

Based on data available up to 2020–21, DROs were consistently funded at around 10 per cent of NDAP funding in recent years as shown in Figure 4.4. We assume it had continued at this level in 2021–22.

In the 2022–23 Federal budget, an additional \$11.2 million is committed over four years from 2022–23 to the DRO program. We understand this increase is in addition to current funding and assume this additional funding reflects the new long-term desired level of funding for the DRO program.

Accounting for the fact that total NDAP funding is projected to increase in our funding model, we find that future DRO funding would be approximately 15 per cent of NDAP funding. We assume this 15 per cent ratio continues over the long term.

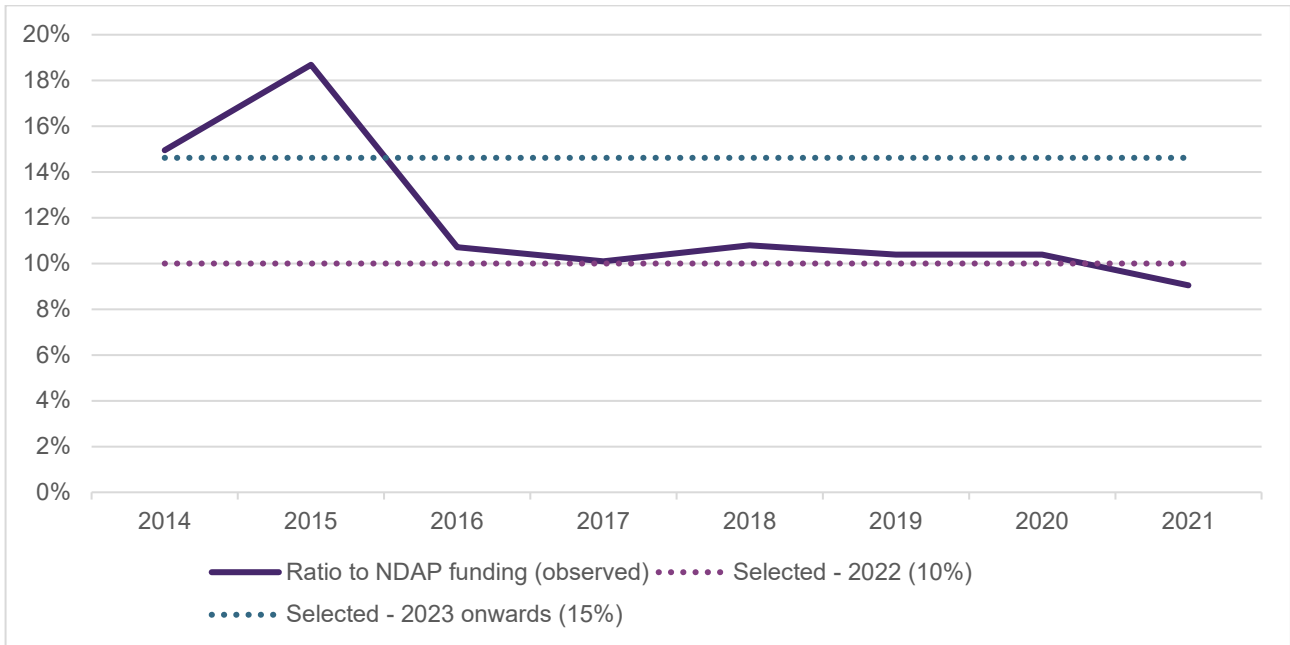


Figure 4.4: Annual DRO funding as a per cent of NDAP funding

4.4 Uncertainties and sensitivity testing

Uncertainties

Our estimates are impacted by all of the uncertainties in estimating demand discussed in Section 3.4. In particular, we note that the extent to which additional funding will give rise to more demand is not known, and has not been estimated in this report. For illustrative purposes, we show how much funding would increase if this effect led to a doubling of the annual growth in demand in the next section.

Table 4.7, Table 4.8 and Table 4.9 present two scenarios to test the sensitivity of projection to the unmet demand assumption:

- High scenario – Assume 50 per cent of demand is unmet instead of 25 per cent. This leads us to an increase in our estimate of total demand. Fifty per cent is similar to the estimated proportion of demand that is unmet in DANA (2022) which included people in waitlist as a part of the unmet demand.
- Low scenario – Assume 15 per cent of demand is unmet instead of 25 per cent. This leads to a decrease in our estimate of total demand. This could reflect a greater degree of double-counting of individuals being turned away by disability advocacy agencies than we had assumed.

Table 4.7: Sensitivity testing of unmet demand assumptions – Commonwealth (NDAP + NDIS Appeals + DRO)

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Our estimate	\$60.5m	\$74.3m	\$80.9m	\$87.7m	\$94.9m
High scenario	\$90.8m	\$111.5m	\$121.4m	\$131.6m	\$142.4m
Low scenario	\$53.4m	\$65.6m	\$71.4m	\$77.4m	\$83.7m

Table 4.8: Sensitivity testing of unmet demand assumptions – State and territory advocacy

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Our estimate	\$37.4m	\$48.8m	\$52.7m	\$56.8m	\$61.1m
High scenario	\$56.1m	\$73.2m	\$79.1m	\$85.2m	\$91.7m
Low scenario	\$33.0m	\$43.0m	\$46.5m	\$50.1m	\$53.9m

Table 4.9: Sensitivity testing of unmet demand assumptions – Total

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Our estimate	\$97.9m	\$123.1m	\$133.6m	\$144.6m	\$156.1m
High scenario	\$146.8m	\$184.6m	\$200.4m	\$216.8m	\$234.1m
Low scenario	\$86.4m	\$108.6m	\$117.9m	\$127.6m	\$137.7m

The tables show that a larger amount of unmet demand, if recognised and reflected in the funding model, would lead to a large increase in overall funding costs – \$205.1 million in 2024–25 rather than \$136.7 million.

The Appendix provides additional sensitivity testing on the demand assumption of NDIS appeals as discussed in ‘Assumptions’ in Section 3.3.

Other sensitivity testing

Table 4.10, Table 4.11 and Table 4.12 present two additional scenarios to test the sensitivity of our projection to assumptions in the cost of advocacy services per client, including:

- assuming the cost per client for state and territory advocacy is the same as NDAP (\$1,750) instead of being higher
- increasing the assumed inflation in cost per client by 2 per cent after 2024–25. Higher inflation in cost per client may occur due to pressures on wages, increasing service standards or other factors following the change in funding model (as outlined at the start of this section).

Table 4.10: Sensitivity testing of unmet demand assumptions – Commonwealth (NDAP + NDIS Appeals + DRO)

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Our estimate	\$60.5m	\$74.3m	\$80.9m	\$87.7m	\$94.9m
Lower cost for state and territory advocacy ^a	NA	NA	NA	NA	NA
Inflation at WPI + 2% from 2024–25	\$60.4m	\$75.7m	\$84.0m	\$92.9m	\$102.5m

^a Lower cost for state/territory advocacy is NA for all years as there was no impact on Commonwealth funding estimate.

Table 4.11: Sensitivity testing of unmet demand assumptions – State and territory advocacy

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Our estimate	\$37.4m	\$48.8m	\$52.7m	\$56.8m	\$61.1m
Lower cost for state and territory advocacy	\$26.2m	\$34.2m	\$36.9m	\$39.8m	\$42.8m
Inflation at WPI + 2% from 2024–25	\$37.4m	\$49.7m	\$54.8m	\$60.2m	\$66.0m

Table 4.12: Sensitivity testing of unmet demand assumptions – Total

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Our estimate	\$97.9m	\$123.1m	\$133.6	\$144.6m	\$156.1mm
Lower cost for state and territory advocacy	\$86.7m	\$108.4m	\$117.8m	\$127.5m	\$137.7mm
Inflation at WPI + 2% from 2024–25	\$97.9m	\$125.5m	\$138.8m	\$153.1m	\$168.5m

4.5 Implementation considerations

This section sets out recommendations for implementing a revised funding model, under the assumption that the Australian and state and territory governments wish to use the funding model proposed in this report.

Updating our initial estimates prior to July 2024

Our model is based on available data from published sources, along with reports obtained by the DRC. There are some areas where data was particularly lacking, or where new information is likely to become available prior to July 2024.

