



Productivity Commission Inquiry into Disability Care and Support

NDS Submission

Introduction

The system of providing formal care and support to people with disability in Australia is outmoded and in need of fundamental redesign. It contains elements that work well for some people in some circumstances, but overall it is dysfunctional. Piecemeal approaches by the various jurisdictions have resulted in a patchwork of inadequately-funded poorly-articulated support services.

The system is under severe strain and crisis-driven. It cannot meet the current demand for disability services and the gap between supply and demand is growing. The Australian Institute of Health and Welfare estimated (conservatively) that in 2005, 23,800 Australians needed additional accommodation and respite services and that 3,700 people required community access services. In 2009, referring to these figures, the Disability Investment Group, established by the Australian Government, reported that “Since then [2005], unmet demand for specialist disability services has risen, with recent trends indicating a 7.5 per cent growth each year in real terms. Government spending on disability services has not kept pace with this.”

The system is complex to navigate for people with disability, for family carers and for service providers. It is built around programs rather than people; it is often inflexible and unresponsive to individual preferences and changing needs. And it is inequitable: a person’s access to services can depend on how they acquired their disability, where they live and on their capacity to advocate.

Developing a new support system for people with disability is the most important and pressing social reform facing Australian governments. NDS believes a new entitlement scheme—a National Disability Insurance Scheme, based on a government-funded, no-fault social insurance approach—should be introduced to replace the fragmented and piecemeal approaches currently in place across the country. Such a scheme should provide support services to everyone who is eligible, dispensing with the need for long waiting lists. The scheme should deliver the support services required by people as a result of their disability, but it should not be confused with income support. All people with disability, whether born with a disability

or acquiring it through the course of life, should have access to an entitlement scheme.

In an ideal world all people with disability requiring any form of support would receive that support. In reality, the implementation of a National Disability Insurance Scheme will need to occur in stages. Without clear eligibility boundaries the scheme will not be sustainable or manageable. People currently receiving support must not experience service disruption during the implementation of reforms.

The scheme should relieve people with disability, family carers and service providers of the severe strain which many endure at present. But for the scheme to be sustainable all stakeholders will need to maintain 'reasonable effort'. The scheme should not discourage this effort. The scheme should encourage service providers to supplement fully-funded essential services with fundraising for complementary purposes; it should encourage people with disability to strive to maximise their independence; and it should encourage carers to be active in the lives of their family member or friend with disability.

A similar principle should apply to allied service systems. They should retain responsibility for the services they currently provide (such as education, health or aged care). In some cases this will involve purchasing support services or specialist equipment from the National Disability Insurance Scheme. But they should not be allowed to cost-shift to the new scheme.

The establishment of a National Disability Insurance Scheme is an essential reform to give practical effect to Australia's ratification, in 2008, of the United Nations Convention on the Rights of Persons with Disabilities. The rights prescribed in the Convention are extensive and include the right to live in the community and participate in public and cultural life; the right to education and the right to work; the right to an adequate standard of living and the right to "habilitation and rehabilitation"; the right to receive information in accessible formats and the right to accessible public transit. The Convention's implications extend well beyond the disability services system: they extend across government portfolios and across social, economic and civic institutions. But access to a strong and responsive disability services system is a necessary (if not sufficient) condition for many people with significant disability to exercise their rights in many spheres of community life.

A National Disability Insurance Scheme should be part of—indeed, the platform for—the National Disability Strategy, currently in draft form. Broadly based on the UN Convention, the National Disability Strategy will provide a framework to advance the rights of people with disability in all domains of life. A well-funded and well-structured service system would provide a platform to enable people with disability to exercise their rights and pursue their aspirations within this broad framework.

A strong and responsive services system should not encase people; it should facilitate their social inclusion. Until the service system is re-built, people with disability will continue to experience isolation, insecurity, frustration and uncertainty – and progress on advancing the social and economic standing of people with disability will be stalled.

This submission does not respond directly to all the questions posed by the Productivity Commission, but instead identifies the important elements of a National Disability Insurance Scheme based on core principles. Adopting these principles would help establish a sustainable and effective system to support people with disability. It is long overdue.

Investment

Invest in people with disability

The concept of investment requires a long-term view of returns or benefits. That long-term view is missing from the current system. The imperative to manage the 'current crisis' has detracted from decisions about planning for the long-term. This is despite the fact that disability is a long-term condition and that realistic projections of future demand are possible.

A new scheme for supporting people with disability should focus on the long-term benefits of investment. It should be built on the idea that the provision of adequate support will derive long-term benefits in terms of the independence, productivity and participation of a person with disability – and reduce the pressures on allied sectors—such as health, homelessness services, the justice system and aged care.

NDS has undertaken modelling of the financial effects of increasing the number of people moving from the Disability Support Pension (DSP) to paid employment. The economic modelling uses the tool Remplan 3 (developed by Compelling Economics) which uses 2006 ABS Census JTW Employment Data; 2005/2006 ABS National Input Output Tables; and June 2009 ABS GDP data. The direct and flow-on financial effects of increasing employment participation are substantial.¹

If just 4 per cent of people currently on the DSP found employment within the community services sector (a relatively low-paying sector and one which has limited flow-on effects), the model predicts the economic impact to be about \$5 billion dollars. If, however, these people found employment across all industry sectors (in accordance with the percentage of the workforce working in each major industry sector) the economic impact (the industrial and consumption effects) could be as large as \$25 billion.²

These calculations are based on just one year. The cumulative returns over time would be greater. The calculation takes into account taxes paid, but not a cessation of DSP or the productive output of the employed person. The figures mirror general stratification of roles and salaries in each of the industries.

¹ Multipliers for Community Services are 2.458 for financial output and 1.342 for employment output. In the broader economy as it relates to the estimates presented, the multipliers are 2.527 for financial output and 2.472 for employment output. The calculation uses a figure of 740,000 people receiving the Disability Support Pension.

² For further detail see Appendix.

At present, only 2 per cent of people each year exit DSP into employment; and fewer than one in 10 DSP recipients derive any income from paid employment. Supporting increased employment participation by people with disability would deliver major economic benefits to Australian society and rewards for individuals. Economic participation is central to social inclusion but many people with disability who want to work are being denied its associated benefits, such as income, satisfaction, status and access to social networks.

This approach reframes services and supports as investment rather than charitable handouts. In this conceptualization, the interests of the individual and the interests of the scheme are aligned—both have the goal of ensuring every individual has every opportunity to reach their potential. Good investment in people will establish a relationship between improved personal capacity and the moderation of future costs. This is apparent in early intervention services, but can also be seen in other services such as community access, personal support, home modifications and the timely provision of assistive technology.

