

**TO:**           **The Secretary**  
**Senate Community Affairs References Committee**  
**PO Box 6100, Parliament House, Canberra ACT 2600**  
**Email: community.affairs.sen@aph.gov.au**

**FROM:**       **Val Pawagi**

**RE:**           **Inquiry into the Funding and Operation of the CSTDA – Respite Services**

I am **not** convinced that the disability services provided under the Commonwealth State Territory Disability Agreement (CSTDA) “are provided only to benefit people with disabilities” as stated in Clause 5(1) of the Agreement.

If this statement of purpose about the CSTDA is strictly followed, then respite services do **not** belong under the Agreement. The reason being, respite services are designed chiefly to benefit carers of people with disabilities. Indeed, respite services provide care relief for carers. The needs of people with disabilities are a secondary consideration to the needs of carers. While the definition of respite services in the Agreement asserts that respite services provide “a positive experience for people with disabilities”, this is not necessarily the case (see Clause 3(1)). I fail to see how placing a young person with a disability in a respite bed in a nursing home for example could be regarded as a “positive experience” for that person.

Under the CSTDA, respite services are said to be a State responsibility (see Clause 6(5)). However, at the Commonwealth level, two departments fund respite services. These are the Department of Families, Community Services and Indigenous Affairs (FaCSIA), which represents the Commonwealth for the purposes of this Agreement, and the Department of Health and Ageing (DoHA). DoHA has the greatest share of responsibility for respite services across both levels of government.

I consider that DoHA is best placed to deliver a national network of respite services, encompassing local solutions. There is merit to having one level of government and one department responsible for respite services. Such administrative arrangements should make service access easier for carers and lead to administrative efficiencies. There, too, are benefits to organising the administration of respite services around the type of service provided rather than the target group (frail aged versus people with disabilities). If this model was adopted, a person’s characteristics such as their age would not result in barriers to service access as is currently the situation with many human services that tie eligibility to such criteria.

*(Electronically signed)*

***Val Pawagi***

**Monday 19 June 2006**