

**SUPPLEMENTARY SUBMISSION TO THE SENATE COMMUNITY
AFFAIRS REFERENCES COMMITTEE**

RESPONSES TO QUESTIONS ON NOTICE

**Inquiry into the funding and operation of the Commonwealth State
Territory Disability Agreement**

**Prepared by Disability Services Commission, Western Australia
Executive Summary**

This supplementary submission provides additional information and responses to questions asked of the Minister for Disability Services, the Hon Tony McRae by committee members at the Perth hearing of the Inquiry into the funding and operation of the Commonwealth State Territory Disability Agreement on 5 October 2006.

Senate committee members asked a range of questions about the submission by the WA Government and also in response to evidence received in other jurisdictions.

Questions on Notice

The questions below are not verbatim but have been abbreviated for clarity.

1. **Senator McLucas** – Is it feasible to move to outcomes based measures of success and to do this in ways that do not detract from the capacity of service providers to deliver services?

2. **Senator Patterson** – There may be a way to use the new trust measures to assist people with disabilities in obtaining accommodation options. Has WA examined how this might be done?
3. **Senator Patterson** - Other states have indicated that there is a concern about indexation and that some states index at a different rate. There was one suggestion that the Commonwealth should match indexation but match it according to each state's increase, and there was another suggestion about increasing it to the average. If you increased it to the state's indexation, you would end up with inequities down the track. How would you see that the states could come to an agreement to have a similar indexation rate?
4. **Senator Polley** – Invited general comments on the impact of Welfare to Work policy changes by the Federal Government on people with disabilities.
5. **Senator Humphries** - The Commonwealth's submission to us suggests that the number of people in open and supported employment services has grown between 2001-02 and 2004-05 by 5.8 per cent across Australia. The number of people in business services with a severe core activity limitation—I assume that is the same thing as a person with a high support need—has increased by 16 per cent. The number of people in business services with a severe core activity restriction has increased by 38 per cent. Could you perhaps give us a breakdown of the figures that you have in Western Australia?
6. **Senator Polley** - Invites Western Australia to provide any further information on the ageing/disability interface.
7. **Senator Moore** - Can I put on notice as well a request for some information from your State about the issue of people with disabilities and mental health— where they fit and whether you have any particular data or programs that look at that in particular.

Question 1

Senator McLucas – *Is it feasible to move to outcomes based measures of success and to do this in ways that do not detract from the capacity of service providers to deliver services?*

The Disability Services Commission currently uses a number of effectiveness indicators to provide information on the extent to which the results of the Commission's programs have contributed to the achievement of its outcome, namely, "Enhance the environment and wellbeing of people with disabilities and their carers by the provision of necessary supports and services." The following effectiveness indicators used by the Commission are reported in the Commission's Annual Report and performance indicators provided to the Office of the Auditor General:

- Take-up rates which measures the take-up rate per 1,000 Disability Support Pension recipients on a state-wide basis and compares with the national take-up rate; and
- Measures of service users' satisfaction with quality of life and social participation, collected biennially through the Commission's Consumer Survey.

The Consumer Survey also measures service user satisfaction with services and this is reported in the Commission's Annual Report and provided to the Productivity Commission for inclusion in the Report on Government Services (chapter on Services for People with a Disability). It should be noted that Western Australia is the only jurisdiction which reports on service users' satisfaction with quality of life and social participation to the Productivity Commission.

In addition, the Commission trialled the following effectiveness measures in the 2006 Consumer Survey which can be used to measure the effectiveness of outcomes:

- Personal Wellbeing Index - to assess the personal wellbeing of its service users; and
- Community inclusiveness and value - to determine the extent to which service users felt included and valued in the community.

These effectiveness measures could also be applied more broadly in assisting to determine outcomes from the CSTDA.

Question 2

Senator Patterson – *There may be a way to use the new trust measures to assist people with disabilities in obtaining accommodation options. Has WA examined how this might be done?*

Western Australia recognises that families that have created a Special Disability Trust will need a range of help and guidance to ensure that the trust delivers sustainable accommodation support and as a result has put in place a number of initiatives to be able to respond to families appropriately.