Given this, we recommend the following areas of the model are reviewed prior to implementation in July 2024:

- Review of estimated clients and cost per client for state or territory funded advocacy:** Our estimate of the cost per client for state and territory advocacy services relies on data from a limited number of states, and it is unclear why it is higher than NDAP. In particular, as noted in Section 4.4 we have relied on estimates from the Queensland and Victorian Governments only. These estimates

may also be affected by one-off Covid-19 relief and subsequent policy changes to disability advocacy funding that are not captured by our data source. As a result, these estimates carry high uncertainty. Given the size of state and territory advocacy services, we recommend that additional research is taken to review this assumption prior to implementation. Some approaches that could be used include:

- drawing on existing data or analysis of grant funding and clients held by state/territory governments, if available
- surveying a sample of providers about both clients and grant funding, to refine our estimate of the average cost per client.
- **Updating our estimates for additional data published before July 2024:** It is expected that additional data will be published on some components of the model, such as inflation and demand. The latest data should be reflected in any funding estimates.
- **Disaggregation by state or territory:** Funding estimates could be disaggregated by state or territory, if variations in costs between states and territories could be estimated (for example, costs may be higher in states with more regional or remote communities). This may require collecting additional cost and activity data.
- **Disaggregation by demographic factors:** Funding estimates could be disaggregated by demographic factors such as clients from First Nations or cultural and linguistically diverse (CALD) background, who may require higher funding to meet their needs. More granular data collection is required to analyse the impact of First Nations and CALD status on average cost.

Detail in the Appendix breaks our calculation down into the components of our funding formula, to allow our estimates to be adjusted in line with the above if required.

Improved reporting and monitoring

As discussed in Section 4.4, there are considerable uncertainties in the level of funding required to meet current levels of demand. Uncertainty is particularly high regarding the extent to which increased funding will lead to further increases in demand.

Given this, **we recommend that the funding model is supported by a strong process of regular public reporting, and ongoing review of the assumptions.** This would include:

- comparison of met and unmet demand against expectations
- analysis of the drivers of unmet demand
- an assessment of key gaps (for example, by type of advocacy service, geography)
- an assessment of whether meeting 100 per cent of demand is still considered an appropriate target for government. This could consider the above reporting, the results of evaluations of disability advocacy services, or other factors
- continuous monitoring of the impact of increased funding on the unit cost of advocacy, to mitigate the risk of superimposed inflation. As outlined in prior sections, it is possible that the increased funding will also result in higher unit cost due to factors such as additional operational costs that the service agencies did not have funds for previously, a reduction in the need for volunteers, or wages in the industry growing faster than wage indices due to a shortage of experienced disability advocates. Alternatively, increased funding and size of service agencies could also help them to achieve greater economies of scale and help to reduce the unit cost
- potentially better collection and reporting on clients and costs by type of advocacy support (for example, NDIS compared with justice or health), to improve the detail of unit costing assumptions
- updated funding estimates, in light of the above considerations.

Additionally, we recommend that governments consider the value of improved data collection. In particular, the following improvements to data collection would allow more accurate estimates of met demand, unmet demand and the profile of services requested:

- collection of unit record data for both met and unmet demand. Note: data for unmet demand would be minimal – perhaps name, date of birth and gender to allow data linkage, along with type of service requested to support analysis of the output
- centralisation of data across the different streams of disability advocacy services
- estimation of the number of unique clients, and unique people with unmet demand for advocacy, across the system as a whole.

These improvements would allow funding to be revised in response to changes in demand or more accurate data. In particular, where demand is seen to increase further in response to additional funding, decisions could be made as to whether to continue to set

a target of meeting 100 per cent of demand, or to set a lower target. Reporting on this decision publicly will provide greater transparency to the community.

The additional data will also create potential for a more detailed costing study that examines how the funding required differs across demographic factors as discussed in the previous section.

Commonwealth, state and territory funding arrangements

Currently advocacy services are jointly funded by the Commonwealth and state and territory governments. This joint funding arrangement has benefits, for example the Productivity Commission (2017) notes:

If advocacy is funded solely by the Australian Government, then there may be pressure to help participants access services that are funded by the States and Territories. But if advocacy is funded solely by the States and Territories, there may be pressure to help participants to enter the NDIS and use services funded by the Australian Government. The previous practice — where the Australian, State and Territory Governments all contributed to disability advocacy funding — is appropriate to address this concern.²⁵

Additionally, joint funding arrangements provide some insulation against changes in government priorities from year to year.

Joint funding arrangements also present a challenge, in that **strong and effective coordination** is required in order for the system to assess demand and ensure resources are adequate.

At present, the NDAF provides high level principles agreed between the Commonwealth and state and territory governments to work within to provide a nationally consistent approach to disability advocacy. **However, there is currently no publicly available information that provides insight into how the NDAF is operationalised or realised through shared implementation arrangements.** For example, the Draft ASK Insight Report acknowledged the shared responsibilities within the NDAF, however recommended that ‘there is an urgent need for clarity around how this should work in practice’.²⁶

Broadly, intergovernmental coordination can be achieved in a number of ways:

- Both States/Territories and the Commonwealth could continue to administer grants and advocacy services, with clearly defined roles, responsibilities and implementation practices.
- A single branch of government could oversee the program, with funding contributed by each.

We understand that work is underway to develop a disability advocacy workplan to provide clarity on how coordination will be achieved going forward. Regardless of the model of coordination adopted, to ensure the funding model achieves its intended purpose, we recommend that consideration is given in this workplan to:

- how governments will work together to address current and any emerging future gaps in demand
- how governments will address any risk of duplication of funding or resources. We note that in many cases one organisation may be funded by both the Commonwealth and state and territory governments
- how principles of equitable funding and ensuring adequate geographical coverage, as outlined in the NDAF,²⁷ will be achieved in practice. We note some of the improvements to data collection set out in 'Improved reporting and monitoring' above may support these objectives.

Ongoing review of the outcomes of advocacy

It is important that governments take steps to ensure that additional funding provided to advocacy achieves its intended outcomes. In particular, governments should ensure:

- there is strong accountability on service providers funded by all branches of government to ensure they are delivering good outcomes for their clients. This could include reporting on measures such as client satisfaction and outcomes, ideally in a consistent way across governments to enable comparisons
- for areas of government where advocates are continually involved in lengthy disputes around access to support, appropriate review is undertaken of the system design. In particular, in these cases there may be ways to make the process fairer, less adversarial and faster – such as improving policy material and guidelines that governments and advocates use to make decisions, streamlining processes or revising legislation
- failures in the above areas create risk that the cost of advocacy may rise without

delivering the desired benefits to people with disability. In some cases it is possible that more adversarial advocacy work increases distress for people with disability, which would be a perverse outcome.

5 Return on investment

5.1 Benefits of advocacy services

The benefit per person receiving each type of advocacy services, and share receiving advocacy relating to each topic are shown in Table 5.1, Table 5. 2 and Table 5.3.

The approaches to estimating the benefit per person estimates are discussed in the following sections. Overall, our estimates draw from work conducted in a past Cost Benefit Analysis (CBA) by DANA (2017),²⁸ our own work for the report *The Economic Cost of Violence, Abuse, Neglect and Exploitation of People with Disability*,²⁹ and the broader literature as outlined throughout this section.

The estimated differences in the cost per client between funding streams as discussed in 'Assumptions' in Section 4.3 suggests that the benefit delivered by these services might also be different. However, as we do not have any information regarding how the benefits would differ between Commonwealth and state and territory advocacy, we have not split our cost-benefit analysis by funding streams.

The share of people receiving each type of advocacy services is derived from the Draft Ask Insight Report.³⁰

Table 5.1: Benefit per person receiving advocacy services relating to reduced neglect

Subcategory	Benefit per person (\$/person receiving this type of advocacy services)	Share of people receiving this type of advocacy services (%)
Health – potentially avoidable deaths, risk factors	\$3,415	3%
Education – Children of people with disability	\$436	2%
Education – Children with disability	\$218	2%
Employment	\$2,278	1%
Inclusive homes and communities	\$521	16%
Community inclusion	\$9,247	1%
Other	\$0	14%

Table 5.2: Benefit per person receiving advocacy services relating to cost savings

Subcategory	Benefit per person (\$/person receiving this type of advocacy services)	Share of people receiving this type of advocacy services (%)
Financial advice	\$436	4%
Disability service providers	\$218	0%
Ombudsmen	\$436	0%
Health	\$2,182	3%
Carers' time	\$1,135	16%
Abuse	\$5,455	2%
Child protection	\$3,273	1%
Education	\$10,911	2%
Accommodation	\$6,676	16%
Justice system – police	\$1,637	3%
Justice system – court	\$1,286	6%
Justice system – prison	\$41,881	6%

Table 5.3: Benefit per person receiving advocacy services relating to life satisfaction

Subcategory	Benefit per person (\$/person receiving this type of advocacy services)	Share of people receiving this type of advocacy services (%)
Life satisfaction impact of receiving advocacy	\$4,982	100%

Reduction in systemic neglect

In the previous CBA by DANA (2017) a range of productivity improvements were quantified, including:

- increased adult life span, contributing to an increase in years of productive life
- increased education for children of parents with disability
- increased education for children with disability
- increased rates of employment for people with disability.

