

AUSTRALIAN GOVERNMENT

BUDGET POLICY DIVISION
DEPARTMENT OF TREASURY

SUBMISSION
TO THE MAY BUDGET PROCESS 2008

*That the Australian Government Fund High Quality
Disability Family Advocacy*

*As an Urgent Matter of Mutual Obligation to the 1.6 million Unpaid Family Carers
of people with dependent disabilities aged less than 65 years*

14 JANUARY 2008

National Carers Coalition

SUBMISSION BY

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Hon Wayne Swan
Treasurer
Commonwealth of Australia
Department of Treasury
Langton Crescent
Parkes ACT 2600

January 14, 2008

Dear Mr Swan,

The National Carers Coalition, together with the Gippsland Carers Association, extend our warmest congratulation to you and the Rudd Labor Government for your election win.

We await the implementation of your Carer and Disability policies with hope in a future for unpaid family carers of citizens with dependent disabilities. We welcome the Federal Government's commitment to end the blame game that is the barrier to addressing the social injustices and inequities apparent in the unmet, under met and unexpressed needs of people with disabilities and their families.

We welcome Labor Policy to ensure that Family Carers and their rights are recognized in government legislation for their outstanding service to dependent children and adults with disabilities aged less than 65 years. Rights earned through the provision of more than 92 per cent of all accommodation and personal care.

We express our sincere thanks to you for the opportunity to make this Submission to the May 2008 Budget Process on behalf of caring families everywhere. In so doing, we make the most relevant point: **“Unpaid family carers of people with dependent disabilities do not have a place at the policy table or a voice to government because they Do Not have any funded representative network”**.

It is this absence of a funded disability family advocacy network that is the subject of our submission. We seek your support in ensuring this shameful and discriminatory omission of Commonwealth Government Policy is remedied.

Yours sincerely,

Jean L Tops
Victorian Liaison

Nell Brown
New South Wales Liaison

Felicity Maddison
Queensland Liaison

AUSTRALIAN GOVERNMENT
BUDGET POLICY DIVISION
Budget Submission to fund Disability Family Advocacy
For families caring for people with dependent disabilities aged less than 65 years

Submission by National Carers Coalition

Executive Summary

Primary Recommendation

That provision be made in the May 2008 Budget for the establishment of a government funded Regional, State/Territory and Federal Disability Family Advocacy Network to be established from the grass roots of caring families as a Mutual Obligation owed by society to at least 1.6million unpaid caring families.

The maker of this submission, the unfunded National Carers Coalition (NCC), is driven wholly by unpaid family Carers of people with dependent disabilities under 65 years of age. The Coalition believes there must be radical reform of disability and caring family support services throughout the nation in order that long suffering families may find relief from unrelenting burdens of care created by unmet support needs.

This reform includes the need for a nationally funded Disability Family Advocacy Network across the nation to speak for caring families who have earned the right to be heard.. Families are the Major providers of disability accommodation and support to people with dependent disabilities, delivering over 92% of all accommodation and support.

The role of caring families in policy and planning is almost entirely absent because we have no funded advocacy.

The National Disability Advocacy Review of 1999 and the later Interim National Family Carers Voice (under then Minister for Family and Community Services) both strongly recommended the funding of disability family Advocacy.

Government of the people owes a clear mutual obligation to these families who contribute over \$30billion in annual savings on taxpayer funded disability accommodation and care costs.

The Disability Family Advocacy Network Model & Budget Rationale:

The very nature of unpaid family caring means are often housebound because of their caring role. We therefore strongly recommend that a Disability Family Advocacy Network is funded from the 'grass roots upwards' to ensure its success. The structure would be similar to the currently funded Disability Person Advocacy Network at the Regional, State and Federal level, but will be funded under a Population based Benchmark formula as detailed below.

Regional Disability Family Advocacy Network: Each State and Territory to be provided with a recurrently funded regional service based upon the relevant Department of Human Services regional structure for all disability families caring for a person aged less than 65 years and will actively promote their rights.

- Regions will nominate a representative to the State Peak Disability Family Advocacy Body.

The State / Territory Peak Bodies: Will support the regional Networks and liaise with state Government, agencies and disability advocacy groups to ensure that the role, rights and needs of caring families are heard and supported.

- States will nominate representatives to the National Disability Family Peak Body.

