usually located on large parcels of land and provide 24-hour residential support in a congregate setting of more than 20 beds. |
| 1.02 Small residential/institutions (7–20 places) | Small residential/institutions are usually located on large parcels of land and provide 24-hour residential support in a congregate or cluster setting of 7 to 20 beds. |
| 1.03 Hostels | Hostels provide residential support in a congregate setting of usually less than 20 beds, and may or may not provide 24-hour residential support. Many are situated in an institutional setting and also have respite beds included on the premises. |
| 1.04 Group homes (usually <7 places) | Group homes generally provide combined accommodation and community-based residential support to people in a residential setting (generally staffed 24 hours a day). Usually no more than 6 service users are located in any one house, although this can vary. The agency funded to provide the service should generally control the residence (that is, own, lease, hold in trust, or in other ways be responsible for it) not just the support to enable the residents to remain in the residence. |
| 1.05 Attendant care/personal care | An attendant care program provides for an attendant to assist people with daily activities that they are unable to complete for themselves (because of physical, intellectual or other disability), enabling them to live in the community and on their own. |
| 1.06 In-home accommodation support | Involves individual in-home living support and/or developmental programming services for people with disability, supplied independently of accommodation. The accommodation may be owned, rented, or otherwise provided, but should be independent of the agency providing the in-home support service. (Otherwise, see code 1.04 'group homes'.) |
| 1.07 Alternative family placement | Placement of a person with disability with an alternative family who will provide care and support. Includes shared-care arrangements and host family placements. |
| 1.08 Other accommodation support | Accommodation support services that provide short-term, one-off instances of accommodation such as accommodation so individuals or families can access specialist services or further education, emergency or crisis accommodation (for example, following the death of a parent or carer), and holiday |

accommodation.

Community support

2.01 Therapy support for individuals	Specialised, therapeutic care services including occupational therapy, physiotherapy and speech therapy to improve, maintain or slow deterioration of a person's functional performance, and/or assist in assessing and recommending equipment to enable people to perform as independently as possible in their environment.
2.02 Early childhood intervention	Support services to assist children up to (but not including) 6 years of age with a developmental delay to integrate with peers into pre-schools and the wider community.
2.03 Behaviour/specialist intervention	These include a range of services to manage challenging behaviours, including dangerous antisocial behaviours: intensive intervention support, training and education in behaviour management, and consultancy services for other professionals. Behaviour/specialist intervention is often provided as a by-product of other services.
2.04 Counselling (individual/family/group)	Services that provide counselling to individuals, families or groups.
2.05 Regional resource and support teams	Regional resource and support teams are generally, inter disciplinary teams providing a combination of services in categories 2.01, 2.02 and 2.03 that cannot be broken down into component parts. These teams may also assist service users to access mainstream services and/or support mainstream funded agencies. Except for early childhood intervention teams, they usually have an individual, rather than a family focus.
2.06 Case management, local coordination and development	This is a broad service type category, including elements of individual or family-focused case management and brokerage as well as coordination and development activity within a specified geographical area. Services assist people with disability to maximise their independence and participation in the community through working with the individual, family and/or carers in care planning and/or facilitating access to appropriate services. Case management services are targeted at individuals who need assistance, for a period of time, to access necessary supports, including help with service coordination and with assisting services to respond to their service needs. Brokerage is one way to purchase appropriate supports for an individual and should be included in this category. Other forms of local coordination and development generally involve working with the individual, family and/or carers and at the community level to facilitate positive changes that assist people with disability to live and participate in the community and to assist families in their continued provision of care. Local coordination does not generally involve either managing individuals' funds or ongoing

case management. However, discretionary funds are sometimes available for one-off purchases (for example, respite, therapy) to enable a quick response until longer term supports can be put in place.

2.07 Other community support
Community support services other than those outlined above (that is, other than 2.01–2.06).

Community access

3.01 Learning and life skills
These programs provide ongoing day-to-day support for service users to gain greater access to and to participate in community-based activities. Programs may focus on continuing education to develop skills and independence in a variety of life areas (for example, self-help, social skills and literacy and numeracy) or enjoyment, leisure and social interaction. They are often called day programs.

3.02 Recreation/holiday programs
Recreation services and holiday programs aim to facilitate the integration and participation of people with disability in recreation and leisure activities available in the general community. These services may also enhance the capacity and responsiveness of mainstream sport and recreation agencies and community organisations to provide for people with disability.

3.03 Other community access
Community access services other than those outlined above (that is, other than 3.01–3.02). For example, services offering activities designed to improve service users' physical, cognitive and perceptual abilities; to encourage self-esteem growth; and to provide opportunities to socialise.

Respite

4.01 Own home respite
Respite care provided in the individual's own home.

4.02 Centre-based respite/respite homes
Respite care provided in community setting similar to a 'group home' structure and respite care provided in other centre-based settings. This service type includes respite care provided in any of the accommodation settings 1.01–1.04.

4.03 Host family respite/peer support respite
Host family respite provides a network of 'host families' matched to the age, interests and background of the individual and their carer. Peer support is generally targeted at children or young adults up to 25 years of age, and matches the individual with a peer of similar age and interests, usually for group activities. Usually provided on a voluntary basis.

4.04 Flexible respite
Respite services that offer any combination of own home and host family/peer support respite (service types 4.01 and 4.03). Includes respite where day outings and camping trips are taken. (This service type is distinguished from service type 3.02 'Recreation/holiday programs' because the primary purpose is

respite.) Flexible respite to meet an individual's needs may include brokerage for respite, only when the funding dollars come from respite resources.

4.05 Other respite Respite services other than those outlined above (that is, other than 4.01–4.04), including:

- crisis respite
- holidays for the person with disability where the primary intention of the service is to provide respite support (rather than primarily a holiday experience) and the service user is generally separated from their usual support arrangements (such as family).

Employment

5.01 Open employment Services that provide employment assistance to people with disability in obtaining and/or retaining paid employment in the open labour market.

5.02 Support employment Services that provide employment opportunities and assistance to people with disability to work in specialised and supported work environments.

Advocacy, information and alternative forms of communication

6.01 Advocacy Services designed to enable people with a disability to increase the control they have over their lives by representing their interests and views in the community. Examples include self-advocacy/individual advocacy, citizen advocacy, group advocacy and system/systematic advocacy.

6.02 Information/referral Information services provide accessible information to people with disability, their carers, families and related professionals. This service type provides specific information about disability-specific and generic services and equipment, and promotes the development of community awareness. Information includes contact by phone, print or e-mail that recommends a person to another service.

6.03 Combined information/advocacy Services that offer both information and advocacy services to individuals where these two components cannot reasonably be separated.

6.04 Mutual support/self-help groups Focus or special interest groups to support and assist people with disability, their families and carers. These groups promote self-advocacy by providing information, support and assistance.

6.05 Alternative formats of communication Includes alternative formats of communication for people who by reason of their disability are unable to access information provided in the standard format. May include interpreter services, radio, and alternative formats of print medium (for

example, text telephone, Braille and so on).

Other support

7.01 Research and evaluation

Research and evaluation with respect to providing services funded under the NDA for people with disability. This includes investigating the need for new services, or enhancing existing services, and measuring outcomes for people with disability using these services. Responsibility for this service type is shared between the Australian and state/territory governments.

7.02 Training and development

Training and development services may be funded, for example, to train disability-funded agencies to deliver higher quality or more appropriate services to people with disability or to develop materials or methods that promote service system improvements.

7.03 Peak bodies

Peak bodies are generally funded to support non-government disability funded agencies in achieving positive outcomes for people with disability.

7.04 Other support services

Services that are completely outside any of the defined service types above (that is, outside service types, 1.01–1.08, 2.01–2.07, 3.01–3.03, 4.01–4.05, 5.01–5.02, 5.04, 6.01–6.05 and 7.01–7.03). This service type also includes providing one-off funding for a defined event (for example, for promotional activities) or for purchasing aids and equipment for a community facility (not for an individual).

HACC service types

Domestic assistance	Domestic assistance is normally provided in the home, and includes services such as dishwashing, house cleaning, clothes washing, shopping (unaccompanied) and bill paying.
Social support	Social support refers to assistance provided by a companion (paid worker or volunteer), either within the home environment or while accessing community services, that is primarily directed towards meeting the person's need for social contact and/or accompaniment in order to participate in community life. Social support includes friendly visiting.
Nursing care at home (or at a centre or other setting)	Nursing care is defined as health care provided to a client by a registered or enrolled nurse. Nursing care can be delivered in the client's home or in a centre or other location.
Allied health care at home (or at a centre or other setting)	Allied health consists of a wide range of specialist services, including podiatry, occupational therapy, physiotherapy, social work and so on.
Personal care	Personal care is normally provided in the home, and includes helping the client with daily self-care tasks (for example, eating, bathing, grooming). It may include medication monitoring.
Assessment	Assessment refers to all assessment (and re-assessment) activities undertaken on behalf of the individual client. The extent and nature of assessment activities will vary from agency to agency, and across different agency types. Not all assessment activities are necessarily undertaken face to face with the client.
Centre-based day care	Centre-based day care refers to assistance provided to the client to attend/participate in group activities and is conducted in a centre-based setting. It includes group excursions/activities conducted by centre staff but held away from the centre.
Other food services	Other food services mean any assistance provided during preparation/cooking of a meal at the client's home. It also includes advice on nutrition, food storage or preparation. It does not cover the delivery of a meal prepared elsewhere.
Respite care	Respite care is assistance provided to carers so they may have relief from their caring role and pursue other activities or interests. The motivation underlying the assistance to the carer is essential: a substitute carer is provided so the carer gains 'time out'.
Client care coordination	Client care coordination refers to activities that relate to the coordination, planning, delivery and monitoring of services that are directly attributable to an individual client. It includes advocacy on the client's behalf, and liaison with service providers with service providers to ensure that the client has access to the range of services required.
Case management	Case management refers to the assistance received by a client with complex care needs from a formally identified agency worker. This

	person will coordinate planning and delivery of services from more than one agency.
Home maintenance	Home maintenance refers to assistance with the maintenance and repair of the person's home, garden or yard to keep it in a safe and habitable condition.
Counselling/support, information and advocacy (care recipient or carer)	This assistance type covers a number of supportive services to help clients and carers deal with their situation, and is normally provided on a one-to-one basis. This service can be recorded as one of two assistance types based on the recipient of the counselling – either the care recipient (care counselling support) or their carer (carer counselling support).
Meals provided at home (or at a centre or other setting)	Meals refer to those meals that are prepared and delivered to the client at home, and meals provided at a centre (or other setting). It does not include meals prepared in the client's home
Formal linen services	Formal linen services means that both the linen and the laundry services are provided to the client, and the cleaning of the linen is done elsewhere.
Transport	Transport refers to assistance with transportation either directly (for example, a ride in a vehicle provided or driven by an agency worker or volunteer) or indirectly (for example, taxi vouchers or subsidies), and is counted for each HACC client whether they are transported individually or in a group. Transport is counted as the number of one-way trips. For example, a trip from home to the shops is counted as one trip. The return journey is another transport trip.
Home modification	Home modification refers to structural changes to the client's home so they can continue to live and move safely about the house. It will often include the fitting of rails, ramps, alarms or other safety and mobility aids.
Provision of goods and equipment	Goods and equipment may be provided by an agency by lending or purchasing an item to help their client. These goods and equipment items include self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications and other goods and equipment.

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Appendix A: Data and technical notes for Chapter 7

This section presents the detailed data tables on various combinations of DS and HACC services used by people who accessed both programs. The key findings from these tables have been canvassed in Chapter 7.

Results of the higher Level 1 analysis are presented in three summary tables:

- Table A7.1 presents numbers of users accessing both programs of all combinations of DS service groups and HACC service types. Data in each column show the number of users of 21 HACC service types within a specific DS service group. Data in each row show the number of users accessing both programs of 5 DS service groups within a specific type of HACC service user group.
- Table A7.2 shows the percentage distribution of the use of HACC service types for users of each specific DS service group.
- Table A7.3 shows the percentage distributions of the use of DS service groups for users of each type of HACC services.

Based on the mapping framework of service types of the two programs presented in Chapter 2, data on the use of HACC service types have been mapped to the use of DS service groups. This assists in providing information about users accessing potentially similar types of services or services with common primary purposes from the two programs. The shaded areas in the tables mentioned above indicate service types of the two programs that have similar primary purposes. Four different colours have been used to indicate each of the four DS service groups.

The following data tables about various combinations of DS and HACC services are presented for users accessing both programs for each DS service group, including results of the more detailed Level 2 analysis about combinations of HACC service types and DS service types within each DS service group. It should be noted that a majority of users accessing both programs used more than one DS service group/type so they can be included in more than one DS service group/type. Hence, the total of the DS service group may not be the sum of the service group/type components.

Table A7.1: Combinations of services received by users accessing both programs, by type of HACC service and DS service group^(a), 2010-11 (number)

HACC service type	Disability service group					Total HACC service type ^(b)
	Accommodation support	Community support	Community access	Respite	Employment	
Domestic assistance	2,623	6,989	2,840	2,026	2,275	11,314
Other food services	70	191	66	45	96	294
Home maintenance	1,200	2,709	1,230	824	913	4,652
Home modification	341	1,079	382	312	164	1,433
Linen services	68	114	55	44	8	153
Centre meals	942	1,593	1,234	772	492	2,762
Delivered meals	960	1,854	1,021	465	640	3,397
Personal care	1,942	6,375	2,651	2,912	916	8,626
Allied health at home	1,882	4,488	1,831	1,399	793	6,497
Allied health at a centre	2,229	4,297	2,177	1,354	1,402	7,349
Assessment	3,814	12,099	5,032	4,544	3,596	18,200
Case management	923	3,103	1,069	1,227	671	4,514
Counselling	1,256	2,949	1,400	999	1,032	4,442
Nursing care at a centre	639	1,395	509	500	368	2,253
Nursing care at home	3,185	5,995	2,729	1,822	1,191	9,151
Carer counselling	652	3,253	1,239	1,428	858	4,207
Care coordination	2,265	6,129	2,906	2,253	1,617	9,252
Social support	2,458	6,816	4,114	3,371	2,671	11,354
Transport	2,221	5,434	3,604	2,268	2,344	8,921
Respite care	1,116	7,668	2,843	5,275	957	9,875
Centre day care	2,478	5,045	3,668	2,839	2,030	8,777
Total DS service group^(b)	12,871	34,528	17,074	14,323	11,395	54,842
Total DS service group for all DS users^(c)	42,579	140,156	60,509	36,266	128,321	314,252

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the service group/type components because individuals may have used more than one service group/type in 2010-11.

