

Is Singapore Ready for Personal Budgets in Disability Services?

By Matthew Low

“[National Disability Insurance] brings an end to the tragedy of services denied or delayed and instead offer people with disability the care and support they need over their lifetimes. This is a complex Bill, yet at its heart is a very simple moral insight: Disability can affect any of us and therefore it affects all of us.”

— Julia Gillard, the 27th Prime Minister of Australia

On 13 May 2019, the Institute of Policy Studies (IPS) and the Social Service Research Centre (SSR) hosted a seminar on the Australian National Disability Insurance Scheme (NDIS). Led by Associate Professor Jennifer Smith-Merry, Director of the Centre for Disability Research and Policy at the University of Sydney, and IPS Senior Research Fellows Dr Justin Lee and Mr Christopher Gee, the seminar discussed lessons learnt in the implementation of NDIS, and the applicability of similar policies in the Singaporean context.

How the NDIS Works

In Singapore, the government block-funds organisations to deliver disability services. In contrast, the NDIS provides a personalised budget to individuals to pay for services of their choice. It helps persons with disabilities (PwDs) access mainstream services such as health and education, community services including sports clubs and gyms, and maintain informal support such as family and friends. A typical application procedure is as follows:

- 1) A PwD makes an application to the NDIS. Letters from healthcare professionals or records of past service usage are then used to determine eligibility¹.
- 2) Following acceptance into the NDIS, a PwD is invited to a planning meeting where his or her needs will be assessed. An individualised support plan is co-created alongside relevant professionals and coordinators, with funding based on a pricing guide for various items of care².

¹ One consequence is that PwDs who receive less structured and formal services — such as PwDs with psychosocial disabilities — find it more difficult to prove their disability.

² Some items, such as home modification, do not have a pricing guide; in these cases, a quote will be sent to the National Disability Insurance Agency for approval.

- 3) Some parts of the derived yearly budget will be directly disbursed while the rest can only be accessed with a quote from service providers³. Care planners can be hired to help manage the plan.
- 4) Twelve months later, all parties will reconvene and refine the existing support plan.

The NDIS website uses real-life examples to help clients understand the process. For example, Joseph, a person with Down syndrome faces difficulty living and travelling alone. During support planning, he explains his circumstances, which are then validated by professionals. Funding is then disbursed to Joseph for him to hire support workers that provide in-home support and assist him in travelling to the gym and swimming pool.

The NDIS has caused an unprecedented shift in service provision. Individuals instead of organisations now have financial power, leading to the creation of a market system where organisations must market their services to PwDs to turn a profit. According to Assoc. Prof. Smith-Merry, this should in theory improve quality of services.

In the subsequent discussion with the audience, trade-offs between Australia's and Singapore's models were discussed.

Discussion

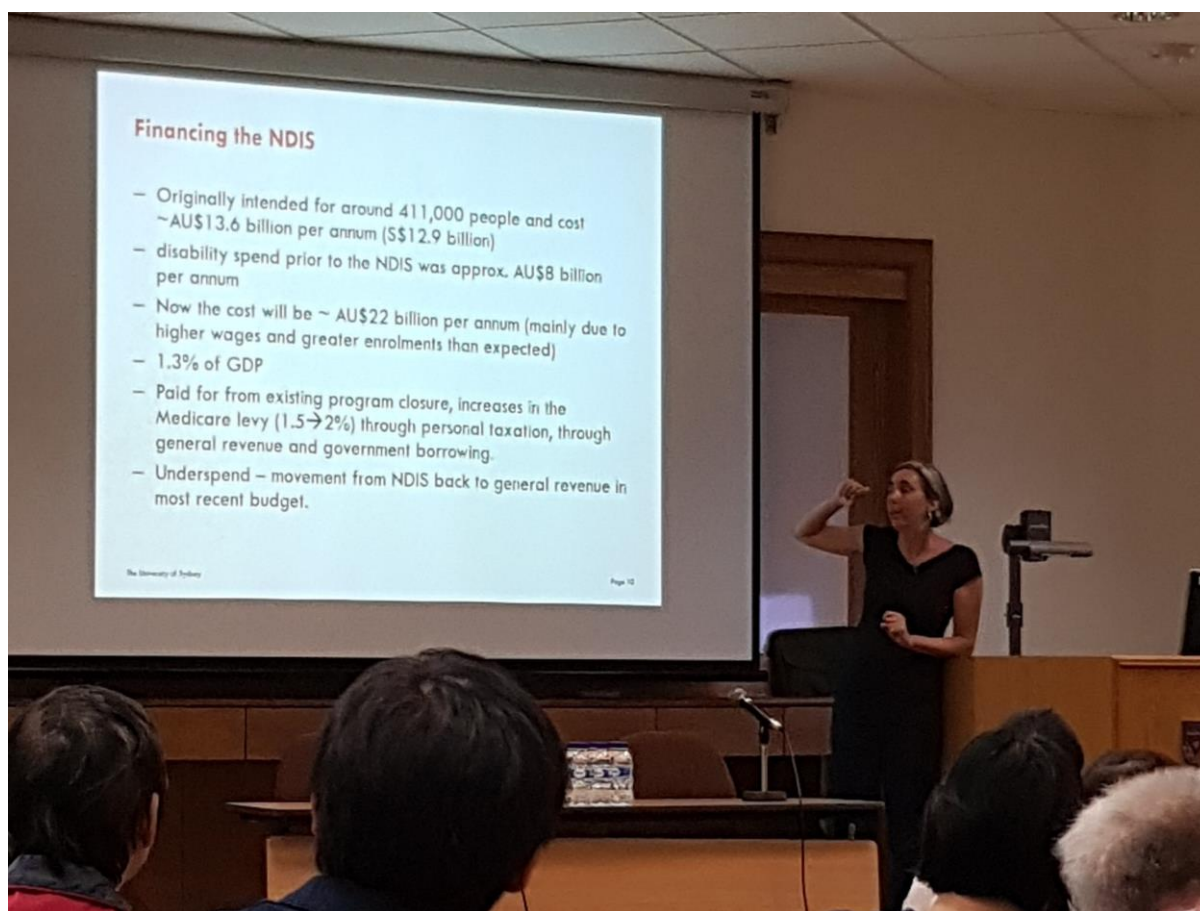
Universal rights vs means-testing. The NDIS is a universal scheme that all PwDs can access regardless of financial status. Income would not even play a role in support planning, as all applicants are judged on all needs, irrespective of whether they are already met. This is in contrast to the practice of means testing in Singapore, where subsidies are only given to those who cannot afford to access disability services.