We frame these impacts as reductions in systemic neglect of people with disability, using the estimates of systemic neglect derived in our report *The Economic Cost of Violence, Abuse, Neglect and Exploitation of People with Disability*.³¹ For example, people with disability have poorer health outcomes due to systemic neglect, such as lower rates of vaccination or potentially avoidable deaths due to inadequate healthcare.

Estimates of these benefit categories in DANA’s CBA (2017) were largely underpinned by assumed impacts of advocacy on these outcomes, with little data available to support these assumptions. Further, the estimates of the benefits above only included the productivity losses associated with these impacts, plus avoided costs considered separately. Life quality impacts, such as the value of lost quality of life due to reduced life span, were explicitly excluded.

Accordingly, the approach we have taken to estimating reduced systemic neglect, as a result of advocacy services, is as follows:

- We measure the life quality and productivity losses due to reductions in systemic neglect of people with disability due to advocacy.
- For impacts of advocacy on life span and employment rates, we have relied upon estimates of the total cost of systemic neglect related to health and employment. To

this we add an estimate of systemic neglect related to inclusive homes and communities, which was not captured in the previous CBA by DANA (2017). For health and inclusive homes and communities, we divide the total cost of systemic maltreatment under each domain by the number of people with disability, and assume that this is the avoided systemic neglect for one person receiving advocacy relating to these topics. For employment, we divide the cost of systemic neglect by the number of working age people with disability. These values are shown in Table 5.1.

- For changes in community inclusion, we assume that each person receiving advocacy relating to community inclusion experiences a life satisfaction benefit equal to 50 per cent of the impact of moving from moderate to mild feelings of loneliness. This impact is 0.35, based on the reduction in wellbeing of 0.7 from this change in loneliness in UK guidance about wellbeing measurement.³²
- We do not estimate the impact of advocacy relating to ‘other’ topics on systemic neglect, given that we cannot identify how this advocacy would impact on the domains of neglect from the Total Cost model.
- For impacts of advocacy on education, we have used the same method and assumptions as DANA (2017).

Avoided costs to government

We have replicated the assumptions from DANA (2017) to estimate the avoided costs to government associated with different types of advocacy. Note that in their approach some life quality and productivity costs are included as well, such as the life quality and productivity costs associated with prison and with homelessness.

Where updated inputs are available from our work on the economic cost of violence, abuse, neglect and exploitation, we have used these new values.³³ This includes the cost of police callouts, cost per court case, and cost per prison day. For example, the total social cost of prison from our Total Cost model is somewhat higher than that assumed by DANA (2017), partially because they explicitly exclude productivity losses due to prison.

Life satisfaction

We estimate that advocacy improves life satisfaction by 0.19 points on a 0 to 10 scale for one year, which is an average across the two studies we have identified that quantify the

effect of advocacy on life satisfaction. Both studies relate to the impacts of advocacy for women exiting women's shelters on life satisfaction:

- Davidson (1992) assesses the impact of advocacy for women who have experienced domestic violence immediately following release from a women's shelter, after 12 months and after 24 months. The results showed that the effects of advocacy improved life satisfaction by 0.21 points at 24-month follow-up. The impact on life satisfaction was even higher immediately post-intervention and still positive at a 24 month follow-up, suggesting that assuming an impact of 0.21 for one year is relatively conservative.
- Bybee and Sullivan (2002) assessed the process through which an advocacy intervention resulted in positive change for women who exit women's shelters over time. Bybee and Sullivan's study showed a 0.17 point impact on life satisfaction.³⁴

There is significant qualitative evidence about the effects of disability-related advocacy on life satisfaction, such as that summarised in Tilley et al (2020), a systematic review of self-advocacy programs' impacts on life satisfaction.³⁵

Estimated impacts on wellbeing for other life changes support that our estimated impact of advocacy on life satisfaction is reasonable. Figure 5.1 illustrates the impact of a change in life satisfaction as a result of advocacy and other impacts on wellbeing from UK Guidance.³⁶ For example, a change from unemployment to employment considerably increases one's life satisfaction score by 0.46 out of 10. On the other hand, a reduction in noise in a neighbourhood improves wellbeing by 0.15 points. A change in loneliness from moderate to mild is associated with a large change in wellbeing (0.7 points out of 10).

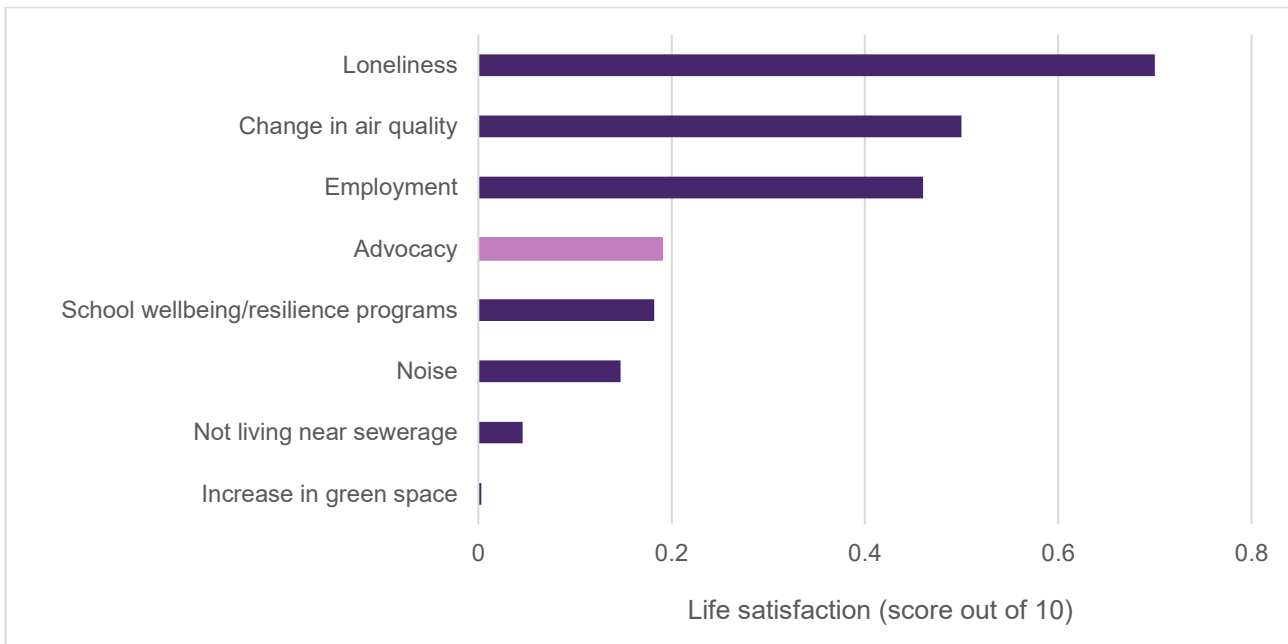


Figure 5.1: Change in life satisfaction associated with advocacy and other impacts on wellbeing

The value of a one-point increase in life satisfaction, measured on a scale from 0 to 10, over a one-year period is \$26,419. This is based on the average between an approach relying on the Value of a Statistical Life Year and a Willingness to Pay approach, per UK Guidance about valuing subjective wellbeing.³⁷

There is a risk that this life satisfaction impact may double-count improvements in life quality and productivity due to reduced systemic neglect, avoided productivity losses due to reduced homelessness and avoided productivity losses due to imprisonment. To avoid double-counting, we subtract the benefits of reduced systemic neglect and lost productivity from the value of improved life satisfaction, on the assumption that these are fully captured elsewhere in our estimates.