(c) Includes DS only users.

Source: AIHW analysis of 2010-11 linked DS and HACC data set.

Table A7.2: Combinations of services received by users accessing both programs, by type of HACC service and DS service group^(a), 2010–11 (column per cent)

HACC service type	Disability service group				
	Accommodation support	Community support	Community access	Respite	Employment
Domestic assistance	20.4	20.2	16.6	14.1	20.0
Other food services	0.5	0.6	0.4	0.3	0.8
Home maintenance	9.3	7.8	7.2	5.8	8.0
Home modification	2.6	3.1	2.2	2.2	1.4
Linen services	0.5	0.3	0.3	0.3	0.1
Centre meals	7.3	4.6	7.2	5.4	4.3
Delivered meals	7.5	5.4	6.0	3.2	5.6
Personal care	15.1	18.5	15.5	20.3	8.0
Allied health at home	14.6	13.0	10.7	9.8	7.0
Allied health at a centre	17.3	12.4	12.8	9.5	12.3
Assessment	29.6	35.0	29.5	31.7	31.6
Case management	7.2	9.0	6.3	8.6	5.9
Counselling	9.8	8.5	8.2	7.0	9.1
Nursing care at a centre	5.0	4.0	3.0	3.5	3.2
Nursing care at home	24.7	17.4	16.0	12.7	10.5
Carer counselling	5.1	9.4	7.3	10.0	7.5
Care coordination	17.6	17.8	17.0	15.7	14.2
Social support	19.1	19.7	24.1	23.5	23.4
Transport	17.3	15.7	21.1	15.8	20.6
Respite care	8.7	22.2	16.7	36.8	8.4
Centre day care	19.3	14.6	21.5	19.8	17.8
Total per cent^(b)	100.0	100.0	100.0	100.0	100.0
Total DS service group (number)^(b)	12,871	34,528	17,074	14,323	11,395
Total DS service group for all DS users (number)^(c)	42,579	140,156	60,509	36,266	128,321

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the DS service group components because individuals may have used more than one HACC service type in 2010–11.

(c) Includes DS only users.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.3: Combinations of services received by users accessing both programs, by type of HACC service and DS service group^(a), 2010–11 (row per cent)

HACC service type	Disability service group					Total HACC service types ^(b)	
	Accommodation support	Community support	Community access	Respite	Employment	Per cent	Number
Domestic assistance	23.2	61.8	25.1	17.9	20.1	100	11,314
Other food services	23.8	65.0	22.4	15.3	32.7	100	294
Home maintenance	25.8	58.2	26.4	17.7	19.6	100	4,652
Home modification	23.8	75.3	26.7	21.8	11.4	100	1,433
Linen services	44.4	74.5	35.9	28.8	5.2	100	153
Centre meals	34.1	57.7	44.7	28.0	17.8	100	2,762
Delivered meals	28.3	54.6	30.1	13.7	18.8	100	3,397
Personal care	22.5	73.9	30.7	33.8	10.6	100	8,626
Allied health at home	29.0	69.1	28.2	21.5	12.2	100	6,497
Allied health at a centre	30.3	58.5	29.6	18.4	19.1	100	7,349
Assessment	21.0	66.5	27.6	25.0	19.8	100	18,200
Case management	20.4	68.7	23.7	27.2	14.9	100	4,514
Counselling	28.3	66.4	31.5	22.5	23.2	100	4,442
Nursing care at a centre	28.4	61.9	22.6	22.2	16.3	100	2,253
Nursing care at home	34.8	65.5	29.8	19.9	13.0	100	9,151
Carer counselling	15.5	77.3	29.5	33.9	20.4	100	4,207
Care coordination	24.5	66.2	31.4	24.4	17.5	100	9,252
Social support	21.6	60.0	36.2	29.7	23.5	100	11,354
Transport	24.9	60.9	40.4	25.4	26.3	100	8,921
Respite care	11.3	77.7	28.8	53.4	9.7	100	9,875
Centre day care	28.2	57.5	41.8	32.3	23.1	100	8,777
Total DS service group (number)^(b)	12,871	34,528	17,074	14,323	11,395	—	54,842

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the DS service group components because individuals may have used more than one DS service group in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.4: Combinations of services received by users accessing both programs, by type of HACC services and type of DS respite services, 2010–11 (number)

HACC service type	Own home respite	Centre-based respite/ respite homes	Host family/peer support respite	Flexible/ combination respite	Other respite
Allied health at home	185	589	25	826	86
Allied health at a centre	128	562	28	836	84
Assessment	635	1,923	209	2,784	232
Case management	110	535	44	761	40
Counselling	148	489	8	586	61
Domestic assistance	291	700	41	1,273	134
Other food services	6	16	n.p.	29	—
Home maintenance	119	276	17	517	50
Home modification	36	144	n.p.	206	7
Linen services	4	27	n.p.	25	—
Centre meals	81	382	8	477	37
Delivered meals	42	130	5	316	19
Nursing care at a centre	48	181	13	317	44
Nursing care at home	335	779	35	1,007	129
Personal care	448	1,470	73	1,717	98
Respite care ^(a)	944	2,522	300	2,998	185
Centre day care ^(a)	398	1,269	132	1,656	221
Social support	310	1,414	141	2,189	137
Transport	235	1,141	38	1,365	86
Carer counselling	219	765	45	788	56
Care coordination	400	946	86	1,281	174
All service users^(b)	1,903	6,323	574	8,547	690

n.p. Not publishable because of small numbers, confidentiality or other concerns about the quality of the data.

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the service type components because individuals may have used more than one service type in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.5: Combinations of services received by users accessing both programs, by type of HACC services and type of DS respite services, 2010–11 (per cent)

HACC service type	Own home respite	Centre-based respite/respite homes	Host family/peer support respite	Flexible/combination respite	Other respite
Allied health at home	9.7	9.3	4.4	9.7	12.5
Allied health at a centre	6.7	8.9	4.9	9.8	12.2
Assessment	33.4	30.4	36.4	32.6	33.6
Case management	5.8	8.5	7.7	8.9	5.8
Counselling	7.8	7.7	1.4	6.9	8.8
Domestic assistance	15.3	11.1	7.1	14.9	19.4
Other food services	0.3	0.3	n.p.	0.3	—
Home maintenance	6.3	4.4	3.0	6.0	7.2
Home modification	1.9	2.3	n.p.	2.4	1.0
Linen services	0.2	0.4	n.p.	0.3	—
Centre meals	4.3	6.0	1.4	5.6	5.4
Delivered meals	2.2	2.1	0.9	3.7	2.8
Nursing care at a centre	2.5	2.9	2.3	3.7	6.4
Nursing care at home	17.6	12.3	6.1	11.8	18.7
Personal care	23.5	23.2	12.7	20.1	14.2
Respite care ^(a)	49.6	39.9	52.3	35.1	26.8
Centre day care ^(a)	20.9	20.1	23.0	19.4	32.0
Social support	16.3	22.4	24.6	25.6	19.9
Transport	12.3	18.0	6.6	16.0	12.5
Carer counselling	11.5	12.1	7.8	9.2	8.1
Care coordination	21.0	15.0	15.0	15.0	25.2
All service users^(b)	100.0	100.0	100.0	100.0	100.0
All service users (number)^(b)	1,903	6,323	574	8,547	690

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the service type components because individuals may have used more than one service type in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.6: Combinations of services received by users accessing both programs who received community support services, by type of HACC services and type of DS community support services, 2010–11 (number)

HACC service type	Therapy support for individuals	Early childhood intervention	Behaviour/specialist intervention	Counselling (individual/family/group)	Resource teams/regional teams	Case management, local coordination and development	Other community support
Allied health at home ^(a)	1,200	173	257	133	286	3,454	237
Allied health at a centre ^(a)	1,118	294	272	42	250	3,182	172
Assessment ^(a)	3,384	833	689	386	2,479	7,305	674
Case management ^(a)	810	74	110	105	788	1,710	254
Counselling ^(a)	609	140	218	183	451	2,055	203
Nursing care at a centre ^(a)	375	67	59	9	287	830	97
Nursing care at home ^(a)	1,828	141	317	222	500	4,528	523
Carer counselling ^(a)	789	163	267	116	841	2,227	245
Care coordination ^(a)	1,753	254	356	301	1,071	4,120	322
Centre day care	1,093	59	488	134	286	4,099	138
Domestic assistance	1,853	158	257	244	921	4,834	388
Other food services	54	—	10	n.p.	47	108	20
Home maintenance	802	35	99	157	214	1,995	129
Home modification	311	56	36	82	217	659	121
Linen services	31	—	9	n.p.	49	65	19
Centre meals	361	n.p.	168	62	150	1,195	51
Delivered meals	508	—	84	94	285	1,147	80
Personal care	2,239	97	299	117	1,312	4,181	412
Respite care	2,267	904	588	179	1,852	4,805	405
Social support	1,485	147	468	214	1,582	4,428	315
Transport	1,153	57	463	159	1,205	3,523	224
All service users^(b)	9,339	2,208	2,306	1,005	6,310	22,261	1,877

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the service type components because individuals may have used more than one service type in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.7: Combinations of services received by users accessing both programs who received community support services, by type of HACC services and type of DS community support services, 2010–11 (per cent)

HACC service type	Therapy support for individuals	Early childhood intervention	Behaviour/ specialist intervention	Counselling (individual/ family/group)	Resource teams/ regional teams	Case management, local coordination and development	Other community support
Allied health at home ^(a)	12.8	7.8	11.1	13.2	4.5	15.5	12.6
Allied health at a centre ^(a)	12.0	13.3	11.8	4.2	4.0	14.3	9.2
Assessment	36.2	37.7	29.9	38.4	39.3	32.8	35.9
Case ^(a) management	8.7	3.4	4.8	10.4	12.5	7.7	13.5
Counselling ^(a)	6.5	6.3	9.5	18.2	7.1	9.2	10.8
Nursing care at a centre ^(a)	4.0	3.0	2.6	0.9	4.5	3.7	5.2
Nursing care at home ^(a)	19.6	6.4	13.7	22.1	7.9	20.3	27.9
Carer counselling ^(a)	8.4	7.4	11.6	11.5	13.3	10.0	13.1
Care coordination ^(a)	18.8	11.5	15.4	30.0	17.0	18.5	17.2
Centre day care	11.7	2.7	21.2	13.3	4.5	18.4	7.4
Domestic assistance	19.8	7.2	11.1	24.3	14.6	21.7	20.7
Other food services	0.6	—	0.4	n.p.	0.7	0.5	1.1
Home maintenance	8.6	1.6	4.3	15.6	3.4	9.0	6.9
Home modification	3.3	2.5	1.6	8.2	3.4	3.0	6.4
Linen services	0.3	—	0.4	n.p.	0.8	0.3	1.0
Centre meals	3.9	n.p.	7.3	6.2	2.4	5.4	2.7
Delivered meals	5.4	—	3.6	9.4	4.5	5.2	4.3
Personal care	24.0	4.4	13.0	11.6	20.8	18.8	21.9
Respite care	24.3	40.9	25.5	17.8	29.4	21.6	21.6
Social support	15.9	6.7	20.3	21.3	25.1	19.9	16.8
Transport	12.3	2.6	20.1	15.8	19.1	15.8	11.9
All service users^(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All service users (number)^(b)	9,339	2,208	2,306	1,005	6,310	22,261	1,877

n.p. Not publishable because of small numbers, confidentiality or other concerns about the quality of the data.

