INFORMATION, DATA, RESEARCH AND ANALYSIS

This part of the submission provides information, data, research and analysis relevant to people with disability that may be of use to the Productivity Commission. It includes information on income support, specialist disability services, housing and disability in Indigenous communities.

7. Income support

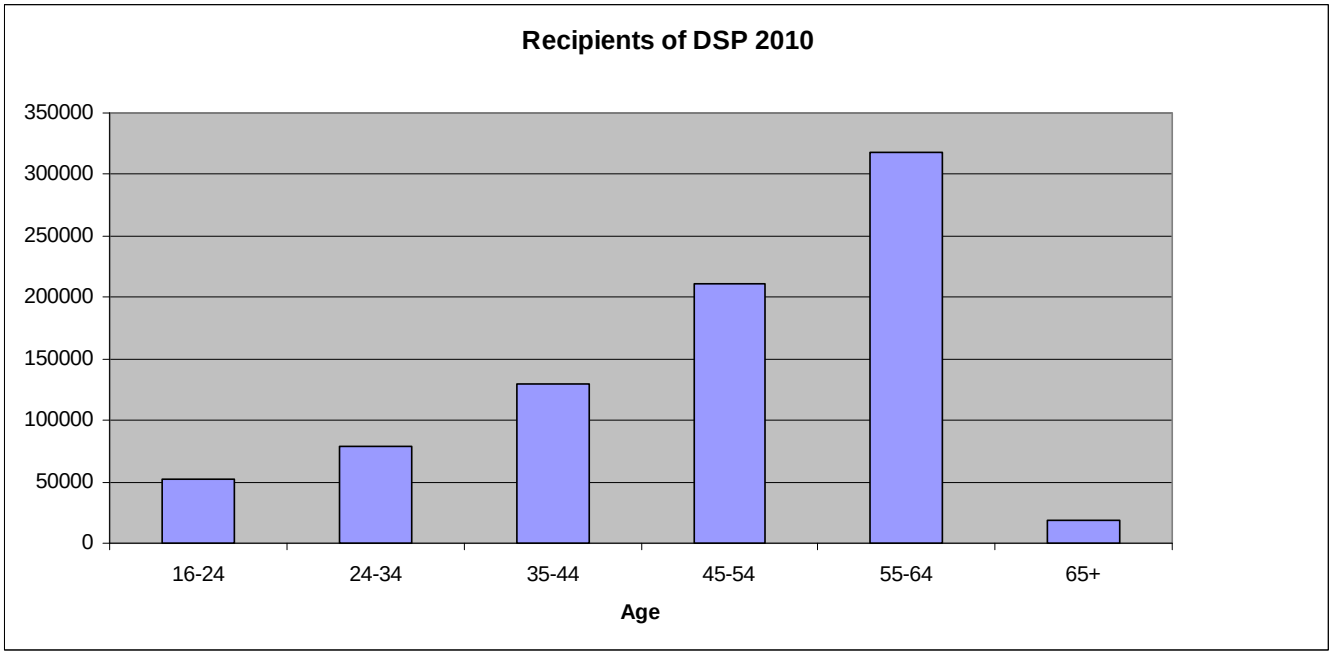
7.1 Income support for people with disability

Disability Support Pension (DSP)

The Disability Support Pension (DSP) is paid to people who are unable to work for at least 15 hours per week, or be re-skilled for such work, within two years because of their disability. DSP is intended to ensure that people with disabilities have adequate levels of income.

As at December 2010, there were 808,878 individuals receiving DSP. Of this, 54.6 per cent were male and 45.4 per cent were female. The DSP population is mainly represented by five main medical categories: Musculoskeletal and connective tissue conditions (28.7 per cent), Psychological/Psychiatric conditions (29.1 per cent), Intellectual/Learning difficulties, (11.7 per cent) and Circulatory systems (4.5 per cent) and Nervous system (4.9 per cent).

Figure 3 – DSP Recipients by Age 2010



The number of individuals receiving DSP is slowly growing. This is due to four factors:

- Overall population growth
- Australia's aging population. As individuals age they are more likely to acquire a disability.
- Substantial growth in the number of older women receiving DSP. This is largely due to the abolition of wife pension and the raising of the age pension age for women and is offset by the consequent decrease in other welfare payments to these women.

- Finally, there has been some growth in the proportion of young people receiving DSP, including those who are 16-17 years of age. This is in part a result of administrative changes in 2002-03.

It is important to understand that the underlying rate of DSP receipt has been falling amongst most population groups in recent years, and that this fall may continue in the future. The fall has been especially marked amongst older men, who now receive DSP at about half the rate they received it in the 1990s.

The DSP is the main source of income for 56 per cent of people using disability support services. Of those using disability support services, just under one third were also participating in the workforce.[1]

The average time spent on income support, as of December 2010, was 12 years. Of the people who were on DSP at December 2009, and had left the payment by December 2010, 61.5 per cent went to Age Pension and 36.0 per cent were no longer on income support payments[2].

Carer Payment

Carer Payment provides income support to people who, because of the demands of their caring role, are unable to support themselves through substantial paid employment. Carer Payment is income and assets tested and paid at the same rate as other social security pensions.

To be eligible for Carer Payment a claimant must:

- be providing constant care in the home of the person(s) being cared for,
- and the person being cared for must be an Australian resident and either;
    - a person who has a physical, intellectual or psychiatric disability, or
    - an adult who has a dependent child in their care. If the dependent child is aged six years or over, a person must qualify for and receive Carer Allowance for that child, or
    - a child with a severe disability, or a severe medical condition, or
    - two or more children with disability, or medical condition, or
    - a disabled adult and one or more children each with a disability or medical condition, or
    - a child with severe disability or severe medical condition on a short-term or episodic basis, or
    - a profoundly disabled child or a disabled child (saved pre 1 July 2009[3]).

Parents exchanging care of two or more children each with severe disability or severe medical condition or disability or medical condition, under a parenting plan are also eligible.

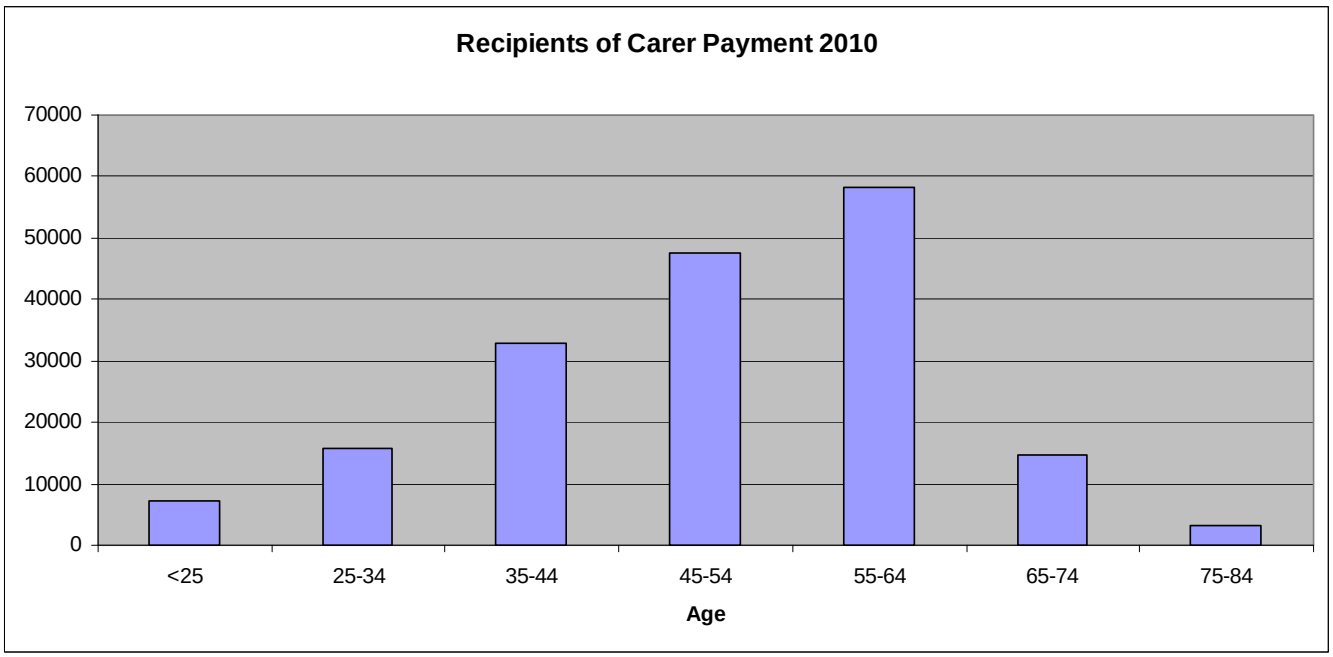
[1] Australian Institute of Health and Welfare 2011. Disability support services 2008–09: report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement. Disability series. Cat. no. DIS 58. Canberra: AIHW, p.18

[2] Of the 24,883 individuals who were no longer on DSP at the end of this period 11,857 died and 13,026 were no longer receiving DSP for other reasons such as attaining paid work.