In 2004 the Chair of the Disability Services Commission established the Removing Barriers to Family Funded Support Advocacy Group which included family and service provider representatives and a specialist trust lawyer with experience in the disability field. This group has been the catalyst for a number of changes and has provided a valuable perspective on the need to support family initiatives.

As a result, the work undertaken by Western Australia's Disability Services Commission to address the needs of these carers has been based on the following principles:

- families are in the best position to determine their own needs and goals and to plan for the future;
- family, friends and personal networks are the foundations of a rich and valued life in the community; and

- people with disabilities have a life-long capacity for learning, development and contribution.

The following are initiatives the Commission has put in place to address the concerns and needs of such carers.

Over the past three years the Commission has provided one-off grants of up to \$20,000 per annum to enable groups of families to undertake initiatives to collectively address issues of common concern. A number of families have used this funding to come together to consider how their sons and daughters can best be supported into the future.

In addition, a number of family organisations have been formed (in some cases with Local Area Coordination assistance) to support each other in planning for the future of their family member with a disability. These include:

- Planned Information Networks (PIN);
- Peel Advocacy Lifetime Network ;
- Caring into the Future;
- Families for a Good Life Futures planning for people with disabilities; and
- Geraldton Lifetime Advocacy Development Group (GLAD).

Through the Commission's Local Area Coordination program, work has been done to bring carers together to explore:

- options for creating a supported personal network for their son or daughter with a disability that will endure into the future;
- wills, trusts and guardianship; and
- accommodation support options.

Later in 2006 the Disability Services Commission will advertise Innovative Accommodation Grants which will provide non-recurrent funding targeted to the development of service models and strategies that are not reliant on recurrent funding.

The Commission is also able to assist families through its Options Exploration Process. Currently families funded through the Combined Application Process often need assistance in the development of a service, benefit from advice on choosing a service provider, or need to find compatible persons for their family member to share support costs and provide companionship. Western Australian accommodation services are individually funded to provide maximum choice and flexibility. In a period when care staff recruitment, retention and supervision are challenging, families or trustees will need specialist disability professional support. The Commission currently has a number of accommodations options funded from trust revenue and has policies in place to provide for such services from the funded sector.

On a broader front, the Commission has been working with the Office of State Revenue and the Department of Treasury and Finance to ensure that the amendment of revenue laws being considered in the State Tax Review reduces barriers to family initiatives and harmonises with the intention of the Special Disability Trusts. Among the matters under consideration is the application of Stamp Duty on properties transferring to a trust and the criteria for disabled beneficiary in the Land Tax Assessment Act and the Rates and Charges (Rebates and Deferment) Act.

Meeting the demand for accommodation support services is largely focussed upon how on-going support services are resourced. The provision, however, of appropriate housing stock is also important.

Western Australia is well served by the Department of Housing and Works (DHW) which has a Coordinator of Disability Services and a Strategic Housing Policy for People with Disability. DHW provides head lease arrangements to non-government agencies, encourages Community Housing Association provision and has the Community Disability Housing Program which has supplied accommodation to the Commission and non-government agencies during a period of significant growth in accommodation support services.

The Commission is aware of the work of the Affordable Housing Innovations Unit of the Department of Families and Communities (SA) and appreciates the potential for reverse mortgages to play a role in financing trusts as well as the likelihood of many trusts being testamentary. The South Australian interest on the potential for trusts to be an additional source of capital for financing housing stock is not shared by the Removing Barriers to Family Funded Support Advocacy Group. From its point of view, families view trust arrangements primarily as the source of income that will provide their son or daughter with sustainable support once they are unable to do so.

Special Disability Trusts will provide a valuable option for a small number of families. The requirement that the beneficiary have a severe disability will exclude a number of genuine families with members with low support need who never-the-less are not independent of family support. The imposition of Capital Gains Tax on the sale of an individual's principal place of residence when placed in a trust is an added barrier.