Invest in informal support structures

Collectively carers provide in excess of a billion hours of support per year to people with chronic illness, disability or frailty. Nearly 65 per cent of primary carers over the age of 15 years spend more than 40 hours per week caring for a person with a profound core activity limitation.³ This is of benefit, directly or indirectly, to all Australians. Supporting carers in the extraordinary role they perform is crucial to the sustainability of the Australian health and community care systems.

NDS member organisations work collaboratively with carers to support people of all ages and with all forms of disability. In doing so, they hear regularly of the concerns of carers—from parents of children with disability seeking access to early intervention and respite services; from people juggling work and caring responsibilities; and from older carers anxious about who will care for their son or daughter with disability in the future.

A significant proportion of carers report their caring responsibilities prevent them from working. In 2003 there were 187,900 carers in Australia of workforce age who were not currently in the workforce and who were caring for a person with a disability aged less than 65 years.⁴ The ABS Survey, *Managing Caring Responsibilities and Paid Employment*⁵, indicated that of all people with any caring responsibilities who were not in the workforce in NSW in 2000, 40 per cent cited their caring responsibilities as their reason for not seeking work.

The economic modelling tool, Remplan 3, calculates that the benefit to the Australian economy would be \$6.3 billion if just 20 per cent of carers returned to work in the community services sector. If, however, the 20 per cent of carers returning to work

³ ABS 2004, *Disability, ageing and carers: summary of findings*, ABS, Canberra, pp. 54 & 33.

⁴ ABS Survey of Disability, Ageing and Carers (2003), Table 1.4 p.16, ABS, A Profile of Carers in Australia, 4448.0, 2008

⁵ ABS Survey 2000, *Managing Caring Responsibilities and Paid Employment*, New South Wales, ABS 4903.1

found employment across all major industry sectors the economic impact would be around \$32 billion.

In short, the economic benefit of carers being able to return to work as a result of receiving improved disability support services would be huge.

For many carers of people with disability, the most important recognition of their contribution comes from acknowledgement that the care role is not theirs alone—they want access to formal support services when required, to complement their role. To assist carers engage with the formal support system they need: information about the support services that are available to assist them; access to the levels and types of support services that are sufficient to meet their needs to juggle other responsibilities, other roles and other interests; and assurance that the person they care for will be well-supported by the formal service system.

Governments must invest in the services and information that families and carers believe are essential to supporting the role they play in the lives of a person with disability. A new scheme should support carers, but it should not displace them: ideally, carers will remain engaged in the lives of the people they currently support.

Invest in the service system

Numerous reports over the past decade have highlighted the fact that not-for-profit organisations are burdened with inconsistent and inappropriate regulation. While organisations that receive public funds should be accountable to government for the use of those funds, red tape and associated compliance costs should be minimised. In some respects, accountability has become an instrument of departmental control which weakens the mission and identity of non-government organisations. Departments need to recognise that not-for-profit organisations have other stakeholders (clients, families, local communities, sponsors) to whom they also must be accountable.

Excessive regulation and onerous administrative requirements adversely affect the efficiency of parts of the not for profit sector—including disability service providers—and must be reduced as a matter of priority. Over recent years, business has benefited from the recognition that excessive ‘red tape’ hinders its performance, with various initiatives underway to reduce the burden of red tape (in particular the Corporate Law Economic Reform Program). The not-for-profit sector has been largely excluded from this reform agenda. As a recent report commented:

Regulation reform (alongside human capital and competition) has achieved a high national profile in Australia. It is a key element of the agreed agenda of the Council of Australian Governments (COAG). There is consensus that ‘red tape’ is choking business, and that reforms should be accelerated and jurisdictional differences minimised in moves to ‘co-operative federalism’.

But these national reforms priorities are not necessarily being extended to the NFP [not for profit] sector.⁶

Governments must invest in reform that will improve the ability of not-for-profit organisations to deliver services to the Australian community. The implementation of many of the recommendations of the Productivity Commission's report, *Contribution of the not-for-profit sector*, would be a good place to start. In particular, governments should respond to the Commission's recommendation that essential services—such as disability support services—should be fully funded, taking account of all relevant direct and indirect costs associated with service delivery. The sector cannot continue to bear the brunt of inadequate funding (and indexation) levels without it having serious impacts on the capacity and commitment given to innovation, the maintenance of appropriate infrastructure and on having sufficient people being prepared to work in the industry.

Invest in communities

While support services alone cannot achieve social inclusion for people with disability, a National Disability Insurance Scheme would have a long-term financial interest in investing in community-wide strategies to promote social inclusion.

Increasing the availability of accessible public transport, for example, would reduce some of the demand for specialist transport, allow greater community access and thus reduce long-term costs.

The scheme should also have an interest in supporting an effective independent advocacy movement that could promote the rights of people with disability.

Expenditure by governments in improving access to the built environment and to changing community perceptions of people with disability would reap rewards. Accessible communities and communities that accept diversity benefit everyone—older people; young children; people from diverse backgrounds. A more diverse and tolerant society would be the result.

Eligibility

The scheme should provide services to all people who require support because of a disability

Ultimately, the scheme should provide an entitlement to support for all people whose disability has an impact on their daily life. How a person acquires a disability, or at what age, should not determine whether or not they are eligible to receive support.

⁶ Pascoe S. 2008, *Regulating the Not-for-Profit Sector*, State Services Authority, Melbourne, p. 16.

The initial priority population should be the target population under the National Disability Agreement—people with severe or profound disability, including people assessed as needing specialist support to gain and/or retain employment

The Australian Institute of Health and Welfare defines ‘disability’ as a limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities. It further classifies disability according to severity, with people at the more severe end having either:

- a profound core activity limitation, where an individual is unable to do, or always needs help with, a core activity task (core activity tasks are self-care, mobility and communication) or
- a severe core activity limitation, where an individual *sometimes* needs help with a core activity or task, and/or has difficulty understanding or being understood by family or friends and/or can communicate more easily using sign language or other non-spoken forms of communication.

State and territory administered services provide services to people who broadly meet this definition and who have acquired a disability before the age of 65 years.

Employment services for people with disability are also funded—by the Commonwealth—under the National Disability Agreement. These services are governed by the Disability Services Act 1986.

Hence, under existing arrangements, disability services are targeted at people who have a relatively severe disability, generally acquired before the age of 65 years, and who need support—at least occasionally—to live or work within their community.

This is consistent with the terms of reference for this inquiry, which is considering an approach that:

- provides long-term essential care and support for eligible people with severe or profound disability, on an entitlement basis and taking account the desired outcomes for each person over a lifetime
- is intended to cover people with disability not acquired as part of the natural process of ageing.