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the service type components because individuals may have used more than one service type in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.8: Combinations of service received by users accessing both programs, by type of HACC services and type of DS community access services, 2010–11 (number)

HACC service type	Learning and life skills development	Recreation/holiday programs	Other community access and day program
Allied health at home	1,522	235	157
Allied health at a centre	1,636	148	473
Assessment	3,687	1,117	741
Case management	897	200	49
Counselling	1,074	431	103
Centre day care	2,840	698	489
Domestic assistance	1,989	595	524
Other food services	50	19	5
Home maintenance	892	253	207
Home modification	331	82	6
Linen services	49	12	n.p.
Centre meals	1,079	176	88
Delivered meals	737	148	212
Nursing care at a centre	390	37	107
Nursing care at home	2,202	417	307
Personal care	2,165	455	235
Respite care	2,132	838	149
Social support ^(a)	3,049	1,124	334
Transport ^(a)	3,012	785	224
Carer counselling	906	410	111
Care coordination	2,269	736	268
All service users^(b)	12,942	3,562	2,037

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the service type components because individuals may have used more than one service type in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.9: Combinations of service received by users accessing both programs, by type of HACC services and type of DS community access services, 2010–11 (per cent)

HACC service type	Learning and life skills development	Recreation/holiday programs	Other community access and day program
Allied health at home	11.8	6.6	7.7
Allied health at a centre	12.6	4.2	23.2
Assessment	28.5	31.4	36.4
Case management	6.9	5.6	2.4
Counselling	8.3	12.1	5.1
Centre day care	21.9	19.6	24.0
Domestic assistance	15.4	16.7	25.7
Other food services	0.4	0.5	0.2
Home maintenance	6.9	7.1	10.2
Home modification	2.6	2.3	0.3
Linen services	0.4	0.3	n.p.
Centre meals	8.3	4.9	4.3
Delivered meals	5.7	4.2	10.4
Nursing care at a centre	3.0	1.0	5.3
Nursing care at home	17.0	11.7	15.1
Personal care	16.7	12.8	11.5
Respite care	16.5	23.5	7.3
Social support ^(a)	23.6	31.6	16.4
Transport ^(a)	23.3	22.0	11.0
Carer counselling	7.0	11.5	5.4
Care coordination	17.5	20.7	13.2
All service users^(b)	100.0	100.0	100.0
All service users (number)^(b)	12,942	3,562	2,037

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the service type components because individuals may have used more than one service type in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.10: Combinations of services received by users accessing both programs, by type of HACC services and type of DS accommodation support services, 2010–11 (number)

HACC service type	Residential facilities/ institutions/hostels	Group homes	Attendant care/ personal care	In-home accommodation support	Alternative family placement/other accommodation
Allied health at home	79	646	291	989	98
Allied health at a centre	85	988	167	1067	110
Assessment	118	723	542	2468	220
Case management	25	100	233	549	83
Counselling	82	170	198	887	52
Centre day care	191	883	186	1358	93
Domestic assistance ^(a)	45	107	360	2126	135
Other food services ^(a)	n.p.	8	17	43	6
Home maintenance ^(a)	18	80	215	947	40
Home modification ^(a)	7	40	83	234	15
Linen services ^(a)	—	19	21	25	11
Centre meals ^(a)	84	332	80	535	37
Delivered meals ^(a)	13	77	78	810	30
Personal care ^(a)	72	263	524	1230	103
Nursing care at a centre	31	204	125	272	46
Nursing care at home	161	1019	592	1559	139
Respite care	28	126	311	714	73
Social support	78	423	435	1581	127
Transport	131	591	305	1299	127
Carer counselling	16	77	219	368	55
Care coordination	52	353	467	1489	91
All service users^(b)	623	3,697	1,721	7,307	586

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the service type components because individuals may have used more than one service type in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.11: Combinations of services received by users accessing both programs, by type of HACC services and type of DS accommodation support services, 2010–11 (per cent)

HACC service type	Residential facilities/ institutions/hostels	Group homes	Attendant care/ personal care	In-home accommodation support	Alternative family placement/other accommodation
Allied health at home	12.7	17.5	16.9	13.5	16.7
Allied health at a centre	13.6	26.7	9.7	14.6	18.8
Assessment	18.9	19.6	31.5	33.8	37.5
Case management	4.0	2.7	13.5	7.5	14.2
Counselling	13.2	4.6	11.5	12.1	8.9
Centre day care	30.7	23.9	10.8	18.6	15.9
Domestic assistance ^(a)	7.2	2.9	20.9	29.1	23.0
Other food services ^(a)	n.p.	0.2	1.0	0.6	1.0
Home maintenance ^(a)	2.9	2.2	12.5	13.0	6.8
Home modification ^(a)	1.1	1.1	4.8	3.2	2.6
Linen services ^(a)	—	0.5	1.2	0.3	1.9
Centre meals ^(a)	13.5	9.0	4.6	7.3	6.3
Delivered meals ^(a)	2.1	2.1	4.5	11.1	5.1
Personal care ^(a)	11.6	7.1	30.4	16.8	17.6
Nursing care at a centre	5.0	5.5	7.3	3.7	7.8
Nursing care at home	25.8	27.6	34.4	21.3	23.7
Respite care	4.5	3.4	18.1	9.8	12.5
Social support	12.5	11.4	25.3	21.6	21.7
Transport	21.0	16.0	17.7	17.8	21.7
Carer counselling	2.6	2.1	12.7	5.0	9.4
Care coordination	8.3	9.5	27.1	20.4	15.5
All service users^(b)	100.0	100.0	100.0	1000	100.0
All service users^(b) (number)	623	3,697	1,721	7,307	586

(a) The shaded areas indicate service types of the two programs that have similar primary purposes.

(b) Totals may not be the sum of the service type components because individuals may have used more than one service type in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table A7.12: Type of HACC service received by DS employment service users, 2010–11

HACC service type	Open Employment Services		Supported Employment Services	
	Number	Per cent	Number	Per cent
Allied health at home	579	9.0	225	4.3
Allied health at a centre	994	15.4	431	8.3
Assessment	2,072	32.2	1,608	31.0
Case management	421	6.5	271	5.2
Counselling	579	9.0	479	9.2
Centre day care	827	12.8	1,262	24.3
Domestic assistance	1,445	22.4	869	16.7
Other food services	68	1.1	29	0.6
Home maintenance	667	10.4	257	4.9
Home modification	130	2.0	36	0.7
Linen services	3	0.0	5	0.1
Centre meals	204	3.2	298	5.7
Delivered meals	336	5.2	323	6.2
Nursing care at a centre	242	3.8	134	2.6
Nursing care at home	809	12.6	410	7.9
Personal care	489	7.6	444	8.6
Respite care	392	6.1	593	11.4
Social support	1,263	19.6	1,472	28.4
Transport	1,049	16.3	1,352	26.0
Carer counselling	429	6.7	446	8.6
Care coordination	867	13.5	793	15.3
All service users^(a)	6,441	100.0	5,192	100.0

(a) Totals may not be the sum of the service type components because individuals may have used more than one service type in 2010–11.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Appendix B: Supporting tables for chapters 3–8

Chapter 3

Table B3.1: Age distributions of users of disability support services and/or HACC services, 2010–11

User age	DS only	Both DS and HACC	HACC only	Total DS and HACC	Total DS	Total HACC
0–4	20,430	1,428	4,088	25,946	21,858	5,516
5–9	20,263	3,359	4,125	27,747	23,622	7,484
10–14	12,732	3,637	4,124	20,493	16,369	7,761
15–19	23,348	3,889	3,366	30,603	27,237	7,255
20–24	24,885	3,962	3,261	32,108	28,847	7,223
25–29	19,671	3,399	4,041	27,111	23,070	7,440
30–34	18,026	3,202	5,593	26,821	21,228	8,795
35–39	19,093	3,627	8,076	30,796	22,720	11,703
40–44	20,104	4,359	11,324	35,787	24,463	15,683
45–49	20,617	4,796	15,399	40,812	25,413	20,195
50–54	19,568	5,047	21,884	46,499	24,615	26,931
55–59	15,506	4,518	29,195	49,219	20,024	33,713
60–64	11,579	3,785	48,915	64,279	15,364	52,700
<i>Total 0–64</i>	<i>245,822</i>	<i>49,088</i>	<i>163,391</i>	<i>458,221</i>	<i>294,830</i>	<i>212,399</i>
<i>Total 65+</i>	<i>13,588</i>	<i>5,834</i>	<i>716,146</i>	<i>735,568</i>	<i>19,422</i>	<i>721,980</i>
Total	259,410	54,842	879,537	1,193,789	314,252	934,379

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B3.2: Users of disability support services and/or HACC services, 2010–11, by population with severe or profound core activity limitation living in households, 2009, by age

User age	Total DS	Total HACC	Total DS and/or HACC	Total DS excl. employment service only	Severe or profound^(a)
0–4	21,858	5,516	25,946	21,858	29,377
5–9	23,622	7,484	27,747	23,622	71,615
10–14	16,369	7,761	20,493	16,332	49,211
15–19	27,237	7,255	30,603	17,099	30,336
20–24	28,847	7,223	32,108	15,386	21,671
25–29	23,070	7,440	27,111	11,933	27,619
30–34	21,228	8,795	26,821	11,158	27,643
35–39	22,720	11,703	30,796	11,683	42,557
40–44	24,463	15,683	35,787	12,583	38,007
45–49	25,413	20,195	40,812	12,749	57,906
50–54	24,615	26,931	46,499	12,413	60,720
55–59	20,024	33,713	49,219	10,334	82,937
60–64	15,364	52,700	64,279	8,512	91,895
65+	19,422	721,980	735,568	18,564	448,512
Total	314,252	934,379	1,193,789	204,226	1,080,006

(a) Persons who sometimes or always need help with core activities of self-care, mobility or communication.

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Sources: AIHW analysis of 2010–11 linked DS and HACC data set; AIHW analysis of ABS 2009 survey of disability, ageing and carers confidential unit record file.

Chapter 4

Table B4.1: Age and sex of users accessing both DS and HACC services compared with DS only users and total DS users, by age, 2010–11

User age and sex	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Male	27,101	55.3	150,519	61.2	177,620	60.2
Female	21,903	44.7	95,138	38.7	117,041	39.7
Not stated	4	0.0	165	0.1	169	0.1
Total under 65	49,008	100.0	245,822	100.0	294,830	100.0
65+						
Male	2,529	43.3	6,253	46.0	8,782	45.2
Female	3,302	56.6	7,329	53.9	10,631	54.7
Not stated	3	0.1	6	0.0	9	0.0
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
All ages						
Male	29,630	54.0	156,772	60.4	186,402	59.3
Female	25,205	46.0	102,467	39.5	127,672	40.6
Not stated	7	0.0	171	0.1	178	0.1
All service users	54,842	100.0	259,410	100.0	314,252	100.0

Note: DS user characteristics have been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.2: Primary disability group of users accessing both DS and HACC services compared with DS only users and total DS users, by age, 2010–11

User age by primary disability group	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Intellectual/learning	24,605	50.2	99,868	40.6	124,473	42.2
Physical/diverse	15,567	31.8	56,923	23.2	72,490	24.6
Sensory/speech	1,518	3.1	16,845	6.9	18,363	6.2
Psychiatric	5,142	10.5	52,976	21.6	58,118	19.7
Not stated	2,176	4.4	19,210	7.8	21,386	7.3
Total 0–64	49,008	100.0	245,822	100.0	294,830	100.0
65+						
Intellectual/learning	786	13.5	1,585	11.7	2,371	12.2
Physical/diverse	2,136	36.6	2,618	19.3	4,754	24.5
Sensory/speech	1,782	30.5	7,713	56.8	9,495	48.9
Psychiatric	581	10.0	715	5.3	1,296	6.7
Not stated	549	9.4	957	7.0	1,506	7.8
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
All ages						
Intellectual/learning	25,391	46.3	101,453	39.1	126,844	40.4
Physical/diverse	17,703	32.3	59,541	23.0	77,244	24.6
Sensory/speech	3,300	6.0	24,558	9.5	27,858	8.9
Psychiatric	5,723	10.4	53,691	20.7	59,414	18.9
Not stated	2,725	5.0	20,167	7.8	22,892	7.3
All service users	54,842	100.0	259,410	100.0	314,252	100.0

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.3: Primary disability group of users accessing both DS and HACC services aged under 65 compared with DS only users of the same age, 2010–11

Primary disability group	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
Intellectual	20,316	41.5	63,964	26.0	84,280	28.6
Specific learning	369	0.8	11,414	4.6	11,783	4.0
Autism	3,200	6.5	14,595	5.9	17,795	6.0
Physical	7,859	16.0	38,591	15.7	46,450	15.8
Acquired brain injury	3,218	6.6	7,718	3.1	10,936	3.7
Neurological	4,490	9.2	10,614	4.3	15,104	5.1
Deaf-blind	149	0.3	690	0.3	839	0.3
Vision	1,043	2.1	6,892	2.8	7,935	2.7
Hearing	219	0.4	5,575	2.3	5,794	2.0
Speech	107	0.2	3,688	1.5	3,795	1.3
Psychiatric	5,142	10.5	52,976	21.6	58,118	19.7
Developmental delay	720	1.5	9,895	4.0	10,615	3.6
Not stated/not collected	2,176	4.4	19,210	7.8	21,386	7.3
All service users	49,008	100.0	245,822	100.0	294,830	100.0

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.4: Support needs for 'activities of daily living' for users accessing both DS and HACC services compared with DS only users, by age, 2010-11

User age by support needs for activities of daily living	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0-64						
Always or unable to do	18,355	37.5	45,357	18.5	63,712	21.6
Sometimes	17,793	36.3	74,001	30.1	91,794	31.1
None but uses aids	1,420	2.9	3,099	1.3	4,519	1.5
None	5,202	10.6	51,226	20.8	56,428	19.1
Not stated	6,238	12.7	72,139	29.3	78,377	26.6
Total 0-64	49,008	100.0	245,822	100.0	294,830	100.0
Total needing support	36,148	73.8	119,358	48.6	155,506	52.7
65+						
Always or unable to do	1,092	18.7	1,795	13.2	2,887	14.9
Sometimes	2,140	36.7	2,605	19.2	4,745	24.4
None but uses aids	820	14.1	856	6.3	1,676	8.6
None	727	12.5	1,131	8.3	1,858	9.6
Not stated	1,055	18.1	7,201	53.0	8,256	42.5
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
Total needing support	3,232	55.4	4,400	32.4	7,632	39.3
All ages						
Always or unable to do	19,447	35.5	47,152	18.2	66,599	21.2
Sometimes	19,933	36.3	76,606	29.5	96,539	30.7
None but uses aids	2,240	4.1	3,955	1.5	6,195	2.0
None	5,929	10.8	52,357	20.2	58,286	18.5
Not stated	7,293	13.3	79,340	30.6	86,633	27.6
All service users	54,842	100.0	259,410	100.0	314,252	100.0
Total need support	39,380	71.8	123,758	47.7	163,138	51.9

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010-11 linked DS and HACC data set.

