

Contents

Acknowledgement	4
Foreword	5
Acronyms	6
Executive summary	8
1. Introduction	16
2. The problem	18
3. The benefits of action	29
4. Philanthropy as a solution	41
Limitation of our work	51

Acknowledgement

We acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.

This report was commissioned by The Achieve Foundation in 2022. The report was prepared by Deloitte Access Economics in partnership with disability advocate, Craig Wallace.

The authors of the report wish to acknowledge and thank the following members of the Expert Reference Group who provided advice and input into the development of the report:

El Gibbs Writer and Disability Activist	Graeme Innes AM Lawyer; author; and former Commissioner at the Australian Human Rights Commission	Leonie Boxtel Executive Officer, Bowness Family Foundation	Professor Bruce Bonyhady AM Executive Chair and Director, Melbourne Disability Institute, The University of Melbourne; inaugural chair of the NDIA, 2013 to 2016
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The authors also wish to acknowledge the philanthropic exemplars who contributed to the development of the case studies (in alphabetical order):

- Bill Jolley, Jeffrey Blyth Foundation
- Caroline Casey, Valuable 500
- Catherine Hyde Townsend, Ford Foundation
- Di Winkler, Summer Foundation
- Julia Limb, Limb Family Foundation.

In addition, the authors wish to thank the advisors who provided their perspectives and lived experiences as part of the work. Collectively, this group represented people with lived experience of disability, philanthropists, and sector leaders from government, advocacy bodies and charitable organisations.

Foreword

The Achieve Foundation was established with a mission to accelerate efforts towards the social inclusion of people with disability in Australia. It quickly became apparent that one of the most useful contributions would be to build the case for private investment disability. To put it plainly, current investment is disproportionately low relative to both scale – 1 in 6 Australians – and need – outcomes for people with disability are consistently worse than other Australians.

In 2020, we commissioned Queensland University of Technology to produce a report on philanthropic giving to disability. The results were stark. Philanthropists are moved to respond to addressing need or contributing to a better world and yet the results showed that philanthropy for disability was small, fractured and lacking a coherent vision. Another way to look at the problem was that giving reflected the pre-NDIS imperative to make sure that key goods and services were available to people who needed them. The question of what role philanthropy could play in driving outcomes for people with disability in a post NDIS environment sat largely unanswered. That glaring gap was the origin of this report

To create the case for philanthropy's contribution to disability we wanted to know what would happen if we took the barriers to inclusion down. This is not a new question, and we hasten to acknowledge our indebtedness to leaders in the disability movement who have spent decades articulating an agenda for change. There is nothing inevitable about the correlation between disability and disadvantage. For example, people with disability are excluded from the labour force not primarily because of impairments but because of inaccessible spaces and mindsets. We were reasonably confident that removing barriers would result in a gain for people with disability, but as is so often the case, inclusion has a benefit that resounds beyond the individual. In this case, we have used a financial metric, discovering that Australia could realise \$84bn annually by deliberately including people with disability. This does not account for the additional ways in which the community is socially and culturally enriched when we stop holding people at the margins.

The Achieve Foundation commissioned this work with the intention of creating a public good; an argument for investment that could be shared with the disability community, philanthropic advisors and philanthropists. We were pleased to ask Deloitte to undertake the research, both because they took seriously our requirement that they include a leader with disability on the project team and because they bring a great combination of technical skill and the willingness to listen deeply and respond to feedback. We were accompanied in this task by a skilled and committed Steering Committee, who provided frank and fearless feedback to make sure that the project resulted in the best possible product.

This report in no way pretends to be a definitive response to the question of how philanthropy can contribute to disability. The Australian Disability Strategy describes many of the domains where action is needed. More needs to be done to chart the contribution of philanthropy in those areas. That work needs to be done in deep consultation with people with disability. If philanthropy is to be effective it must be informed by, co-designed with and ultimately led by people with disability.

We look forward to continuing the conversation.



Kirsty Nowlan
Executive Director
The Achieve Foundation

Acronyms

Acronym	Full name
ABS	Australian Bureau of Statistics
ADS	Australia's Disability Strategy
AIHW	Australian Institute of Health and Welfare
AUD	Australian dollars
CRPD	Convention on the Rights of People with Disability
GDP	Gross Domestic Product
HILDA	Household, Income and Labour Dynamics in Australia survey
HR-QoL	Health-related quality of life
KPI	Key performance indicator
NDIS	National Disability Insurance Scheme
SE	Social exclusion
TAF	The Achieve Foundation



Executive summary

The economic opportunity of improving social inclusion

Philanthropy has a history of being a catalyst for change and resourcing movements aimed at furthering equity and inclusion. This report identifies the case for increased investment by philanthropy in disability as a solution to the equity and inclusion concerns faced by people with disability in Australia. It seeks to address the question:

In the implementation era of Australia's National Disability Insurance Scheme (NDIS) and beyond, is there a need for philanthropy to focus on disability? And what role should philanthropy play?

Our research found a compelling need for a philanthropic focus on disability. Outcomes for people with disability are worse by every socioeconomic measure. This inequality is not because of a person's disability, but rather the structural barriers that prevent their participation in social and economic life. The benefits of dismantling these barriers are substantial. Our research provides evidence that creating a more inclusive society for people with disability provides a strong return on investment to both individuals and society. We estimate that by uplifting social inclusion for people with disability to a level equal to the rest of the population, Australia could unlock close to \$84.2 billion per annum in collective economic and social benefits.

Philanthropy has a leading role to play in helping to reap these benefits. Investments from philanthropists can help to challenge the status quo and catalyse systemic change. Philanthropy in Australia has historically underinvested in disability. In 2017-18, just 4.3% of philanthropic funding was allocated to people with disability, a small figure given people with disability comprise approximately 18% of the Australian population. Philanthropic funding in Australia is set to double to 2030. The evidence from this report provides a case for why a disproportionate level of this funding should be allocated to disability.