Finally, it needs to be acknowledged that the limit of \$500,000 before gifting and means testing considerations apply will mean that mainly persons of low support needs will be assisted by this initiative. A fully funded trust on today's market would generate income to provide three hours 25 minutes support service per day at the current service purchasing rate.

Last year the Commission spent \$173.8m (57 per cent of budget) on accommodation support services and most of these costs are recurrent care costs which are rising. Meeting demand for accommodation support is the most pressing issue facing state and territory governments. Special Disability Trusts are an important but very small contribution to a significant challenge.

Question 3

Senator Patterson - *Other states have indicated that there is a concern about indexation and that some states index at a different rate. There was one suggestion that the Commonwealth should match indexation but match it according to each state's increase, and there was another suggestion about increasing it to the average. If you increased it to the state's indexation, you*

would end up with inequities down the track. How would you see that the states could come to an agreement to have a similar indexation rate?

The payment of appropriate indexation to meet cost increases in the normal business cycle enables non-government organisations to keep pace with cost increases in the delivery of agreed outputs. Without appropriate levels of indexation, non-government organisations are faced with reduction in outputs which may in turn seriously impact on the continuity of existing services, such as accommodation support. Indexation on CSTDA funding paid to non-government human service organisations contributes to maintaining stability within the non-government sector while at the same time enhancing rationality in funding decisions, continuity of service provision, autonomy and capacity.

Non-government organisations across the human services sector experience similar cost pressures in the market place. It is appropriate, therefore, that a **common methodology** for calculating indexation rates be applied individually to each jurisdiction. This would take the same cost factors into account but derive indexation rates appropriate to the circumstances of each jurisdiction.

This would provide a rate of indexation to each jurisdiction that was appropriate rather than a single fixed rate. While at first glance this might seem 'inequitable', the proper use of a common methodology would in fact deliver indexation needed to **maintain equitable services** and thus in this case indexation should not be considered in the same terms as growth or base funding.

Principles in Providing Indexation on CSTDA Funding

- The method of calculation provides an outcome that preserves the real value of base funding ensuring that the quality, intensity, spread and effectiveness of services is not compromised.
- Indexation should not be used to remedy deficiencies or shortfalls in base funding.

- Appropriate methodology should allow for variation between jurisdictions but should ensure that there is no disadvantage to any jurisdiction.
- Calculation of indexation must be on the basis of real changes in the key cost drivers associated with provision of services, and must be transparent.

There have been determined efforts made by some states and territories to address the issue of indexation, particularly in terms of the formula used to determine appropriate levels. At present, rates of indexation vary considerably between jurisdictions, partly because of individual circumstances, but also because of differing methodologies and policies.

The Australian Government provides a consistent level of indexation across all jurisdictions. Of concern, it is a consistently low level of indexation and is not responsive to individual state or territory circumstances.

Western Australia, Tasmania, Queensland and the ACT have all adopted similar approaches to indexation following reviews of how it is calculated and applied. The indexation policy applied in Western Australia establishes an appropriate level of indexation through an indexation formula (a Composite Wage and Cost Index at the ratio of 80 per cent to 20 per cent) which recognises the effect of both wage cost increases and operating cost increases on non-government human service organisations. A similar model is applied in both Tasmania and the ACT.

It is desirable that all jurisdictions, including the Australian Government, provide indexation on CSTDA funding at a level that meets actual cost increases. States and Territories are best placed to determine what method and consequent rate of indexation is appropriate for their circumstances. States and Territories should ensure that their method for determining indexation rates preserves the real value of base funding. Indexation on funds provided by the Australian Government should reflect to some extent the efforts made by the States and Territories to determine an appropriate indexation rate.

