

Why the National Disability Insurance Scheme (DisabilityCare Australia) makes economic sense

Contents

- Key points.....3**
- Achieving economic benefits as well as equity.....4**
 - Background.....4
- Why fund reasonable and necessary disability support? An economic lens.....4**
 - Reduce pressure on other service systems.....4
 - Increase the economic participation of people with disability and carers.....8
- Why use a national social insurance system to finance disability support? An economic lens.....10**
 - Turn vicious circles into virtuous circles.....10
 - Manage growing future demand.....11
- Why use individualised funding to distribute disability support? An economic lens.....12**
 - Integrate support planning around actual individual needs and circumstances.....12
 - Drive the sector to develop more tailored services with efficient prices.....13
- Conclusion: We can't afford not to implement the NDIS.....14**
 - It is feasible and economically prudent to reverse the cycle of disadvantage.....14
 - A sustainable commitment to an inclusive society.....14
- References.....15**

Key points

Implementing DisabilityCare Australia will make it possible to improve simultaneously the lives of people with disability and the economic outlook of Australia. Here are some reasons why.

1. The current disability support system is financially unsustainable. Funding growth is not keeping pace with the growing demand for disability services and equipment. This puts increasing strain on families and carers, making informal care arrangements unsustainable and causing a **vicious cycle**. Available money is diverted away from early intervention services that support people to build their independence towards expensive crisis-management services limited to the most urgent need. Pressure on other service systems increases as people with disability find themselves in hospital for longer because they can't get disability support to live at home or in poverty because they can't get to work each day.

2. DisabilityCare will close service gaps and arrest the vicious cycle. It achieves this by ensuring people with disability have access to 'reasonable and necessary' support to move around, look after themselves, communicate and participate in all areas and at all stages of life. Allocating funding according to a person's particular needs, circumstances and goals complements and enhances other support that the person gets from family, community and other services.

DisabilityCare will create a **virtuous cycle** by providing cost-effective interventions when they can make the most difference. When people with disability have support they can access more of what society has to offer and build their own resilience, wellbeing, relationships and natural support—demand for intensive formal support lessens over the longer term.

3. Increased employment of people with disability and carers will increase GDP. An ongoing increase in GDP in **billions of dollars** is in the offing. Increasing workforce participation is a key strategy to reduce long-term fiscal pressure arising from an ageing population. Increased employment of people with disability will also reduce the \$20.4 billion bill for disability-related income support.

These remarkable economic gains are achievable. OECD and ABS data indicate that at least a quarter of people with disability, not in the labour force, can work with support; and other OECD countries have achieved much higher employment participation of people with disability.

DisabilityCare can increase employment by providing the equipment or support needed by some people to gain work and by freeing some family carers from providing 24/7 life-long support.

4. DisabilityCare has tools and structures to manage resources efficiently. It will use actuarial skills to calculate the long-term liability, taking into account whole-of-life support for participants and demographic trends. This process will inform cost-effective investment that reduces longer-run costs. The integrated financing, funding and governance systems can limit infrastructure duplication and administrative costs. And the consumer-directed and personalised approach to allocating support will help create a marketplace of efficient services tailored to individual needs.

5. DisabilityCare reduces our personal financial risks related to the real chance that we may encounter severe disability ourselves or within our families. A social insurance system enables Australians to share these risks across the entire community and thus reduce personal risk.

6. DisabilityCare pays for itself. While initially there will be significant additional cost, over time the fiscal benefits, let alone the wider social and economic benefits, will outweigh this cost. Over the long-term, DisabilityCare will cost government less than if the current system continues.

Achieving economic benefits as well as equity

The need for a National Disability Insurance Scheme (NDIS) on equity grounds is reasonably well understood and agreed across Australia. While these equity arguments are certainly sufficient, there are also compelling economic reasons to implement the scheme which are not so widely understood. This paper outlines these economic reasons.

Background

The current system is unsustainable: Australian governments spent **\$6.9 billion** on disability support in 2011-12, comprising 37% funding growth in real terms since 2006¹. Despite this rate of increase outstripping State revenue growth, the services did not meet need. The systems allocating this funding are inconsistent, often inefficient and unable to respond coherently to the ongoing demand pressure brought by a growing and ageing population and by declining numbers of informal carers (due in turn to ageing, smaller families and burn-out)². Resultant service gaps lead increasingly to spending focused on the most intensive and the most urgent need rather than early intervention or carer support, which then exacerbates the decline in informal support.