[3] Assessment rules were changed on 1 July 2009 but those providing care to a severely disabled child continued to be eligible after this date without having to undergo a reassessment.

As at December 2010 there were 179,922 individuals receiving the Carer Payment. Of this number 69 per cent are women and 31 per cent are men.

Figure 4 – Recipients of Carer Payment by Age 2010



Carer Allowance

The Carer Allowance is an income supplement available to people who provide daily care and attention in a private home to a person with disability or a severe medical condition. Carer Allowance is not taxable or income and assets tested. It can be paid in addition to a social security income support payment.

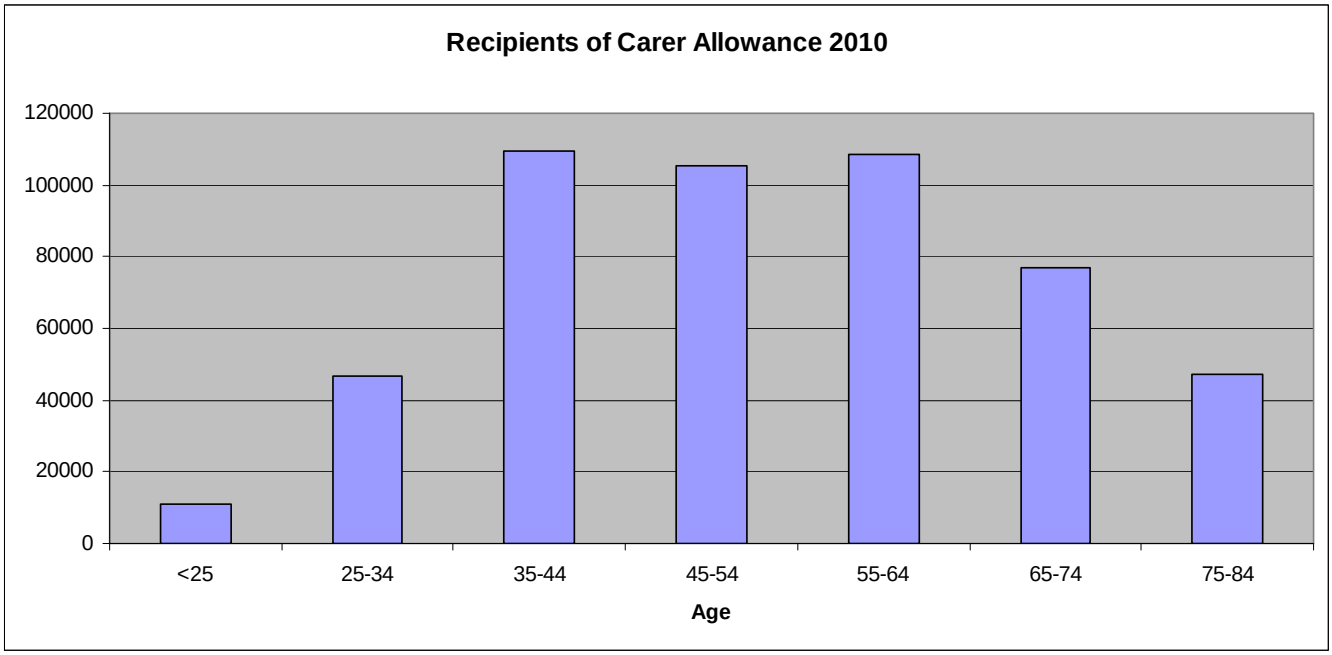
To be eligible for Carer Allowance, a person must be providing daily care and attention to a person with disability or a severe medical condition who is either:

- aged 16 years or over and whose disability or severe medical condition is permanent or for an extended period (as assessed under the Adult Disability Assessment Tool), or
- a dependent child aged under 16 years:
    - whose disability appears on the List of Recognised Disabilities, or where a child's medical condition or disability is not on the List, the disability causes the child to function below the standard for their age as assessed under the Disability Care Load Assessment (Child), or
    - a carer who qualifies for Carer Payment (child) receives Carer Allowance automatically for that child.

To meet the criteria the person(s) being cared for must be likely to suffer from the disability permanently or for an extended period of at least 12 months (unless their condition is terminal) as assessed by a medical practitioner or other approved person.

In December 2010 there were 513,463 customers receiving the Carer Allowance. Those customers were predominantly caring for adults (73 per cent), followed by children (25 per cent) and those caring for both an adult and a child (2 per cent).

Figure 5 – Recipients of Carer Allowance by Age 2010



Carer supplement

The Carer Supplement is paid in July each year. To qualify for the supplement, the carer must be in receipt of Carer Allowance and/or Carer Payment for the period that covers 1 July. A $600 Carer Supplement is paid to recipients of Carer Allowance for each person they care for and an additional $600 Carer Supplement is paid to recipients of Carer Payment. An additional $600 Carer Supplement is also paid to recipients of Wife Pension with Carer Allowance, DVA Carer Service Pension and DVA Partner Service Pension with Carer Allowance.

If a recipient is in receipt of both Carer Allowance and Carer Payment, Wife Pension, DVA Partner Service Pension or a DVA Carer Service pension they will qualify for two or more Carer Supplement payments. In 2010-11, over 510,000 carers are expected to benefit from this payment with over 750,000 payments expected to be made.

Child Disability Assistance Payment

The Child Disability Assistance Payment is a $1,000 annual payment made for a child with disability under 16 years who attracts a payment of Carer Allowance for their carer. Importantly, the payment helps carers to purchase the form of assistance that best suits the needs of the family. A carer is qualified for a Child Disability Assistance Payment if they receive an instalment of Carer Allowance for their child/children for the period that covers 1 July. The payment is made annually in July. In 2010-11, around 160,000 payments are expected to be made to approximately 140,000 carers.

7.2 Cohort analysis of Disability Support Pension and Carer Payment

FaHCSIA has undertaken some analysis of Disability Support Pension data (by age and sex since 1995) when compared with Australian Bureau of Statistics population numbers. This analysis is useful in considering where potential changes could be made to reduce the flow into DSP and in particular where improvements to the disability services system could have an impact. The analysis indicates that:

- Older men are nowhere near as prone (in proportionate terms) to claim DSP as they were in the past [Figure 6]. Twenty four per cent of men born in 1935 were on DSP by age 60 (that is, in 1995), while less than 13 per cent of men born in 1950 were on DSP at that age (that is, in 2010).

- However, ageing populations mean that there are a lot more people aged 50-64 years (the baby boomer cohort) than there were, so total numbers of men on DSP in that age group have and will only fall modestly [Figure 7].

- More than most groups, the number of older men claiming DSP in a given year is affected by how strong the labour market is. Recessions lengthen the job queue and so disproportionately affect groups near the back of that queue, of whom older disabled workers will be one. As DSP assessment necessarily involves judgements as to the employability of an older worker, and as that employability is disproportionately affected by the current and medium-term state of labour demand, it is inevitable that recessions lead to increases in DSP numbers in some groups. The problem is that once on DSP, few recipients exit to employment even if labour demand eventually improves. Recessions, therefore, have a lasting impact on both the number and composition of DSP customers.