Question 4

Senator Polley – *Requested general comments on the impact of Welfare to Work policy changes by the Federal Government on people with disabilities.*

Western Australia has been expressing concerns at Ministerial and Administrative levels for several years about changes and reforms to the Australian Government's employment program, namely:

- reduced access to assistance for people with high support needs, with particular concern expressed about school leavers;
- increased care responsibilities / pressure on families; and
- cost-shifting implications for States and Territories.

The splitting of employment programs between two agencies – Families, Community Services and Indigenous Affairs (FaCSIA) for supported employment and the Department of Employment and Workplace Reforms (DEWR) for open employment – in 2005 has increased operational complexity for agencies and has made it more difficult for the State to understand and monitor the situation.

Further complexity has been added to the DEWR program with the introduction on 1 July 2006, of a second program stream – the uncapped, demand driven stream. The two streams – capped and uncapped – cater for people with different work capacity and support needs. The former being for people who require long term workplace support. Growth places (4,000) for the capped program, announced in the 2005 Commonwealth Government Budget were re-directed to the new uncapped program. The impact of this reduced capacity on school leavers with disabilities is a major concern. Although the Western Australian Minister for Disability Services was advised that it was anticipated that provision of the places to the uncapped stream would free up places in the capped stream as participants moved across stream, this has not happened and Disability Open Employment Service providers are expressing concern about the capped program's capacity to meet school leaver demand at year's end.

A number of the Australian Government's Welfare to Work reforms took effect on 1 July 2006. The priority groups for these reforms are:

1. parents;
2. the long-term unemployed;
3. mature age workers (50+); and
4. people with disabilities.

In summary, for people with disabilities, these reforms relate to loss of the eligibility for the Disability Support Pension for new people assessed to have a work capacity in excess of 15 hours a week. These people will receive the lesser payments of Newstart or Youth Allowance and be subject to participation and mutual obligation requirements¹, which, if breached carry penalties (detailed below).

Compliance Concerns

Under the legislation, and as an integral part of the mutual obligation principal², people with disabilities on Newstart and Youth Allowances risk having their payments cut for eight weeks if they fail to comply with participation requirements.

In order to protect extremely vulnerable people against the loss of income under this new regime, the Australian Government has introduced a Financial Case Management system. To be eligible for this support, people must:

- have a dependent child or other vulnerable dependent; or
- be assessed as exceptionally vulnerable³.

¹ Working, actively looking for work or undertaking recognised study/training programs / 150 hours over six months.

² Includes other beneficiaries - 'Special Benefit (Temporary Protection Visa Holders) and new claimants for Parenting Payment Single whose youngest child is aged between six – eight.

³ "Exceptionally vulnerable" is defined as 'people who have a recognised disability, medical condition or physical or mental impairment; and they require medication to manage that condition; and they do not have sufficient funds available to purchase essential medication.'

Many mainstream church organisations have decided to boycott the new welfare system by refusing to run Financial Case Management services on the basis that the new legislation is too harsh and that vulnerable people should not be included in the new arrangements. The churches assert that:

- there are not enough places for people in the programs that provide them with the care and support they need in their efforts to rejoin the workforce; and accordingly
- before the Australian Government places mutual obligation requirements on those most in need, it must first ensure that it has met its obligation to provide the support, skills and assistance required to meet those obligations.

According to Senate Estimates, up to 18,000 people could have their payments cut in the first year of the new legislation and as few as 4,000 people might qualify for assistance under the Financial Case Management scheme.

Crisis services in the community welfare area such as refuges, Supported Accommodation Assistance Providers (SAAP), church welfare agencies and even local government support avenues will be the main areas likely to have direct contact with affected people.

Question 5

Senator Humphries - *The Commonwealth's submission to us suggests that the number of people in open and supported employment services has grown between 2001-02 and 2004-05 by 5.8 per cent across Australia. The number of people in business services with a severe core activity limitation—I assume that is the same thing as a person with a high support need—has increased by 16 per cent. The number of people in business services with a severe core activity restriction has increased by 38 per cent. Could you perhaps give us a breakdown of the figures that you have in Western Australia?*

The submission made by the Australian Government claims that employment programs are providing more support to more people with high support needs. The Western Australian Government submission asserts the contrary.