Table B4.5: Support needs for 'activities of independent living' (AIL) for users accessing both DS and HACC services compared with DS only users, by age, 2010–11

User age by support needs for activities of independent living	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Always or unable to do	22,103	45.1	62,558	25.4	84,661	28.7
Sometimes	17,705	36.1	77,561	31.6	95,266	32.3
None but uses aids	503	1.0	1,537	0.6	2,040	0.7
None	2,182	4.5	30,908	12.6	33,090	11.2
Not applicable	1,036	2.1	9,485	3.9	10,521	3.6
Not stated	5,479	11.2	63,773	25.9	69,252	23.5
Total 0–64	49,008	100.0	245,822	100.0	294,830	100.0
Total needing support	39,808	81.2	140,119	57.0	179,927	61.0
65+						
Always or unable to do	1,460	25.0	2,225	16.4	3,685	19.0
Sometimes	2,138	36.6	2,368	17.4	4,506	23.2
None but uses aids	478	8.2	463	3.4	941	4.8
None	603	10.3	1,122	8.3	1,725	8.9
Not stated	1,155	19.8	7,410	54.5	8,565	44.1
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
Total needing support	3,598	61.7	4,593	33.8	8,191	42.2
All ages						
Always or unable to do	23,563	43.0	64,783	25.0	88,346	28.1
Sometimes	19,843	36.2	79,929	30.8	99,772	31.7
None but uses aids	981	1.8	2,000	0.8	2,981	0.9
None	2,785	5.1	32,030	12.3	34,815	11.1
Not applicable	1,036	1.9	9,485	3.7	10,521	3.3
Not stated	6,634	12.1	71,183	27.4	77,817	24.8
All service users	54,842	100.0	259,410	100.0	314,252	100.0
Total needing support	43,406	79.1	144,712	55.8	188,118	59.9

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.6: Support needs for 'activities of work, education and community living' users accessing both DS and HACC services compared with DS only users, by age, 2010–11

User age by support needs for activities of work, education and community living	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Always or unable to do	26,731	54.5	71,196	29.0	97,927	33.2
Sometimes	11,663	23.8	60,872	24.8	72,535	24.6
None but uses aids	703	1.4	1,571	0.6	2,274	0.8
None	2,366	4.8	28,872	11.7	31,238	10.6
Not applicable	1,670	3.4	17,744	7.2	19,414	6.6
Not stated	5,875	12.0	65,567	26.7	71,442	24.2
Total 0–64	49,008	100.0	245,822	100.0	294,830	100.0
Total needing support	38,394	78.3	132,068	53.7	170,462	57.8
65+						
Always or unable to do	2,253	38.6	2,916	21.5	5,169	26.6
Sometimes	1,134	19.4	1,493	11.0	2,627	13.5
None but uses aids	470	8.1	529	3.9	999	5.1
None	736	12.6	1,065	7.8	1,801	9.3
Not stated	1,241	21.3	7,585	55.8	8,826	45.4
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
Total needing support	3,387	58.1	4,409	32.4	7,796	40.1
All ages						
Always or unable to do	28,984	52.9	74,112	28.6	103,096	32.8
Sometimes	12,797	23.3	62,365	24.0	75,162	23.9
None but uses aids	1,173	2.1	2,100	0.8	3,273	1.0
None	3,102	5.7	29,937	11.5	33,039	10.5
Not applicable	1,670	3.0	17,744	6.8	19,414	6.2
Not stated	7,116	13.0	73,152	28.2	80,268	25.5
All service users	54,842	100.0	259,410	100.0	314,252	100.0
Total needing support	41,781	76.2	136,477	52.6	178,258	56.7

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.7: Existence of informal carer, by users accessing both DS and HACC services compared with DS only users, by age, 2010–11

User age by existence of informal carer	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Has an informal carer	30,206	61.6	91,586	37.3	121,792	41.3
Does not have an informal carer	15,842	32.3	133,087	54.1	148,929	50.5
Not stated/not collected	2,960	6.0	21,149	8.6	24,109	8.2
Total 0–64	49,008	100.0	245,822	100.0	294,830	100.0
65+						
Has an informal carer	2,210	37.9	3,775	27.8	5,985	30.8
Does not have an informal carer	3,056	52.4	8,784	64.6	11,840	61.0
Not stated/not collected	568	9.7	1,029	7.6	1,597	8.2
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
All ages						
Has an informal carer	32,416	59.1	95,361	36.8	127,777	40.7
Does not have an informal carer	18,898	34.5	141,871	54.7	160,769	51.2
Not stated/not collected	3,528	6.4	22,178	8.5	25,706	8.2
All service users	54,842	100.0	259,410	100.0	314,252	100.0

Note: DS user characteristics have been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.8: Age of informal carer of users accessing both DS and HACC services compared with DS only users who had an informal carer, by age of users, 2010–11

User age by age of informal carer	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Under 45 years	9,170	30.4	37,316	40.7	46,486	38.2
45–64 years	11,034	36.5	21,421	23.4	32,455	26.6
65 years and over	3,975	13.2	5,859	6.4	9,834	8.1
Not stated/not collected	6,027	20.0	26,990	29.5	33,017	27.1
Total 0–64	30,206	100.0	91,586	100.0	121,792	100.0
65+						
Under 45 years	159	7.2	214	5.7	373	6.2
45–64 years	664	30.0	629	16.7	1,293	21.6
65 years and over	888	40.2	1,582	41.9	2,470	41.3
Not stated/not collected	499	22.6	1,350	35.8	1,849	30.9
Total 65+	2,210	100.0	3,775	100.0	5,985	100.0
Total						
Under 45 years	9,329	28.8	37,530	39.4	46,859	36.7
45–64 years	11,698	36.1	22,050	23.1	33,748	26.4
65 years and over	4,863	15.0	7,441	7.8	12,304	9.6
Not stated/not collected	6,526	20.1	28,340	29.7	34,866	27.3
All service users	32,416	100.0	95,361	100.0	127,777	100.0

Note: DS user characteristics have been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.9: Labour force status of users accessing both DS and HACC services aged 15 or over compared with DS only users of the same age, by age group, 2010–11

User age by labour force status ^(a)	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
15–64						
Employed	9,436	23.3	64,675	33.6	74,111	31.8
Unemployed	7,390	18.2	67,637	35.2	75,027	32.2
Not in the labour force	19,823	48.8	40,388	21.0	60,211	25.8
Not stated/not collected	3,935	9.7	19,697	10.2	23,632	10.1
Total 15–64	40,584	100.0	192,397	100.0	232,981	100.0
65+						
Employed	303	5.2	741	5.5	1,044	5.4
Unemployed	286	4.9	730	5.4	1,016	5.2
Not in the labour force	4,179	71.6	4,824	35.5	9,003	46.4
Not stated/not collected	1,066	18.3	7,293	53.7	8,359	43.0
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
Total						
Employed	9,739	21.0	65,416	31.8	75,155	29.8
Unemployed	7,676	16.5	68,367	33.2	76,043	30.1
Not in the labour force	24,002	51.7	45,212	21.9	69,214	27.4
Not stated/not collected	5,001	10.8	26,990	13.1	31,991	12.7
All service users	46,418	100.0	205,985	100.0	252,403	100.0

(a) Includes service users for whom labour force status information was required but not collected due to the service users' age at the time of their last service date.

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.10: Main source of income by users accessing both DS and HACC services aged 16 or over, compared with DS only users of the same age, by age group, 2010–11

User age by main source of income	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
16–64						
Disability support pension	30,724	77.0	97,020	51.2	127,744	55.7
Other pension or benefit	1,466	3.7	37,908	20.0	39,374	17.2
Paid employment	797	2.0	8,322	4.4	9,119	4.0
Compensation payments	175	0.4	619	0.3	794	0.3
Other income	421	1.1	2,119	1.1	2,540	1.1
Nil income	672	1.7	1,759	0.9	2,431	1.1
Not known/not stated/not collected	5,654	14.2	41,800	22.1	47,454	20.7
Total 16–64	39,909	100.0	189,547	100.0	229,456	100.0
65+						
Disability support pension	1,803	30.9	2,592	19.1	4,395	22.6
Other pension or benefit	1,186	20.3	1,932	14.2	3,118	16.1
Paid employment	63	1.1	129	0.9	192	1.0
Compensation payments	10	0.2	17	0.1	27	0.1
Other income	199	3.4	252	1.9	451	2.3
Nil income	30	0.5	37	0.3	67	0.3
Not known/not stated/not collected	2,543	43.6	8,629	63.5	11,172	57.5
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
Total						
Disability support pension	32,527	71.1	99,612	49.0	132,139	53.1
Other pension or benefit	2,652	5.8	39,840	19.6	42,492	17.1
Paid employment	860	1.9	8,451	4.2	9,311	3.7
Compensation payments	185	0.4	636	0.3	821	0.3
Other income	620	1.4	2,371	1.2	2,991	1.2
Nil income	702	1.5	1,796	0.9	2,498	1.0
Not known/not stated/not collected	8,197	17.9	50,429	24.8	58,626	23.6
All service users	45,743	100.0	203,135	100.0	248,878	100.0

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.11: Individual funding status of users accessing both DS and HACC services compared with DS only users, by age, 2010–11

User age by individual funding status	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Yes	22,756	46.4	137,551	56.0	160,307	54.4
No	21,760	44.4	78,056	31.8	99,816	33.9
Not known/not stated/not collected	4,492	9.2	30,215	12.3	34,707	11.8
Total 0–64	49,008	100.0	245,822	100.0	294,830	100.0
65+						
Yes	678	11.6	1,430	10.5	2,108	10.9
No	4,518	77.4	11,168	82.2	15,686	80.8
Not known/not stated/not collected	638	10.9	990	7.3	1628	8.4
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
Total						
Yes	23,434	42.7	138,981	53.6	162,415	51.7
No	26,278	47.9	89,224	34.4	115,502	36.8
Not known/not stated/not collected	5,130	9.4	31,205	12.0	36,335	11.6
All service users	54,842	100.0	259,410	100.0	314,252	100.0

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Table B4.12: Country of birth (EPG countries) of users accessing both DS and HACC services compared with DS only users, by age, 2010–11

User age by country of birth	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Australia ^(a)	42,989	87.7	201,982	82.2	244,971	83.1
Born overseas EPG1	1,855	3.8	9,056	3.7	10,911	3.7
Born overseas EPG2–4	2,747	5.6	21,682	8.8	24,429	8.3
Missing	1,417	2.9	13,102	5.3	14,519	4.9
Total 0–64	49,008	100.0	245,822	100.0	294,830	100.0
65+						
Australia ^(a)	4,172	71.5	8,626	63.5	12,798	65.9
Born overseas EPG1	601	10.3	1,027	7.6	1,628	8.4
Born overseas EPG2–4	722	12.4	1,676	12.3	2,398	12.3
Missing	339	5.8	2,259	16.6	2,598	13.4
Total 65+	5,834	100.0	13,588	100.0	19,422	100.0
Total						
Australia ^(a)	47,161	86.0	210,608	81.2	257,769	82.0
Born overseas EPG1	2,456	4.5	10,083	3.9	12,539	4.0
Born overseas EPG2–4	3,469	6.3	23,358	9.0	26,827	8.5
Missing	1,756	3.2	15,361	5.9	17,117	5.4
All service users	54,842	100.0	259,410	100.0	314,252	100.0

(a) Includes external territories, excludes Norfolk Island.

Note: DS user characteristics have been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of 2010–11 linked DS and HACC data set.

Chapter 5

Table B5.1: Age distribution of users accessing both DS and HACC services compared with HACC only users of the same age, 2010–11

User age	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–4	1,426	2.6	4,090	0.5	5,516	0.6
5–9	3,348	6.1	4,136	0.5	7,484	0.8
10–14	3,638	6.6	4,123	0.5	7,761	0.8
15–19	3,888	7.1	3,367	0.4	7,255	0.8
20–24	3,952	7.2	3,271	0.4	7,223	0.8
25–29	3,400	6.2	4,040	0.5	7,440	0.8
30–34	3,194	5.8	5,601	0.6	8,795	0.9
35–39	3,625	6.6	8,078	0.9	11,703	1.3
40–44	4,355	7.9	11,328	1.3	15,683	1.7
45–49	4,790	8.7	15,405	1.8	20,195	2.2
50–54	5,046	9.2	21,885	2.5	26,931	2.9
55–59	4,508	8.2	29,205	3.3	33,713	3.6
60–64	3,807	6.9	48,893	5.6	52,700	5.7
65–69	2,023	3.7	72,609	8.3	74,632	8.0
70–74	1,088	2.0	107,882	12.3	108,970	11.7
75–79	799	1.5	145,102	16.5	145,901	15.6
80–84	824	1.5	178,992	20.4	179,816	19.3
85–89	692	1.3	136,179	15.5	136,871	14.7
90–94	345	0.6	58,116	6.6	58,461	6.3
95+	94	0.2	15,385	1.8	15,479	1.7
<i>Total 0–34</i>	<i>22,846</i>	<i>41.6</i>	<i>28,628</i>	<i>3.4</i>	<i>51,474</i>	<i>5.5</i>
<i>Total 35–64</i>	<i>26,131</i>	<i>47.5</i>	<i>134,794</i>	<i>15.4</i>	<i>160,925</i>	<i>17.4</i>
<i>Total 65+</i>	<i>5,865</i>	<i>10.7</i>	<i>716,115</i>	<i>81.4</i>	<i>721,980</i>	<i>77.3</i>
All service users	54,842	100.0	879,537	100.0	934,379	100.0
Proportion of total HACC users	—	5.9	—	94.1	—	100.0