- While the number of customers has been increasing, the proportion of the workforce age population, especially men, on DSP has been falling for around a decade. This is especially true of most older age groups. A notable exception to this is in the case of women aged 60-64 (see Figures 8 and 9).

    - Note that the increase in the age pension age taking effect from 2023 will lead to a jump in numbers as many 65 and 66 year old men and women will receive DSP instead of the age pension.

- The growth in raw numbers in recent years appears to have been mainly driven by the abolition of the wife pension and the raising of the age pension age for women.

- When assessing customer numbers, rather than the rates of population, many more young men than young women go on to DSP [Figure 9]. This gender gap persists in prime age, narrowing slightly over time [Figures 10, 11 and 12]. Given the changes to eligibility for other payments and the markedly different gender expectations of more recent cohorts of older worker, we would expect this gender gap at older ages to narrow further over time. The gender gap at younger ages, however, is difficult to explain.

- For 16-17 year olds there was a one-off jump in the number receiving DSP [Figure 10] in 2002-03. This reflected a complex interaction between different payment types and changed administrative procedures at the time.

- Otherwise the rate of receipt for differing cohorts is fairly stable with slow growth in the number of young Disability Support Pension recipients.

A similar cohort analysis of Carer Payment reveals:

- A sharp rise in older male carers in particular (Figure 13), albeit from a low base. This may be related to the rise in older women on DSP consequent on the raising of the age pension age.
- Similar to DSP, there is a clear rise in the numbers of older women claiming carer payment in particular cohorts as a direct result of the raising of the aged pension age. (Figure 14).
- Between 2000 and 2010 the number of people over 65 years on Carer Payment has increased from 927 to 16,425. Most of this increase has occurred since 2004 when carer bonuses were introduced.
- Unlike DSP, the rate of receipt of Carer Payment seems to be rising between cohorts (Figure 15), which suggests continued strong future growth in the payment.