The National Disability Agreement does not define eligibility because eligibility is defined in the similar but not identical State, Territory and Federal Disability Acts. But broadly, people eligible for services under the National Disability Agreement are people who require support services (always or sometimes). This is the population that NDS believes should be eligible—initially—under the new scheme. In Victoria, where age is not expressed in the Disability Services Act 2006, people acquiring a significant disability when aged over 65 years are eligible for support. This is where the scheme should head—all people acquiring a disability, regardless of age or method of acquiring the disability should be entitled to support.

NDS believes the scheme should exclude people who have drug or alcohol addiction alone (that is, being without an associated disability that requires regular—either ongoing or intermittent—support). If, however, the addiction was associated with a significant disability (requiring regular support) a person should be deemed eligible. In addition, eligibility for people with a mental illness should only be considered when a person needed ongoing support to live within their community or to obtain and maintain employment. The treatment provided for the mental health condition, however, should remain the responsibility of the health sector. This scheme should not cover health expenses or those associated with treatment in acute hospitals.

Importantly, NDS believes eligibility should be extended to people who have a physiological condition that, in the absence of intervention, would result in a severe or profound disability requiring ongoing support. In some cases, intervention would prevent the need for long-term support and would, therefore, be a valuable and cost effective response.

The target group for eligibility should prioritise—initially—people born with or acquiring a significant and long-term disability before the age of 65 years but ultimately should be extended to people acquiring a disability at any age

Many people who are eligible under current arrangements are denied services. While not all the estimated 750,000 Australians aged under 65 years with a severe or profound disability require formal services, many do. At present only a third receive any form of service funded under the National Disability Agreement, with most receiving ‘low intensity’ services such as respite and open employment services. While estimates of the need for more intensive services such as accommodation are imprecise, it is certainly substantially more than the 5 per cent of people with severe or profound disability who currently receive any form of accommodation support under the National Disability Agreement. Rectifying this short-fall has to be a priority. In the short-term it makes little sense to extend the boundaries of eligibility until the current target population of people with severe or profound disability receives adequate support.

This approach aligns with the recently signed National Health and Hospitals Network Agreement which establishes 65 years as the age at which the Commonwealth will assume funding responsibility (through the aged care system). Establishing such an age limit is arbitrary, but it does have the practical value of clearly delineating eligibility and thus applying the Productivity Commission’s Terms of Reference in relation to the exclusion of disability arising from ‘natural ageing’.

In the long-term, all people with disability whatever their age, should have access to an entitlement system. And allied systems need to work in a complementary manner. Ideally, this would mean the services available under the aged care sector would be of a similar nature and intensity as those available under a disability scheme.

There is a need for a broad community debate on whether 65 years is an appropriate age for delineating older Australians. People are living longer and are experiencing better health and wellbeing during their 60s and even into their 70s and beyond. They are also being encouraged to remain in the workforce for longer. Perhaps it is

time to agree that an ‘older Australian’ category should be defined by an age greater than the current age of 65 years or, ideally, reach a position where functional needs—irrespective of age—determine what supports are provided to any person with disability.

A functional needs assessment should be used to determine eligibility

An objective assessment of functional needs is necessary to determine eligibility. This assessment should identify whether a person has a severe or profound disability and/or whether they meet the criteria for specialist employment support.

The determination of eligibility may involve a process whereby on application an individual is: screened to determine whether they are likely to be eligible and what types of activities/services are they seeking support for; if likely to be eligible, are assessed using objective assessments of functional needs; and, if eligible, are engaged in a discussion about the supports they need and what the scheme can provide.

People with some specified conditions should be fast-tracked through an assessment process (as they are for some forms of income support such as the Carer Allowance—Child under 16 years). It is possible, using existing information, to predict that people with some conditions are very likely to require disability support services either now or in the future. This information should be used to develop a list of conditions for which easy access to a formal assessment of eligibility is available. Minimising application and assessment processes would be welcomed by people with disability and their families and would result in administrative savings.

A transparent process to assess eligibility will help reduce appeals or litigation.

Eligibility assessment should primarily be to determine whether a person is in the scheme, not about the exact level of support they will receive

The assessment of eligibility should be somewhat separate from the planning for support services. It should, however, inform the determination of what services may be provided under the scheme.

This is discussed further under ‘Entitlement’.

Eligibility under the scheme, once determined, continues for the rest of the person’s life

Once deemed eligible, a person would remain eligible to receive support, when required, for the rest of their life.

The current severely-rationed system effectively discourages a person from doing without a service even if their need reduces – through fear that once relinquished the

service will not return if the person's need escalates. A service guarantee will encourage people to be more adventurous in testing their independence and trying new options. This could include moving out of a day service to try employment. At present a person in this situation risks finding themselves without options if the attempt at employment fails.

A flexible and responsive system will provide reassurance that it is existing needs only that need to be addressed at this time, with a capacity to increase or reduce support when needs change.

The services required may be provided from many sources: specialist disability services, aged care or community or mainstream services. The funding for the purchase of these services would remain the responsibility of the scheme.

Entitlement

Eligibility should be followed by planning for support services

A transparent and objective functional needs assessment process would establish whether a person is entitled to support and, broadly, the level of support that they are likely to require.

The actual level and type/s of support, however, should be determined through a planning process which considers:

- individual capacity;
- what the individual is seeking to achieve;
- the availability of informal support (the levels and types of support family and carers are willing and able to provide);
- access to community and mainstream services; and
- the availability of specialist disability support services.

Support available to a person should be flexible; as their needs or circumstances change, the support arrangements should adjust

Currently, access to disability support services is tightly rationed by rigid and inflexible program policies and procedures and by limited funding. Getting through application processes and obtaining some support is difficult for people with disability and their families; but changing the pattern of support as their needs increase is almost impossible.

At present, there is an incentive, therefore, for people to obtain the highest level of support they can possibly get when they enter a program—as that level of support may remain static for decades.

Importantly, a new scheme should ensure that the levels of support put in place at a point in time are not fixed. Changes in any of the above elements should trigger a review and re-negotiation of support arrangements.

The scheme should only cover expenses associated with the additional support required because of disability; it should not pay for ‘ordinary life expenses’.

A new scheme should assist people with the needs that arise from their disability and not be thought of as an income supplement.

NDS acknowledges that many people with disability have low income and has often pointed out the strong correlation between household poverty and disability and argued for the need to increase the financial assistance available. This, however, should be addressed through the income support system and not through a new scheme designed to provide support services.

Excluding ‘ordinary life expenses’ from the scheme would mean that expenditure on items such as food, utilities, recreation and clothing would not be covered. The exception would be where expenditure on these items was high due to a disability—in these cases expenditure above the norm could be funded by the scheme. The scheme could, for instance, fund modifications to a vehicle to enable wheelchair access, but not cover the base cost of the vehicle itself. It could cover the difference between the cost of a commercial washing machine and the cost of an ordinary washing machine for a family with incontinent children.