Several national reports over the past few years documented the underfunding, inequity and fragmented structure of the disability services system and led to the Productivity Commission's seminal report in 2011³. This report recommended the establishment of the NDIS. It argued that while the NDIS would require a substantial injection of additional funding into the provision of disability services, it would reap significant returns for Australia. Indeed, the Productivity Commission concluded that the benefits of the NDIS would significantly outweigh the costs. Early in 2013, the National Disability Insurance Scheme Act passed with the unanimous support of both houses of Federal Parliament.

The NDIS Act launches DisabilityCare Australia which will initially support about 26,000 people with severe disability across six sites. The intention is to roll out the full scheme from 2019 to around 460,000 participants. It will also provide information, coordination services and occasional support for some of the wider population of people with disability and their families and it will provide a safety net for all Australians.

DisabilityCare will arrest the unsustainable crisis spiral by funding 'reasonable and necessary' support, by complementing and enhancing informal support and other services, and by using actuarial skill and insurance principles to manage the long-term disability support liability.

The benefits of the NDIS will exceed the additional costs. While DisabilityCare will require an upfront investment, estimated to be an additional **\$8 billion** in current dollars, over the longer term it will cost government less than if the status quo system is maintained. This paper outlines these costs and benefits by applying an economic impact lens to three questions about the NDIS: Why fund reasonable and necessary disability support? Why finance it using social insurance principles? Why distribute it with individualised funding?

Why fund reasonable and necessary disability support: An economic lens

Reduce pressure on other service systems

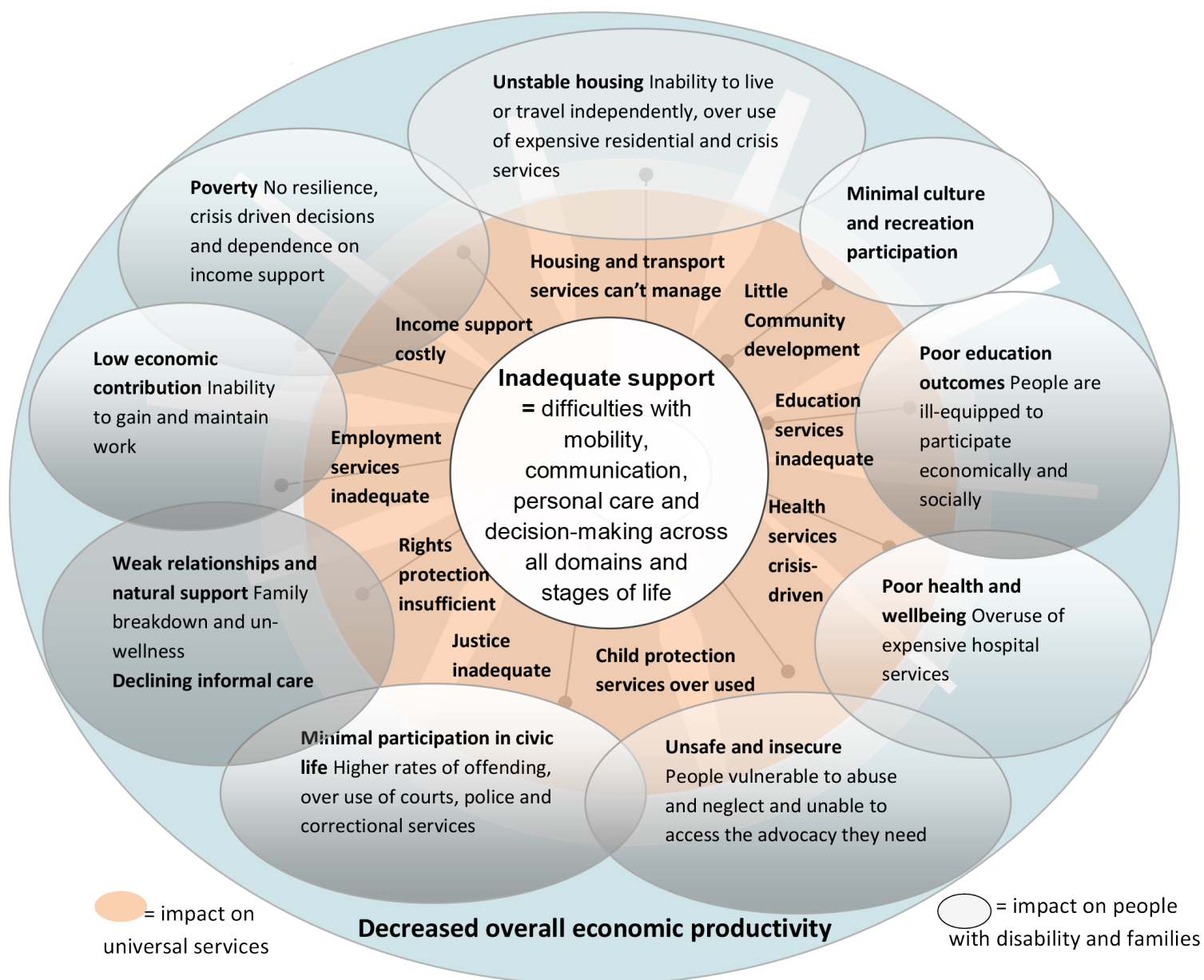
If people with disability receive the support they need to perform core activities (such as move around,