Figure 6 – Rate of DSP Receipt by Customer Age and year of birth, males

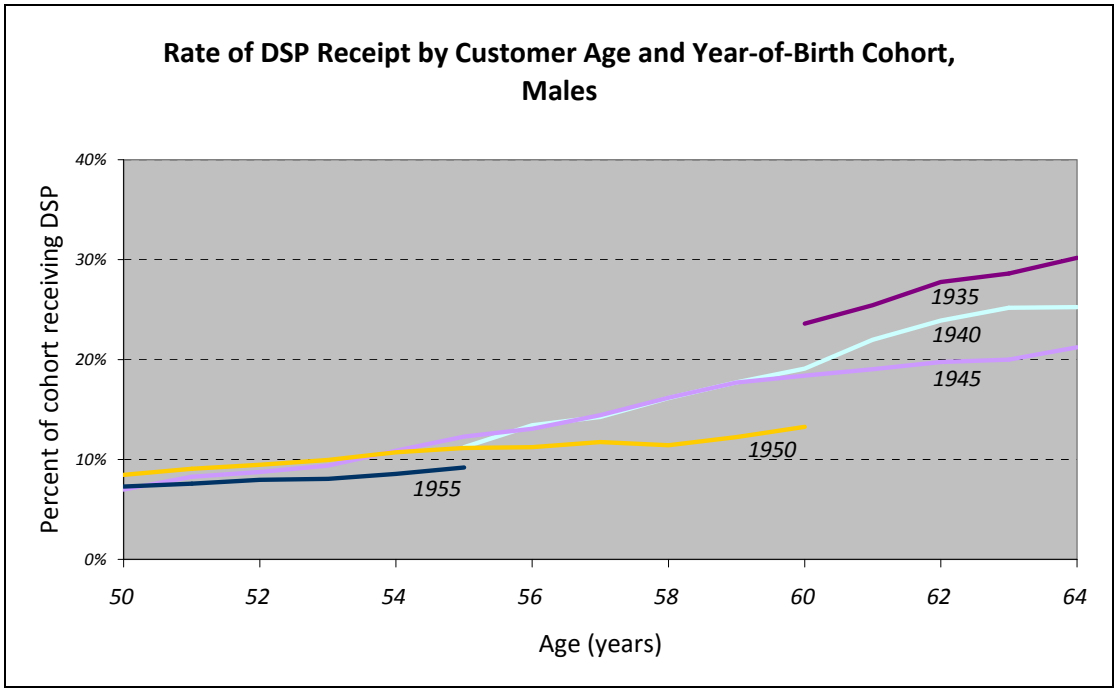


Figure 7 - Population by Age and Year of birth, Males

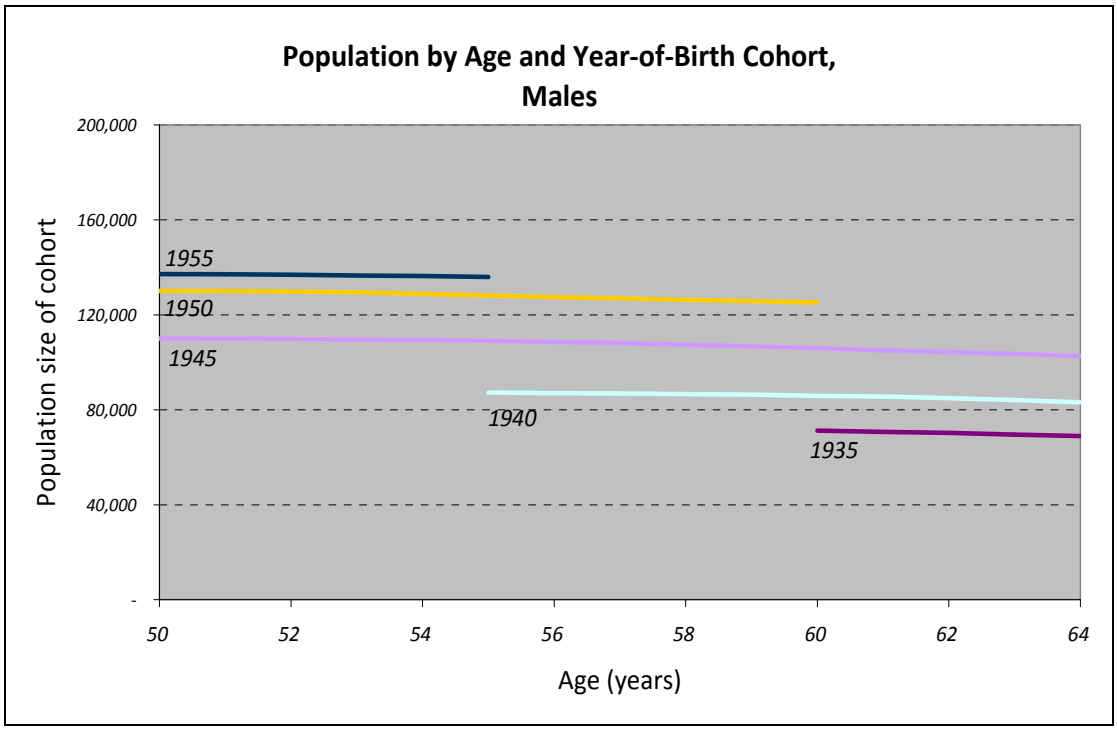


Figure 8 – DSP customers aged 50 years and over by sex, 1995-2010

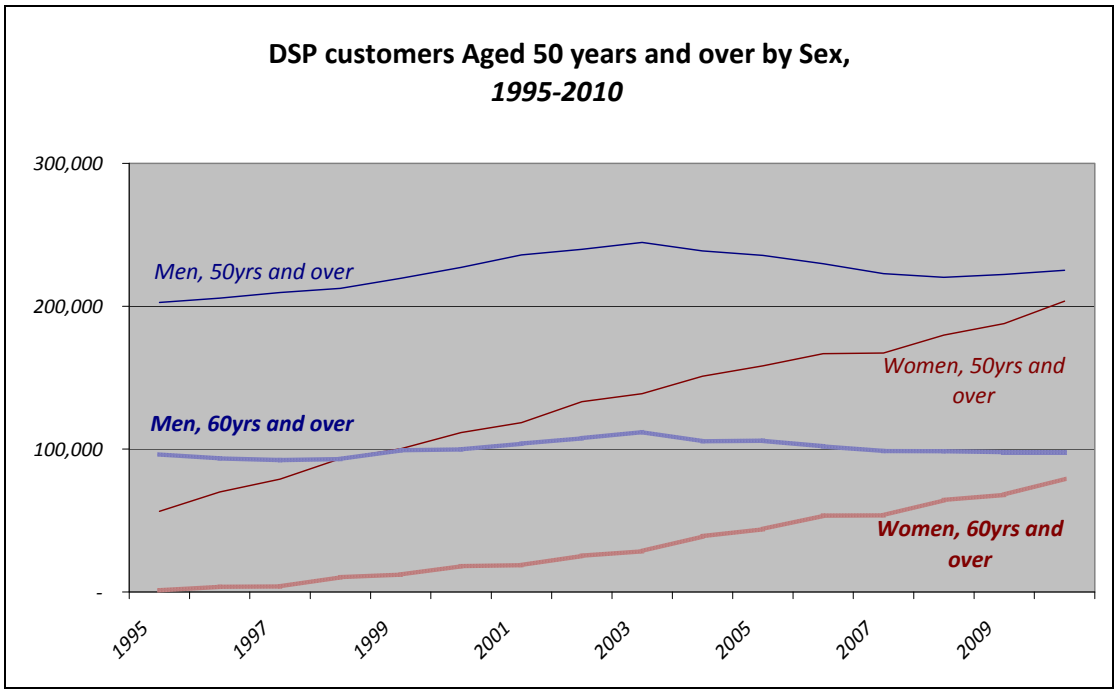


Figure 9 – Disability Support Pension customer by sex, 1982-2010