The National Peak Body: Will be the National Policy, Planning and Advocacy Body for the Family Advocacy Network and will be responsible to inform and advise Government on Disability Family Carer issues and concerns and be a conduit from Government back to the State and Regional Networks and the wider community.

In a changing civil society, carers do not have the same rights nor the same life possibilities as the broader community, but they do have the expectation that, as providers of 92% of all disability services nationally they are entitled to recognition by government and to be supported to have input to policy, planning and the opportunity to participate in the direction of their own lives.

We seek your support in ensuring this shameful and discriminatory omission of Commonwealth Government Policy is remedied by approving our Disability Family Advocacy Network Budget as proposed overleaf.

Disability Family Advocacy

Operating Budget Based on a National Population Benchmark

State/ Territory	Total Population	Pop <65 87%	Benchmark units/1000 rounded	Fund/ jurisdiction \$690/unit Rounded \$ 000	Region No:	State fund Per region \$000	State Peaks \$207/unit state gross \$000	National Peak \$83/unit National \$000	
NSW	6,889,100	5,993,517	5993	4,134	6	689	1,240		
VIC	5,505,200	4,789,524	4789	3,303	8	413	991		
QLD	4,182,100	3,638,427	3638	2,510	10	251	753		
WA	2,105,800	1,832,046	1832	1,264	6	210	251 ³	320	753 ³
SA	1,584,500	1,378,515	1379	951	6	158	251 ³	241	753 ³
TAS	493,300	429,171	430	296	3	98	251 ³	75	753 ³
NT	215,000	187,050	187	129	4	33	251 ³	33	753 ³
ACT	339,900	295,713	296	204	1	204	251 ³	52	753 ³
Total	21,017,200	18,540,960	18248	12,791	44			6,749	1,514
Total national recurrent operating Budget									23,228
Plus First Year Capital Establishment Grants to equal total block / jurisdiction									23,228
Total first Year Budget									46.4m

Note 1: The base rate benchmark of \$690/1000 of the population aged under 65 is derived by multiplying the incidence rate of severe and profound disability 6.9% x10 and converting to \$/1000 – this figure equates to around \$17.5/person/year total severe or profound target population (1.2million) and is a token to the \$multi-billions contributed made by caring families annually.

Note 2: The State Peaks = 30% of the unit value of the regions (\$207/unit) and the National Peak 12% of the regional (\$83/unit)

Note 3: We are concerned that the Benchmark will adversely affect smaller population states and we therefore propose that the regional unit value for the third (3) largest state (Queensland) by applied to WA, SA, TAS, NT and ACT i.e. an average subsidized regional recurrent of \$251,000 and smaller state/territory peaks average \$753,000.

Note 4: The total for each regional jurisdiction has been adjusted to reflect the allowance made for WA, SA, TAS, NT and ACT.

Note 5. There will be a current need to make establishment funding available for an entirely new support system for unpaid caring families. We are suggesting that the yearly budget allocation be doubled for the first year of operations only as an establishment Grant as the whole system will be completely NEW.

Note 6. That second and subsequent year budget allocate a capital grant of 15% of the operating budget, which will be indexed for inflation of the CPI.

We strongly commend this submission to the Commonwealth Government Budget Process 2008-09.

Submitted by State Liaison Carers:

Jean L Tops -Victorian, Felicity Maddison- Queensland, Nell Brown- New South Wales

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Foreword:

Created, and driven wholly by unpaid family Carers of people with dependent disabilities the National Carers Coalition (NCC) joins thousands of caring families in a common belief.

‘There must be radical reform of disability and caring family support services throughout the nation in order that long suffering families may find relief from unrelenting burdens of care created by unmet support needs.’

This includes as a matter of urgency the need for implementation of a funded Disability Family Advocacy Services Network across the nation.

The NCC has its beginnings in the very public *Walk a Mile in My Shoes Campaign* commenced in the second half of 2005. On September 13 of that year hundreds of people participated in the *Walk A Mile in My Shoes* day across the nation. More than 1,400 pairs of worn out shoes were placed on the lawns of parliament in Canberra and similar demonstrations occurred in Victoria, South Australia, NSW, Queensland and WA where state and regional rallies were held concurrently.

The overwhelming view of families supporting the *Walk a Mile in My Shoes Log of Claims* was a call for a National Carers Network funded by Government at the Federal State and Regional Level to give caring families a ‘Voice’ to government on policy and planning that directly affects their every day lives and a level playing field with Disability Person Advocacy and Service Provider Peak Advocacy.