communicate and make decisions) they and their families will participate more in social and economic life, be healthier and be more resilient. These benefits reduce costs related to the use of crisis services and they reduce pressure on other service systems (such as health, housing, income support and justice).

Alternatively, the cost of not providing adequate support is dire and has flow-on effects on other government services. Attributing various costs to a lack of disability support alone is problematic as there are many interconnected factors. However, through considering the impact of inadequate support across all life's areas and stages for an for an individual, or for a population, you can see how the fiscal impact of a crisis-based vicious circle may easily out-weigh the direct expenditure cost of fully funding reasonable and necessary support (see Figure A).

Figure A: Impact of inadequate support for fundamental activities

Vicious circles



Declining informal care will increase pressure and costs for all service systems, and further exacerbate this vicious circle unless something is done to improve access to necessary support.

Modeling by Price Waterhouse Cooper predicts that if we continue with the status quo there will be a 10.2% per annum growth rate in demand for disability support (264% over the next 10 years) due to a combustive combination of a decline in informal care (conservatively estimated at 1.6% per annum) and population growth. This is because if the system responds to high-cost crisis situations at the expense of people receiving low cost services, service gaps increase and informal care will become less and less tenable. One of the main reasons people transition from low intensity services to high intensity services is diminished informal care⁴.

Evidence of this vicious circle and related costs to government, at an individual level, can be built through case-by-case scenarios (See Story 1 & Story 2). There is also substantive statistical and qualitative evidence about current costs at a population level outlined below.

Health of people with disability is poorer than their non-disabled peers on a range of measures, including conditions related to obesity, mental health, oral health and diabetes⁵. There are also significantly higher rates of emergency department presentation and hospitalisation amongst people with disability under 65 years of age⁶. Similarly, there are higher levels of health problems and health service costs amongst carers⁷.

Inadequate disability support and disadvantaged living conditions contribute to many of these extra health costs. While some costs relate to specific impairments, even these can be exacerbated by lack of support or ‘bed blocking’ effects of the lack of disability support. The number of people inappropriately residing in hospitals, due to limited community support, is estimated to cost between \$38 million and \$84 million per year⁸.

Personal Story 1: Fred lives with his partner, is a trained editor and has cerebral palsy.	
<p>With adequate support: Tailored equipment and home modifications plus occasional attendant support and personal care training allow Fred and his partner to manage self-care, as well as enabling Fred to run an editing business. They save for vacations, belong to a sailing club and enjoy general wellbeing. When faced with a health crisis they have the resources and resilience to recover with minimum extra support.</p> <p>Estimated annual cost to government disability support = \$40,000 counterbalanced by the family's economic contribution including tax & spending.</p>	<p>Without adequate disability support: Poor adaptations to Fred's home and equipment cause injuries and general difficulties with self-care. His partner damages her back attempting to assist and has to withdraw care. Both become unable to work. Reduced income and housing conditions contribute to poorer health. Fred is hospitalised for a blood infection and ends up staying in residential care permanently. His partner becomes depressed and also requires crisis housing.</p> <p>Estimated annual cost to government crisis health services and hospitalisation (\$40,000) + crisis housing and residential care (\$110,000) + income support (\$50,000) = \$200,000 reduced counter balance from the family's economic contribution through tax & spending.</p>