Notes

1. HACC user age has been used as the source for users who accessed both DS and HACC services.
2. The sum of the components for the HACC only group does not add to the subtotals because of 1,850 people with missing age data. These people are assumed to be over 65 and included in the 65+ subtotal.
3. HACC data were derived from the HACC National Data Repository for all jurisdictions except New South Wales. Data for New South Wales were provided separately by the New South Wales Data Repository and collated with data from the other states by the AIHW. Consequently, numbers published here may differ from those published elsewhere.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.2: Age distribution of users accessing both DS and HACC services aged under 65 compared with HACC only users of the same age, 2010–11

User age	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–4	1,426	2.9	4,090	2.5	5,516	2.6
5–9	3,348	6.8	4,136	2.5	7,484	3.5
10–14	3,638	7.4	4,123	2.5	7,761	3.7
15–19	3,888	7.9	3,367	2.1	7,255	3.4
20–24	3,952	8.1	3,271	2.0	7,223	3.4
25–29	3,400	6.9	4,040	2.5	7,440	3.5
30–34	3,194	6.5	5,601	3.4	8,795	4.1
35–39	3,625	7.4	8,078	4.9	11,703	5.5
40–44	4,355	8.9	11,328	6.9	15,683	7.4
45–49	4,790	9.8	15,405	9.4	20,195	9.5
50–54	5,046	10.3	21,885	13.4	26,931	12.7
55–59	4,508	9.2	29,205	17.9	33,713	15.9
60–64	3,807	7.8	48,893	29.9	52,700	24.8
Total <65	48,977	100.0	163,422	100.0	212,399	100.0

Note: HACC user age has been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.3: Sex of users accessing both DS and HACC services compared with HACC only users, 2010–11

User sex	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Male	29,410	53.6	308,661	35.1	338,071	36.2
Female	25,356	46.2	565,054	64.2	590,410	63.2
Not stated/not collected	76.0	0.1	5,822	0.7	5,898	0.6
All service users	54,842	100.0	879,537	100.0	934,379	100.0

Note: HACC user sex has been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.4: Carer availability of users accessing both DS and HACC services compared with HACC only users, by age group of HACC users, 2010–11

User age by carer availability	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–34						
Carer	17,721	77.6	12,427	43.4	30,148	58.6
No carer	4,365	19.1	12,269	42.9	16,634	32.3
Not stated/not collected	760	3.3	3,932	13.7	4,692	9.1
<i>Total aged 0–34</i>	<i>22,846</i>	<i>100.0</i>	<i>28,628</i>	<i>100.0</i>	<i>51,474</i>	<i>100.0</i>
35–64						
Carer	10,021	38.3	31,517	23.4	41,538	25.8
No carer	14,579	55.8	90,250	67.0	104,829	65.1
Not stated/not collected	1,531	5.9	13,027	9.7	14,558	9.0
<i>Total aged 35–64</i>	<i>26,131</i>	<i>100.0</i>	<i>134,794</i>	<i>100.0</i>	<i>160,925</i>	<i>100.0</i>
0–64						
Carer	27,742	56.6	43,944	26.9	71,686	33.8
No carer	18,944	38.7	102,519	62.7	121,463	57.2
Not stated/not collected	2,291	4.7	16,959	10.4	19,250	9.1
Total aged 0–64	48,977	100.0	163,422	100.0	212,399	100.0
65+						
Carer	1,959	33.4	173,196	24.2	175,155	24.3
No carer	3,679	62.7	506,162	70.7	509,841	70.6
Not stated/not collected	227	3.9	36,757	5.1	36,984	5.1
Total aged 65+	5,865	100.0	716,115	100.0	721,980	100.0
All ages						
Carer	29,701	54.2	217,140	24.7	246,841	26.4
No carer	22,623	41.3	608,681	69.2	631,304	67.6
Not stated/not collected	2,518	4.6	53,716	6.1	56,234	6.0
All service users	54,842	100.0	879,537	100.0	934,379	100.0

Note: HACC user characteristics have been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.5: Living arrangements of users accessing both DS and HACC services compared with HACC only users, by age group of HACC users, 2010–11

User age by living arrangements	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–34						
Lives alone	1,120	4.9	2,293	8.0	3,413	6.6
Lives with family	18,898	82.7	19,190	67.0	38,088	74.0
Lives with others	1,604	7.0	1,749	6.1	3,353	6.5
Not stated/not collected	1,224	5.4	5,396	18.8	6,620	12.9
<i>Total aged 0–34</i>	<i>22,846</i>	<i>100.0</i>	<i>28,628</i>	<i>100.0</i>	<i>51,474</i>	<i>100.0</i>
35–64						
Lives alone	7,665	29.3	38,741	28.7	46,406	28.8
Lives with family	11,212	42.9	68,300	50.7	79,512	49.4
Lives with others	5,336	20.4	8,454	6.3	13,790	8.6
Not stated/not collected	1,918	7.3	19,299	14.3	21,217	13.2
<i>Total aged 35–64</i>	<i>26,131</i>	<i>100.0</i>	<i>134,794</i>	<i>100.0</i>	<i>160,925</i>	<i>100.0</i>
0–64						
Lives alone	8,785	17.9	41,034	25.1	49,819	23.5
Lives with family	30,110	61.5	87,490	53.5	117,600	55.4
Lives with others	6,940	14.2	10,203	6.2	17,143	8.1
Not stated/not collected	3,142	6.4	24,695	15.1	27,837	13.1
<i>Total aged 0–64</i>	<i>48,977</i>	<i>100.0</i>	<i>163,422</i>	<i>100.0</i>	<i>212,399</i>	<i>100.0</i>
65+						
Lives alone	2,248	38.3	308,758	43.1	311,006	43.1
Lives with family	2,415	41.2	326,822	45.6	329,237	45.6
Lives with others	814	13.9	17,743	2.5	18,557	2.6
Not stated/not collected	388	6.6	62,792	8.8	63,180	8.8
<i>Total aged 65+</i>	<i>5,865</i>	<i>100.0</i>	<i>716,115</i>	<i>100.0</i>	<i>721,980</i>	<i>100.0</i>
All ages						
Lives alone	11,033	20.1	349,792	39.8	360,825	38.6
Lives with family	32,525	59.3	414,312	47.1	446,837	47.8
Lives with others	7,754	14.1	27,946	3.2	35,700	3.8
Not stated/not collected	3,530	6.4	87,487	9.9	91,017	9.7
All service users	54,842	100.0	879,537	100.0	934,379	100.0

Note: HACC user characteristics have been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.6: Sex of carer of users accessing both DS and HACC services compared with HACC only users, by age group of HACC users, 2010–11

User age by carer sex	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–34						
Male	1,340	10.0	1,186	13.9	2,526	11.5
Female	12,103	90.0	7,363	86.1	19,466	88.5
<i>Total aged 0–34</i>	<i>13,443</i>	<i>100.0</i>	<i>8,549</i>	<i>100.0</i>	<i>21,992</i>	<i>100.0</i>
35–64						
Male	2,217	31.1	8,538	41.0	10,755	38.5
Female	4,923	68.9	12,263	59.0	17,186	61.5
<i>Total aged 35–64</i>	<i>7,140</i>	<i>100.0</i>	<i>20,801</i>	<i>100.0</i>	<i>27,941</i>	<i>100.0</i>
0–64						
Male	3,557	17.3	9,724	33.1	13,281	26.6
Female	17,026	82.7	19,626	66.9	36,652	73.4
<i>Total aged 0–64</i>	<i>20,583</i>	<i>100.0</i>	<i>29,350</i>	<i>100.0</i>	<i>49,933</i>	<i>100.0</i>
65+						
Male	496	37.8	42,295	34.8	42,791	34.9
Female	817	62.2	79,128	65.2	79,945	65.1
<i>Total aged 65+</i>	<i>1,313</i>	<i>100.0</i>	<i>121,423</i>	<i>100.0</i>	<i>122,736</i>	<i>100.0</i>
All ages						
Male	4,053	18.5	52,019	34.5	56,072	32.5
Female	17,843	81.5	98,754	65.5	116,597	67.5
Total	21,896	100.0	150,773	100.0	172,669	100.0

Notes

1. HACC user characteristics have been used as the source for users who accessed both DS and HACC services.
2. Excludes 10,323 users who accessed both DS and HACC services and 120,083 HACC only users with missing carer sex information.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.7: Carer relationship to users accessing both DS and HACC services compared with HACC only users, by age group of HACC users, 2010–11

User age by carer relationship	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–34						
Spouse/partner	385	2.5	650	6.4	1,035	4.0
Parent	14,124	91.0	8,535	83.9	22,659	88.2
Son/daughter	71	0.5	100	1.0	171	0.7
Other relative	842	5.4	799	7.9	1,641	6.4
Friend/ neighbour	93	0.6	87	0.9	180	0.7
<i>Total aged 0–34</i>	<i>15,515</i>	<i>100.0</i>	<i>10,171</i>	<i>100.0</i>	<i>25,686</i>	<i>100.0</i>

(continued)

Table B5.7 (continued): Carer relationship to users accessing both DS and HACC services compared with HACC only users, by age group of HACC users, 2010–11

User age by carer relationship	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
35–64						
Spouse/partner	2,468	31.0	14,042	58.0	16,510	51.3
Parent	3,481	43.7	3,306	13.7	6,787	21.1
Son/daughter	475	6.0	3,398	14.0	3,873	12.0
Other relative	1,152	14.5	2,397	9.9	3,549	11.0
Friend/ neighbour	384	4.8	1,073	4.4	1,457	4.5
<i>Total aged 0–64</i>	<i>7,960</i>	<i>100.0</i>	<i>24,216</i>	<i>100.0</i>	<i>32,176</i>	<i>100.0</i>
0–64						
Spouse/partner	2,853	12.2	14,692	42.7	17,545	30.3
Parent	17,605	75.0	11,841	34.4	29,446	50.9
Son/daughter	546	2.3	3,498	10.2	4,044	7.0
Other relative	1,994	8.5	3,196	9.3	5,190	9.0
Friend/ neighbour	477	2.0	1,160	3.4	1,637	2.8
<i>Total aged 0–64</i>	<i>23,475</i>	<i>100.0</i>	<i>34,387</i>	<i>100.0</i>	<i>57,862</i>	<i>100.0</i>
65+						
Spouse/partner	918	61.1	72,412	50.8	73,330	50.9
Parent	32	2.1	1,976	1.4	2,008	1.4
Son/daughter	329	21.9	54,393	38.2	54,722	38.0
Other relative	158	10.5	10,058	7.1	10,216	7.1
Friend/ neighbour	66	4.4	3,687	2.6	3,753	2.6
<i>Total aged 65+</i>	<i>1,503</i>	<i>100.0</i>	<i>142,526</i>	<i>100.0</i>	<i>144,029</i>	<i>100.0</i>
All ages						
Spouse/partner	3,771	15.1	87,104	49.2	90,875	45.0
Parent	17,637	70.6	13,817	7.8	31,454	15.6
Son/daughter	875	3.5	57,891	32.7	58,766	29.1
Other relative	2,152	8.6	13,254	7.5	15,406	7.6
Friend/ neighbour	543	2.2	4,847	2.7	5,390	2.7
Total	24,978	100.0	176,913	100.0	201,891	100.0

Notes

1. HACC user characteristics have been used as the source for users who accessed both DS and HACC services.
2. Excludes 7,241 users who accessed both DS and HACC services and 93,943 HACC only users with missing carer information.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.8: Age of carer of users accessing both DS and HACC services compared with HACC only users, by age group of HACC users, 2010–11

User age by carer age	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–34						
Under 15 years	58	0.4	148	1.8	206	1.0
15–24 years	140	1.1	254	3.0	394	1.8
25–44 years	5,163	38.9	4,003	47.7	9,166	42.3
45–64 years	7,183	54.2	3,426	40.8	10,609	49.0
65 years and over	721	5.4	559	6.7	1,280	5.9
<i>Total aged 0–64</i>	<i>13,265</i>	<i>100.0</i>	<i>8,390</i>	<i>100.0</i>	<i>21,655</i>	<i>100.0</i>
35–64						
Under 15 years	42	0.6	158	0.8	200	0.7
15–24 years	124	1.8	725	3.5	849	3.1
25–44 years	780	11.2	3,185	15.6	3,965	14.5
45–64 years	3,277	47.0	11,077	54.2	14,354	52.4
65 years and over	2,747	39.4	5,279	25.8	8,026	29.3
<i>Total aged 0–64</i>	<i>6,970</i>	<i>100.0</i>	<i>20,424</i>	<i>100.0</i>	<i>27,394</i>	<i>100.0</i>
0–64						
Under 15 years	100	0.5	306	1.1	406	0.8
15–24 years	264	1.3	979	3.4	1,243	2.5
25–44 years	5,943	29.4	7,188	24.9	13,131	26.8
45–64 years	10,460	51.7	14,503	50.3	24,963	50.9
65 years and over	3,468	17.1	5,838	20.3	9,306	19.0
<i>Total aged 0–64</i>	<i>20,235</i>	<i>100.0</i>	<i>28,814</i>	<i>100.0</i>	<i>49,049</i>	<i>100.0</i>
65+						
Under 15 years	3	0.2	168	0.1	171	0.1
15–24 years	5	0.4	300	0.3	305	0.3
25–44 years	75	5.9	6,418	5.4	6,493	5.4
45–64 years	343	27.0	41,054	34.6	41,397	34.5
65 years and over	843	66.4	70,680	59.6	71,523	59.7
<i>Total aged 65+</i>	<i>1,269</i>	<i>100.0</i>	<i>118,620</i>	<i>100.0</i>	<i>119,889</i>	<i>100.0</i>
All ages						
Under 15 years	103	0.5	474	0.3	577	0.3
15–24 years	269	1.3	1,279	0.9	1,548	0.9
25–44 years	6,018	28.0	13,606	9.2	19,624	11.6

(continued)

Table B5.8 (continued): Age of carer of users accessing both DS and HACC services compared with HACC only users, by age group of HACC users, 2010–11

