



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**PRIVATE MEMBERS BUSINESS**

**People with Disabilities**

**SPEECH**

**Monday, 23 August 1999**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

**Date** Monday, 23 August 1999  
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**Questioner**  
**Speaker** Cox, David, MP

**Source** House  
**Proof** No  
**Responder**  
**Question No.**

**Mr COX** (Kingston) (3.34 pm)—Disability services are another manifestation of the crisis currently being experienced in health service provision in Australia. The government needs to address the current unmet need and improve the lives of Australians with disabilities and their carers. That will require the government formulating a disability services policy with goals and strategies that do more than contain costs. Part of the problem in disability services is structural. The Commonwealth-State Disability Agreement gave the most costly services—accommodation and respite care—to the states. The Commonwealth has the much less financially onerous responsibility for employment services, training and placement. A major part of the responsibility for disability services was given to the states, which could not or would not fund them. Minister Newman's own press release of 4 August announcing \$150 million in funding admits that she agreed with the states in April that disability support must be a shared responsibility.

The member for Gilmore has mentioned in her motion the federal government's specific commitment of over \$1.7 billion to the Commonwealth-State Disability Agreement. This is somewhat misleading. The funding figures for 1997-98 show that the major contribution to the CSDA comes not from the Commonwealth but from the states. Of that \$1.7 billion, the Commonwealth contributes only \$555.4 million. The states and territories contribute the other \$1,171.6 billion of a total of \$1,727 billion. The Commonwealth government contributes less than 20 per cent of the total pool of disability funding while the state and territory governments are contributing more than 80 per cent. The amount allocated to meet the needs of 654,600 Australians with disabilities in 1998 equates to \$7.47 per person per day, with the Commonwealth contributing the equivalent of \$1.56 per person per day of this total.

There are substantial differences between the states in the way that they provide for people with disabilities. For example, state funding for people with a profound intellectual disability ranges from a little over \$1,000 per head in Queensland to more than \$3,000 in Victoria. In South Australia, it is a little over \$1,800. Nor has disability service funding been increasing to meet the unmet demand, a demand which is growing. For example, in South Australia it is fairly flat. The 1998 schedule A to the CSDA shows Commonwealth funding in 1997-98 of \$40.382 million, in 1998-99 of \$42.172 million, in 1999-2000 of \$43.081 million, in 2000-01 of \$44.020 million and in 2001-02 of \$44.991 million.

The schedule shows that state funding held constant for all of these years at \$93.93 million, except in 1998-99 when it was \$96.27 million. These amounts are in 1997-98 dollars for 1997-98, and in 1998-99 constant dollar terms for all other years. The greatest unmet demand for disability support services is for long-term supported accommodation and respite care services. The federal government's funding announcement on 4 August of \$150 million followed a meeting of all ministers responsible for disability services. The Commonwealth is in fact offering only \$75 million a year for two years. This is far short of what is needed.

In 1997, the Australian Institute of Health and Welfare estimated, on a conservative basis, that at least \$294 million is required to fund unmet needs. More than 400,000 Australians with a profound or severe disability are not getting any help or not getting enough help to meet their basic living needs. More than 110,000 primary carers—that is, 43 per cent of those who say that they need help—are not getting enough help to support their caring role. Further, 72,000 primary carers who need respite do not get any respite or do not get enough. When the Commonwealth-State Disability Agreement was drawn up, it was recognised that there were significant unmet needs and substantial differences in the way that the states provide disability services.

That is why clause 8(9)(a)(b) was inserted in the Commonwealth-State Disability Agreement. It relates to unmet demand and projected demand in population growth. It provides for ministers to subsequently agree on the contribution of additional funds. This motion calls on governments at all levels to cooperate with one another to identify, fund and maintain services and facilities for respite care. With the CSDA due to end in two years, this is the time for the government to start developing a better and more comprehensive approach to providing disability services. That will require identifying the extent of unmet needs and developing a realistic program for meeting them. It is time for both the states and the Commonwealth to work out a clear set of responsibilities and obligations in the principal areas of need. (*Time expired*)