Suitable and stable housing can be difficult to find for people with disability and their families. Challenges include the need for home modifications, lack of accessibility, affordability and support options, discrimination and distance from key infrastructure. The result is sometimes very costly and inappropriate crisis responses:

- 64% of adults in Australia who have been homeless in the last 10 years report having a disability or long-term health condition⁹.
- In June 2011, 6,380 people under 65 years old lived in residential aged care facilities¹⁰.
- Despite expenditure of \$3.1 billion in 2011-12 on supported accommodation, comprising almost half the total disability services budget, many people remain on waitlists for a very long time¹¹. This contributes to carer burn out and family breakdown.
- Relinquishment to the State of family members with disability results in reduced respite options for others and increased child protection spending¹².

Justice statistics show over-representation of people with disability both as victims and offenders in the criminal justice system¹³. Effective disability support could significantly reduce the ongoing support costs and social costs associated with this problem:

- Significant rates of intellectual disability and acquired brain injury are found among prisoners including young people in custody. There is an identified gap in effective screening and diversion mechanisms that target these people. Timely positive behaviour support can significantly reduce ongoing support costs and prevent or reduce offending.
- There are higher rates of deferral of parole of prisoners with an intellectual disability due to a lack of post-release accommodation with appropriate support.

About 30,000 people in Australian prisons each cost an average of \$100,000 per annum. If better disability support reduced levels of incarceration by only 10%, it would save about \$300 million per annum.

Education is a key driver of improved social and economic participation. However, only half of people with severe or profound disability progress past year 10 at school, compared with 80% in the general population¹⁴.

Wealth accumulation would improve resilience and enable people with disability and their families to prevent or reduce crisis situations. However, 45% of Australians with disability live in poverty compared to an OECD average of 22%. Two-thirds of people with disability earn less than \$320 per week compared with one-third of the general population. Primary carers are likely to be in the poorest two-fifths of all households and 55% receive income support as their main source of cash income¹⁵.

Overall costs caused by lack of disability support are not all easily quantified, such as the costs of increased offending or victimisation amongst some people with disability. However, some direct expenditure costs are tangible. For example, disability-related income support and allowances cost the government \$20.4 billion in 2011-12. DisabilityCare will reduce reliance on income support by increasing employment of both people with disability and also their families. It will do this by providing the reasonable and necessary equipment or support needed for people with disability to 'get out the door and into life and work' and also by freeing family carers from providing full time, life-long support.

Personal Story 2: Martha is 24, lives with her family and has mild autism, intellectual and hearing disability.

With adequate support: After receiving inspiring planning advice Martha and her parents collaborate with another family, a support provider and a student accommodation service to purchase a flat that Martha shares with a person with disability and two students. The support provider trains students to provide overnight support if required and facilitate daily living support. Martha enjoys: the company in her flat; daily household tasks; her work processing recycling (with productivity wages); an online Autism community her flatmate showed her; and regular visits with her family. Her wellbeing and behaviour are stable.

Estimated annual cost to government
disability support (\$50,000) +
income support (\$20,000) =
\$70,000

counterbalanced by the family's economic contribution including tax & spending.

Without adequate support: Martha is on a waiting list for accommodation but potential places are taken by others in crisis. Martha's behaviour is increasingly difficult because she is bored and wants more independence. It strains family relationships. Her younger siblings have education difficulties and her parents' marriage breaks down. Martha's Mum takes her other children and goes to live elsewhere on a benefit. Martha's Dad quits his job to care for Martha but after a decline in health cannot cope. He leaves Martha at a residential respite service that is not well suited resulting in a further decline in Martha's behaviour, including violence. Resource intensive supervisory arrangements are put in place with some Justice System involvement.

Estimated annual cost to government

crisis respite (\$20,000) +
residential care and behaviour support (\$80,000) +
family income support (\$100,000) +
Police and Courts (\$20,000) =
\$220,000
reduced counter balance from the family's economic contribution through tax & spending.

Increase the economic participation of people with disability and carers

There is abundant evidence on the social and economic benefits of increasing the employment of people with disability and their families¹⁶. People who work: contribute to society; gain financial independence; enjoy a better standard of living; often experience improved physical and mental wellbeing and increased confidence; expand social networks and skills as well as have opportunities to develop a career and expand their skills and knowledge.