The NCC made an initial submission in November 2005, to the *Commonwealth Heads of Government* (COAG) for an urgent review of the CSTDA. This then formed the basis of our Submission to the *Senate Community Affairs Committee Inquiry into the Funding and Operation of the CSTDA* in 2006.

In making this submission, we inform the Budget Policy Division that our struggle to be heard is perpetuated by the absence of any funded disability family advocacy and support service. We most strongly resent this discrimination against caring families of persons with dependent disabilities for whom we provide over 92% of the cared accommodation in this nation.

The National Disability Advocacy Review of 1999 and the later National Family Carers Voice Committee (set up by the then Minister for Family and Community Services) both strongly recommended the funding of disability family Advocacy. In 2008, nothing has changed.

We are denied the same privileges as are enjoyed by disabled persons themselves through a network of national, state and regional advocacy services and by the aged care sector through their funded Carer Associations. The lack of funding for caring disability families issue is particularly irksome to the 67% cohort of caring families of Australian adult citizens with disabilities who sit isolated in the 18 to 64 year age bracket.

We seek to ‘break the silence’ on the exploitation of thousands of Australian families who do not receive a fair deal from the Australian society that owes them a debt it cannot repay.

THE SCOPE OF DEMAND FOR DISABILITY FAMILY ADVOCACY

The ABS Survey of Disability Ageing and Carers 2003 provides the most clearly defined statistics on the number of families involved in unpaid care for persons with disabilities. Briefly they are as follows:

- In 2003 there were 3.9million people (20% of the population) in Australia whose lives were affected by impairment, activity limitation or participation restriction in the environment in which they lived; of these, 2.6 million were aged under 65 years.
- The extent to which these disabilities affect everyday life is indicated by the presence of profound or severe activity limitation. In 2003, 6.9% of the population aged under 65 years (1,238,600 people) experienced such limitations, meaning they always or sometimes needed assistance with activities of self care, mobility and communication.

The Commonwealth State and Territory Disability Agreement (CSTDA) Disability Services-Minimum Data Set 2004-2005 identifies:

- **706,608** persons with a severe or profound disability as the ‘potential population’ for disability support services;
- **Only 33,787** persons were in receipt of an accommodation support service, of whom a small minority of just **15,792** received a supported accommodation bed in a group home, hostel, small residential or large residential facility as follows:

CSTDA Minimum Data set Numbers of persons in supported accommodation Nationwide in 2004-05

Cared Accommodation	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total -Au
Large Residential	1,615	599	300	292	912	129	0	0	3,848
Small residential	78	45	523	215	12	24	0	0	897
Hostels	51	166	0	0	15	94	0	0	326
Group Homes	2,970	4,243	889	1,109	699	450	223	139	10,722
Total persons with a supported accommodation service									15,792

Furthermore; the number of persons in receipt of community access services (44,166) early intervention and therapy (21,142) and/or respite support (23,951) shows clearly how much reliance is placed upon unpaid family accommodation and care support.

Families are and always have been the majority providers of supported accommodation to people with dependent disabilities and the level of that support now equals over 92%.

This figure is clearly unsustainable into the future where the pressures are upon families to have both partners in the paid workforce means that more and more families will opt out of the continuing care role as children grow to adulthood without community based support services.

Current data (Australia’s Welfare 2005) reported that there were 202,000 primary carers of people aged under 65 years and of these 6,400 were parent carers aged 65 plus.

Over 71% of all family carers were female and carer workforce participation rates were just 39% compared to non carers 68%.

THE ROLE OF CARING FAMILIES IN POLICY & PLANNING WE HAVE NO ADVOCACY

The National Carers Coalition produced a number of documents and information articles for distribution among the caring families who joined the *Walk a Mile in My Shoes Campaign*. Amongst these documents were family carers views on age based discrimination, the exploitation of families, the imposition of one-size-fits-all supported living choices for disabled people, and the call for population-based benchmark funding to be introduced to failing disability services.

These discussion papers and position papers were then distributed to networks across the nation including to peak disability organizations and advocacy networks with a request that the information be passed on to families everywhere. We were shocked to receive a letter from the Victorian Disability Advocacy Network (VDAN), informing us that they would not distribute our information because they did not agree with our views.