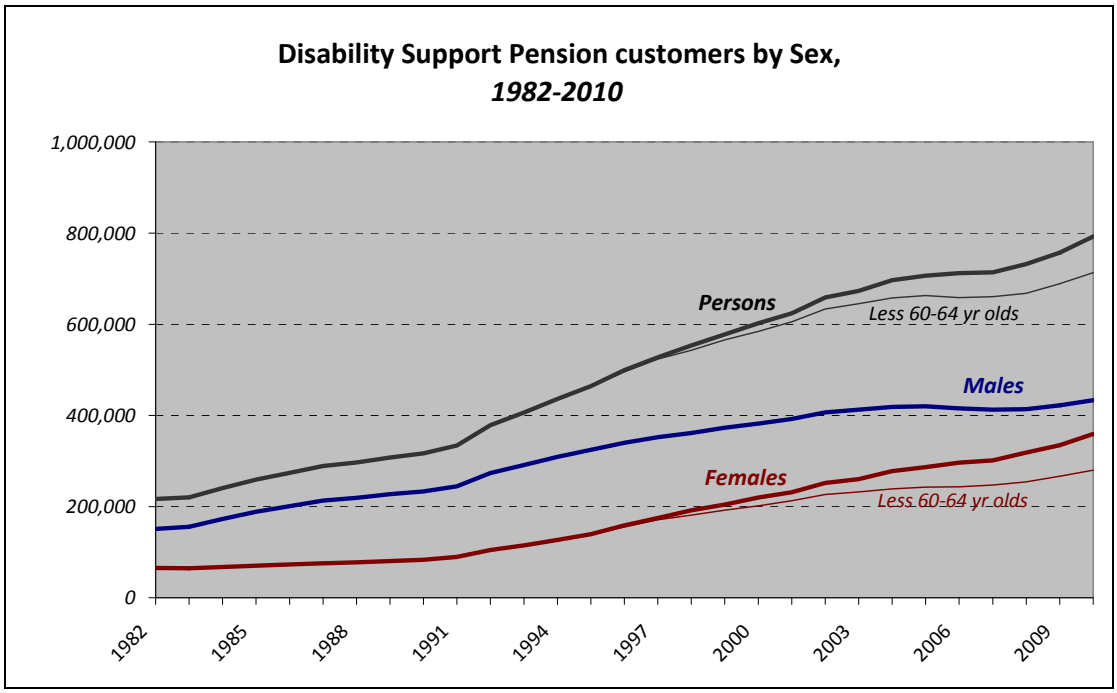


Figure 10 – DSP customers, aged 16-24 years, by Sex, 1995-2010

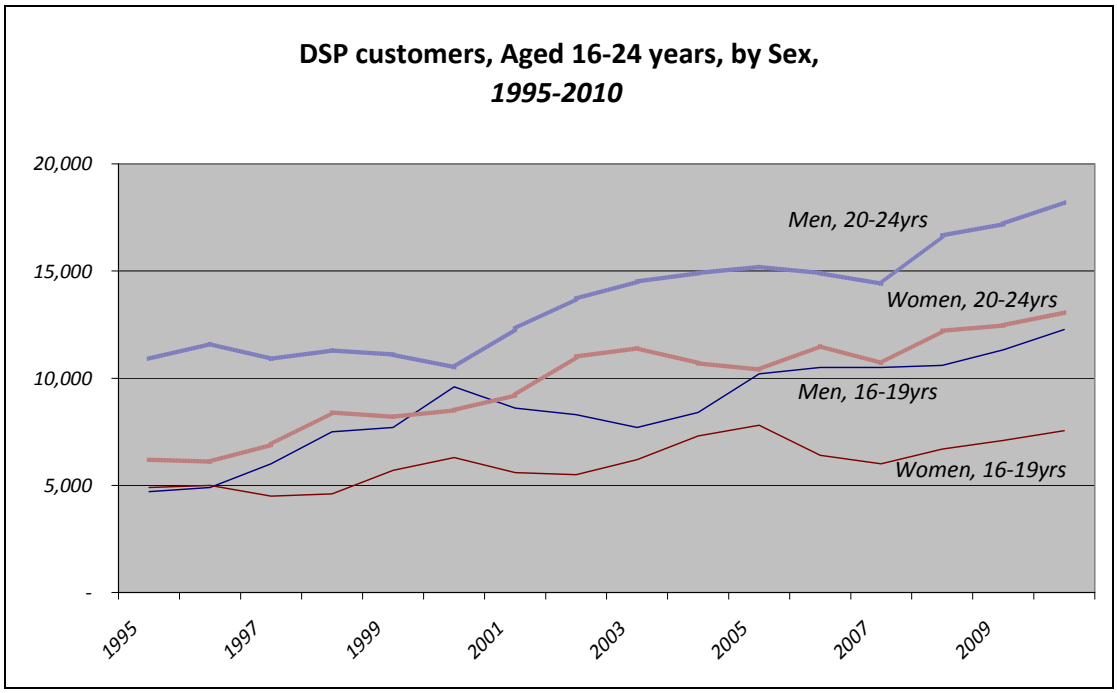


Figure 11 – DSP Customers, aged 25-54 year, by sex, 1995-2010

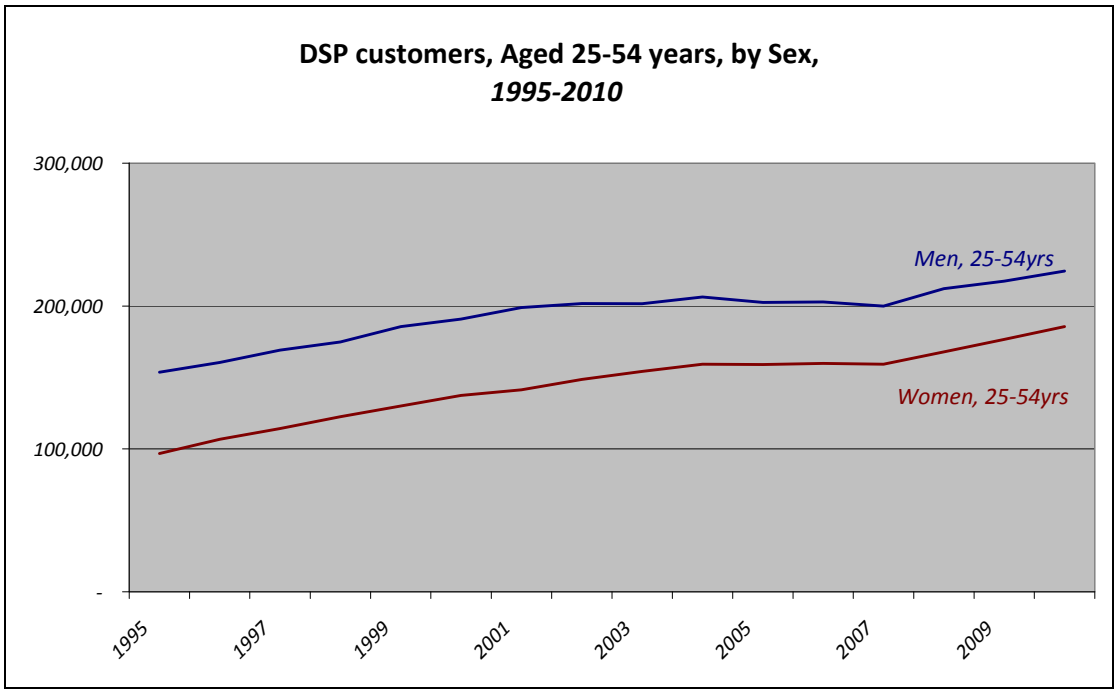


Figure 12 – Percent of population receiving DSP by Age and year of birth cohort: young persons