The scheme, therefore, should be structured around a co-contribution approach to the provision of some services or technology; for ‘ordinary life expenses or items’ the individual would be expected to contribute what other people could be expected to provide. The scheme would be limited to covering the extra-ordinary living costs of an individual or the cost differential between the price of an adequate piece of equipment or technology and the upgraded version that might be preferred.

The supports available under a new scheme should be clearly listed and regularly reviewed

While difficult, the transparency and clarity of a new scheme would be enhanced by clear articulation of ‘legitimate supports’ and any associated restrictions – just as Medicare specifies the medical interventions that it will fund and the PBS the drugs that receive public subsidy. Such an approach would assist accountability for the use of public funds and equity for those in need, as well as minimizing the use of complaint mechanisms, appeals and litigation.

The list should be reviewed regularly by an independent panel which would be guided by available evidence on efficacy.

Eligibility and entitlement policies should be clearly articulated

Transparency, fairness and the importance of minimizing disputes require clear definitions and boundaries of the scheme—who is eligible, what entitlement means, what services are available. There will be difficult decisions to be taken in this process but unclear rules will only make the decisions more difficult.

The scheme should recognize, however, that there will be exceptions. These should be assessed and determined, in a structured manner, on a case-by-case basis.

Equity

The cause of a person's disability should have no influence on their entitlement to services

How a disability was acquired should not affect eligibility or entitlement. People born with disability as well as people whose disability derives from accident or illness should all be eligible for support.

The scheme should also facilitate access to opportunities for people with disability that are available to other Australians. Equitable opportunities to participate in society should be a goal.

This goal, however, would be a long-term one. Existing insurance-based entitlement schemes should continue to operate as usual during the implementation of this scheme—to avoid the risk of disruption. This will mean some discrepancies between the support available to people with similar needs in the short-term (but significantly less than under current arrangements). A medium to long-term goal would be consistency.

The scheme should be no fault

An attractive feature of the motor vehicle accident schemes operating in states such as Victoria and New South Wales is the 'no fault' approach taken to the provision of long-term care and support. Reducing the stress, uncertainty and expenditure on litigation in relation to provision for ongoing support needs is a good thing, as is reassuring people that they do not have to rely on establishing 'blame' to receive good support into the future.

This must be a feature of the new scheme; a society interested in fairness and justice should not countenance any other approach.

The scheme should set consistent rules, implemented locally, and apply resources equitably across jurisdictions

National consistency in eligibility and entitlement—delivering similar levels of support for people in similar circumstances—should be a feature of the new scheme.

The difficult circumstances of people living in rural and remote areas should influence the type/s and level/s of supports provided. A well-structured planning process should identify the adjustments people living in rural and remote areas require. NDS is aware of cases where support workers have a ‘round trip’ travel time of up to 6 hours to deliver 2–3 hours of support. Finding better ways of providing good support under these difficult circumstances must be a priority for further research and program development.

Central rule-setting should be complemented by local implementation. Personal contact to organise service arrangements and local processes to assist with administrative matters and complaints are required.

The scheme should be based on a social insurance approach

Australians accept the value of a safety net in relation to income support and the cost of medical treatment. They do so because of a sense of fairness and protection against financial risk. Many Australians are unaware that a similar safety net does not apply to disability. The long-term cost of disability support services is far more than an individual or a family could be reasonably expected to make provision for; but it is not at all beyond the financial capacity of an affluent country like Australia if the cost is broadly shared. A social insurance approach is therefore needed.

NDS supports the comment by the Productivity Commission in the Issues Paper that, in this case, social insurance is more appropriate than private insurance, as the latter would function neither “efficiently or equitably”.

Early intervention

Early intervention—for young children born with disability and after accident, illness or the development of a progressive medical condition—should be a priority

A weakness of the current system is that it is crisis-driven and more likely to respond to an immediate and urgent demand than intervening early to prevent the escalation of need. This is generally not the most effective approach. Early investment in high-quality intervention services will generally reduce the need for long-term support services and will increase the ability of people to work. The need for assistance from families and carers will also be reduced.

The importance of childhood early intervention programs is based on the premise that the first few years of life of a child's development are crucial in setting the foundation for learning, behaviour and health outcomes. Effective early intervention approaches are those that prevent or arrest problems early in a child's life, or at early stages in the development of problem situations. Early intervention will boost a child's capacity to participate in education and have a rewarding and productive life.

The benefits of early intervention are not confined to children. Adults who have had an accident, an illness or have a progressive medical condition will also benefit from intensive rehabilitation or other support. Maximising independence, improving employment opportunities, reducing the need for expensive attendant care services and minimising carer responsibilities are all expected outcomes. Early intervention, in these circumstances, need not be limitless. Reasonable levels of rehabilitative services (post-acute) can rely on evidence from the Australasian Rehabilitation Outcomes Centre.

Early intervention should be available to people with physiological conditions who, without intervention, would require more expensive (and long-term) supports. A person whose eyesight is progressively deteriorating, for example, would benefit from early orientation and assistive technology training to maximise their future independence.

Improved longer-term outcomes warrant the up-front investment in early intervention services. It must be noted, however, that assisting people to participate in their community and have fulfilling lives may require intensive intervention beyond what is provided early on. This type of intensive support should be available when required.

Efficiency and effectiveness

Administrative arrangements should be as simple as possible

Accessing support services is frequently complex, requiring lengthy application and assessment processes. Knowledge of how to 'negotiate the system' among people with disability and families and carers is generally low. Complex systems also create additional barriers which may prevent people with print disability, low literacy levels or who are from diverse cultural and linguistic backgrounds from accessing the supports and services they need.

A new disability support scheme should be designed to be as simple as possible to navigate: knowledge of how to apply for support should be widely available (in multiple formats and through multiple media); application forms/processes should be simple; assessment should be no more comprehensive than required; planning for supports should be collaborative; requesting changes to support arrangements should generate a quick response.

A national scheme should decrease expenditure on administration; state and territory bureaucracies should be able to be reduced once common rules and processes are established.

Provide the assistive technology necessary to maximise participation and independence

Reform to the provision of aids and equipment is needed, with an 'end-to-end solution' for consumers, which includes awareness and information; support to select the most appropriate item/s; installation and training; and maintenance and repairs.

The current inadequate arrangements result in:

- high levels of unmet, partially met or inappropriately met need;
- lost productivity and reduced participation in all aspects of life;
- cost shifting to individuals and families who can least afford it through high co-payments for some equipment, limited lists of available equipment in public schemes (often including no or very limited funding for home and vehicle modifications);
- a patchwork of eligibility requirements;
- uncoordinated programs, with dysfunctional consequences such as equipment provided to assist at work not being able to be used in the community or at home; and
- cost-shifting to more expensive down-stream services.