User age by carer age	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
All ages						
45–64 years	10,803	50.2	55,557	37.7	66,360	39.3
65 years and over	4,311	20.0	76,518	51.9	80,829	47.8
Total	21,504	100.0	147,434	100.0	168,938	100.0

Notes

1. HACC user characteristics have been used as the source for users who accessed both DS and HACC services.
2. Excludes 10,715 users who accessed both DS and HACC services and 123,422 HACC only users with missing carer age information.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.9: Carer residency of users accessing both DS and HACC services compared with HACC only users, by age group of HACC users, 2010–11

User age by carer residency	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–34						
Co-resident carer	15,373	96.1	9,737	94.0	25,110	95.3
Non-resident carer	625	3.9	626	6.0	1,251	4.7
<i>Total aged 0–34</i>	<i>15,998</i>	<i>100.0</i>	<i>10,363</i>	<i>100.0</i>	<i>26,361</i>	<i>100.0</i>
35–64						
Co-resident carer	6,471	76.0	20,539	80.7	27,010	79.5
Non-resident carer	2,039	24.0	4,913	19.3	6,952	20.5
<i>Total aged 35–64</i>	<i>8,510</i>	<i>100.0</i>	<i>25,452</i>	<i>100.0</i>	<i>33,962</i>	<i>100.0</i>
0–64						
Co-resident carer	21,844	89.1	30,276	84.5	52,120	86.4
Non-resident carer	2,664	10.9	5,539	15.5	8,203	13.6
Total aged 0–64	24,508	100.0	35,815	100.0	60,323	100.0
65+						
Co-resident carer	1,182	71.8	102,500	68.3	103,682	68.3
Non-resident carer	464	28.2	47,556	31.7	48,020	31.7
Total aged 65+	1,646	100.0	150,056	100.0	151,702	100.0
All ages						
Co-resident carer	23,026	88.0	132,776	71.4	155,802	73.5
Non-resident carer	3,128	12.0	53,095	28.6	56,223	26.5
Total	26,154	100.0	185,871	100.0	212,025	100.0

Notes

1. HACC user characteristics have been used as the source for users who accessed both DS and HACC services.
2. Excludes 6,065 users who accessed both DS and HACC services and 84,985 HACC only users with missing carer residency information.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.10: Country of birth of users accessing both DS and HACC services compared with HACC only users, by age group of HACC users, 2010–11

User age by country of birth	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Australia	43,355	88.5	124,219	76.0	167,574	78.9
Main English-speaking countries	1,737	3.5	9,782	6.0	11,519	5.4
Elsewhere	2,703	5.5	20,890	12.8	23,593	11.1
Not stated/not collected	1,182	2.4	8,531	5.2	9,713	4.6
Total 0–64	48,977	100.0	163,422	100.0	212,399	100.0
65+						
Australia	4,236	72.2	469,375	65.5	473,611	65.6
Main English-speaking countries	669	11.4	75,945	10.6	76,614	10.6
Elsewhere	837	14.3	146,447	20.5	147,284	20.4
Not stated/not collected	123	2.1	24,348	3.4	24,471	3.4
Total 65+	5,865	100.0	716,115	100.0	721,980	100.0
All ages						
Australia	47,591	86.8	593,594	67.5	641,185	68.6
Main English-speaking countries	2,406	4.4	85,727	9.7	88,133	9.4
Elsewhere	3,540	6.5	167,337	19.0	170,877	18.3
Not stated/not collected	1,305	2.4	32,879	3.7	34,184	3.7
All service users	54,842	100.0	879,537	100.0	934,379	100.0

Note: HACC user characteristics have been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B5.11: Indigenous status of users accessing both DS and HACC services compared with HACC only users, by age, 2010–11

User age by Indigenous status	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–49						
Ever Indigenous ^(a)	1,755	4.9	5,662	8.9	7,417	7.5
Never Indigenous	32,332	90.8	52,350	82.5	84,682	85.5
Not stated/not collected	1,529	4.3	5,427	8.6	6,956	7.0
<i>Total 0–49</i>	<i>35,616</i>	<i>100.0</i>	<i>63,439</i>	<i>100.0</i>	<i>99,055</i>	<i>100.0</i>
50+						
Ever Indigenous ^(a)	694	3.6	17,687	2.2	18,381	2.2
Never Indigenous	17,845	92.8	759,547	93.1	777,392	93.1
Not stated/not collected	687	3.6	38,864	4.8	39,551	4.7
<i>Total 50+</i>	<i>19,226</i>	<i>100.0</i>	<i>816,098</i>	<i>100.0</i>	<i>835,324</i>	<i>100.0</i>
All ages						
Ever Indigenous ^(a)	2,449	4.5	23,349	2.7	25,798	2.8
Never Indigenous	50,177	91.5	811,897	92.3	862,074	92.3
Not stated/not collected	2,216	4.0	44,291	5.0	46,507	5.0
All service users	54,842	100.0	879,537	100.0	934,379	100.0

(a) The term 'ever Indigenous' denotes that a person reported as Indigenous on at least one of their assessments.

Notes

1. HACC user characteristics have been used as the source for users who accessed both DS and HACC services.
2. The Indigenous status patterns for users accessing both programs differ from the patterns seen when using Indigenous status from the DS NMDS. This could be due to a data quality issue. Refer to Table 4.4 for the DS NMDS data for Indigenous status of users accessing both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Chapter 6

Table B6.1: Use of disability support services (DS service group) by users accessing both DS and HACC services, compared with DS only users and total DS users, by age, 2010–11

User age by DS service group	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Accommodation support	11,105	22.7	26,925	11.0	38,030	12.9
Community support	31,435	64.1	96,611	39.3	128,046	43.4
Community access	14,751	30.1	37,902	15.4	52,653	17.9
Respite	13,758	28.1	20,973	8.5	34,731	11.8
Employment	11,199	22.9	116,093	47.2	127,292	43.2
All service users aged 0–64	49,008	100.0	245,822	100.0	294,830	100.0
65+						
Accommodation support	1,766	30.3	2,783	20.5	4,549	23.4
Community support	3,093	53.0	9,017	66.4	12,110	62.4
Community access	2,323	39.8	5,533	40.7	7,856	40.4
Respite	565	9.7	970	7.1	1,535	7.9
Employment	196	3.4	833	6.1	1,029	5.3
All service users aged 65+	5,834	100.0	13,588	100.0	19,422	100.0
All ages						
Accommodation support	12,871	23.5	29,708	11.5	42,579	13.5
Community support	34,528	63.0	105,628	40.7	140,156	44.6
Community access	17,074	31.1	43,435	16.7	60,509	19.3
Respite	14,323	26.1	21,943	8.5	36,266	11.5
Employment	11,395	20.8	116,926	45.1	128,321	40.8
All service users	54,842	100.0	259,410	100.0	314,252	100.0

Notes

1. DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.
2. Sum of components may exceed totals because individuals may have used more than one service group during 2010–11.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B6.2: Use of disability support services by users accessing both DS and HACC services aged under 65, compared with DS only users and total DS users of the same age, 2010–11

DS service type	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
Large residential facilities/institutions	221	0.5	2,133	0.9	2,354	0.8
Small residential facilities/institutions	237	0.5	510	0.2	747	0.3
Hostels	94	0.2	271	0.1	365	0.1
Group homes	3,371	6.9	10,708	4.4	14,079	4.8
Attendant care/personal care	1,578	3.2	1,002	0.4	2,580	0.9
In-home accommodation support	6,064	12.4	12,225	5.0	18,289	6.2
Alternative family placement	80	0.2	205	0.1	285	0.1
Other accommodation	470	1.0	1,365	0.6	1,835	0.6
Therapy support for individuals	8,381	17.1	21,722	8.8	30,103	10.2
Early childhood intervention	2,208	4.5	23,852	9.7	26,060	8.8
Behaviour/specialist intervention	2,259	4.6	5,718	2.3	7,977	2.7
Counselling (individual/family/group)	531	1.1	1,150	0.5	1,681	0.6
Resource teams/regional teams	6,044	12.3	17,968	7.3	24,012	8.1
Case management, local coordination and development	20,807	42.5	42,283	17.2	63,090	21.4
Other community support	1,606	3.3	3,117	1.3	4,723	1.6
Learning and life skills development	10,992	22.4	26,620	10.8	37,612	12.8
Recreation/holiday programs	3,103	6.3	6,010	2.4	9,113	3.1
Other community access and day program	1,895	3.9	6,986	2.8	8,881	3.0
Own home respite	1,847	3.8	1,671	0.7	3,518	1.2
Centre-based respite/respite homes	6,218	12.7	7,832	3.2	14,050	4.8
Host family/peer support respite	570	1.2	773	0.3	1,343	0.5
Flexible/combination respite	8,190	16.7	12,315	5.0	20,505	7.0
Other respite	621	1.3	1,205	0.5	1,826	0.6
Open Employment Services	6,385	13.0	100,951	41.1	107,336	36.4
Supported Employment Services	5,050	10.3	16,097	6.5	21,147	7.2
All service users aged 0–64	49,008	100.0	245,822	100.0	294,830	100.0

Notes

1. DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.
2. Sum of components may exceed totals because individuals may have used more than one service group during 2010–11.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B6.3: Use of disability support services by users accessing both DS and HACC services aged 65 or older, compared with DS only users and total DS users of the same age, 2010–11

DS service type	Both DS and HACC		DS only		Total DS	
	Number	Per cent	Number	Per cent	Number	Per cent
Large residential facilities/institutions	40	0.7	388	2.9	428	2.2
Small residential facilities/institutions	26	0.4	39	0.3	65	0.3
Hostels	5	0.1	23	0.2	28	0.1
Group homes	326	5.6	725	5.3	1,051	5.4
Attendant care/personal care	143	2.5	52	0.4	195	1.0
In-home accommodation support	1,243	21.3	1,597	11.8	2,840	14.6
Alternative family placement	—	—	n.p.	n.p.	n.p.	n.p.
Other accommodation	36	0.6	37	0.3	73	0.4
Therapy support for individuals	958	16.4	5,165	38.0	6,123	31.5
Behaviour/specialist intervention	47	0.8	76	0.6	123	0.6
Counselling (individual/family/group)	474	8.1	392	2.9	866	4.5
Resource teams/regional teams	266	4.6	195	1.4	461	2.4
Case management, local coordination and development	1,454	24.9	6,710	49.4	8,164	42.0
Other community support	271	4.6	230	1.7	501	2.6
Learning and life skills development	1,950	33.4	4,899	36.1	6,849	35.3
Recreation/holiday programs	459	7.9	458	3.4	917	4.7
Other community access and day program	142	2.4	370	2.7	512	2.6
Own home respite	56	1.0	33	0.2	89	0.5
Centre-based respite/respite homes	105	1.8	401	3.0	506	2.6
Host family/peer support respite	4	0.1	13	0.1	17	0.1
Flexible/combination respite	357	6.1	438	3.2	795	4.1
Other respite	69	1.2	106	0.8	175	0.9
Open Employment Services	56	1.0	550	4.0	606	3.1
Supported Employment Services	142	2.4	284	2.1	426	2.2
All service users aged 65+	5,834	100.0	13,588	100.0	19,422	100.0

Notes

1. DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.
2. Sum of components may exceed totals because individuals may have used more than one service group during 2010–11.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Chapter 7

Table B7.1: Type of HACC service received by users accessing both DS and HACC services, by age, 2010–11

HACC service types	0–64 years		65+ years		All ages	
	Number	Per cent	Number	Per cent	Number	Per cent
Allied health at home	5,561	11.3	936	16.0	6,497	11.8
Allied health at a centre	6,348	13.0	1,001	17.2	7,349	13.4
Assessment	15,645	31.9	2,555	43.8	18,200	33.2
Case management	3,866	7.9	648	11.1	4,514	8.2
Counselling	3,840	7.8	602	10.3	4,442	8.1
Centre day care	7,743	15.8	1,034	17.7	8,777	16.0
Domestic assistance	9,248	18.9	2,066	35.4	11,314	20.6
Other food services	260	0.5	34	0.6	294	0.5
Home maintenance	3,619	7.4	1,033	17.7	4,652	8.5
Home modification	1,166	2.4	267	4.6	1,433	2.6
Linen services	140	0.3	13	0.2	153	0.3
Centre meals	2,363	4.8	399	6.8	2,762	5.0
Delivered meals	2,592	5.3	805	13.8	3,397	6.2
Nursing care at a centre	1,943	4.0	310	5.3	2,253	4.1
Nursing care at home	7,669	15.6	1,482	25.4	9,151	16.7
Personal care	7,580	15.5	1,046	17.9	8,626	15.7
Respite care	9,602	19.6	273	4.7	9,875	18.0
Social support	10,179	20.8	1,175	20.1	11,354	20.7
Transport	7,886	16.1	1,035	17.7	8,921	16.3
Carer counselling	3,974	8.1	233	4.0	4,207	7.7
Care coordination	7,743	15.8	1,509	25.9	9,252	16.9
All service users	49,008	100.0	5,834	100.0	54,842	100.0

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B7.2: Number of HACC service types used by people accessing both DS and HACC services, by disability support service group (per cent), by age, 2010–11 (per cent)