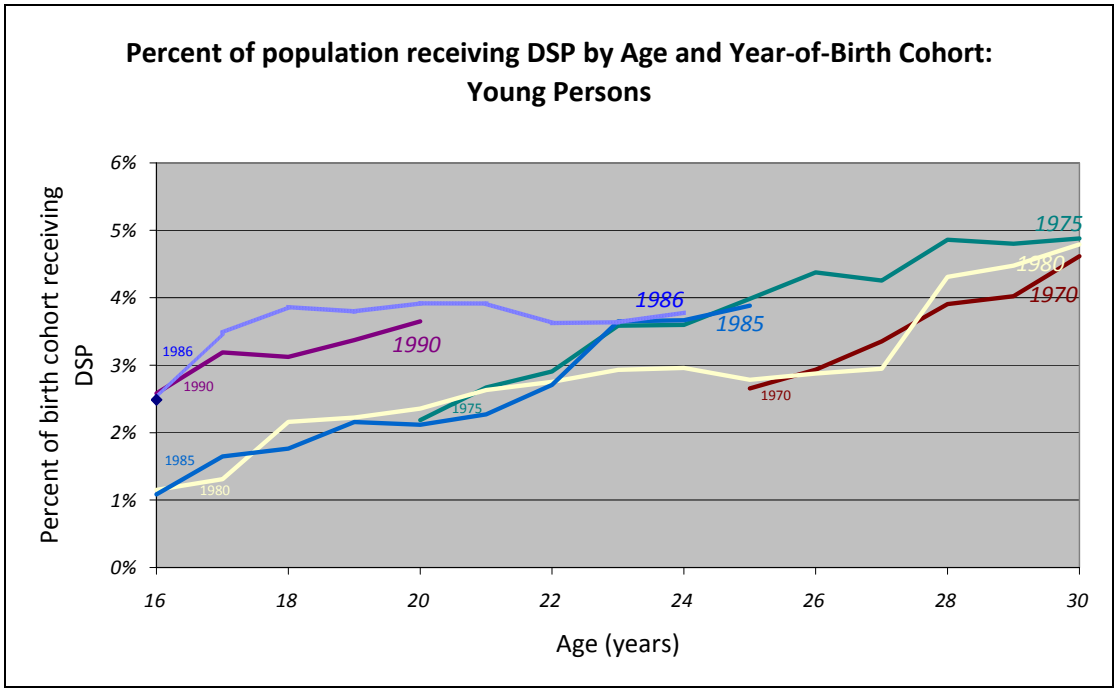


Figure 13 – Carer Payment Rate of Receipt by Year of Birth Cohort: Males

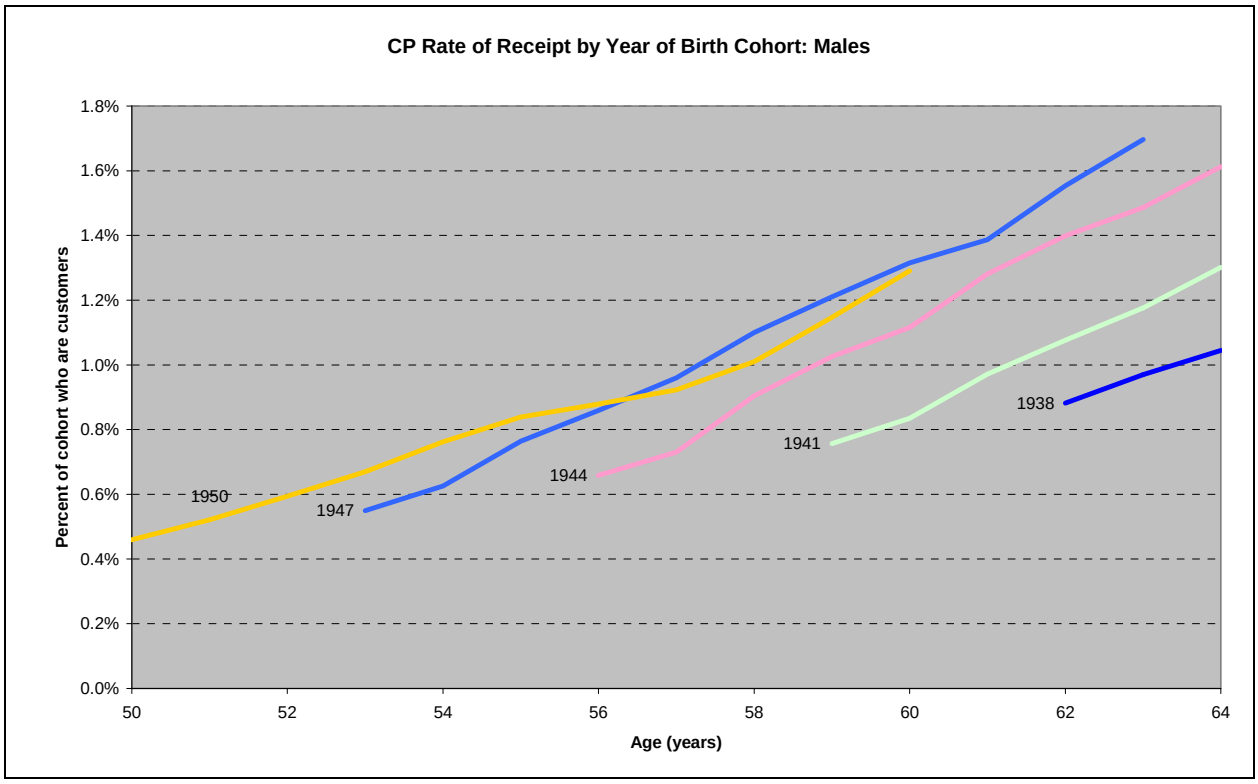


Figure 14 – Carer Payment Rate of Receipt by Year of Birth Cohort: Females

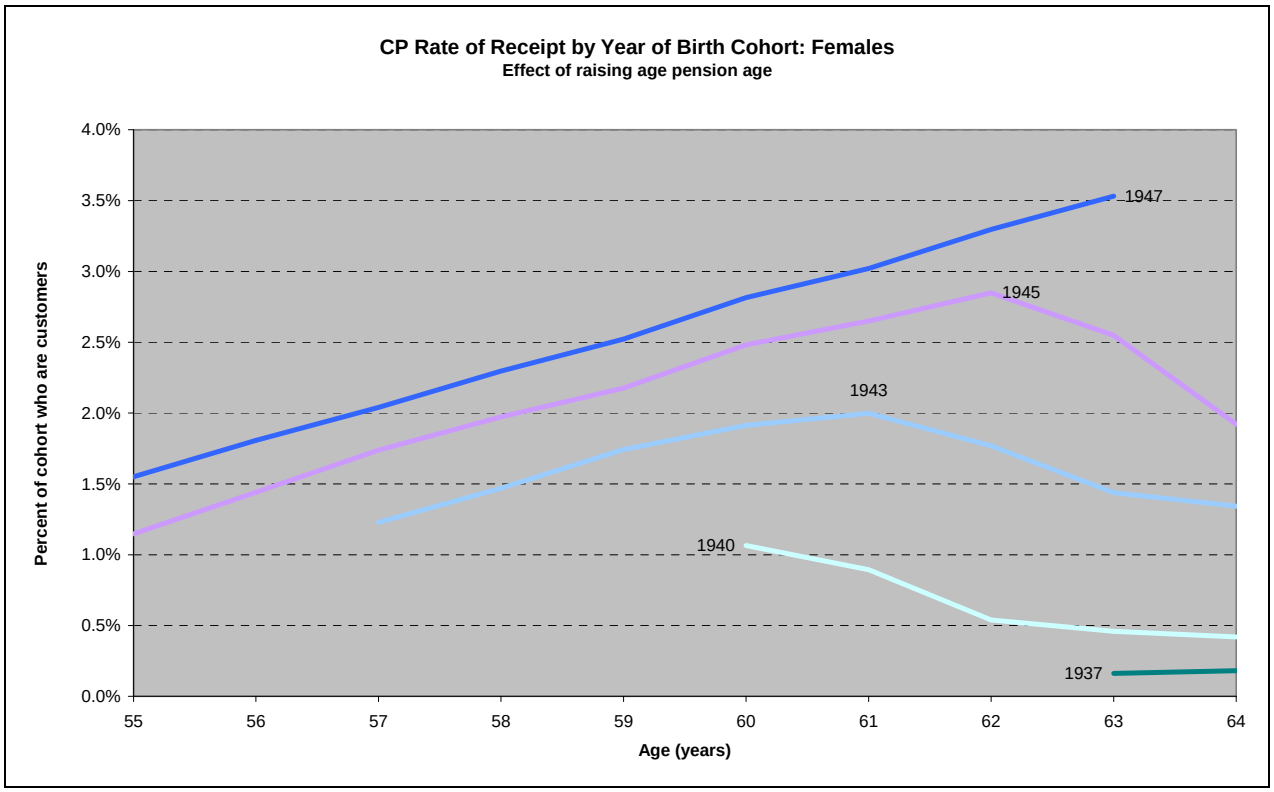
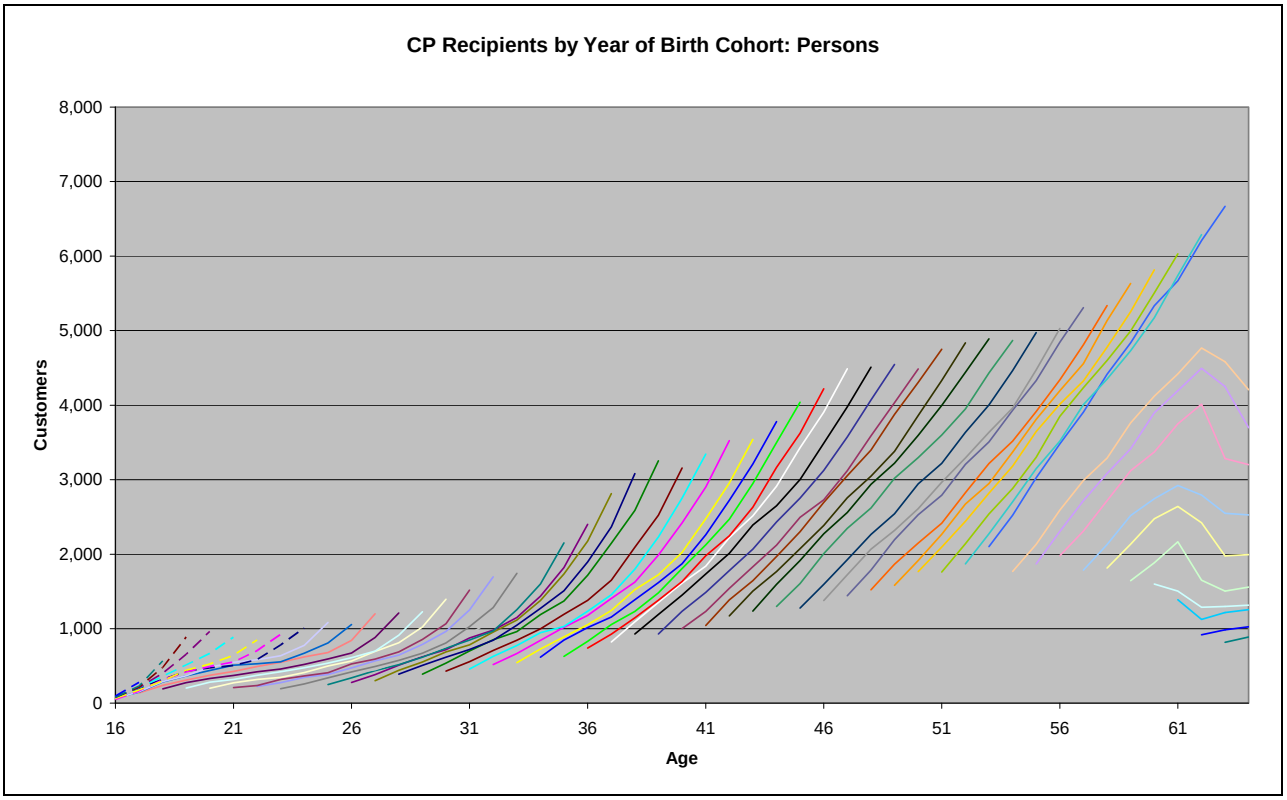


Figure 15 – Carer Payment Recipients by Year of Birth Cohort: Persons



7.3 Age related data on recipients of Carer Payment and Carer Allowance

The following table may be useful in considering the pool of carers and implications this might have on the possible offsets of carer payments of a new disability care and support scheme. It shows that 56 percent of recipients of carer payments are caring for people under the age of 65 years and are under the age of 65 years themselves. The age profiles of Carer Allowance and Carer Payment are quite different – however, the profiles make sense in consideration of the eligibility requirements and the nature of the two payments.

Table 1 – Carer Payment and/or Carer Allowance recipients, by age of carer, and age of youngest caree, December 2010

Payment type/s received by carer	Carer age	Age of youngest caree					
		0-14	15-24	25-44	45-64	65+	Total
Carer Payment and Carer Allowance	0-14	0	0	8	3	0	11
	15-24	325	347	1,443	3,523	904	6,542
	25-44	10,318	3,898	10,159	11,594	9,580	45,549
	45-64	2,774	7,142	10,519	40,254	37,989	98,678
	65+	19	114	1,563	3,574	12,088	17,358
	Total	13,436	11,501	23,692	58,948	60,561	168,138
Carer Payment only	0-14	1	0	0	0	0	1
	15-24	25	62	139	327	142	695
	25-44	424	247	886	861	935	3,353
	45-64	203	440	882	2,625	3,294	7,444
	65+	11	11	131	161	590	904
	Total	664	760	2,038	3,974	4,961	12,397
Carer Allowance and other income support payment	0-14	0	0	0	0	0	0
	15-24	1,252	78	336	817	144	2,627
	25-44	29,481	3,175	1,549	2,212	2,081	38,498
	45-64	6,966	4,089	3,263	10,677	14,287	39,282
	65+	414	456	4,229	10,697	78,316	94,112
	Total	38,113	7,798	9,377	24,403	94,828	174,519
Carer Allowance only	0-14	0	1	43	32	2	78
	15-24	331	62	224	839	252	1,708
	25-44	54,718	5,892	2,947	3,318	4,879	71,754
	45-64	14,710	13,153	7,043	16,706	24,234	75,846
	65+	50	97	1,122	2,099	17,971	21,339
	Total	69,809	19,205	11,379	22,994	47,338	170,725
Total	0-14	1	1	51	35	2	90
	15-24	1,933	549	2,142	5,506	1,442	11,572
	25-44	94,941	13,212	15,541	17,985	17,475	159,154
	45-64	24,653	24,824	21,707	70,262	79,804	221,250
	65+	494	678	7,045	16,531	108,965	133,713
	Total	122,022	39,264	46,486	110,319	207,688	525,779