At a population level there are also large and readily achievable benefits from raising employment rates of people with disability and their families from the current low levels:

- In 2010, Australia's employment rate for people with disability was ranked 21st out of 29 members of the Organisation for Economic Cooperation and Development (OECD)¹⁷.
- In 2009, the labour force participation rate of people without disability aged 15–64 years was 82.8% compared to 54.3% for all people with disability, 31.3% for people with profound or severe disability, 53.7% for primary carers and 68.7% for all carers¹⁸.

Assuming DisabilityCare closes the gap in economic participation between people with and without disability by just one third, the result would be an ongoing increase in Australia's GDP in the tens of billions of dollars:

- Deloitte Access Economics estimates an increase in real dollar terms of \$43 billion over the next decade - this modelling suggests GDP will be 0.85% higher over the longer term¹⁹; and
- the Productivity Commission estimates a 1% increase in GDP by 2050 which would amount to a \$32 billion increase in that year alone²⁰.

National Disability Services used ABS data to model the employment impact of the NDIS and found that the NDIS will support people with severe disability into about 35,000 new full-time equivalent positions. The impact of this employment on GDP is estimated to be \$9.6 billion a year²¹.

The Productivity Commission also conservatively estimates that if the NDIS enables half of the carers who currently cannot work to obtain employment, and also carers who currently work part-time to add an average of 5 hours of work a week, over time Australia's GDP would gain \$1.5 billion per annum.

Achieving these remarkable economic gains is a realistic aspiration. Data on work intentions in the 2009 Survey of Disability and Ageing Carers shows that about 200,000, or one quarter, of people with disability, not currently in the labour force, indicate they can work. OECD and NDS research also shows that if we activate this potential labour force it will reduce the fiscal pressures caused by an ageing population. Public expenditure per capita rises as the population ages and the pool of taxpayers to fund the extra expenditure declines. So more is asked of fewer taxpayers. The best way to deal with this problem is to increase labour supply²².

Furthermore, some OECD nations have achieved or surpassed the benchmarks for employment participation that would achieve the economic gains calculated by the Productivity Commission, proving it is possible. Some jurisdictions within Australia have also achieved better results than others. ACT has recorded a participation rate for people with profound or severe disability of 51.7% when the national average is 31.3%.

The NDIS alone will not boost the employment rate of people with disability to the extent required. But DisabilityCare is an essential part of a comprehensive solution that also includes reforms that improve: income support policies; government employment and procurement practices; employer attitudes and flexibility; and the open employment programs that the Australian Government administers.

Efficient re-distribution of economic resources can be facilitated through disability support funding spent in the Australian economy. For example, some carers have skills (other than caring skills) that are in high demand. If other disability support is available to their family members, they can utilise their other skills in paid work and the economy benefits. An estimated 1.3 billion hours of disability related informal care was provided in 2010²³. While DisabilityCare will not replace most informal care, it will provide carers with the opportunity to make decisions about how best to use their various skills and time.

The Productivity Commission presents a complex quantitative analysis which tentatively suggests the NDIS will achieve a large net economic benefit from re-distribution effects alone²⁴. This means they found that each dollar spent on disability support achieves more wealth (is more productive) than the equivalent in the pocket of the average tax payer, primarily because people with disability have lower incomes. The Commission also noted that, unlike tax transfers through income support, a re-distribution of wealth via disability support does not present moral hazard challenges such as work disincentives, quite the reverse.

Another positive distribution impact is achieved through the increased employment of people in disability support. It is estimated that DisabilityCare will require a doubling of the disability services workforce.

Why use a national social insurance system to finance disability support? An economic lens

Turn vicious circles into virtuous circles

It should be clear now that adequate disability support should be funded. But how do we best determine how much support is adequate or ‘reasonable and necessary’? How can we ensure an entitlement of this kind does not grow in an unwieldy way? How should we target these support resources to achieve the optimum benefit?

How do we turn the vicious circles of deprivation and crisis expenditure into positive circles of investment, participation and stability?