The following extract from the Australian Government's submission to the Inquiry appears to contradict itself given that the text provides an interpretation that does not fit the data it is based on. The data instead seem to support the position taken by the Western Australian Government that there has been a move from supporting people with high support needs (historically people with an intellectual disability) to supporting people with lower support needs.

67. In considering unmet need for specialist disability employment services, it should be noted that service capability is just as important as the number of places available. In particular, the Australian Government's reforms to specialist disability employment services have had a small but observable impact in broadening the focus of specialist employment services from a traditional focus on intellectual disability to supporting people with a much wider range of disabilities. In open employment services for example, the proportion of service users with autism increased from 1.7 per cent in 2001-02 to 2.3 per cent in 2004-05, and over the same period the proportion of service users with specific learning difficulties and attention deficit disorder rose from 9.2 per cent to 10.3 per cent. A similar picture presents in supported employment services.

The text in paragraph 67 tells us that the program focus has shifted from intellectual disability to supporting people with a much wider range of disabilities.

The WA Government also asserted that "the Australian Government's Disability Services Census Data for Western Australians with a disability from 1998-2004 demonstrates an apparent shift of the population covered by Australian Government employment programs from those with higher support needs to those with lower support needs."⁴ This assertion is made in the context of understanding the nexus between intellectual disability and high support needs. The Australian Government's 2004 Disability Services Census Data on "Support/Assistance Needed" shows that in terms of 'unable to do/always needs

⁴ Disability Services Commission submission – 3.1.2 on page 5

help', people with intellectual disability rate significantly higher in all nine domains⁵.

68. Of interest is that people with intellectual disabilities are increasingly choosing open employment over supported employment services. In 2004-05, there were 12,325 people with intellectual disabilities using open employment services (26.8 per cent of all clients) and 14,097 service users with intellectual disabilities accessing supported employment services (73.4 per cent of all supported employment clients). The picture 10 years ago was substantially different. In 1997, people with intellectual disability made up 48.3 per cent of open employment users and 77.9 per cent of supported employment clients.

The text in paragraph 68 indicates that in the period 1997-2004 the percentage of people with an intellectual disability participating in open employment went down from 48.3 per cent to 26.8 per cent. Similarly, the percentage of people with intellectual disability in supported employment went down from 77.9 per cent to 73.4 per cent. Although the figures differ, the overall trend demonstrated, supports WA's analysis of the Australian Government's data. That is, that there has been a move from supporting people with high support needs to supporting people with lower support needs.

69. In the context of supported employment, the introduction of individualised, case based funding also has seen a marked shift towards a client group with much higher support needs. In the three years from 2002 (the year before case based funding places began to be released) to 2004, supported employment service users were increasingly likely to have a profound core activity restriction. Over that period:

- o The number of supported employment clients with a profound core activity restriction increased by 28.6 per cent nationally;*
- o The number of supported employment clients with a severe core activity restriction increased by 15.3 per cent nationally; and*

⁵ Core Activities of 'Self Care, Mobility and Communication' plus 'Interpersonal, Learning, Education, Community and Working' – Table 9A, page 64.

- o The number of supported employment clients with a core activity restriction of 'moderate to none' has fallen by 13 per cent nationally.*

The detail in paragraph 69 is hard to reconcile with the WA analysis of the Australian Government's data. Paragraph 69 seems to indicate that with the introduction of Case Based Funding more people with high support needs have received support. The points below are based on the data in the Australian Government's Disability Services Census Data 1998-2004 that seems to contradict the Australian Government's claim.