Why we asked; did the disability advocacy networks in Victoria and NSW in particular and across the nation generally, express their collective objections to the fact that families caring for 92% of severely and profoundly dependent disabled persons wanted to have their say about unmet need? Disability Advocate bodies in particular, object to our views on ‘discrimination in living choices’ and accused us of wanting to have “institutions” back again. They object to families asking ‘why it is possible for nursing homes, hostels, village living, cluster apartments, etc to be accepted and in widespread use by the aged population of disabled persons but not OK for disabled persons under 65 years old?’

VDAN wrote to us:-

“While we share the “Walk a Mile” campaign’s aim to obtain more resources and support for people with disabilities and their families, we have strong concerns about some of the positions your campaign presents. In particular, VDAN rejects the assertion that deinstitutionalisation was just a fad of the 1970’s (Note: this was Not something we said!) and that congregate models should be a legitimate option for future housing and support for some people with disabilities. While there is a need for greater discussion about models of housing and support that match people with different support needs at different times of their lives, there is too, much evidence against a return to large scale congregate care. (Note: this was Not something, we asked for! - Many people with disabilities can attest to the abuses and neglect that were associated with the institutional settings”..... and

VDAN continued:

“Given the concerns about the position you have put out in your materials, we will not be distributing your campaign materials or supporting your campaign. However, we would be happy to meet with you and your committee to discuss these concerns further and will work with and through VDAN to develop a collaborative approach.

Our offer to meet with representatives of VDAN was ignored.

The Disability Advocacy Network in NSW has followed a similar line: A group calling itself ‘Family Advocacy- Institute for Family Advocacy & Leadership Development Assoc. Inc’ is on a collision course with families over their stance on what is acceptable supported accommodation for people with disabilities in NSW. This group put into general circulation a group of Flyers condemning families for asking that all supported accommodation choices be available to people with dependent disabilities, in the state Minister’s Round-table shake-up of disability services in NSW. Families hit back at this group, to argue that choice must include all options available to others, including high level nursing care, hostels, clusters, village living, apartments, flats etc...

In a response to families, this group calling themselves **Family Advocacy** included a ‘mission statement’ as follows:- ‘Family Advocacy’s mission is: “to attain positive social roles for people who have a developmental disability through the development and support of advocacy by families and by strengthening the knowledge, role and influence of the family.” Their letter continues..... ‘The organisation advocates on behalf of the interests of people with developmental disability through the actions of families.’ “ **The organisation does not advocate on behalf of the interests of families.**’

The paradox of disability advocacy that does not advocate for families (without whom, hundreds of thousands of dependently disabled persons would be without a roof over their heads) is in deed perplexing. No good will come of this!

The advent of Carer Associations funded by the Commonwealth department of Health and Ageing is yet another paradox. These Associations claim to represent all unpaid family Carers, but clearly, they do not..... The NCC received this communiqué from a NSW family carer in the lead-up to the Senate CSTDA Inquiry and it says;

“ I felt I had to write this to say thanks for supporting the right of carers to have their say. I was at a forum in NSW Parliament House on Mental Health hosted by the Democrats for carers and advocates. A woman from your group stood up and told us that the senate were holding an inquiry into the CSTDA and were calling for submissions. She was encouraging carers to write to the inquiry telling their stories.

A representative from Carers NSW said that there was no need; Carers NSW would be writing one on our behalf. I was so shocked, I thought if this is what these large funded advocacy bodies do, encourage our silence, where was the hope? Are they funded to keep us mute, to keep us uninformed in our own futures? I would have thought that their job was to widely distribute this kind of information, to encourage us to be actively involved in articulating our need for change.

What if I do not agree with their point of view? If a body is funded to assist us, wouldn't it do better to involve us? I thought it was more than a little off. As an exercise, I decided to check out Australian carers websites to see if they were informing carers of the inquiry. I could find no reference to it on the 3 websites that I searched. Carers Australia, Carers NSW and Carers Victoria. I am at a loss to understand this. I looked on your website and there it was as a link to the senate site. Thanks for the great work you are doing in trying to get the message out to care to encourage us to have our say. MM”

Unpaid family Carers of persons with disabilities therefore must insist; that any government reform of disability services is inclusive of the urgent need for funding of disability family advocacy at the national, state and regional level, as a matter of justice.

Quite clearly we are not represented by the disability advocacy sector nor, it would seem, are we represented by the aged care funded, Carers Association organisations who feel they can speak for us without giving us any say. **We therefore have no funded voice to government save that, which we generate ourselves-**

Carers have changing expectations and the regulatory framework in which we exist continues to become more and more complex.