User age by DS service groups	Number of HACC service types					Total users	Total 2+	Average number
	1	2	3	4	5+			
0–64								
Accommodation support	38.0	24.5	15.0	9.0	13.6	100.0	62.0	2.53
Community support	37.6	24.9	14.4	8.6	14.5	100.0	62.4	2.57
Community access	39.3	24.9	15.3	8.7	11.8	100.0	60.7	2.42
Respite	36.1	25.2	15.9	9.1	13.7	100.0	63.9	2.56
Employment	44.4	24.3	14.6	7.6	9.1	100.0	55.6	2.21
Total 0–64	39.8	24.9	14.4	8.2	12.7	100.0	60.2	2.46
65+								
Accommodation support	24.7	20.8	17.3	12.7	24.6	100.0	75.3	3.32
Community support	24.4	23.9	16.4	12.1	23.2	100.0	75.6	3.22
Community access	26.6	20.4	16.3	12.5	24.1	100.0	73.4	3.28
Respite	22.1	21.8	16.3	12.4	27.4	100.0	77.9	3.42
Employment	30.6	23.0	19.9	9.7	16.8	100.0	69.4	2.85
Total 65+	25.4	22.4	16.8	11.9	23.5	100.0	74.6	3.22
All ages								
Accommodation support	36.2	24.0	15.3	9.5	15.1	100.0	63.8	2.64
Community support	36.4	24.8	14.6	8.9	15.3	100.0	63.6	2.63
Community access	37.6	24.3	15.4	9.2	13.5	100.0	62.4	2.54
Respite	35.6	25.1	15.9	9.2	14.2	100.0	64.4	2.59
Employment	44.1	24.3	14.7	7.6	9.2	100.0	55.9	2.22
Total	38.3	24.6	14.7	8.6	13.9	100.0	61.7	2.54

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B7.3: Number of HACC service types used by users accessing both DS and HACC services, by disability service group used, by age, 2010–11

User age by DS service group	Number of HACC service types					Total users	Total 2+	Average number
	1	2	3	4	5+			
0–64								
Accommodation support	4,219	2,717	1,664	997	1,508	11,105	6,886	2.53
Community support	11,829	7,831	4,517	2,689	4,569	31,435	19,606	2.57
Community access	5,795	3,672	2,251	1,287	1,746	14,751	8,956	2.42
Respite	4,967	3,471	2,192	1,250	1,878	13,758	8,791	2.56
Employment	4,967	2,724	1,640	850	1,018	11,199	6,232	2.21
Total 0–64	19,508	12,189	7,079	3,997	6,235	49,008	29,500	2.46
65+								
Accommodation support	436	367	305	224	434	1,766	1,330	3.32
Community support	754	739	508	374	718	3,093	2,339	3.22
Community access	618	474	379	291	561	2,323	1,705	3.28
Respite	125	123	92	70	155	565	440	3.42
Employment	60	45	39	19	33	196	136	2.85
Total 65+	1,481	1,304	981	695	1,373	5,834	4,353	3.22
All ages								
Accommodation support	4,655	3,084	1,969	1,221	1,942	12,871	8,216	2.64
Community support	12,583	8,570	5,025	3,063	5,287	34,528	21,945	2.63
Community access	6,413	4,146	2,630	1,578	2,307	17,074	10,661	2.54
Respite	5,092	3,594	2,284	1,320	2,033	14,323	9,231	2.59
Employment	5,027	2,769	1,679	869	1,051	11,395	6,368	2.22
Total	20,989	13,493	8,060	4,692	7,608	54,842	33,853	2.54

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B7.4: Average total number of hours of HACC services received over the year by users accessing both DS and HACC services, by disability service group, by age, 2010–11

DS service group	0–64	65+	All ages
Accommodation support	119	96	115
Community support	133	105	130
Community access	133	86	127
Respite	167	171	167
Employment	84	110	84
Total	118	100	116

Note: DS user age grouping has been used as the most trustworthy source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Chapter 8

Table B8.1: Use of HACC services by users accessing both DS and HACC services aged 0–64 compared with HACC only users of the same age, 2010–11

HACC service type	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Allied health at home	5,558	11.3	15,421	9.4	20,979	9.9
Allied health at a centre	6,343	13.0	27,012	16.5	33,355	15.7
Assessment	15,636	31.9	47,624	29.1	63,260	29.8
Case management	3,869	7.9	8,450	5.2	12,319	5.8
Counselling	3,840	7.8	9,904	6.1	13,744	6.5
Centre day care	7,738	15.8	13,220	8.1	20,958	9.9
Domestic assistance	9,242	18.9	34,416	21.1	43,658	20.6
Other food services	259	0.5	1,124	0.7	1,383	0.7
Home maintenance	3,613	7.4	16,710	10.2	20,323	9.6
Home modification	1,163	2.4	3,600	2.2	4,763	2.2
Linen services	140	0.3	162	0.1	302	0.1
Centre meals	2,360	4.8	4,650	2.8	7,010	3.3
Delivered meals	2,590	5.3	9,845	6.0	12,435	5.9
Nursing care at a centre	1,943	4.0	14,900	9.1	16,843	7.9
Nursing care at home	7,660	15.6	32,572	19.9	40,232	18.9
Personal care	7,573	15.5	10,734	6.6	18,307	8.6
Respite care	9,601	19.6	6,052	3.7	15,653	7.4
Social support	10,174	20.8	18,817	11.5	28,991	13.6
Transport	7,880	16.1	20,133	12.3	28,013	13.2
Carer counselling	3,973	8.1	6,389	3.9	10,362	4.9
Care coordination	7,742	15.8	18,514	11.3	26,256	12.4
All service users 0–64	48,977	—	163,422	—	212,399	—

Notes

1. HACC user age grouping has been used as the source for users who accessed both DS and HACC services.
2. Sum of the components does not add to the total because service users may access more than one service during the period.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B8.2: Use of HACC services by users accessing both DS and HACC services aged 0–34 compared with HACC only users of the same age, 2010–11

HACC service type	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Allied health at home	1,654	7.2	1,673	5.8	3,327	6.5
Allied health at a centre	1,614	7.1	4,146	14.5	5,760	11.2
Assessment	6,774	29.7	5,930	20.7	12,704	24.7
Case management	1,496	6.5	904	3.2	2,400	4.7
Counselling	1,609	7.0	1,126	3.9	2,735	5.3
Centre day care	3,336	14.6	2,033	7.1	5,369	10.4
Domestic assistance	1,899	8.3	1,947	6.8	3,846	7.5
Other food services	62	0.3	95	0.3	157	0.3
Home maintenance	660	2.9	679	2.4	1,339	2.6
Home modification	449	2.0	227	0.8	676	1.3
Linen services	55	0.2	16	0.1	71	0.1
Centre meals	691	3.0	421	1.5	1,112	2.2
Delivered meals	346	1.5	706	2.5	1,052	2.0
Nursing care at a centre	578	2.5	3,981	13.9	4,559	8.9
Nursing care at home	2,090	9.1	4,911	17.2	7,001	13.6
Personal care	2,945	12.9	1,058	3.7	4,003	7.8
Respite care	7,602	33.3	2,939	10.3	10,541	20.5
Social support	4,802	21.0	2,974	10.4	7,776	15.1
Transport	2,999	13.1	2,367	8.3	5,366	10.4
Carer counselling	2,683	11.7	2,535	8.9	5,218	10.1
Care coordination	3,254	14.2	2,205	7.7	5,459	10.6
All service users 0–34	22,846	—	28,628	—	51,474	—

Notes

1. HACC user age grouping has been used as the source for users who accessed both DS and HACC services.
2. Sum of the components does not add to the total because service users may access more than one service during the period.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B8.3: Use of HACC services by users accessing both DS and HACC services aged 35–64 compared with HACC only users of the same age, 2010–11

HACC service type	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Allied health at home	3,904	14.9	13,748	10.2	17,652	11.0
Allied health at a centre	4,729	18.1	22,866	17.0	27,595	17.1
Assessment	8,862	33.9	41,694	30.9	50,556	31.4
Case management	2,373	9.1	7,546	5.6	9,919	6.2
Counselling	2,231	8.5	8,778	6.5	11,009	6.8
Centre day care	4,402	16.8	11,187	8.3	15,589	9.7
Domestic assistance	7,343	28.1	32,469	24.1	39,812	24.7
Other food services	197	0.8	1,029	0.8	1,226	0.8
Home maintenance	2,953	11.3	16,031	11.9	18,984	11.8
Home modification	714	2.7	3,373	2.5	4,087	2.5
Linen services	85	0.3	146	0.1	231	0.1
Centre meals	1,669	6.4	4,229	3.1	5,898	3.7
Delivered meals	2,244	8.6	9,139	6.8	11,383	7.1
Nursing care at a centre	1,365	5.2	10,919	8.1	12,284	7.6
Nursing care at home	5,570	21.3	27,661	20.5	33,231	20.6
Personal care	4,628	17.7	9,676	7.2	14,304	8.9
Respite care	1,999	7.6	3,113	2.3	5,112	3.2
Social support	5,372	20.6	15,843	11.8	21,215	13.2
Transport	4,881	18.7	17,766	13.2	22,647	14.1
Carer counselling	1,290	4.9	3,854	2.9	5,144	3.2
Care coordination	4,488	17.2	16,309	12.1	20,797	12.9
All service users 35–64	26,131	—	134,794	—	160,925	—

Notes

1. HACC user age grouping has been used as the source for users who accessed both DS and HACC services.
2. Sum of the components does not add to the total because service users may access more than one service during the period.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B8.4: Use of HACC services by users accessing both DS and HACC services aged 65+ compared with HACC only users of the same age, 2010–11

HACC service type	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Allied health at home	939	16.0	75,011	10.5	75,950	10.5
Allied health at a centre	1,006	17.2	97,645	13.6	98,651	13.7
Assessment	2,564	43.7	247,789	34.6	250,353	34.7
Case management	645	11.0	29,817	4.2	30,462	4.2
Counselling	602	10.3	50,957	7.1	51,559	7.1
Centre day care	1,039	17.7	74,705	10.4	75,744	10.5
Domestic assistance	2,072	35.3	237,419	33.2	239,491	33.2
Other food services	35	0.6	5,035	0.7	5,070	0.7
Home maintenance	1,039	17.7	131,229	18.3	132,268	18.3
Home modification	270	4.6	31,223	4.4	31,493	4.4
Linen services	13	0.2	982	0.1	995	0.1
Centre meals	402	6.9	34,195	4.8	34,597	4.8
Delivered meals	807	13.8	85,137	11.9	85,944	11.9
Nursing care at a centre	310	5.3	38,687	5.4	38,997	5.4
Nursing care at home	1,491	25.4	141,865	19.8	143,356	19.9
Personal care	1,053	18.0	68,165	9.5	69,218	9.6
Respite care	274	4.7	15,064	2.1	15,338	2.1
Social support	1,180	20.1	93,307	13.0	94,487	13.1
Transport	1,041	17.7	122,919	17.2	123,960	17.2
Carer counselling	234	4.0	12,855	1.8	13,089	1.8
Care coordination	1,510	25.7	101,791	14.2	103,301	14.3
All service users 65+	5,865	—	716,115	—	721,980	—

Notes

1. HACC user age grouping has been used as the source for users who accessed both DS and HACC services.
2. Sum of the components does not add to the total because service users may access more than one service during the period.
3. The total for all service users aged 65+ includes 1,850 users with missing age data.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B8.5: Average total hours received of each HACC service type by users aged 0-64 accessing both DS and HACC services compared with HACC only users of the same age, 2010-11

HACC service type	Both DS and HACC	HACC only	Total HACC
Allied health at home	10.7	6.4	7.5
Allied health at a centre	9.9	6.6	7.2
Assessment	3.4	2.9	3.0
Case management	32.5	22.0	25.3
Counselling	11.7	6.0	7.6
Centre day care	166.9	114.9	134.1
Domestic assistance	48.8	34.3	37.3
Other food services	33.8	21.9	24.1
Home maintenance	11.1	10.6	10.7
Nursing care at a centre	6.6	5.5	5.6
Nursing care at home	26.8	13.9	16.3
Personal care	168.3	68.8	110.0
Respite care	123.2	91.4	110.9
Social support	85.1	41.7	56.9
Carer counselling	9.2	8.5	8.8
Care coordination	9.2	6.0	6.9

Note: HACC user age grouping has been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010-11 linked DS and HACC data set.