Assoc. Prof. Smith-Merry thinks that most people, regardless of income level, are unwilling to spend money on social services and it is therefore unnecessary to create strict procedure limiting access to NDIS or complicating the process of structuring a support plan. Furthermore, in the Australian context — where healthcare, education and social services are presumed as fundamental to human life — universal disability insurance was no different from other universal services.

Such a policy approach comes with its costs. Currently, for a service user population of 465,000 PwDs, the NDIS's yearly expenditure comes to about AU\$22 billion (approximately S\$21 billion). This amount makes up 1.3 per cent of Australia's GDP and is a sharp increase from pre-NDIS disability expenditure of AU\$8 billion per annum. Even though there were savings from program closures, the Australian government still needed to raise money by increasing Medicare levy in personal taxation by 0.5 per cent.

In contrast, Singapore is estimated to spend around S\$400 million a year on initiatives supporting PwDs.

³ Most items that require a quote have higher costs — for example, assistive technologies such as wheelchairs and home modifications such as installing a railing in a bathroom. This is to ensure that funds are used for the specific purpose laid out in the support plan.



Assoc. Prof. Smith-Merry discusses the financial costs of the NDIS.

Person-centred vs provider-led services. According to Assoc. Prof. Smith-Merry, the move from block funding to individual funding was representative of a general shift towards person-centred care. She said that the design of the NDIS was partially adapted from the UK personalised budget system.

The strength of this person-centred model is that services would focus less on the disability and more on the overall person and their experience of life. PwDs would also have more autonomy in choosing the services they wished to access. This greater sense of control could be empowering and further improve quality of life.

However, this model can only fully function when there is a sufficiently large market of providers for PwDs to select and purchase services from. The key problem here is that the marketisation of disability services means that service providers that aim to maximise profits must look to serve areas with higher demand. Thus, they may avoid operating in rural and remote locations where there is no critical mass of PwDs, resulting PwDs living there becoming inadequately served.⁴

⁴ Previously, some agencies would provide transport for PwDs living in rural and remote areas to travel to and access distant services. Now, however, with the removal of block funding, agencies cannot sustainably subsidise these transport costs.

Outside rural locations, the NDIS has also run into implementation challenges in urban areas. In particular, support planning has proven difficult with individuals with multiple complex needs or impairments, such as children or persons with both intellectual disabilities and behavioural issues. Service users with many systemically intertwined problems may find it difficult to create a plan as required support may either require intervention from multiple silo-ed stakeholders or be beyond the scope of potential services in the scheme. Receiving increased financial disbursement is not an option as funding is inflexible and cannot deviate from the pricing guide.

Carers of PwDs have also been neglected. Previous funding for carer respite services have all been consolidated into NDIS, meaning that carers do not receive government financial assistance unless PwDs include them as supports during support planning.

Potential solutions to some of these problems are in the works. For example, some states of Australia are trialling programs such as the Integrated Service Response — where service stakeholders are brought together to hash out a comprehensive support plan — and tiered pricing guides for more specialised services which account for complex needs.

Matthew Low interned with the Society and Culture department at IPS from April to June 2019, where he worked on projects and research on disability issues in Singapore.

If you have comments or feedback, please email ips.update@nus.edu.sg



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