- Direct staff hours have remained constant while the number of people accessing the program has increased by 30 per cent: same number of hours available but more people.
- Indirect staff hours have fallen by 14 per cent: less indirect hours available.
- There has been a major change in the proportion of people with intellectual disabilities from 62 per cent in 1998 down to 41 per cent in 2004: people with intellectual disabilities are generally deemed to have higher support needs than many of the other population groups accessing the program.
- There has been a significant increase in the proportion of people with low support needs from 11.5 per cent in 1998 to 23.5 per cent in 2004: shift from high to low support needs clients.
- Over the six year period, there has also been a significant change in the number of hours people with disabilities are working, with more program participants working less than two days per week: more people but working shorter hours.
- The proportion of Western Australian's with a disability employed for 15 hours or less has increased from 18 per cent to 29 per cent: greater proportion now working less than 15 hours a week.

- The proportion of Western Australians with a disability employed for 30 hours or more each week fell from 53 per cent to 43 per cent.

Question 5

Senator Polley - *Invites Western Australia add any provide further information on the ageing/disability interface.*

Disability services have been developed to address the disadvantages that people with disabilities experience as a result of their disability not as a result of ageing. What is sought from the Australian Government is recognition that in order for people with disabilities to age in place additional support may be required from the health and aged care sectors to build onto disability services and supports.

In many ways this is no different when compared to the situation of most other people in the community who with age have additional needs that may require a response from the health and aged care sectors to support ageing in place building on a rich base of personal relationships and financial resources that have been acquired over a life-time.

The interface between disability and aged care is blurred – this is due in part to the focus on the similarities between some services in the disability and aged care sectors and a concern with double dipping – that is, the substitution of Aged Care Program funding for services that are funded under the CSTDA.

To argue that disability services are similar to aged care services and that to provide both is double dipping ignores the reality of the disadvantage that disability creates in the lives of people with disabilities, the role that disability services has to address this disadvantage and the responsibility that the community has to ensure that people with disabilities are able to access the same services as the rest of the community.

What is required is a response across all sectors. For example, from:

- the disability sector, disability retirement/leisure options. It needs to be recognised, however, that the capacity of the states/territories to provide these additional services is compromised because of the unmet demand for supported accommodation services which will continue to grow as the baby boom generation ages and their capacity to support their adult sons and daughters with disabilities declines;
- state based health systems, assessment and treatment services provided through general practitioners, geriatricians and allied health services;
- community aged care services, packaged care that combines aspects of Community Aged Care Packages (CACP), Extended at Home Care Packages (EACH) or EACH Dementia packages with disability support to support ageing in place; and
- residential aged care, appropriate options that accommodate people with disabilities and in particular people with life-long disabilities who are no longer able to be supported at home.

Some people with disabilities who are growing older will have a sufficient level of disability support to see them through to the end of their life with only minimal involvement required from aged care services.

Again, this is no different from other people in the community who are growing older and have sufficient level of personal support and resources to see them through to the end of their life with minimal involvement from aged care services.

Strong collaborative partnerships between all these sectors will be needed though if people with disabilities are not to experience additional disadvantage as they age.

Aged Care Planning and Resource Allocation

For any collaborate initiative to work will require that the Australian Government recognise people with disabilities as a special need group for the purposes of planning, allocation and service provision in the same way that through the Aged Care Act 1997 it recognises people:

- from Aboriginal or Torres Strait Islander communities;
- from non-English speaking backgrounds;
- who are financial or social disadvantaged;
- who live in rural and remote areas; and
- of a kind (if any) specified in the Allocation Principles.

(Aged Care Act 1997 Section 11-3)

National evaluation of the Aged Care Innovative Pool Disability Aged Care Interface Pilot; final report⁶

This pilot was established under the Aged Care Innovative Pool as an initiative of the Australian Government Department of Health and Ageing. Through the pool, flexible care places were made available to trial new approaches to aged care for specific populations. This particular pilot was aimed at people with aged care needs who live in supported accommodation funded under the CSTDA and who were at risk of residential aged care.

The evaluation found that:

- the Disability Aged Care Interface Pilot delivered significant benefits to people ageing with a disability and helped increase the capacity of participating disability and aged care services to perform needs assessment and care planning for the target group; and

⁶ AIHW National Evaluation of the Aged Care Innovative Pool Disability Aged Care Interface Pilot: final report.