Notes:

1. Data source: Carers Dataset, 17/12/2010 extract
2. The analysis excludes cases where the carer did not receive either Carer Payment or Carer Allowance, but received a Health Care Card in respect of a child with disability
3. The analysis excludes 77 carers who were recorded as receiving Carer Allowance and/or Carer Payment, but did not have a caree record listed in the Carers Dataset.
4. Carers may have more than one caree, and vice versa. The table below shows the number of carees per carer - around 8 per cent have more than one caree.
5. This analysis counts each carer once, by the age of the youngest caree. For carers receiving both Carer Payment and Carer Allowance, the age of the youngest Carer Payment caree has been used.
6. As this analysis contains cell sizes less than 20, data would need to be confidentialised if released externally

8. Disability specialist services

8.1 Access Economics model

Deloitte Access Economics has built an *Economic Model of Care Provision* for FaHCSIA. The model projects demand for care, supply of formal care services and supply of carers.

In addition to information on numbers of carers and carer payments, the model includes information on other transfer payments and budget costs relating to the main formal disability and aged care services, namely National Disability Agreement services, Home and Community Care (HACC), Residential Aged Care, Community Aged Care Packages and Extended Aged Care at Home. Recipient numbers are disaggregated into cohorts defined by a range of criteria, including age, sex, level of disability and availability of a carer. The main assumptions underlying the model's baseline projections are current policy settings (including funding growth rates for National Disability Agreement and HACC services and planning ratios for aged care services), the *2010 Intergenerational Report* assumptions about productivity growth and inflation, and ABS *Series B Population Projections*. These assumptions are represented by parameters which can be varied from the baseline values to simulate scenarios of different settings in the policy or operating environments.

The model shows the interactions between formal care, informal care and income support for carers. Simulating an increase or decrease in disability or aged care services leads to a change in the supply of carers, subject to constraints imposed by the model's projections of the potential population of carers. Empirical representations of eligibility tests are then applied to the new number of carers to derive estimates of recipient numbers and costs for Carer Payment and Carer Allowance. The model also projects numbers and costs of other income support payments, including the Disability Support Pension. The latter is not linked to the supply and demand for care services, but is modelled from population projections, disability rates and an empirical representation of eligibility tests.

8.2 Advocacy

This section provides some context on advocacy arrangements, as requested by the Productivity Commission.

Disability advocacy is currently funded by Commonwealth, state and territory governments.

Australian Government

In 2010–11 approximately $16.149 million in funding will be provided under the Australian Government's National Disability Advocacy Programme. Out of this total $15.946 million has been allocated for 62 organisations operating across Australia. The remaining funds are for the development, trial and proposed implementation of the new Quality Assurance System and non-ongoing costs.

Table 2 – Funding allocations to advocacy services by State/Territory in 2010-11 (GST Excl)

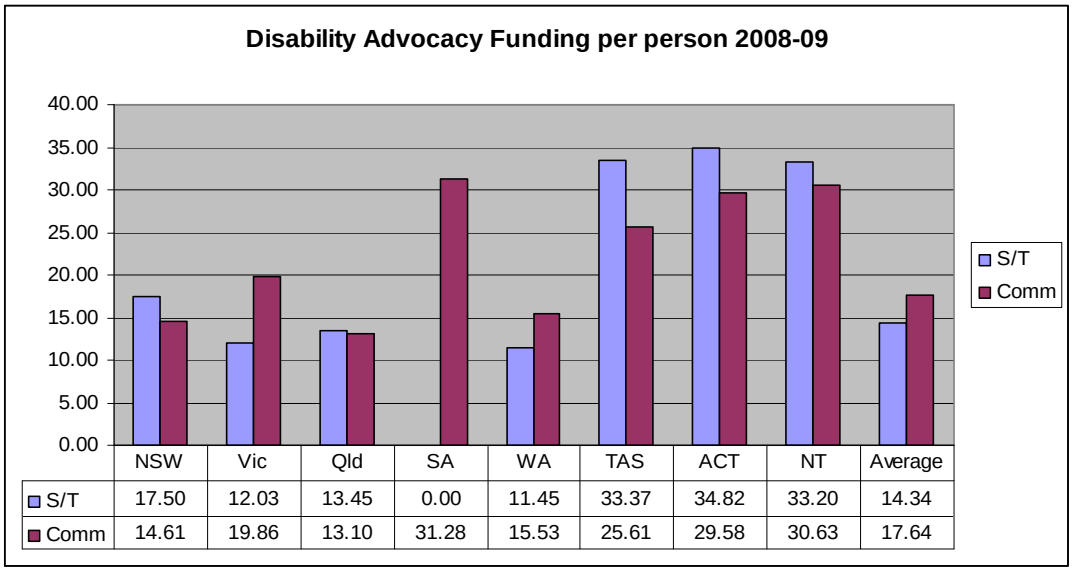
ACT	NSW	NT	QLD	SA	TAS	VIC	WA	TOTAL
372,225	4,326,988	546,009	2,364,819	1,864,811	516,618	4,130,624	1,824,226	15,946,320

State and Territory Governments

In 2008–09 the state and territory governments provided approximately $10 million to fund 82 advocacy agencies. There were 24 agencies that received funding from both Commonwealth and state and territory governments.

Figure 16 compares Commonwealth and state and territory funding for disability advocacy per person in 2008-09 using the proportion of the potential population of people aged 65 or less with a profound or severe core activity limitation by jurisdiction as the base. This comparison reveals significant variations across jurisdictions. Of note, the South Australian government does not provide any funding for disability advocacy. The majority of states and territories also report unmet need for disability advocacy in their jurisdiction.

Figure 16 – Disability Advocacy Funding per person 2008-09



	NSW	Vic	Qld	SA	WA	TAS	ACT	NT	Average
S/T	17.50	12.03	13.45	0.00	11.45	33.37	34.82	33.20	14.34
Comm	14.61	19.86	13.10	31.28	15.53	25.61	29.58	30.63	17.64

Models of Disability Advocacy

Disability advocacy is provided by organisations of varying sizes from large peak organisations to small stand alone agencies. Some organisations provide services on a state wide level especially the smaller jurisdictions while others focus on specific regions. Many organisations are generalist and cater to all people with disability, while some offer a specialist disability focus based on a disability group, ethnicity or issue. The majority of disability advocacy organisations are dependent on government funding, with a small number of organisations operating with no government financial contribution.

Table 3 (on next page) describes the different models of advocacy currently recognised under the Commonwealth's National Disability Advocacy Programme. The combination of disability advocacy models funded in each jurisdiction differs due to the historical and ad hoc development and funding of the disability advocacy sector.

Individual and systemic organisations are most prevalent in NSW, Victoria, WA, ACT and SA (Commonwealth funded), with Queensland having a greater number of organisations providing individual only advocacy compared to both individual and systemic. There are no systemic only organisations funded in NSW, systemic advocacy is provided along with other advocacy models in some organisations.