Part of the solution to all of these questions lies in the use of a social insurance system to finance support²⁵. Such a system employs actuarial methods to cost the whole-of-life support for an individual (calculating the future liability upfront) and through this can immediately reap the benefit of preventing crisis or breaking a crisis cycle. It makes sense, therefore, to invest now and significantly reduce overall costs, over the long-term. This system can make the best use of all contributing resources including other services and informal care (Figure B). It contrasts with less comprehensive and less secure funding models where incentives result in service rationing and cost shifting today, and paying more overall and at a later date.

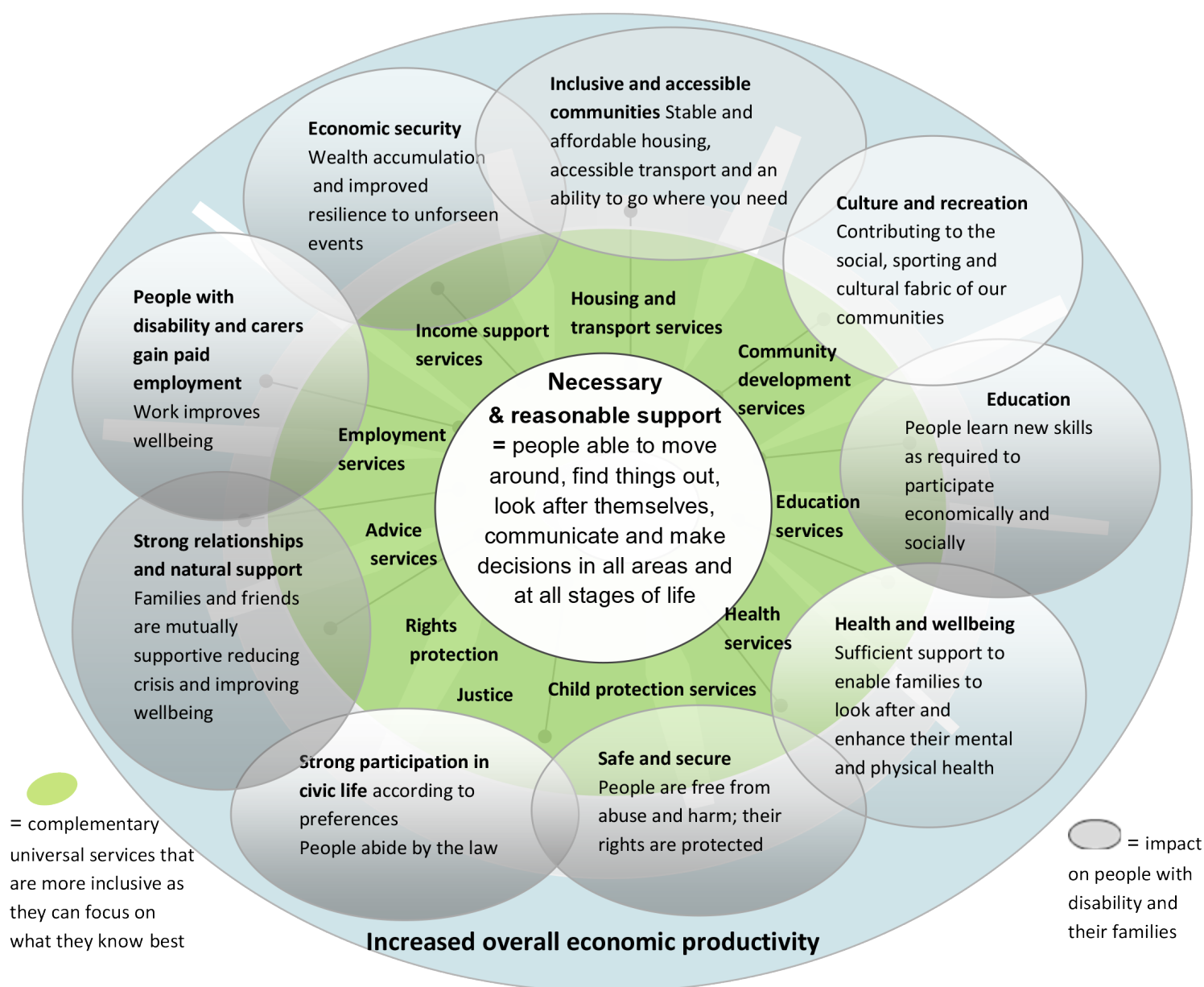
The outcomes-focussed, whole-of-life, legal entitlement provided in the NDIS Act creates a liability risk and tasks DisabilityCare with keeping a careful rein on how it assesses and allocates ‘reasonable and necessary’ support over the long-term to ensure the scheme remains financially sustainable. The liability is matched by a secure and long-term revenue stream and tools to drive efficient management of resources such as a Scheme Actuary who reports quarterly on financial sustainability and any related risks²⁶. There is considerably more oversight and control over financial pressure than occurs in most of the current system.