Impact of systemic advocacy

In DANA (2017) a replacement cost approach was taken to estimating the benefits of systemic advocacy. This relies on estimating the cost of providing systemic advocacy services and assuming that the benefit is equal to this implicit cost.

This approach is equivalent to assuming that benefit equals cost, and so it does not provide useful information about what benefits are derived from systemic advocacy and

their magnitude. We have not replicated this approach, and instead do not estimate any costs or benefits of systemic advocacy.

5.2 Cost of advocacy services

Costs of advocacy are estimated under a base case and a project case. The amount of advocacy provided under the base case is a projection of met demand (Table 5.4).

Under the project case, advocacy services provided are higher since unmet demand under the base case is newly met (Table 5.5).

Table 5.4: Base case demand for advocacy (by number of people) – 75% of demand met

Year	NDAP	NDIS Appeals	State and territory	Total
2022	13,441	3,414	11,219	28,074
2023	14,225	2,782	11,874	28,881
2024	15,031	3,024	12,547	30,602
2025	15,762	3,234	13,157	32,152
2026	16,481	3,448	13,757	33,685
2027	17,189	3,659	14,348	35,196
2028	17,893	3,866	14,935	36,694
2029	18,595	4,074	15,522	38,191
2030	19,295	4,282	16,106	39,683

Table 5.5: Project case demand for advocacy (by number of people) – 100% of demand met

Year	NDAP	NDIS Appeals	State and territory	Total
2022	17,921	5,252	14,959	38,133
2023	18,966	4,281	15,832	39,079
2024	20,041	4,652	16,729	41,422
2025	21,016	4,976	17,542	43,533
2026	21,974	5,305	18,342	45,621
2027	22,919	5,629	19,131	47,679

2028	23,857	5,948	19,914	49,719
2029	24,793	6,268	20,696	51,757
2030	25,727	6,588	21,475	53,789

We estimate the total cost of advocacy services based on multiplying the volume of services under the base case and project case by cost per client (Table 5.6). Note that for state and territory advocacy, the uncertainty in our estimate is high as it we have had to select our assumption for overall cost per client based on data from only two states, as well as rely on funding data from a limited time span which may be impacted by the COVID-19 pandemic – see ‘Assumptions’ in Section 4.3.

Table 5.6: Unit cost of advocacy

Category of advocacy	Cost per person in 2021–22 (\$)
NDAP	\$1,750
NDIS Appeals	\$4,950
State and territory advocacy	\$2,500

5.3 Cost benefit analysis

Tables 5.7 to 5.18 show that advocacy services deliver a net benefit overall, with:

- a benefit to cost ratio (BCR) of 2.92. That is, \$2.92 of benefit is delivered for every \$1 spent. This is lower than the BCR estimated in DANA (2017) CBA (3.5), with our assumptions being more conservative
- the BCR is lower for NDIS-related advocacy. This is not because NDIS-related advocacy is known to deliver less value – rather it is a reflection of the lack of information and research into the benefits being delivered. If we exclude NDIS-related advocacy, the BCR rises to 3.86 (\$3.86 of benefit for every \$1 spent).

The largest benefit of advocacy is the improved life satisfaction that advocacy clients experience, which was not included in the DANA (2017) CBA. The literature suggests that advocacy for people with disability can improve wellbeing through improved:

- external conditions (opportunities for work, housing resources)
- personal resources (new skills and knowledge, self-esteem)

- good functioning and satisfaction of needs (increased confidence, competency, having a safe space)
- good feelings day-to-day and overall.³⁸

We estimate a benefit of ~\$5,000 per person receiving advocacy services due to improved life satisfaction. Our estimate of the impact of advocacy on life satisfaction is similar to the impact of school wellbeing programs (as shown in Figure 5.1), and less than half of the impact of being employed compared with unemployment. Evidence about advocacy for women after leaving women's shelters³⁹ suggests that the positive effects of advocacy appear to last about 1-2 years. Conservatively we have assumed one year of benefits for the purpose of our estimates, noting that the evidence is not specific to people with disability.

If we exclude the benefits to life satisfaction, advocacy services still deliver a net benefit, though it is smaller (\$2.21 of benefit for each \$1 spent, excluding NDIS-related advocacy). The benefits of advocacy other than life satisfaction are not well understood for NDIS-related advocacy.

In addition to life satisfaction, we have quantified:

- **Reduced systemic neglect to health and employment:** These benefits are difficult to estimate. The key difference for our results being lower than the DANA (2017) CBA is this benefit category, which they categorised as 'productivity improvements'. In particular, we did not adopt the previous estimates of increased life expectancy of one year per person assisted with health matters, and that each person helped with employment advocacy obtains part time employment, out of conservatism as we consider these estimates particularly speculative.
- **Avoided costs to government:** We quantify costs across a range of areas, with the largest category being reduced prison terms for some advocacy clients. We note that this estimate is uncertain, in that it relies on an assumption about the number of prison days avoided as a result of advocacy relating to court proceedings.

We present the results with (Tables 5.7 to Table 5.12) and without (Tables 5.13 to Table 5.18) inclusion of advocacy related to NDIS Appeals. We do not have information about the outcomes achieved by these types of advocacy, though we note they are comprising an increasingly large share of total advocacy caseload. The benefits of these forms of

advocacy are more difficult to measure, but even the life satisfaction impact alone would be sufficient for costs to outweigh benefits.

Results are presented in present values (PV), where we have applied a seven per cent discount rate which gives some priority to benefits and costs in the near future compared to those more distant.

Table 5.7: Cost-benefit analysis results and return on investment from advocacy (excluding NDIS) – present value (PV) of benefits relating to reductions in systemic neglect

Benefits relating to reductions in systemic neglect	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
Health	\$18.1m	\$24.1m	\$6.0m
Education – Children of people with disability	\$2.0m	\$2.7m	\$0.7m
Education – Children with disability	\$1.0m	\$1.4m	\$0.3m
Employment	\$5.1m	\$6.8m	\$1.7m
Inclusive homes and communities	\$16.1m	\$21.4m	\$5.4m
Community inclusion	\$21.6m	\$28.8m	\$7.2m
Other	\$0.0m	\$0.0m	\$0.0m

Table 5.8: Cost-benefit analysis results and return on investment from advocacy (excluding NDIS) – benefits relating to avoided costs

Benefits relating to avoided costs	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
Financial advice	\$3.7m	\$5m	\$1.2m
Disability service providers	\$0.0m	\$0.0m	\$0.0m
Ombudsmen	\$0.0m	\$0.0m	\$0.0m
Health	\$11.5m	\$15.4m	\$3.8m
Carers' time	\$35.0m	\$46.6m	\$11.7m
Abuse	\$17.8m	\$23.8m	\$5.9m
Child protection	\$7.1m	\$9.5m	\$2.4m
Education	\$50.9m	\$67.9m	\$17m
Accommodation	\$205.7m	\$274.2m	\$68.6m
Justice System – police	\$8.1m	\$10.8m	\$2.7m
Justice System – court	\$14.8m	\$19.8m	\$4.9m
Justice System – prison	\$469.1m	\$625.5m	\$156.4m

Table 5.9: Cost-benefit analysis results and return on investment from advocacy (excluding NDIS) – benefits relating to life satisfaction impact

Benefits relating to life satisfaction impact	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
Life satisfaction impact of receiving advocacy	\$958.7m	\$1278.3m	\$319.6m
Adjustment to exclude double-counting	-\$293.5m	-\$391.4m	-\$97.8m

Table 5.10: Cost-benefit analysis results and return on investment from advocacy (excluding NDIS) – total benefits

Total benefits	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
Total benefits	\$1552.9m	\$2070.5m	\$517.6m

Table 5.11: Cost-benefit analysis results and return on investment from advocacy (excluding NDIS) – costs

Costs	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
NDAP	\$183.6m	\$244.7m	\$61.2m
NDIS Appeals	\$0.0m	\$0.0m	\$0.0m
State and territory advocacy	\$218.9m	\$291.8m	\$73.0m
Total costs	\$402.4m	\$536.6m	\$134.1m

Table 5.12: Cost-benefit analysis results and return on investment from advocacy (excluding NDIS) – overall results