- in particular, the pilot is said to have enhanced the quality of life of people with disabilities and produced flow-on benefits for entire households as well as assisting people with disabilities to avoid or delay admission to residential aged care.

However, there were a number of conceptual and practical difficulties associated with the Pilot which give rise to the following questions.

- Do aged care specific needs reflect the needs that emerge as a person with a disability gets older or are they the needs that are addressed by conventional aged care programs?
- How does identifying aged care specific needs reconcile with a whole-person approach to social services and enabling people with disabilities to live in the community for as long as possible?
- If aged care funding is directed towards servicing aged care specific needs but significant unmet need remains, then what is the likely marginal impact on use of residential aged care services and how is this limited impact to be balanced against improvements in quality of life for individuals?
- Where do older people with disabilities who live in supported community accommodation (those aged 65 years and over) and who have unmet needs that are assessed as not strictly age related fit within this framework?
- What should be the role of chronological age in the assessment of needs related to premature ageing, especially in the context of chronic progressive disability? (p25 AIHW National evaluation of the Aged Care Innovative Pool Disability Aged Care Interface Pilot: final report).

Supporting people with high clinical support needs that arise from their disability is complex and requires further discussion. The development of the Young People in Residential Aged Care (YPRIAC) as a bilateral initiative between the States and Australian Government through COAG which sits outside of the CSTDA will provide people currently in or at risk of entering residential aged

care with an alternative to this type of care. It is likely that the models of support that are developed will combine aspects of both disability support and nursing home care. This has the potential to enable people with high clinical support needs to be supported for longer within the disability sector and possibly avoid the need for residential aged care.

With the completion of the AIHW study and anticipating the release of the *Exploration of the Population of People with Disabilities who are ageing, their changing needs and the capacity of the disability and aged care sector to support them to age positively* by the Community and Disability Services Ministerial Council, it is time for consideration to be given to the development of a national shared policy framework to support the ageing of people with disabilities. This will require a commitment on the part of all states and territories and the Australian Government to work together and an acknowledgement on the part of the Australian Government that if unmet need in other areas of the CSTDA is not addressed then the States' capacity to contribute to a coordinated response will be compromised.

It is suggested that the following principles may be useful in developing a shared policy framework:

For people with disabilities and in particular those with life-long disabilities:

- age related needs are in addition to disability needs;
- disability services address the support needs that arise due to the disadvantage created by disability;
- the community has a responsibility to ensure that people with disabilities can access services that are available to all members of the community;
- services that address the support needs of people with disabilities who are growing older are the responsibility of the health, aged and the disability sector; and
- for planning and allocation purposes, the Aged Care Act needs to recognise people with disabilities as one of their special needs groups.

Question 6

Senator Moore - *Can I put on notice as well a request for some information from your State about the issue of people with disabilities and mental health—where they fit and whether you have any particular data or programs that look at that in particular.*

The relationship between mental health services and disability services is complex and the reality for Western Australia, as for all other jurisdictions, is that it is sometimes difficult to ensure that appropriate services are delivered to individuals who have a dual diagnosis.

In Western Australia, disability services are coordinated by the Disability Services Commission and mental health services are coordinated by the Department of Health.

We have established a number of agreements at the strategic level that aim for collaboration in providing appropriate services to people with a disability who also have mental illness, but at times it has been difficult to operationalise this policy.

There are over 700 people who receive services funded through the Commission or directly from the Commission who also have a mental illness (around 5.5% of the total number of people accessing services from the Commission). This represents a significant population of people with a dual diagnosis and for this group the awareness of the dual diagnosis does assist in providing appropriate services.

Unfortunately, there are some people who fall through the gaps because of the nature of the diagnostic and eligibility processes for both mental health and disability. For example, it is possible for a person to have several conditions that individually would not make that person eligible for either specialist disability or mental health services but taken as a whole represent significant overall impairments.

Western Australia is seeking to resolve this problem through enhancing collaboration between services.