Governments have agreed in principle on the need for reform of some kind. Under the National Disability Agreement, State, Territory and Federal governments are committed to 'national consistency' in the provision of aids and equipment schemes by the end of 2012. Aids and equipment should be included in a National Disability Insurance Scheme.

There is good evidence that the delivery of appropriate and timely assistive technology to those who need it can: improve the quality of life for those with disability and their families; reduce reliance on expensive personal support; reduce the need for supported accommodation or residential care admissions; reduce family carer injuries and stress; increase participation in employment and education; reduce hospital admissions; and shorten hospital stays.

Good access to assistive technology must be a feature of a new scheme.

Establish robust data collection and analysis processes

Effective disability service planning and delivery depend on quality information and data. The paucity of data in the disability sector has limited planning and progress. A range of data is needed, including on the current and future demand for services; the outcomes for people with disability; trends in services; and sector capacity including workforce profile. Data generated under the scheme should be used to build evidence on trends in service demand; which interventions provide the best outcomes for people with disability; benchmarking for service providers; as well as strategies to recruit, train and retain staff.

Recognition of the need for improved data is growing. The National Disability Agreement includes a commitment to improve data collection on the need for services and the development of population-based benchmarking. Work has progressed on both these commitments. In addition, for the first time, a national workforce census and survey of the community services workforce has been recently conducted.

Complementarity

The scheme should complement and cooperate with other sectors, not take on their responsibilities

Through the course of their lives people with disability interact with many sectors, not just disability services. They go to school, engage in training and possibly employment; access health services and recreation facilities; and, late in life, may need support from aged care services.

Service systems such as Education, Transport, Health and Aged Care have obligations to cater for the diverse range of citizens, even if those obligations are not often fully met. It is important that these service systems retain their obligations to cater for people with disability, rather than transfer those obligations to a National Disability Insurance Scheme. Such a transfer would not only undermine the financial sustainability of the disability support system, it would impede the progress of community inclusion by enabling generic systems to exclude people with disability from their 'core business'.

Retaining these obligations, however, should be supported by cooperation between sectors - for instance, disability services may be best equipped to provide assistive technology or specialist support in the classroom, but Education would provide the funding to enable this to happen.

As far as possible, it is important that the aged care system ensure that the level of disability support to people acquiring a disability in old age is in reasonable alignment with the new disability support scheme. It should be feasible for the aged care system to 'buy-in' specialist disability support to achieve this, and vice versa.

The goal of providing people with the best possible service should drive the establishment of cooperative arrangements between sectors.

Self-direction

Consumers should have choice about the services they receive

Interest in personalised approaches to service delivery has grown significantly over recent years, although progress in translating this interest into service practice is variable. Personalisation is part of the continuing move towards community living, the empowerment of people with disability and the rejection of a 'one size fits all' approach to service delivery. These are goals which NDS supports. An associated development is the rise in the use of what is broadly termed individualised or self-directed funding.

Individualised funding is not the only route to the personalization of services. Person-centred planning, for example, is re-shaping services to reflect the needs and aspirations of individuals, without necessarily relying on individualised funding. Moreover, if poorly implemented, individualised funding can actually restrict individual

choices and service flexibility. This would occur if individual budgets were inadequate; or if the financial viability of services were undermined; or if the quality of services were depleted; or if the funding model could not accommodate unpredicted circumstances.

While many people with disability will want to direct the supports they receive, few will want to become the employers of disability support workers and be responsible for all that that entails - e.g. the establishment of a small business, compliance with legislation—including Occupational Health and Safety, taxation and industrial relations laws—and provision of staff with the training, supervision and professional development opportunities they require.

A National Disability Insurance Scheme should recognize diversity of choice and of service patterns. It should allow a range of options for the management of supports, which include self-directed planning, self-directed supports and self-directed funding. People should have choice about how active they are in the administrative aspects of the support they receive. Direct funding to individuals should be available alongside options such as the use of a financial intermediary and direct funding of service providers.

Any direct payments to individuals for the purchase of disability support services should not affect the level of any income support payments received.

Choice must be informed

Encouraging people with disability to have greater choice and direction over the services they receive requires an investment in information, resources and advocacy. People with disability, their families and carers need to have the information they need – in forms that suit them - to make rational choices.

The scheme should also recognise that some individuals will require greater support to plan and exercise choice than others.

Quality

Providers of support services to people with disability should be independently quality assured in relation to Disability Service Standards

NDS accepts the need for a quality system to support the delivery of services to people with disability. This quality system needs to be effective, relevant and affordable. It must also demonstrably improve the lives of people by supporting the delivery of high-quality services, and be a mechanism to ensure that public funds are well spent. Quality service delivery is in the interest of all parties: people with disability, service providers, governments and the broader community.

Monitoring or accreditation should be independent from government and service provider. Governments should acknowledge that a robust system to deliver quality

outcomes for people with disability is expensive to implement and maintain and should therefore fund the accreditation process as well as ensure that the cost of establishing and managing a quality system is adequately incorporated into the funding provided for service delivery.

Operating a quality system in the current inadequately funded service environment is difficult; operating one in an environment which does not require all providers of disability support to be quality assured would be inequitable and unsustainable. NDS contends that every provider of a disability support service—not-for-profit, for-profit and government—must be appropriately and independently quality assured in relation to the Disability Service Standards. In keeping with a commitment to quality, all therapies and rehabilitative services must be delivered by accredited professionals.

Family members who are resident in the same household as the service user should not be paid to deliver services. To do so risks a conflict of interest and blurs professional boundaries.

The scheme must be responsive to feedback from stakeholders

No policy blueprint and no new program or system is ever perfect from day one. It is essential that the National Disability Insurance Scheme has an in-built mechanism for continual feedback from stakeholders in order to drive continuous improvement.

Processes to support active feedback from all parties engaged in the scheme—and a commitment to implement changes to deliver continuous improvement—must be established and operating from the beginning of a new scheme.

The scheme must be supported by an effective complaint and appeal mechanism

An efficient and effective process to receive, investigate and resolve complaints is an important part of any good business—and required by the Disability Service Standards. All disability organisations should have in place good internal complaints processes. Access to an external system should also be available.

A new disability support scheme must establish an external complaint process. This process must be independent and objective ‘to ensure that the processes and decisions of the scheme are objective and unbiased and are seen to be objective and unbiased’⁷. It must also be accountable ‘to ensure public confidence in the scheme and allow assessment and improvement of its performance and that of scheme members’⁸.

There are no mandated standards or requirements for internal complaints processes or external complaints resolutions schemes, but two documents provide guidance:

⁷ Consumer Affairs Division, Department of Industry, Science and Tourism 1997, *Benchmarks for industry-based customer dispute resolution schemes.*, p. 14.

⁸ Consumer Affairs Division, op. cit., p. 18.