Overall results	Base case (\$m, PV)	Project case (\$m, PV)	Difference
Net benefit	\$1,150.4m	\$1,533.9m	\$383.5m (PV)
Benefit-cost ratio	NA	NA	3.86
Return on investment	NA	NA	2.86

Table 5.13: Cost-benefit analysis results and return on investment from advocacy (including NDIS) – benefits relating to reductions in systemic neglect

Benefits relating to reductions in systemic neglect	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
Health	\$12.8m	\$17.3m	\$4.5m
Education – Children of people with disability	\$1.4m	\$2.0m	\$0.5m
Education – Children with disability	\$0.7m	\$1.0m	\$0.3m
Employment	\$3.6m	\$4.9m	\$1.3m
Inclusive homes and communities	\$11.3m	\$15.4m	\$4.0m
Community inclusion	\$15.2m	\$20.7m	\$5.4m
Other	\$0.0m	\$0.0m	\$0.0m

Table 5.14: Cost-benefit analysis results and return on investment from advocacy (including NDIS) – benefits relating to avoided costs

Benefits relating to avoided costs	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
Financial advice	\$2.6m	\$3.6m	\$0.9m
Disability service providers	\$17.2m	\$23.3m	\$6.1m
Ombudsmen	\$0.0m	\$0.0m	\$0.0m
Health	\$8.2m	\$11.1m	\$2.9m
Carers' time	\$114.3m	\$154.9m	\$40.6m
Abuse	\$12.6m	\$17.1m	\$4.5m
Child protection	\$5m	\$6.8m	\$1.8m
Education	\$36m	\$48.8m	\$12.8m
Accommodation	\$145.4m	\$197m	\$51.6m
Justice System – police	\$5.7m	\$7.7m	\$2.0
Justice System – court	\$10.5m	\$14.2m	\$3.7m
Justice System – prison	\$331.7m	\$449.4m	\$117.7m

Table 5.15: Cost-benefit analysis results and return on investment from advocacy (including NDIS) – benefits relating to life satisfaction impact

Benefits relating to life satisfaction impact	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
Life satisfaction impact of receiving advocacy	\$1,071.1m	\$1,451.2m	\$380.1m
Adjustment to exclude double-counting	-\$207.5m	-\$281.1m	-\$73.6m

Table 5.16: Cost-benefit analysis results and return on investment from advocacy (including NDIS) – total benefits

Total benefits	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
Total benefits	\$1,598.0m	\$2,165.0m	\$567.1m

Table 5.17: Cost-benefit analysis results and return on investment from advocacy (including NDIS) – costs

Costs	Base case (\$m, PV)	Project case (\$m, PV)	Difference (\$m, PV)
NDAP	\$183.6m	\$244.7m	\$61.2m
NDIS Appeals	\$111.7m	\$171.8m	\$60.1m
State and territory advocacy	\$218.9m	\$291.8m	\$73.0m
Total costs	\$514.1m	\$708.4m	\$194.3m

Table 5.18: Cost-benefit analysis results and return on investment from advocacy (including NDIS) – overall results

Overall results	Base case (\$m, PV)	Project case (\$m, PV)	Difference
Net benefit	\$1,083.9m	\$1,456.6m	\$372.8m (PV)
Benefit-cost ratio	NA	NA	2.92
Return on investment	NA	NA	1.92

5.4 Sensitivity analysis and uncertainty

We test the sensitivity of the results to alternative overarching assumptions, finding that individual advocacy delivers a net benefit under all of the following alternatives:

- lower and higher discount rates, which only affect the magnitude of net benefits and not the benefit-cost ratio, since costs and benefits are assumed to occur in the same year for each person receiving advocacy
- exclusion of life satisfaction benefits, which lowers the net benefit by more than half
- assuming that the only benefit of advocacy is that it reduces systemic neglect per person with disability by 50 per cent. The total cost of systemic neglect of people with disability is \$27.7 billion, which implies a cost per person with disability of \$5,762. If individual advocacy provided to an individual reduced systemic neglect by half of this amount (\$2,881/person), this implies advocacy would have a benefit-cost ratio of 1.38. We find that even under this more conservative estimate of benefits, the benefits of advocacy exceed the costs.

Table 5.19: Sensitivity testing of cost-benefit analysis results

Case	Net benefit (\$m, PV)	Benefit-cost ratio
Central case (excluding NDIS appeals)	\$383.5m	3.86
3% discount rate	\$464.3m	3.86
10% discount rate	\$335.8m	3.86
Exclude life satisfaction benefit	\$161.7m	2.21
Only benefit of individual advocacy is a reduction in systemic neglect per person by 50%	\$50.7m	1.38

5.5 Opportunities to improve research and data

There is limited quantitative evidence available about how advocacy benefits people with disability. Some suggestions for how the evidence base could be expanded include:

- better data collection and research into the outcomes of advocacy, particularly life satisfaction. Ideally this data would cover people who receive advocacy and those who do not receive advocacy, to assist with determining the causal impact of advocacy
- data from the DSS Data Exchange, known as DEX, offers promising opportunities to measure outcomes from advocacy, but there are some limitations with this data, such as it not covering state and territory advocacy services
- research about the life satisfaction impact of advocacy for people with or without disability is typically not quantitative. Understanding the wellbeing benefits of advocacy would avoid the need for assumptions-driven approaches to estimating life quality benefits, and would allow for benefits from advocacy related to the NDIS and government payments to be measured. At the moment, such benefit streams are difficult to measure because the primary impact is a financial transfer (for example, greater NDIS supports have a benefit to the recipient but are offset by a cost to government, with the net economic benefit being difficult to measure).

Appendix – Demand assumptions

Estimates of demand in 2021–22

Met demand

Table A.1: Demand met by surveyed service providers surveyed compared to total met demand

Funding stream	Between Sep 21 and Feb 22 (6 months) ^a (A)	Our estimate for services in 2021–22 (12 months) (B)	Demand met – all service providers ^b (C)	Surveyed organisations as % of national total (D) = (B) / (C)
NDAP	3,165	6,676	13,441	50%
NDIS Appeals	1,195	2,491	3,414	73%

^a Demand met – service providers surveyed in Sara Franzoni, Disability Advocacy Network Australia, *Intake Project Final Report* August 2022, p 26.

^b Demand met – national total from Commonwealth of Australia (Department of Social Services), Annual Report 2021-22, 2022, p 114.

The DANA report notes that it covers approximately 50 per cent of the market. Based on this, and our findings for NDAP as the largest program, we assume the DANA survey covers approximately 50 per cent of met demand in the market for state and territory advocacy.

Our estimates of met demand for the remaining program area is shown below.

Table A.2: Estimated State and Territory advocacy demand for all service providers

Funding stream	Between Sep 21 and Feb 22 (6 months) ^a (A)	Our estimate for services in 2021–22 (12 months) (B)	Assumed market share of DANA report respondents (C)	Estimated demand met – all service providers (D) = (B) / (C)
State and territory advocacy	2,636	5,573	50%	11,219

^a Demand met – service providers surveyed in Sara Franzoni, Disability Advocacy Network Australia, *Intake Project Final Report* August 2022, p 26.