DisabilityCare will manage the liability through using the best available evidence to determine what sufficient and effective support, received in the most timely and efficient ways, will prevent or reduce expensive crisis-driven spending.

Timely intervention not only prevents long-run costs it also benefits the life experience of people with disability and their families. For example, evidence indicates that early childhood interventions that prevent social exclusion are more cost-effective than interventions at later stages of life and they increase the wellbeing and financial security of communities. Benefits include: higher rates of employment and skill levels in mothers; decreased welfare expenditure; a lower rate of criminality within families; a reduction of child abuse and neglect and some decrease in health service (emergency room) attendance rates²⁷.

Figure B: Impact of providing adequate support for fundamental activities

Virtuous circles



Manage growing future demand

An additional upfront investment is required to provide the level of support that will close the gaps and create a virtuous circle. This will have a short-term negative impact on the government's balance sheet. However, if the current system is maintained alongside increasing demand for disability support then governments will face significant hidden future liabilities across many service areas.

Unfortunately, the focus of current funding growth has too often been on maintaining failing service delivery systems rather than innovation to improve outcomes or reduce future costs. Expenditure has also increasingly focused on intensive and urgent need at the expense of the timely cost effective interventions. The status quo will end up costing more than the fully funded NDIS if expenditure growth for disability support continues in the same fashion as it has over the last decade, and it will not meet demand nor be sustainable.

Funding growth has been experienced by the sector as uncertain, volatile and somewhat at the mercy of political fortune and unrelated economic pressures inherent within a budget cycle. In contrast, **a social insurance model allows a stable planned budgeting approach, with capacity to respond to demographic trends and opportunities for administrative efficiencies. It focuses on containing costs over the long term.**

The national approach to planning and financing in DisabilityCare will enable an overview of collective resources and help share the financial risks over a long time frame and the entire community –this is the nature of insurance based risk management. While the current system is funded by all taxpayers across Australia it is disaggregated into hundreds of different programs. This means that cost pressures or risks in one support program or region cannot easily be addressed by gains in another support program or region – it is hard to efficiently move resources to where they achieve the greatest benefit. The scale and national oversight of DisabilityCare will provide greater capacity to be responsive to changing circumstances.

An ability to rein in administrative costs is important. In 2011-12 Australian governments collectively spent about \$500 million administering disability support services²⁸. This spending covers a large array of different assessment, allocation, procurement, quality assurance, bargaining, management and governance processes. Some programs have complex tender processes and monitoring, some services are provided directly by government, some use individualised or fee-for-service approaches. This diversity creates inefficient interfaces between different aspects of the system as well as unnecessary duplication of functions.

While DisabilityCare will have administrative costs, including some new costs, it can limit growth in administrative spending through using a single integrated financing, funding and governance system. Economies of scale in the back office functions will also improve the ability of the sector to navigate the system.

Staying current with efficient and effective technology and knowledge is a strength of the legal entitlement in social insurance as it compels the scheme to stay up-to-date with changing societal norms, new technologies and evidence about what works. This is because a court's assessment of how well a scheme meets objectives will depend on current societal expectations and evidence, not historic practice. This will drive efficient decisions.

Why use individualised funding to distribute disability support?

An economic lens

Integrate support planning around actual individual needs and circumstances

Personalisation is key to fostering community and economic participation gains. Tailoring support to an individual's personal and employment routines enables better engagement in community activities and employment. Dozens of studies²⁹ indicate the efficiency and outcome advantages of flexible individualised funding that:

- **enables a true collaboration** between the service user, funder and provider to determine how support will be organised;
- **removes inefficient service silos** by centring the planning and decisions about support allocation around individuals and not on service types and programs (see Story 3); and

- **enhances natural support** as it is more easily able to complement informal care and other service sectors. This aspect of individualised funding can be particularly cost effective over the longer term (see Story 3).