*Australian Standard AS ISO 10002–2006*⁹ and *Benchmarks for industry-based customer dispute resolution schemes*¹⁰. These materials should inform the establishment and operation of an external complaints mechanism.

Sustainability

People with disability, families and carers must receive adequate support

Without sufficient support and resources, many people with disability are unable to participate meaningfully in the economic, social, cultural and political life of their community. They find themselves excluded and forgotten. The large number of people with severe or profound disability who are currently without sufficient support services should be the first priority for the new scheme.

Providing people with disability with regular and planned services is also the most effective means of assisting carers. Services should enable the person with disability to have the support they require when they require it, and provide carers with defined times when they are not actively engaged in their caring role.

Respite services should be widely available to—primarily—meet the irregular, unplanned, intermittent, short-term and emergency needs of carers. These services should be flexible, responsive and available at levels which meet carers' needs. They must also meet the needs and interests of the person with disability.

The service system must be sustainable

A sustainable disability service system is essential to support people with significant disability to have certainty and choice in their lives: to decide what they will do, when, how and with whom they will do it. This requires service funding levels that reflect the actual costs of service delivery. A fully funded social insurance scheme is the best mechanism to deliver this.

A new scheme must invest in system capacity, workforce development, and service infrastructure. It must ensure that consumers have meaningful choice and supports through the maintenance of a diverse range of viable organisations. Services must be available to support people living in rural and remote areas.

The introduction of an entitlement scheme would require a significant increase in the size of the sector's workforce. This workforce would require appropriate skills in response to the increasingly complex nature of disability work. Disability service workers should be equipped to respond to the diverse support requirements of clients and the complex regulatory environment in which services now operate. Skills growth needs to remain current and relevant and reflect the growing trend to supporting people with complex needs in uncontrolled, unsupervised environments.

⁹ Council of Standards Australia 2006, *AS ISO 10002–2006 Customer satisfaction—Guidelines for complaints handling in organizations*

¹⁰ Consumer Affairs Division, Department of Industry, Science and Tourism 1997, *Benchmarks for industry-based customer dispute resolution schemes*

The reality is that workforce issues will limit how quickly a new scheme can be introduced. Recruitment, retention and training of workers require investment. Boosting the recruitment of people to work in the sector is an immediate need and would benefit from the development of a national online, centralised recruitment portal to facilitate ease of entry into the disability service sector. This has been initiated in NSW, with funding from the NSW Government, through CareCareers (www.carecareers.com.au). Extension of this program across all jurisdictions would be worthwhile.

The need to expand workforce capacity supports the need for a staged implementation of a new scheme. The National Disability Workforce Strategy, expected to be released this year, should identify and prioritise strategies to meet the challenges the sector faces.

NDS supports the recommendations in the Productivity Commission's report, *Contribution of the Not-for-profit sector*, for how governments should fund the services delivered by the sector on its behalf. It recommends that services deemed to be essential—disability support services would fall into this category—should be explicitly identified and fully funded by governments. This funding principle should be adopted by a new scheme as a priority. Funding formulae should include training.

The Commission also recommended that an independent process for establishing the cost of new or significantly changed services or activities should be established. NDS supports this approach.

In establishing payment levels for the provision of services, government should take account of the industrial arrangements operating within each state and territory, so as not to disadvantage not-for-profit organizations covered by particular awards.

The scheme must be financially viable in the long-term

A new scheme for the provision of disability supports must be financially viable in the long-term at a systemic level. It must be affordable over the economic cycle and take account of demographic and social trends. The number of people with a disability is increasing and the number of people willing and able to provide unpaid care is decreasing. Any new scheme must ensure that the needs of all are able to be met both now and in the future. The scheme must account for both the social and economic needs of the nation and ensure they can be met in a fiscally responsible manner.

A new scheme must be fully-funded and be structured in a manner that avoids the need for annual 'budget bids' to Treasury—a commitment to meet the support needs of those entitled must be established. In its operation the scheme must take account of factors such as existing demand, anticipated demand, social trends, demographic factors, inflation rates, service costs and growth in the use of new technologies.

A sustainable scheme requires stable rules—projecting costs into the future is difficult without these. Legislators should consider prohibiting the making of a court

decision on behalf of an individual that would compromise the financial viability of the scheme.

To ensure ongoing community support, the scheme should expend funds prudently and responsibly

A new disability support scheme—well-structured and well-funded—will be more visible to the public than ever before. This relationship needs to be managed to ensure continued public support for the scheme.

A new scheme must be accountable; it must be seen to use public funds responsibly. Appropriate, but not onerous, accountability processes need to be established.

Research

The scheme should be informed by research

Current deficits in data and research impede progress within the disability sector. Improvements in available data—their relevance, quality, quantity and timeliness—are needed to support disability service planning, the development and implementation of quality improvement systems and workforce planning. Improvements in research and its dissemination are needed to inform improvements to the delivery of support for people with disability – at a system-wide level and in relation to the efficacy of specific therapies, service models and interventions.

The annual *Report on Government Services* is currently one of the most useful, timely and comprehensive sources of system-wide data on the provision of services for people with disability. The information provided on the users of employment, accommodation support, community access and participation services is valuable. Improving it, particularly to make data more comparable across jurisdictions and over time, would however be welcome.

Growing acceptance of the need to focus on outcomes for people with disability is a significant development within the sector, even though information about how to measure outcomes is quite limited. Together with the information we have about inputs and outputs, improved data on outcomes will provide a richer picture of the impact of disability (and other) services on the quality of service users' lives.

It will, however, take time to build knowledge about outcomes and impacts. But they are worthy of significant attention—the importance of ensuring that people with disability who have difficulty articulating their opinions are provided with the supports they want in the manner they prefer is key to high quality service provision.

The disability sector is keen to work with government to ensure services do deliver good outcomes for people with disability. Improved data collection and a well-resourced and comprehensive research agenda will drive service and quality improvements, deliver greater accountability and support service planning.

Recognition of the need for increased investment in research is growing, from a very low base. The allocation for research under the national Disability Agreement has increased from \$2 million over five years to \$10 million. In its report to government the Disability Investment Group recommended an investment of \$30 million a year to fund a National Disability Research Institute.¹¹ A significant research capacity should be built into a new scheme for disability support.

Research should drive the development of assistive technology

At least two million Australians with long-term disability rely on assistive technology (specialist equipment or aids) to help them manage with their daily life. Wheelchairs, scooters, walking frames, screen readers, hearing aids, continence aids, communication devices and a host of other technology assist people with disability to maximise their independence and, in many cases, to reduce their need for more expensive personal support services. Assistive technology can mean the difference between social isolation for a person with disability and active participation in community life and employment.

Innovation in assistive technology – in particular, computer-based technology - has had a profound effect on the quality of life of some people with disability.