Demand Projections

NDAP advocacy topics

Figure A.1 shows NDAP advocacy sessions by topic.⁴⁰

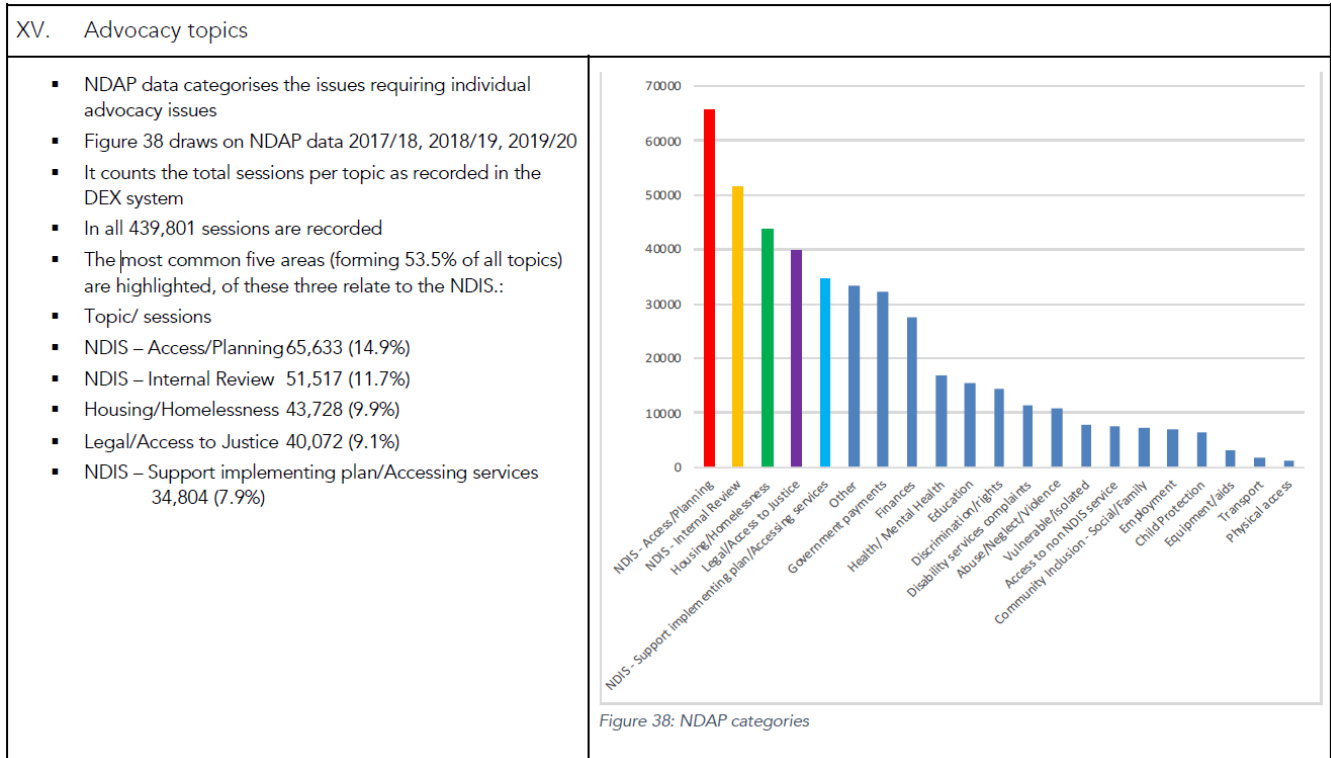


Figure A.1: NDAP advocacy sessions by topic

Source: Draft ASK Report (2020)

In projecting this forward, we assume that NDIS-related sessions grow in line with growth in the NDIS, and other sessions grow in line with population growth for people with disability. Based on this, we expect the share of activity relating to the NDIS to increase over time.

Growth rate in NDIS related demand

Advocacy organisations can either assist people with disability to apply for access into the NDIS, or help existing NDIS participants to design, review and/or implement their NDIS plan. These two types of demands are expected to grow at different rates as outlined in table below.

Table A.3: Projected growth in advocacy demand for access to NDIS / planning for existing participants

Type of NDIS advocacy demand	Average annual growth rate (FY2025–28)	Rationale
Access to the scheme for potential participants	-0.9%	Based on the change in projected number of new participants entering NDIS
Review / planning for existing participants	7.0%	Based on projected growth in total number of NDIS participants
Overall	6.5%	Weighted average growth rate based on the expected split in access and planning related demand of the NDIS related activities across the four funding streams

The NDIS is expected to continue to grow in total number of participants, hence increasing demand for participant planning and reviews. However, the number of new participants entering the scheme is expected to reduce in the next few years, reducing the demand for support to access the scheme. This is because the growth in NDIS participants currently comes from two sources – new incidences of disability and previously unmet need from people already with disability who either were not aware of the NDIS or did not have the capacity to apply for access to the scheme. As the scheme matures, participants coming from the latter source is expected to reduce.

For each of the funding streams, the expected split between NDIS access and planning related advocacy demand is included in the table below.

Table A.4: Split of NDIS-related advocacy activity into access / planning, 2024–25 to 2027–28

Funding stream	Total % of NDIS-related activity	% of access-related activity	% of planning-related activity	Rationale
NDAP	56%	2%	54%	From 'NDAP advocacy topics' in the Appendix, advocacy sessions related to implementing a participant's plan or accessing services are 100% for plans of existing participants. The remaining NDIS sessions could relate to both access and planning. They are allocated based on the

				topic split between access and planning for NDIS Reviews of Reviewable Decisions (RoRDs) ^a
NDIS Appeals	100%	7%	93%	Allocated based on the topic split between access and planning for NDIS Administrative Appeals Tribunal cases ^b
State and territory advocacy	56%	2%	54%	Assumed to be same as NDAP

^a Taken from National Disability Insurance Agency, *Q3 2019-2020 COAG Disability Reform Council Quarterly Report* (31 March 2020), p 115 and National Disability Insurance Agency, *Q4 2019-2020 NDIS Quarterly report to disability ministers* (30 June 2020), p 136.

^b Taken from National Disability Insurance Agency, *Q1 2022-2023 NDIS Quarterly report to disability ministers* (30 September 2022), p 198.

Adjustment to demand for NDIS appeals

We have assumed a one-off 26 per cent reduction in the number of Administrative Appeals Tribunal (AAT) cases from 2021–22 to 2022–23. This stems from the expectation that the large spike in the number of AAT cases in 2021–22 is temporary and will reduce back down. Figure A.2 below from the NDIS Quarterly report for 2022–23 Q1 shows that the rate of new AAT cases to active participants has reduced to 0.9 per cent in quarter ending September 2022 since a peak of 1.5 per cent in quarter ending December 2021. The 26 per cent reduction equates to the reduction in the rate of new AAT cases in September 2022 quarter compared to the average rate in 2021–22.⁴¹

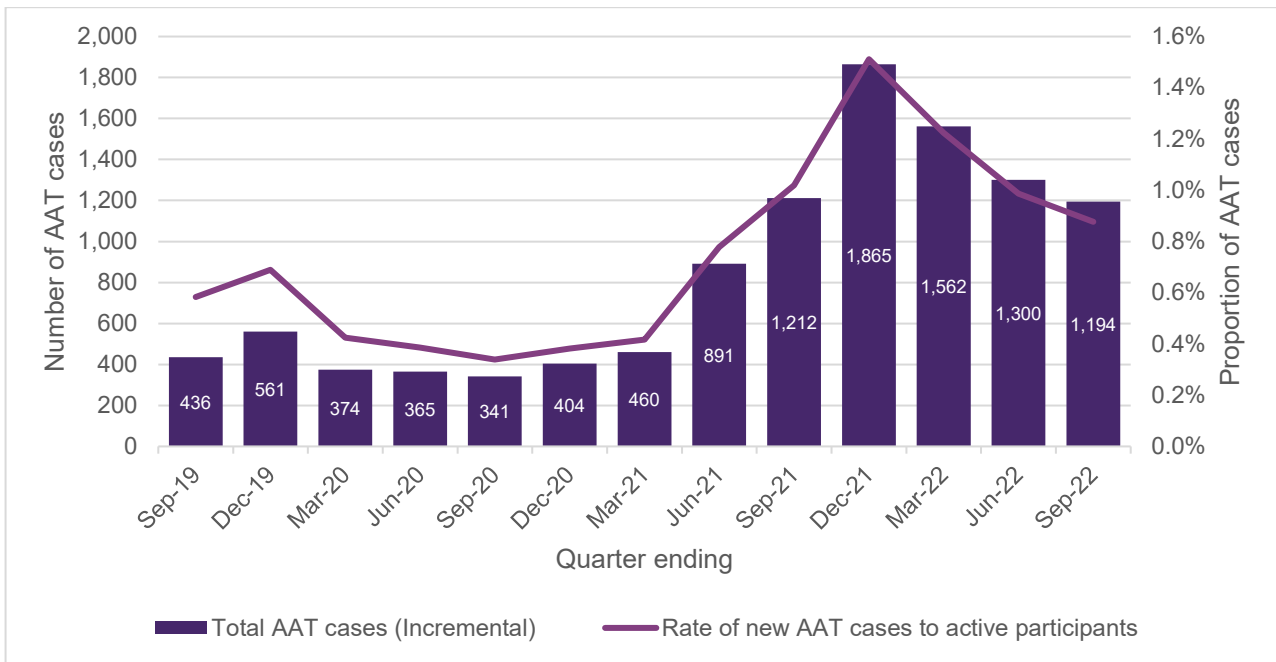


Figure A.2: Number and proportion of AAT cases over time

Source: National Disability Insurance Agency (2022–23)

The sensitivity analysis in the Appendix shows the projected total funding if this initial reduction was not applied.