There is increasing emphasis on those for whom we care to have more independence, choice, inclusion and civil rights, even if the aspirational rhetoric becomes mired in the reality of funding constraints, which makes family carer advocacy more important today than ever before.

Families who care need support to remain proactive in an increasingly challenging and complex environment, to ensure that they keep up to date and are included in local and national developments.

In a changing civil society, carers do not have the same rights nor the same life possibilities as the broader community, but they have the expectation that, as providers of 92% of all disability services nationally they are entitled to recognition by government and input to policy and planning, and the opportunity to participate in the direction of their own lives...

THE DISABILITY SERVICES INDUSTRY AND FAMILY CARERS

To discuss disability services provided under the CSTDA is to discuss an industry that delivers an accommodation support service to a mere **4.8%** of the potential population of 706,000 persons with a severe or profound disability and a community services to no more than **11.4%** of the potential population.

The critical question is raised again here, of just why it is then, that the Industry peaks and the disability advocacy peaks have so much influence over policy and planning decisions whilst families who provide accommodation and care to **92%** of dependently disabled persons are ignored altogether.

We earnestly beseech the Rudd Government to right this wrong, and provide funding in the May Budget for the establishment of Disability Family Advocacy Network across the nation.

THE DISABILITY FAMILY ADVOCACY NETWORK – MODEL & BUDGET

The Gippsland Carers Association Inc is a splendid model for a Regional Disability Family Advocacy organisation. Gippsland Carers was formed in 1997 via a public meeting and unanimous call by caring families to have a voice that would ‘Break the Silence on unpaid Caring.’”

This association is wholly managed by carers for carers and the peer support has proved to be a valued and respected asset to caring families in the region and beyond. The very nature of unpaid family caring means that regional support is essential to outreach support for families that are often housebound because of their role.

The group is successful because it was formed from the grass roots of the constituency. The Association provides strong peer support and advocacy and is called upon to assist other regions and the NCC in establishing networks for disability family advocacy. They are limited only by the fact that they do not have any government funding to assist their fine work for families.

Members of the National Carers Coalition team already work with communities and their caring families across many regions of Australia as a volunteer advocacy and support service.

We therefore strongly recommend that a Disability Family Advocacy Network is funded in a similar manner to the currently funded Disability Person Advocacy Network at the Regional, State and Federal level as follows:

REGIONAL NETWORKS

Each State and Territory to be provided with a recurrently funded Regional Disability Family Advocacy Network based upon the Relevant Department of Human Services regional structure i.e. QLD has Ten (10) designated Regions, Victoria has Eight (8) regions, NSW has six (6) regions along with WA and SA who also have six (6) regions, Tasmania has three (3) and NT has four (4) regions whilst the ACT is one (1) region.

The regional networks will provide information, education and advocacy for all disability families caring for a person aged less than 65 years who has a disability.

The regional bodies will :

- Establish networks with caring families across their region and offer support and advocacy as needed/requested.
- Work to establish their role at the policy and planning table along with Disability person advocates, Disability Service providers and Government Departments at the regional level.
- Establish a Governance Committee/Board that will consist primarily of disability family carers of persons aged less than 65 years regardless of the type of disability involved, and;
- Will be responsible to nominate a representative to the State Peak Disability Family Body.

Each of these regional networks will require funding for at least:

- 2.0 EFT Family Advocacy Policy officer
- 1.0 EFT Office / Communications officer
- Office and Equipment establishment and recurrent
- Transportation
- Operating costs

Recommendation 1:

That the Federal Government make provision in the May 2008 Budget for the immediate establishment of a Region-based, Disability Family Advocacy Network across the nation.

THE STATE/TERRITORY PEAK BODIES

The State Peak Body will be established after the regional network is established and will comprise a governance Committee/Board that will oversee state based Policy Planning and Systemic Advocacy and provide support to the regional networks.

Each of the State Peak Bodies will require funding for at least:

- 1.0 EFT Executive Officer
- 2.0 EFT Family Advocacy/Policy officer
- 1.0 EFT Office / Communications officer
- Office and Equipment establishment and recurrent
- Transportation
- Operating costs

The State based Peak Body will be responsible to:

- Network with the regional groups on a regular basis to ensure all the support required by families and their support workers is received.
- Inform and educate the wider community on the role and responsibilities of caring families.
- Network with state Government, Agencies and Disability Advocates to ensure that the role, rights and needs of caring families are heard.
- Actively pursuer systemic Advocacy for disability families.
- nominate representatives to the National Disability Family Advocacy Peak Body.