Information on the provision of assistive technology to people with disability is not currently included in the Report on Government Services. The new National Disability Agreement is the first that has included reference to assistive technology ('more consistent access to aids and equipment by end of 2012') making the collection and publication of improved data on this topic timely and relevant.

Assistive technology—and the policies for provision to people with disability—should be underpinned by evidence of effectiveness. Research must inform the development of innovation in assistive technologies as well as the items which should be available under a new scheme.

Community capacity

The scheme should be informed by the UN Convention on the Rights of Persons with Disabilities

The intent of a new scheme should be to ensure people with a disability receive the support they require to be active, engaged, productive and participating members of the community. The scheme should be a mechanism by which people are able to exercise the full range of their rights as outlined by the UN Convention.

The scheme should be viewed as a platform from which people with disability can exercise their rights. It should, therefore, be supported by significant investment in the key domains (health and well-being; education and learning; economic security; community inclusion etc) outlined in the (draft) National Disability Strategy.

¹¹ Disability Investment Group, *The Way Forward: a new disability policy framework for Australia*, 2009

The scheme should promote community awareness of disability

People with disability remain one of the most disadvantaged groups within Australian society. They experience barriers to participation in most spheres of life - education, health, sport, housing, employment and the arts.

Research by the Social Policy Research Centre (SPRC) provides a comprehensive picture of deprivation and social exclusion in Australia. Not surprisingly, people with disability fare poorly on a range of indicators. Not only are they more likely to live in jobless households, they are less likely than any other group to participate in community activities. This, combined with the large proportion who have no regular contact with other people, underlines the strong “association between disability and social isolation.”

A new scheme for supporting people with disability should include a commitment to promote community awareness and understanding of disability. Over time—as greater opportunities become available to people with disability— this can be expected to reduce long-term support costs and result in tangible improvements in people’s lives.

The scheme should be underpinned by partnerships

NDS supports the Australian Government’s development of a National Compact with the not-for-profit sector, even though the diversity of the sector will make its implementation challenging. Building improved relationships is important to the effective functioning of both the Government and the sector, particularly those parts of the sector which have contracts with government.

The benefits of a Compact include providing a platform for:

- raising the profile of the not-for-profit sector and thereby helping to attract more people as employees and volunteers;
- developing a more efficient, less cumbersome regulatory regime, which would allow more of a community service organisation’s resources to be directed away from compliance and towards the provision of support services;
- identifying impediments to the effective functioning of not-for-profit organisations; and
- highlighting that while community service organisations may deliver services on behalf of government, they are not service delivery arms of government; they have their own missions and stakeholders.

Not-for-profit organisations value their independence; the potential for governments to impinge on this independence must be minimised. NDS believes that within service agreements, contracts or grant conditions the ability of government to impose conditions should not extend beyond those essential for the delivery of agreed

funding outcomes. Current contracts for services are often lengthy, complex, too prescriptive and treat service providers as arms of government departments.

If the National Disability Insurance Scheme is to encourage service flexibility, innovation and person-centred approaches – as it should – this relationship with government needs to change.

A vibrant disability sector looks for opportunities for people with disability, seeks purposeful engagement with local communities and supports the personal networks of people who cannot do so unaided.

A new scheme, even one with greatly enhanced resources, will not be able to provide all the support a person with disability needs – nor should it seek to: family and friends should remain a pivotal part of people's informal support networks. In essence, it is good partnerships that will result in the best outcomes for people with disability. NDS believes that good support services for families and carers are important to assist them remain engaged in the life of the person with disability they support.

A new entitlement scheme should not discourage volunteerism and giving. Donations provide an important adjunct to government-funded services and often support innovative approaches, services to people not otherwise eligible, and research and development. It is important that these additional services continue.

Conclusion

Major reform of the scale envisaged in this submission would require substantial effort, energy and investment – and it is not without risks. NDS would not be recommending this path unless it did not believe that the current system was unsustainable. Australia has a unique opportunity to create a system in which eligibility provides a service guarantee, not a place on a long waiting list; in which the nation benefits from people with disability being meaningfully engaged in social and economic life; and in which support for people with disability is conceptualised as an investment, not a hand-out.

Investment should ensure the ongoing existence of a robust service system that can offer people with disability quality and choice. But investment should not be in disability service provision alone. A National Disability Insurance Scheme should also invest in community awareness and understanding of disability, in building the capacity of communities to support people with disability, and in research to drive innovation and improvement. The long-term dividends of accessible, welcoming and supportive communities would include a reduction in the formal supports required by individuals.

This submission proposes a range of principles to underpin a new scheme and guide how it should be structured and administered. NDS advocates a staged implementation informed by a robust feedback mechanism. A major new scheme must be implemented without disruption to people who currently receive support.

Current system limitations—notably the size of the disability workforce—will restrict the speed of implementation. A substantial increase in disability support services will only be possible if appropriately-skilled workers are available. This will not happen unless there is significant investment in recruitment, training and retention strategies. A new scheme can only be implemented as quickly as there is the capacity to do so.

NDS would welcome further opportunities to discuss with the Productivity Commission the principles proposed.

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About National Disability Services

National Disability Services is the peak industry body for non-government disability services. Its purpose is to promote and advance services for people with disability. Its Australia-wide membership includes around 700 non-government 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.

Appendix

ESTIMATED IMPACT OF PEOPLE WITH A DISABILITY RETURNING TO WORK – FINANCIAL OUTPUT

4% OF PEOPLE ON THE DISABILITY SUPPORT PENSION FINDING EMPLOYMENT IN THE COMMUNITY SERVICES SECTOR

Output	Direct Change Jobs	Direct Change Output (\$M)	Direct Effect (\$M)	Industrial Effect (\$M)	Consumption Effect (\$M)	Total (\$M)
Agriculture Forestry Fishing				\$3.795	\$78.550	\$82.345
Mining				\$6.296	\$55.810	\$62.107
Manufacturing				\$57.835	\$681.655	\$739.490
Electricity, gas & water supply				\$10.621	\$83.093	\$93.714
Construction				\$4.919	\$32.810	\$37.729
Wholesale trade				\$14.625	\$174.594	\$189.220
Retail trade				\$4.873	\$334.783	\$339.656
Accommodation, cafes & restaurants				\$6.283	\$152.493	\$158.776
Transport & storage				\$12.048	\$158.454	\$170.503
Communication services				\$13.163	\$89.327	\$102.490
Finance & insurance				\$18.457	\$258.595	\$277.053
Property & business services				\$56.021	\$308.308	\$364.329
Government administration & defence				\$2.812	\$13.531	\$16.343
Education				\$2.797	\$78.346	\$81.143
Health services				\$0.706	\$78.292	\$78.998
Community services	29,600		\$2,026.804		\$11.522	\$2,038.326
Cultural & recreational services				\$8.148	\$82.851	\$90.999
Personal & other services				\$1.059	\$58.231	\$59.290
TOTAL	29,600		\$2,026.804	\$224.459	\$2,731.247	\$4,982.510
				Type 1		Type 2
Multiplier				1.111		2.458