Cost to meet demand under different counterfactuals

Table A.5, Table A.6 and Table A.7 show the total funding required to meet demand assuming that government would have to increase funding anyway, even without reform, to continue meeting the same proportion of demand (75 per cent overall).

Table A.5: Commonwealth (NDAP + NDIS Appeals + DRO) estimated cost to meet demand based on lower existing funding assumptions

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Funding required to meet 100% of demand	\$60.5m	\$74.3m	\$80.9m	\$87.7m	\$94.9m
Funding required to meet same proportion of demand as 2021–22	\$42.7m	\$53.0m	\$57.6m	\$62.5m	\$67.6m
Cost to meet demand	\$17.7m	\$21.3m	\$23.3m	\$25.3m	\$27.3m

Table A.6: State and territory advocacy estimated cost to meet demand based on lower existing funding assumptions

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Funding required to meet 100% of demand	\$37.4m	\$48.8m	\$52.7m	\$56.8m	\$61.1m
Funding required to meet same proportion of demand as 2021–22	\$28.0m	\$36.6m	\$39.5m	\$42.6m	\$45.9m
Cost to meet demand	\$9.3m	\$12.2m	\$13.2m	\$14.2m	\$15.3m

Table A.7: Total advocacy estimated cost to meet demand based on lower existing funding assumptions

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Funding required to meet 100% of demand	\$97.9m	\$123.1m	\$133.6m	\$144.6m	\$156.1m
Funding required to meet same proportion of demand as 2021–22	\$70.8m	\$89.6m	\$97.2m	\$105.1m	\$113.4m
Cost to meet demand	\$27.1m	\$33.5m	\$36.4m	\$39.5m	\$42.6m

Note: Current proportion of demand met is assumed to be 75 per cent under NDAP, 65 per cent for NDIS Appeals and 75 per cent for state and territory funded advocacy

Table A.8, Table A.9 and Table A.10 show the funding required to meet demand assuming that government funding was only going to grow at 2.2 per cent. This is based on historical growth in the NDAP program. We note that other programs may grow faster or slower than this, but there is limited data available on these other programs.

Table A.8: Commonwealth advocacy (NDAP + NDIS Appeals + DRO) estimated cost to meet demand based on lower existing funding assumptions

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Funding required to meet demand	\$60.5m	\$74.3m	\$80.9m	\$87.7m	\$94.9m
Existing funding with a growth rate of 2.2% per annum	\$42.7m	\$47.3m	\$49.9m	\$52.7m	\$55.7m
Cost to meet demand	\$17.7m	\$27.0m	\$31.0m	\$35.0m	\$39.2m

Table A.9: State and territory advocacy estimated cost to meet demand based on lower existing funding assumptions

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Funding required to meet demand	\$37.4m	\$48.8m	\$52.7m	\$56.8m	\$61.1m
Existing funding with a growth rate of 2.2% per annum	\$28.0m	\$33.3m	\$35.1m	\$37.1m	\$39.2m
Cost to meet demand	\$9.3m	\$15.5m	\$17.6m	\$19.7m	\$22.0m

Table A.10: Total estimated cost to meet demand based on lower existing funding assumptions

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Funding required to meet demand	\$97.9m	\$123.1m	\$133.6m	\$144.6m	\$156.1m
Existing funding with a growth rate of 2.2% per annum	\$70.8m	\$80.6m	\$85.1m	\$89.8m	\$94.8m
Cost to meet demand	\$27.1m	\$42.5m	\$48.5m	\$54.8m	\$61.3m

Funding model assumptions

Table A.11: Funding model assumptions used

Model component	2021–22	2024–25	2025–26	2026–27	2027–28
Demand	38,133	43,533	45,621	47,679	49,719
Target demand met	100%	100%	100%	100%	100%
Inflation	3.75%	3.35%	3.35%	3.35%	3.35%
DRO funding as per cent of total NDAP funding	10%	15%	15%	15%	15%

Table A.12: Assumptions adopted for individual funding streams

Model component	NDAP	NDIS Appeals	State and territory advocacy
Assumed % of demand met in 2021–22	75%	65%	75%
Average growth rate in demand between 2024–25 and 2027–28	4.5%	6.3%	4.5%
Average cost per client in 2021–22 dollars	\$1,750	\$4,950	\$2,500

Additional sensitivity testing

Additional sensitivity testing is done to project the funding required if:

- the initial reduction in the rate of NDIS Appeals was not applied. The results are shown in tables A.13-A.15 below (funding for state and territory advocacy is not shown as it is not impacted by this assumption)
- CPI is used to inflate the cost per client instead of WPI. CPI inflation is expected to be higher in the short term, with RBA forecasting the inflation rate to reach a peak of 8 per cent per annum in December 2022 quarter.⁴²

Results of the sensitivity testing are shown in Table A.13, Table A.14 and Table A.15 below.

Table A.13: Commonwealth advocacy (NDAP + NDIS Appeals + DRO) sensitivity testing of NDIS Appeals and inflation assumptions, \$m

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Our estimate	\$60.5m	\$74.3m	\$80.9m	\$87.7m	\$94.9m
Without initial reduction in NDIS Appeals rate	\$60.5m	\$83.8m	\$91.3m	\$99.2m	\$107.4m
Use of CPI rather than WPI	\$60.5m	\$78.3m	\$84.6m	\$91.0m	\$97.6m

Table A.14: State and territory advocacy sensitivity testing of NDIS Appeals and inflation assumptions, \$m

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Our estimate	\$37.4m	\$48.8m	\$52.7m	\$56.8m	\$61.1m
Without initial reduction in NDIS Appeals rate ^a	NA	NA	NA	NA	NA
Use of CPI rather than WPI	\$37.4m	\$51.4m	\$55.1m	\$58.9m	\$62.9m

^a Without initial reduction in NDIS Appeals rate is NA for all years as there was no impact on state and territory funding estimate.

Table A.15: Total sensitivity testing of NDIS Appeals and inflation assumptions, \$m

Scenario	2021–22 (\$m)	2024–25 (\$m)	2025–26 (\$m)	2026–27 (\$m)	2027–28 (\$m)
Our estimate	\$97.9m	\$123.1m	\$133.6m	\$144.6m	\$156.1m
Without initial reduction in NDIS Appeals rate	\$97.9m	\$132.6m	\$144.1m	\$156.0m	\$168.6m
Use of CPI rather than WPI	\$97.9m	\$129.8m	\$139.7m	\$149.9m	\$160.5m