Recommendation 2:

That provision be made in the May 2008 Budget for the establishment of a funded State/Territory based Peak Disability Family Advocacy Body to be governed via nomination from the established regional Disability Family Advocacy Networks.

THE NATIONAL PEAK DISABILITY FAMILY ADVOCACY BODY

The National Peak Body:

- Will be the National Policy, Planning and Advocacy Body for Disability Family Advocacy and will be responsible to the National Committee/Board comprising state and Territory Nominees.
- will inform and advise Government on Disability Family Carer issues and concerns and be a conduit from Government back to the Family Advocacy State and Regional Networks and the wider community.

Recommendation 3:

That provision be made from the May 2008 Budget for the establishment of a National Peak Disability Family Advocacy Body to be established via nomination from the state disability family advocacy peak bodies once established.

THE POPULATION BASED BENCHMARK FUNDING MODEL

It is recommended that funding FOR THE Disability Family Advocacy Network be based upon a \$ per1000 persons aged under 65 years benchmark to cover the funding required for the regional, state and national network. This would allow for equitable distribution of funds based on the need for:

- The majority of work to be hands-on at the Regional level.
- The costs of access for rural and remote regions will be offset by even distribution on a regional structure basis after state population is calculated.
- An allowance to be made to smaller states and Territories to ensure adequate funding.

AN OPERATING BUDGET FORMULA FOR POPULATION BENCHMARK FUNDING

A base rate benchmark of \$690/1000 of the population aged under 65 is derived by multiplying the incidence rate of severe and profound disability 6.9% x10 and converting to \$/1000 – this figure equates to around \$17.5/person/year total severe or profound target population (1.2million) and is a token to the \$multi-billions contributed made by caring families annually.

The State Peaks allocation is = 30% of the unit value of the regions (\$207/unit) and the National Peak 12% of the regional (\$83/unit)

Recommendation 4:

That provision be made in the May 2008 Budget for the establishment of a benchmark funded model for the National Peak Disability Family Advocacy network as proposed.

THE RECURRENT FUNDING MODEL

State/ Territory	Total Population	Pop <65 87%	Benchmark units/1000	Fund/ jurisdiction \$690/unit	Region No:	State fund Per region	State Peaks \$207/unit state	National Peak
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			rounded	Rounded \$ 000		\$000	gross \$000	\$83/unit National \$000		
NSW	6,889,100	5,993,517	5993	4,134	6	689	1,240			
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Note3: We are concerned that the Benchmark will adversely affect smaller population states and we therefore propose that the regional unit value for the third (3) largest state (Queensland) by applied to WA, SA, TAS, NT and ACT i.e. an average subsidized regional recurrent of \$251,000 and smaller state/territory peaks average \$753,000.

Note4: The total for each regional jurisdiction has been adjusted to reflect the allowance made for WA, SA, TAS, NT and ACT.

Note5. There will be a current need to make establishment funding available for an entirely new support system for unpaid caring families. We are suggesting that the yearly budget allocation be doubled for the first year of operations only as an establishment Grant as the whole system will be completely NEW.

Note6. That second and subsequent year budget allocates a capital grant of 15% of the operating budget, which will be indexed for inflation of the CPI.

In a changing civil society, carers do not have the same rights nor the same life possibilities as the broader community, but they do have the expectation that, as providers of 92% of all disability services nationally they are entitled to recognition by government and to be supported to have input to policy and planning, and the opportunity to participate in the direction of their own lives.

The National Carers Coalition strongly commends this Submission to the Commonwealth Government for your most earnest funding priority for the May 2008 -09 Budget.

A National Disability Family Advocacy Network

The Recommendations

Recommendation 1:

That the Federal Government make provision in the May 2008 Budget for the immediate establishment of a Region-based, Disability Family Advocacy Network across the nation.

Recommendation 2:

That provision be made in the May 2008 Budget for the establishment of a funded State/Territory based Peak Disability Family Advocacy Body to be governed via nomination from the established regional Disability Family Advocacy Networks.

Recommendation 3:

That provision be made from the May 2008 Budget for the establishment of a National Peak Disability Family Advocacy Body to be established via nomination from the state disability family advocacy peak bodies once established.

Recommendation 4:

That provision be made in the May 2008 Budget for the establishment of a benchmark funded model for a National Peak Disability Family Advocacy network as proposed.