PEOPLE WITH A DISABILITY RETURNING TO WORK TO INDUSTRY SECTORS IN ACCORDANCE WITH THE PERCENTAGE OF THE WORKFORCE WORKING IN EACH MAJOR INDUSTRY SECTOR

4% OF PEOPLE ON THE DISABILITY SUPPORT PENSION FINDING EMPLOYMENT ACROSS ALL MAJOR INDUSTRY SECTORS

Output	Direct Change Jobs	Direct Change Output (\$M)	Direct Effect (\$M)	Industrial Effect (\$M)	Consumption Effect (\$M)	Total (\$M)
Agriculture Forestry Fishing	938		\$231.586	\$239.833	\$199.675	\$671.094
Mining	334		\$607.072	\$551.091	\$141.870	\$1,300.034
Manufacturing	3,404		\$2,616.376	\$2,191.029	\$1,732.774	\$6,540.179
Electricity, gas & water supply	243		\$220.361	\$244.366	\$211.223	\$675.950
Construction	1,817		\$918.164	\$448.862	\$83.403	\$1,450.429
Wholesale trade	1,495		\$596.016	\$478.144	\$443.821	\$1,517.981
Retail trade	4,473		\$550.461	\$140.047	\$851.022	\$1,541.530
Accommodation, cafes & restaurants	1,459		\$280.631	\$159.248	\$387.640	\$827.518
Transport & storage	1,288		\$565.158	\$579.817	\$402.793	\$1,547.768
Communication services	444		\$230.992	\$271.801	\$227.069	\$729.862
Finance & insurance	1,225		\$622.597	\$708.298	\$657.353	\$1,988.248
Property & business services	3,294		\$1,258.377	\$2,160.728	\$783.724	\$4,202.829
Government administration & defence	1,711		\$412.251	\$79.964	\$34.397	\$526.611
Education	2,368		\$301.712	\$60.570	\$199.156	\$561.438
Health services	2,356		\$317.110	\$11.621	\$199.020	\$527.750
Community services	1,000		\$68.473		\$29.290	\$97.763
Cultural & recreational services	669		\$185.914	\$173.567	\$210.609	\$570.090
Personal & other services	1,082		\$139.830	\$20.805	\$148.023	\$308.658
TOTAL	29,600		\$10,123.081	\$8,519.791	\$6,942.861	\$25,585.732
				Type 1	Type 2	
Multiplier				1.842	2.527	

ESTIMATED IMPACT OF CARERS RETURNING TO WORK – FINANCIAL OUTPUT

20% OF CARERS RETURNING TO WORK IN THE COMMUNITY SERVICES SECTOR

Output	Direct Change Jobs	Direct Change Output (\$M)	Direct Effect (\$M)	Industrial Effect (\$M)	Consumption Effect (\$M)	Total (\$M)
Agriculture Forestry Fishing				\$4.819	\$99.727	\$104.545
Mining				\$7.994	\$70.856	\$78.850
Manufacturing				\$73.427	\$865.425	\$938.852
Electricity, gas & water supply				\$13.485	\$105.494	\$118.979
Construction				\$6.246	\$41.655	\$47.901
Wholesale trade				\$18.568	\$221.664	\$240.232
Retail trade				\$6.186	\$425.039	\$431.225
Accommodation, cafes & restaurants				\$7.977	\$193.605	\$201.582
Transport & storage				\$15.296	\$201.173	\$216.469
Communication services				\$16.712	\$113.409	\$130.120
Finance & insurance				\$23.433	\$328.311	\$351.745
Property & business services				\$71.124	\$391.427	\$462.550
Government administration & defence				\$3.570	\$17.179	\$20.749
Education				\$3.550	\$99.468	\$103.018
Health services				\$0.896	\$99.399	\$100.296
Community services	37,580		\$2,573.219		\$14.629	\$2,587.848
Cultural & recreational services				\$10.345	\$105.187	\$115.532
Personal & other services				\$1.345	\$73.929	\$75.274
TOTAL	37,580		\$2,573.219	\$284.972	\$3,467.576	\$6,325.767
				Type 1		Type 2
Multiplier				1.111		2.458

CARERS RETURNING TO WORK TO INDUSTRY SECTORS IN ACCORDANCE WITH THE PERCENTAGE OF THE WORKFORCE WORKING IN EACH MAJOR INDUSTRY SECTOR

20% OF CARERS RETURNING TO WORK ACROSS ALL MAJOR INDUSTRY SECTORS

Output	Direct Change Jobs	Direct Change Output (\$M)	Direct Effect (\$M)	Industrial Effect (\$M)	Consumption Effect (\$M)	Total (\$M)
Agriculture Forestry Fishing	1,191		\$294.050	\$304.513	\$253.527	\$852.090
Mining	425		\$772.472	\$699.819	\$180.133	\$1,652.424
Manufacturing	4,322		\$3,321.967	\$2,781.978	\$2,200.104	\$8,304.049
Electricity, gas & water supply	308		\$279.305	\$310.227	\$268.190	\$857.722
Construction	2,307		\$1,165.770	\$569.927	\$105.897	\$1,841.594
Wholesale trade	1,898		\$756.682	\$607.117	\$563.520	\$1,927.318
Retail trade	5,678		\$698.752	\$177.816	\$1,080.543	\$1,957.111
Accommodation, cafes & restaurants	1,853		\$356.414	\$202.201	\$492.186	\$1,050.801
Transport & storage	1,635		\$717.417	\$736.214	\$511.426	\$1,965.057
Communication services	564		\$293.423	\$345.098	\$288.310	\$926.830
Finance & insurance	1,556		\$790.825	\$899.433	\$834.641	\$2,524.898
Property & business services	4,183		\$1,597.993	\$2,743.605	\$995.094	\$5,336.693
Government administration & defence	2,172		\$523.325	\$101.528	\$43.673	\$668.527
Education	3,006		\$383.000	\$76.905	\$252.869	\$712.774
Health services	2,991		\$402.579	\$14.754	\$252.695	\$670.028
Community services	1,270		\$86.961		\$37.190	\$124.150
Cultural & recreational services	849		\$235.936	\$220.375	\$267.410	\$723.721
Personal & other services	1,372		\$177.308	\$26.415	\$187.945	\$391.668
TOTAL	37,580		\$12,854.179	\$10,817.925	\$8,815.352	\$32,487.456
				Type 1	Type 2	
Multiplier				1.842	2.527	