Drive the sector to develop more tailored services with efficient prices

While the scheme benefits from a national approach it must also be locally responsive. This is a central concern in the NDIS design. The key components from an economic perspective are:

- **Consumer choice and control** exercised by people with disability and their families through individualised funding will drive a responsive and innovative disability support market.
- **Reductions in ‘red tape’** can be achieved compared to program-based contractual arrangements. In the current system disability service providers are compelled to focus on complying with the often complex reporting arrangements and program rules set out in multiple government contracts. DisabilityCare will overturn this as government will no longer be ‘the customer’ and many rigid program boundaries will dissolve. In most cases consumers will choose their providers and service providers will focus on delivering what their service users want rather than what their contract with government prescribes.

Personal Story 3: Mary is 54 and has lived by herself in a council flat for twenty years. She has an intellectual disability and recently her eyesight deteriorated significantly due to her diabetes.	
<p>With personalised support: Mary received tailored training in how to live independently with low vision using various assistive and safety devices in her flat and in her community. The orientation training service included advice for Mary’s sister and neighbours about how they could help. The support planner also referred Mary to a service that provided support and training about how to manage her diabetes better. She now continues to enjoy tending a community garden with her sister and regularly meeting her friends in a church community drop-in centre. In particular she enjoys walking the dogs of her neighbours. She has also started volunteering at the Guide Dogs Association and learning more about vision impairment.</p>	<p>With program-centred support: Mary is assessed by the intellectual disability support program as requiring residential care as her vision impairment plus intellectual disability puts her in a ‘high needs’ category. Orientation training is not considered because it is not funded. Diabetes support is the responsibility of another agency which mistakenly believes that because Mary has an intellectual disability someone else is taking care of her health support needs. While on a waiting list Mary’s diabetes is unmanaged, her eyesight deteriorates further and she has a serious accident. After a short stint in hospital she is discharged into an aged care facility where she is devastated to lose contact with her friends and neighbours; she is also not allowed a dog. Her sister can’t visit her as much as she has commitments to the community garden. Mary’s wellbeing rapidly declines.</p>
<p>Estimated annual cost to government orientation training (\$3,000) + assistive devices (\$4,000) + diabetes support (\$1,000) = \$8,000</p>	<p>Estimated annual cost to government crisis health services and hospitalisation (\$10,000) + residential care (\$60,000) = \$70,000</p>

Conclusion: We can't afford not to fully implement DisabilityCare

It is feasible and economically prudent to reverse the cycle of disadvantage

Current statistics on people with disability and their families are damning and matched by numerous personal stories and accounts of deprivation. The encouraging news is that there are also compelling stories and evidence about what a difference adequate disability support provision can make. This is an area where Government can make a very real difference both for people experiencing significant disadvantage and also for the wider community.

Serendipitously, the economic arguments for providing disability support perfectly complement equity arguments. It is possible to adopt the transformative agenda of disability reform and simultaneously improve the economic outlook of Australia. In fact, it would be imprudent not to, as the costs of implementing the NDIS are outweighed by the greater costs of inaction. Not investing in a more effective disability system that drives cost-effective support strategies will result in unsustainable costs over the long-term due to increased demand, increased crisis and unacceptable social outcomes. While the upfront cost may be higher, the fiscal benefits (let alone the increased productivity and social benefits) will outweigh these costs over time. The NDIS pays for itself.

A sustainable commitment to an inclusive society

To reap the full benefit of the scheme it is essential that universal services and employers understand the opportunity DisabilityCare provides for them to include people with disability. Politicians, public servants and employers should seize this opportunity to embrace the vision of the National Disability Strategy and help **build an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens.**

The National Disability Strategy (2010-2020), developed under the auspices of the Council of Australian Governments, explicitly acknowledges Australia's need to expand the engagement of people with disability across all domains of economic and social life. DisabilityCare has a key role in delivering on this imperative, in collaboration with the whole community.

Furthermore, the whole community needs to appreciate the benefit of the scheme for all Australians: how it will reduce the financial risk, which confronts all families and individuals, associated with acquiring a severe disability; and how Australia as a whole will benefit from the increased contribution to economic and social life from people with disability.

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About National Disability Services



National Disability Services is the peak industry body for non-government disability service providers. Its purpose is to promote and advance services for people with disability. Its Australia-wide membership includes over 800 not-for-profit organisations, which support people with all forms of disability. Its members collectively provide the full range of disability services – from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.