Endnotes

- ¹ National Disability Advocacy Framework. We note that other categorisations of advocacy are provided in the glossary, but for the purposes of estimating funding we have aligned with the definition in the main body. Department of Social Services, 'National Disability Advocacy Framework', 1 August 2012. <https://www.dss.gov.au/sites/default/files/documents/11_2014/attachment_a.2_-_national_disability_advocacy_framework.pdf> 9 (b) and (c), p 2.
- ² Sara Franzoni, Disability Advocacy Network Australia, *Intake Project Final Report* August 2022, pp 15-16.
- ³ 4.7 per cent per year from 2024–25 to 2027–28, after the reform is assumed to take place.
- ⁴ Our estimates suggest that announced funding increases for 2022-23 to 2024-25 would meet approximately 75 per cent of demand in total across both NDAP and NDIS Appeals over these years. This includes announced funding for NDAP and NDIS Appeals in April 2022, and further increases to NDIS Appeals funding announced in October 2022. Funding increases are higher for NDIS Appeals than NDAP, suggesting NDIS Appeals funding may meet more than 75 per cent of demand and NDAP funding less than 75 per cent.
- ⁵ Anne Daly, Greg Barrett & Rhiân Williams, Report prepared for Disability Advocacy Network Australia, Canberra, *A Cost Benefit Analysis of Australian independent disability advocacy agencies*, 2017.
- ⁶ James Vincent, Dennis McCarthy, Hugh Miller, Kirsten Armstrong, Sarina Lacey, Grant Lian, David Qi, Nansi Richards & Tomas Berry, (Taylor Fry), *The economic cost of violence, abuse, neglect and exploitation for people with disability*, Report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, February 2023.
- ⁷ Commonwealth of Australia, 'Budget Measures, Budget Paper No. 2, 2022–23', 29 March 2022. <https://archive.budget.gov.au/2022-23/bp2/download/bp2_2022-23.pdf>
- ⁸ We note that other categorisations of advocacy are provided in the glossary, but for the purposes of estimating funding we have aligned with the definition in the main body of the National Disability Advocacy Framework. See Definitions, Department of Social Services, 'National Disability Advocacy Framework' (1 August 2012), p 2. <https://www.dss.gov.au/sites/default/files/documents/11_2014/attachment_a.2_-_national_disability_advocacy_framework.pdf>
- ⁹ Based on response from DSS, the Pilot is not expected to be extended beyond 30 June 2023. The support will be provided as part of NDIS instead.
- ¹⁰ Sara Franzoni, Disability Advocacy Network Australia, *Intake Project Final Report* August 2022.
- ¹¹ Material obtained by the Royal Commission from the Australian Government Department of Social Services in response to Cth notice, 4 August 2022, CTD.5000.0008.0035, Alison Plant and Susan Warth, ASK Insight, Draft Disability Advocacy and Decisions Supports: Demand and Gap Analysis Report, October 2020.
- ¹² Sara Franzoni, Disability Advocacy Network Australia, *Intake Project Final Report* August 2022.
- ¹³ Department of Social Services, *Annual report 2020-21*, 2021.
- ¹⁴ Some historical time series data was available for the NDIS Appeals program, but this is a new program area and there were not enough data points to estimate a clear trend. The other funding streams do not publish historical data.
- ¹⁵ Sarah Johnson and David Gifford, *National Disability Insurance Scheme: Annual Financial Sustainability Report 2021-22*, 2022.
- ¹⁶ See James Vincent, Dennis McCarthy, Hugh Miller, Kirsten Armstrong, Sarina Lacey, Grant Lian, David Qi, Nansi Richards & Tomas Berry, (Taylor Fry), *The economic cost of violence, abuse, neglect and exploitation for people with disability*, Report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, February 2023; Australian Bureau of Statistics, *Population Projections, Australia, 2017 (base) – 2066*, 22 November 2018.

¹⁷ National Disability Insurance Agency, *NDIS Quarterly report to disability ministers*, Q1 of Y10 2022-2023, September 2022, p 76.

¹⁸ See end note 4.

¹⁹ Material obtained by the Royal Commission from the Australian Government Department of Social Services in response to Cth notice, 4 August 2022, CTD.5000.0008.0035, Alison Plant and Susan Warth, ASK Insight, Draft Disability Advocacy and Decisions Supports: Demand and Gap Analysis Report, October 2020, p 192.

²⁰ Material obtained by the Royal Commission from the Australian Government Department of Social Services in response to Cth notice, 4 August 2022, CTD.5000.0008.0035, Alison Plant and Susan Warth, ASK Insight, Draft Disability Advocacy and Decisions Supports: Demand and Gap Analysis Report, October 2020, p 114.

²¹ Parliament of Victoria, *2022-23 Budget Estimates general questionnaire Department of Families, Fairness and Housing*, May 2022, pp 69, 70. Note the Victorian funding data includes Covid-19 support components which may be one-off, and it may not include additional sources of funding implemented by the government after the report's release. This increases the uncertainty of our estimates

²² Department of Seniors Disability Services and Aboriginal and Torres Strait Islander Partnerships Queensland, *All abilities Queensland: Opportunities for all. State Disability Plan 2017-20 Final Progress Report*, 2020, p 19, 30.

²³ We have also calculated per client cost by grossing up the total advocacy funding we have gathered from Victoria, Queensland and New South Wales using their share of Australian population and then dividing by the estimated total demand of state and territory advocacy services as discussed in Section 3 of the report. This also resulted in a per client cost of around \$2,500.

²⁴ Reserve Bank of Australia, 'Forecast Table – November 2022', November 2022. <www.rba.gov.au/publications/smp/2022/nov/forecasts.html>

²⁵ Productivity Commission, *Review of National Disability Insurance Scheme (NDIS) Costs*, Study Report, October 2017, p 384.

²⁶ Summarised from material obtained by the Royal Commission from the Australian Government Department of Social Services in response to Cth notice, 4 August 2022, CTD.5000.0008.0035, Alison Plant and Susan Warth, ASK Insight, Draft Disability Advocacy and Decisions Supports: Demand and Gap Analysis Report, October 2020, p 102.

²⁷ Department of Social Services, *National Disability Advocacy Framework 2022-25*, April 2022, p 6.

²⁸ Anne Daly, Greg Barrett & Rhiân Williams, Report prepared for Disability Advocacy Network Australia, Canberra, *A Cost Benefit Analysis of Australian independent disability advocacy agencies*, 2017.

²⁹ James Vincent, Dennis McCarthy, Hugh Miller, Kirsten Armstrong, Sarina Lacey, Grant Lian, David Qi, Nansi Richards & Tomas Berry, (Taylor Fry), *The economic cost of violence, abuse, neglect and exploitation for people with disability*, Report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, February 2023.

³⁰ We have aligned the categories presented in the *Demand and Gap Analysis Report* to the benefit categories used in the model. For example, the topics Housing/homelessness, transport and physical access are combined to form the topic 'Inclusive Homes and Communities'. This is assumed to be the share receiving advocacy related to accommodation (for the purpose of estimating avoided costs using the DANA (2017) methodology, and the share who avoid life quality and productivity costs associated with systemic neglect in the Inclusive Homes and Communities domain from the Total Cost model: Material obtained by the Royal Commission from the Australian Government Department of Social Services in response to Cth notice, 4 August 2022, CTD.5000.0008.0035, Alison Plant and Susan Warth, ASK Insight, Draft Disability Advocacy and Decisions Supports: Demand and Gap Analysis Report, October 2020, p 185.

³¹ James Vincent, Dennis McCarthy, Hugh Miller, Kirsten Armstrong, Sarina Lacey, Grant Lian, David Qi, Nansi Richards & Tomas Berry, (Taylor Fry), *The economic cost of violence, abuse, neglect and*

exploitation for people with disability, Report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, February 2023.

³² These other impacts are the suggested parameter values from HM Treasury United Kingdom, *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*, July 2021, p 61.

³³ James Vincent, Dennis McCarthy, Hugh Miller, Kirsten Armstrong, Sarina Lacey, Grant Lian, David Qi, Nansi Richards & Tomas Berry, (Taylor Fry), *The economic cost of violence, abuse, neglect and exploitation for people with disability*, Report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, February 2023.

³⁴ E Bybee & C Sullivan, 'The Process Through Which an Advocacy Intervention Resulted in Positive Change for Battered Women Over Time', (2002), vol 30 (1), *American Journal of Community Psychology*, pp 103-132.

³⁵ E Tilley, I Strandova, J Danker, J Walmsley & J Loblinzk, 'The impact of self-advocacy organisations on the subjective well-being of people with intellectual disabilities: A systematic review of the literature', (2020), vol 33 (6), *Journal of Applied Research in Intellectual Disabilities*, pp 1151-1165.

³⁶ These other impacts are the suggested parameter values from HM Treasury United Kingdom, *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*, July 2021, p 61.

³⁷ HM Treasury United Kingdom, *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*, July 2021.

³⁸ Anne Daly, Greg Barrett & Rhiân Williams, Report prepared for Disability Advocacy Network Australia, Canberra, *A Cost Benefit Analysis of Australian independent disability advocacy agencies* (2017).

³⁹ E. Bybee, C. Sullivan, 'The Process Through Which an Advocacy Intervention Resulted in Positive Change for Battered Women Over Time', (2002), *American Journal of Community Psychology*, vol 30(1), 103-132.

⁴⁰ Material obtained by the Royal Commission from the Australian Government Department of Social Services in response to Cth notice, 4 August 2022, CTD.5000.0008.0035, Alison Plant and Susan Warth, ASK Insight, Draft Disability Advocacy and Decisions Supports: Demand and Gap Analysis Report, October 2020, p 185.

⁴¹ Extracted from National Disability Insurance Agency, *NDIS Quarterly report to disability ministers*, Q1 of Y10 2022-2023, September 2022, p 76.

⁴² Reserve Bank of Australia, 'Forecast Table – November 2022', November 2022.
<www.rba.gov.au/publications/smp/2022/nov/forecasts.html>