Table 3 – Models of Advocacy - National Disability Advocacy Programme (Commonwealth)

Advocacy Model	Key Model Descriptors
Individual advocacy – seeks to uphold the rights and interests of people with all types of disabilities on a one-to-one basis by addressing instances of discrimination, abuse and neglect.	Individual advocates work with people with disability on either a short-term or issue-specific basis. Individual advocates: o work with people with disability requiring one-to-one advocacy support; o develop a plan of action (sometimes called an individual advocacy plan) in partnership with the person with disability that maps out clearly defined goals; o educate people with disability about their rights; and o work through the individual advocacy plan in partnership with the person with disability.
Systemic advocacy – seeks to influence or secure positive long-term changes that remove barriers and address discriminatory practices to ensure the collective rights and interests of people with disability are upheld.	The systemic advocacy agency: o pursues positive changes to legislation, policy and service practices in partnership with groups of people with disability, advocacy agencies and other relevant organisations; and o seeks to address barriers and discriminatory practices to produce long-term positive changes.
Citizen advocacy – seeks to support people with disability (also called protégés) by matching them with volunteers. Some of the matches made may last for life.	Through citizen advocacy: o people with disability who are isolated with no family or community supports or networks are sought out; o volunteers are encouraged to represent the interests of a person with disability as if they were their own and be free from conflict of interest; and o volunteers are recruited, trained and supported by a coordinator who manages the work of the citizen advocacy agency.
Family advocacy – works with parents and family members to enable them to act as advocates with and on behalf of a family member with disability. Family advocates work with parents and family members on either a short-term or an issue-specific basis. Family advocates work within the fundamental principle that the rights and interests of the person with disability are upheld at all times.	Through family advocacy: o family members are provided with advice and support; and o the person with disability is assisted via the family member being directly supported by the agency to advocate on their behalf.
Self advocacy – supports people with disability to advocate on their own behalf, to the extent possible, or on a one-to-one or group basis.	Through self advocacy advocates work with people with disability to: o develop their personal skills and self-confidence to enable them to advocate on their own behalf; and o educate people with disability about their rights.
Legal advocacy – seeks to uphold the rights and interests of people with all types of disabilities on a one-to-one basis by addressing legal aspects of instances of discrimination, abuse and neglect.	Legal advocates may provide: o legal representation for people with disability as they come into contact with the justice system; o pursue positive changes to legislation for people with disability; and o assist people with disability to understand their legal rights.

Reforms to Disability Advocacy

All jurisdictions are currently working to reform the advocacy sector in Australia. Under the disability reform agenda set out in the National Disability Agreement governments have agreed to deliver improvements in the administration of disability advocacy services with a focus on improving service delivery and access. This includes a review of responsibility for funding advocacy services. The goal is that reforms will provide a responsive system of disability advocacy support that is easy to access, flexible and provides people with disability access to independent disability advocacy that enables their full and equal enjoyment of all human rights enabling full community participation.

8.3 Housing

The Productivity Commission recognises that social (public) housing is an important source of affordable, stable accommodation for people with disability and that a significant proportion of public housing occupants have a disability.

Research on housing careers

Disability has a significant effect on the living situations and housing careers of individuals. the housing decisions of people with disability are often shaped by significant restraints. According to the Australian Housing and Urban Research Institute (AHURI) the housing careers of persons with a disability are flatter and more restricted than those of the population overall. In households where one or more persons were affected by a disability, those households were:

- Likely to report significantly lower incomes and were more likely to experience housing stress
- Less likely to be home purchasers and more likely to be tenants, especially public tenants
- Have lower stock of assets (wealth)
- Have made housing decisions based on the needs associated with a family member’s disability or long term health condition
- Less likely to live in a family household.

The Social Housing Initiative

Significant work is currently underway to improve the supply of social housing. Through the Social Housing Initiative over 19,300 new social housing dwellings will be built with the assistance of the not-for-profit sector. Dwellings will be built to meet the needs of people on public housing waiting lists, including age and disability pensioners. Approximately 3,238 dwellings will be specifically designed for people with a disability. To date, through the initiative, 3,351households have been tenanted to people with a disability of the 7,656 tenants with data.

The Commonwealth Government has invested $400 million through the National Partnership Agreement on Social Housing to provide increased opportunities for Australians who are homeless or at risk of homelessness to gain secure long term accommodation. There are currently 1,954 new social housing dwellings approved to be delivered nationally. At 31 December 2010, 1,874 of these dwellings had commenced and 1,199 dwellings were completed, with 1,085 tenanted and 326 to people with disability.

Proposals for funding under the Agreement should meet one or more of the prescribed 'additional criteria', these include adherence to universal design principles that facilitate better access for persons with a disability or older person

Recipients of Age Pension, Carer Payment and Disability Support Pension in public housing

Table 4 (below) provides information on the number of payment recipients currently in public housing that might assist in analysis of the housing needs of people with disability. The large number of Disability Support Pension recipients is of note, as is the high proportion on people living on their own. This suggests that people living in social housing are less likely to require 'live-in' informal care (to the level that the carer would be eligible for Carer Payment).

Table 4 – Number of pensioners[(1)] in public housing by primary payment, marital status and State as at 3 December 2010[(2)]

State	*Age Pension*		*Carer Payment*		*Disability Support Pension*		*Total*	
	Couple	*Single*	*Couple*	*Single*	*Couple*	*Single*	*Couple*	*Single*
NSW	6,114	28,717	1,574	4,359	8,014	35,590	15,702	68,666
VIC	2,485	15,031	711	2,088	3,825	19,810	7,021	36,929
QLD	2,103	12,088	643	1,638	3,929	15,623	6,675	29,349
SA	2,230	10,406	327	1,003	2,903	13,637	5,460	25,046
WA	1,704	8,294	296	792	2,153	8,849	4,153	17,935
TAS	336	2,089	161	413	975	3,591	1,472	6,093
NT	225	1,190	83	127	587	1,642	895	2,959
ACT	411	1,871	63	155	466	2,510	940	4,536
Other[(3)]	52	257	3	4	24	122	79	383
AUS	**15,660**	**79,943**	**3,861**	**10,579**	**22,876**	**101,374**	**42,397**	**191,896**

(1) Number of income units: An income unit comprises a single person (with or without dependent children) or a couple (with or without dependent children). Single social security recipients living together in the same household are regarded as separate income units. Population are those where one member of an income unit is on Disability Support Pension, Age Pension or Carer Payment.

(2) Relates to income unit's circumstances for one fortnight in a quarter.

Source: Commonwealth Housing Data Set December 2010.

8.4 Disability within the Indigenous Community

The Productivity Commission draft report identified a number of significant barriers to accessing disability support services including, social marginalisation, cultural attitudes towards disability and inappropriate services. Recommendations put forward to improve accessibility of services for Indigenous people include embedding services within local communities, employing Indigenous staff and developing cultural competency of non-Indigenous staff.

Government feedback was sought on the feasibility of overcoming these impediments using alternative service delivery models.

One of the commitments made within the *2008 Close the Gap: Indigenous Health Equality Summit Statement of Intent* is to support and develop Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.

Under this model, which is highlighted as an example only, services are operated and controlled by the Aboriginal communities they serve. They provide a vast range of care supporting complex health needs and in a way that is culturally appropriate to the communities they operate in. The National Aboriginal Community Controlled Health Organisation (NACCHO) is a national peak Aboriginal health body representing Aboriginal Community Controlled Health Services throughout Australia.

Furthermore, this organisation is currently working on the development of standards for cultural safety training, designed to overcome cultural barriers to Aboriginal patient's health needs being met. Advice may also be sought on the benefits of block funding to service providers, as experienced by NACCHO, in responding to the Productivity Commission draft recommendation to overcome additional barriers faced by Indigenous people with disability in some locations.

And finally, as noted in the draft report, the proposal should be mindful of the wider measures addressing Indigenous disadvantage being adopted throughout Australia under the *Closing the Gap* agenda. *The National Indigenous Reform Agreement (NIRA) [Closing the Gap] Schedule D:* Service delivery principles for programs and services for Indigenous Australians, guides the design and delivery of Indigenous specific and mainstream government programs and services provided to Indigenous people. This may assist with future implementation and transition discussions regarding disability within the Indigenous community setting.