Table B8.6: Average total hours received of each HACC service by users aged 0–34 accessing both DS and HACC services compared with HACC only users of the same age, 2010–11

HACC service type	Both DS and HACC	HACC only	Total HACC
Allied health at home	10.1	6.2	8.2
Allied health at a centre	10.5	5.5	6.9
Assessment	3.6	2.8	3.2
Case management	31.3	25.0	28.9
Counselling	12.2	5.8	9.6
Centre day care	133.6	93.9	118.6
Domestic assistance	44.2	33.2	38.7
Other food services	19.3	21.9	20.9
Home maintenance	10.4	11.7	11.1
Nursing care at a centre	6.9	3.8	4.2
Nursing care at home	20.3	9.1	12.4
Personal care	186.2	77.2	157.4
Respite care	120.5	94.2	113.2
Social support	88.5	48.9	73.4
Carer counselling	8.4	8.1	8.3
Care coordination	8.7	6.9	8.0

Note: HACC user age grouping has been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B8.7: Average total hours received of each HACC service by users aged 35–64 accessing both DS and HACC services compared with HACC only users of the same age, 2010–11

HACC service type	Both DS and HACC	HACC only	Total HACC
Allied health at home	11.0	6.4	7.4
Allied health at a centre	9.7	6.8	7.3
Assessment	3.3	2.9	3.0
Case management	33.2	21.6	24.4
Counselling	11.4	6.0	7.1
Centre day care	192.1	118.7	139.4
Domestic assistance	50.0	34.3	37.2
Other food services	38.3	21.9	24.5
Home maintenance	11.3	10.6	10.7
Nursing care at a centre	6.5	6.1	6.1
Nursing care at home	29.3	14.7	17.2
Personal care	156.9	67.9	96.7
Respite care	133.3	88.7	106.1
Social support	82.0	40.4	50.9
Carer counselling	10.9	8.8	9.3
Care coordination	9.5	5.8	6.6

Note: HACC user age grouping has been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set

Table B8.8: Number of HACC services received by users accessing both DS and HACC services compared with HACC only users, by age group, 2010–11

User age by number of HACC services received	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–34						
1	10,419	45.6	19,500	68.1	29,919	58.1
2+	12,427	54.4	9,128	31.9	21,555	41.9
5+	1,705	7.5	596	2.1	2,301	4.5
<i>All users aged 0–34</i>	<i>22,846</i>	<i>100.0</i>	<i>28,628</i>	<i>100.0</i>	<i>51,474</i>	<i>100.0</i>
35–64						
1	9,074	34.7	66,980	49.7	76,054	47.3
2+	17,057	65.3	67,814	50.3	84,871	52.7
5+	4,524	17.3	10,965	8.1	15,489	9.6
<i>All users aged 35–64</i>	<i>6,131</i>	<i>100.0</i>	<i>134,794</i>	<i>100.0</i>	<i>160,925</i>	<i>100.0</i>
0–64						
1	19,493	39.8	86,480	52.9	105,973	49.9
2+	29,484	60.2	76,942	47.1	106,426	50.1
5+	6,229	12.7	11,561	7.1	17,790	8.4
All users aged 0–64	48,977	100.0	163,422	100.0	212,399	100.0
65+						
1	1,496	25.5	291,445	40.7	292,941	40.6
2+	4,369	74.5	424,670	59.3	429,039	59.4
5+	1,379	23.5	82,549	11.5	83,928	11.6
All users aged 65+	5,865	100.0	716,115	100.0	721,980	100.0
All ages						
1	20,989	38.3	377,925	43.0	398,914	42.7
2+	33,853	61.7	501,612	57.0	535,465	57.3
5+	7,608	13.9	94,110	10.7	101,718	10.9
All HACC users	54,842	100.0	879,537	100.0	934,379	100.0

Note: HACC user age grouping has been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B8.9: Combinations of HACC service use by users aged 0–64 accessing both DS and HACC services compared with HACC only users, 2010–11

HACC service types	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Domestic assistance users						
Social support	2,253	24.4	6,432	18.7	8,685	19.9
Transport	1,571	17.0	4,942	14.4	6,513	14.9
Care coordination	2,283	24.7	7,177	20.9	9,460	21.7
Centre day care	1,040	11.3	2,276	6.6	3,316	7.6
Respite	1,103	11.9	1,298	3.8	2,401	5.5
Total domestic assistance users	9,242	100.0	34,416	100.0	43,658	100.0
Social support users						
Transport	2,883	28.3	5,955	31.6	8,838	30.5
Care coordination	2,558	25.1	4,832	25.7	7,390	25.5
Centre day care	2,028	19.9	3,536	18.8	5,564	19.2
Respite	1,913	18.8	1,047	5.6	2,960	10.2
Domestic assistance	2,253	22.1	6,432	34.2	8,685	30.0
Total social support users	10,174	100.0	18,817	100.0	28,991	100.0
Transport users						
Care coordination	1,966	24.9	4,100	20.4	6,066	21.7
Centre day care	3,307	42.0	4,904	24.4	8,211	29.3
Respite	1,044	13.2	655	3.3	1,699	6.1
Domestic assistance	1,571	19.9	4,942	24.5	6,513	23.2
Social support	2,883	36.6	5,955	29.6	8,838	31.5
Total transport users	7,880	100.0	20,133	100.0	28,013	100.0
Care coordination users						
Centre day care	1,498	19.3	2,347	12.7	3,845	14.6
Respite	1,851	23.9	983	5.3	2,834	10.8
Domestic assistance	2,283	29.5	7,177	38.8	9,460	36.0
Social support	2,558	33.0	4,832	26.1	7,390	28.1
Transport	1,966	25.4	4,100	22.1	6,066	23.1
Total care coordination users	7,742	100.0	18,514	100.0	26,256	100.0
Centre day care users						
Respite	1,255	16.2	609	4.6	1,864	8.9
Domestic assistance	1,040	13.4	2,276	17.2	3,316	15.8
Social support	2,028	26.2	3,536	26.7	5,564	26.5
Transport	3,307	42.7	4,904	37.1	8,211	39.2
Care coordination	1,498	19.4	2,347	17.8	3,845	18.3
Total centre day care users	7,738	100.0	13,220	100.0	20,958	100.0

(continued)

Table B8.9 (continued): Combinations of HACC service use by users aged 0–64 accessing both DS and HACC services compared with HACC only users, 2010–11

HACC service types	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Respite users						
Domestic assistance	1,103	11.5	1,298	21.4	2,401	15.3
Social support	1,913	19.9	1,047	17.3	2,960	18.9
Transport	1,044	10.9	655	10.8	1,699	10.9
Care coordination	1,851	19.3	983	16.2	2,834	18.1
Centre day care	1,255	13.1	609	10.1	1,864	11.9
Total respite users	9,601	100.0	6,052	100.0	15,653	100.0

Note: HACC user age grouping has been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table 8.10: Average total hours received of each HACC service by users aged 65+ accessing both DS and HACC services compared with HACC only users, 2010–11

HACC service type	Both DS and HACC	HACC only	Total HACC
Allied health at home	9.2	5.5	5.5
Allied health at a centre	9.9	5.7	5.7
Assessment	3.3	2.9	2.9
Case management	20.4	10.2	10.5
Counselling	6.0	4.9	4.9
Centre day care	174.9	144.8	145.2
Domestic assistance	40.5	28.8	28.9
Other food services	27.1	16.3	16.4
Home maintenance	9.1	9.0	9.0
Nursing care at a centre	5.0	5.3	5.3
Nursing care at home	27.0	15.3	15.4
Personal care	113.7	39.0	40.1
Respite care	112.0	55.0	56.1
Social support	51.3	35.3	35.5
Carer counselling	10.1	8.0	8.0
Care coordination	7.8	5.0	5.1

Note: HACC user age grouping has been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B8.11: Combinations of HACC service use by users aged 65+ accessing both DS and HACC services compared with HACC only users, 2010-11

HACC service types	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Domestic assistance users						
Nursing care at home	477	23.0	39,978	16.8	40,455	16.9
Social support	535	25.8	38,670	16.3	39,205	16.4
Personal care	540	26.1	38,777	16.3	39,317	16.4
Centre day care	279	13.5	19,465	8.2	19,744	8.2
Care coordination	750	36.2	49,909	21.0	50,659	21.2
Total domestic assistance	2,072	100.0	237,419	100.0	239,491	100.0
Nursing care at home users						
Domestic assistance	477	32.0	39,978	28.2	40,455	28.2
Care coordination	363	24.3	18,093	12.8	18,456	12.9
Social support	257	17.2	17,188	12.1	17,445	12.2
Personal care	422	28.3	29,886	21.1	30,308	21.1
Centre day care	207	13.9	10,649	7.5	10,856	7.6
Total nursing care at home	1,491	100.0	141,865	100.0	143,356	100.0
Care coordination users						
Domestic assistance	750	49.7	49,909	49.0	50,659	49.0
Social support	546	36.2	25,992	25.5	26,538	25.7
Personal care	359	23.8	16,504	16.2	16,863	16.3
Centre day care	278	18.4	15,401	15.1	15,679	15.2
Nursing care at home	363	24.0	18,093	17.8	18,456	17.9
Total care coordination	1,510	100.0	101,791	100.0	103,300	100.0
Social support users						
Domestic assistance	535	45.3	38,670	41.4	39,205	41.5
Personal care	255	21.6	14,258	15.3	14,513	15.4
Centre day care	267	22.6	19,205	20.6	19,472	20.6
Care coordination	546	46.3	25,992	27.9	26,538	28.1
Nursing care at home	257	21.8	17,188	18.4	17,445	18.5
Total social support	1,180	100.0	93,307	100.0	94,487	100.0
Centre day care users						
Care coordination	278	26.8	15,401	20.6	15,679	20.7
Social support	267	25.7	19,205	25.7	19,472	25.7
Nursing care at home	207	19.9	10,649	14.3	10,856	14.3
Personal care	165	15.9	8,900	11.9	9,065	12.0
Domestic assistance	279	26.9	19,465	26.1	19,744	26.1
Total centre day care	1,039	100.0	74,705	100.0	75,744	100.0

(continued)

Table B8.11 (continued): Combinations of HACC service use by users aged 65+ accessing both DS and HACC services compared with HACC only users, 2010–11

HACC service types	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Personal care users						
Social support	255	24.2	14,258	20.9	14,513	21.0
Domestic assistance	540	51.3	38,777	56.9	39,317	56.8
Nursing care at home	422	40.1	29,886	43.8	30,308	43.8
Centre day care	165	15.7	8,900	13.1	9,065	13.1
Care coordination	359	34.1	16,504	24.2	16,863	24.4
Total personal care	1,053	100.0	68,165	100.0	69,218	100.0

Note: HACC user age grouping has been used as the source for users who accessed both DS and HACC services.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table B8.12: HACC aids and equipment received by users accessing both DS and HACC services compared with HACC only users, by age, 2001–11

User age by type of aid received	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
0–64						
Self-care aids	276	22.0	1,094	45.2	1,370	37.3
Support and mobility aids	610	48.6	1,550	64.0	2,160	58.8
Communication aids	190	15.2	261	10.8	451	12.3
All other goods/equipment ^(a)	350	27.9	350	14.5	700	19.0
Total users aged 0–64 who received aids	1,254	—	2,421	—	3,675	—
65+						
Self-care aids	136	50.2	5,657	53.3	5,793	53.2
Support & mobility aids	190	70.1	6,099	57.4	6,289	57.7
Communication aids	7	2.6	1,680	15.8	1,687	15.5
All other goods/equipment ^(a)	27	10.0	717	6.8	744	6.8
Total users aged 65+ who received aids	271	—	10,621	—	10,892	—
All ages						
Self-care aids	412	27.0	6,751	51.8	7,163	49.2
Support and mobility aids	800	52.5	7,649	58.6	8,449	58.0
Communication aids	197	12.9	1,941	14.9	2,138	14.7
All other goods/equipment ^(a)	377	24.7	1,067	8.2	1,444	9.9
Total persons who received aids	1,525	—	13,042	—	14,567	—
Proportion of all users (%)	54,842	2.8	879,537	1.5	934,379	1.6

(a) 'All other goods/equipment' includes aids for reading, medical care, car modifications and other goods/equipment.

Notes

1. HACC user age grouping has been used as the source for users who accessed both DS and HACC services.
2. Sum of components does not add to the subtotals and totals because service users may receive more than one aid or equipment through HACC.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table 8.13: Use of HACC services by users accessing both DS and HACC services compared with HACC only users (all ages), 2010–11

HACC service type	Both DS and HACC		HACC only		Total HACC	
	Number	Per cent	Number	Per cent	Number	Per cent
Allied health at home	6,497	11.8	90,432	10.3	96,929	10.4
Allied health at a centre	7,349	13.4	124,657	14.2	132,006	14.1
Assessment	18,200	33.2	295,413	33.6	313,613	33.6
Case management	4,514	8.2	38,267	4.4	42,781	4.6
Counselling	4,442	8.1	60,861	6.9	65,303	7.0
Centre day care	8,777	16.0	87,925	10.0	96,702	10.3
Domestic assistance	11,314	20.6	271,835	30.9	283,149	30.3
Other food services	294	0.5	6,159	0.7	6,453	0.7
Home maintenance	4,652	8.5	147,939	16.8	152,591	16.3
Home modification	1,433	2.6	34,823	4.0	36,256	3.9
Linen services	153	0.3	1,144	0.1	1,297	0.1
Centre meals	2,762	5.0	38,845	4.4	41,607	4.5
Delivered meals	3,397	6.2	94,982	10.8	98,379	10.5
Nursing care at a centre	2,253	4.1	53,587	6.1	55,840	6.0
Nursing care at home	9,151	16.7	174,437	19.8	183,588	19.6
Personal care	8,626	15.7	78,899	9.0	87,525	9.4
Respite care	9,875	18.0	21,116	2.4	30,991	3.3
Social support	11,354	20.7	112,124	12.7	123,478	13.2
Transport	8,921	16.3	143,052	16.3	151,973	16.3
Carer counselling	4,207	7.7	19,244	2.2	23,451	2.5
Care coordination	9,252	16.9	120,305	13.7	129,557	13.9
All service users	54,842	—	879,537	—	934,379	—

Notes: The sum of the components does not add to the total because service users may access more than one service during the period.

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

Table 8.14: Average total hours received of each HACC service by users accessing both DS and HACC services compared with HACC only users (all ages), 2010–11

HACC service type	Both DS and HACC	HACC only	Total HACC
Allied health at home	10.5	5.6	6.0
Allied health at a centre	9.9	5.9	6.1
Assessment	3.4	2.9	2.9
Case management	30.8	12.8	14.7
Counselling	11.0	5.1	5.5
Centre day care	167.8	140.3	142.8
Domestic assistance	47.3	29.5	30.2
Other food services	33.0	17.3	18.0
Home maintenance	10.7	9.2	9.2
Nursing care at a centre	6.4	5.3	5.4
Nursing care at home	26.9	15.0	15.6
Personal care	161.7	43.0	54.7
Respite care	122.9	65.5	83.8
Social support	81.6	36.4	40.5
Carer counselling	9.3	8.1	8.3
Care coordination	8.9	5.2	5.4

Source: AIHW analysis of the 2010–11 linked DS and HACC data set.

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This report examines the characteristics and service use of people who accessed both Disability Services and Home and Community Care programs. In 2010–11 around 54,800 people were known to have used both programs, and the majority of these people were aged under 65 (89%). The report found that people using both programs required higher, more complex and diverse supports, and relied on a wide range of complementary services from both programs to support their distinct support needs.