Australia's disability-inclusion problem

People with disability experience significant inequality in social and economic outcomes compared to the rest of the population. This includes their health and wellbeing, workforce participation, education and experience with violence. This inequality is not because of a person's disability but rather the structural barriers that prevent their participation in social and economic life – inaccessible spaces, negative attitudes and assumptions – collectively referred to as social exclusion.

The effects of social exclusion are complex. Schools often lack the necessary resources to support people with disability to participate in learning. This limits skill development, puts a ceiling on earning capacity and, in turn, the ability to find appropriate housing. Even mundane activities such as shopping are sources of social exclusion, with one in three people with disability avoiding in-person transactions due to logistical barriers. These barriers stem from a historical focus on the medical model of disability, a conception of disability that focuses on fixing a person's impairment rather than enabling their social participation.

To reduce the disparity in socio-economic outcomes for people with disability, society needs to recognise that certain barriers make life harder for people with disability. Removing these barriers will create equality and offer people with disability more independence, choice and control. Thinking of disability in this way is referred to as the social model of disability.

The case for increased investment from the philanthropic sector

There is a clear need for greater philanthropic investment and contribution to improving the lives of people with disability given:

- **The scale of the problem.** Almost one in six Australians have a disability at any given time. Given the scale of disability and the intersectional nature of the inclusion problem, philanthropic activity and organisations can only hope to effectively address societal inequality if they address the systemic social exclusion of people with disability.
- **The limited role of government.** The current Australian government's role in supporting disability is focused on enabling access to support services, most notably through the NDIS which impacts approximately 500,000 (or 10%) of all people with disability. While the Australian government has articulated a bold vision for a more inclusive Australia through the Australian Disability Strategy 2021-2031, additional meaningful investments are required to deliver on its goals. And, notably, it is not the role of government to provide all the solutions. There is therefore an important role for philanthropy to play in complementing the current government response.

- **The relative underinvestment from the philanthropic sector to date.** Just 4.3% of philanthropic grant funding in 2017-18 was allocated to people with disability, a small figure given people with disability comprise approximately 18% of the Australian population. A figure driven, in part, by misconceptions of the extent to which Australia's Commonwealth and State governments are already supporting people with disability. Consequently, a disproportionate amount of the growth in Australia's philanthropic funding to 2030 should favour disability.
- **Catalysing systemic change requires all societal actors and leaders to contribute to the change process.** Philanthropic organisations can help to remove structural barriers in more ways than simply targeted investment; they can tackle the inclusion problem head-on by championing change through:
 - their own workplace practices (for example, including people with disability in evaluation committees and leadership positions)
 - applying an inclusion lens across all investments, whether related to disability or not (for example, when funding a new building or an event, ensuring it is accessible).
- **Philanthropy would enhance the potential of the NDIS.** The Australian government is investing \$36bn per annum in its world-leading individualised market-based disability supports system, the NDIS.¹ The sustainability of the NDIS is premised on the idea that its benefits – namely, the improved economic participation of its participants – will exceed the costs. Yet, these benefits can only be realised in a community inclusive toward people with disability. We can thus maximise 'bang for buck' in the NDIS if other parts of society help to confront systemic ableism and create more inclusive environments that provide a place for people with disability to maximise their skills and independence.

THE BENEFITS | By uplifting social inclusion for people with disability to a level equal to the rest of the population, Australia could unlock close to \$84.2bn per annum in collective economic and social benefits.

Unpacking this figure:²

Health and wellbeing. The difference in self-reported quality of life for people with and without disability could close by one-third. As a result, Australian society could see improved health and wellbeing to the equivalent of an additional 251,000 Quality Adjusted Life Years, valued at \$57.0 billion annually.

Employment. Just over one in five people with disability currently unemployed could find employment (or approximately 241,000 additional people employed), contributing an additional \$25.2 billion to the economy annually. Reduced underemployment could add an additional \$0.4 billion annually – driven by approximately one in six of all underemployed people with disability gaining full employment.³

Education. The difference in years of education between people with and without disability could close by one-fourth. Explained another way, one in five people with disability could complete one extra year of education. This increase in education attainment could lead to improved labour-market outcomes, contributing an additional \$1.7 billion annually.

1 Per annum figure cited for 2022-23, as per National Disability Insurance Agency statistics.

2 These figures were derived by applying econometric techniques to the Department of Social services' Household, Income and Labour Dynamics in Australia (HILDA) survey.

3 Underemployment in this analysis is defined as cases of people working less than full time who wish to be working more hours. It does not include employed individuals working in forms of employment below their skill level due to accessibility constraints or other inclusion barriers, often referred to as 'invisible underemployment'.

THE CALL TO ACTION | Philanthropy's role in fostering disability-inclusion

The Australian government recently committed to working with Philanthropy Australia to develop a roadmap which aims to double philanthropic giving by 2030. As part of this increase in giving, to help unlock the \$84.2 billion per annum dividend in inclusive growth, philanthropists should commit to two key actions:



ACTION 01. | Prioritise investments in disability-inclusion initiatives

Given the relative underinvestment in disability-inclusion from the philanthropic sector to date, a disproportionate amount of the growth in Australia's philanthropic funding to 2030 should favour disability. A more proportional target of the philanthropic pie would be approximately 18% (up from 4.3% in 2017-18).

When choosing initiatives to invest in, what should philanthropists look for?

- Initiatives should target systemic and sustainable change.
- Initiatives should be disability-led i.e., designed and governed by people with lived experience of disability.
- Initiatives should embrace the social model of disability – and seek to reduce structural barriers to social participation.
- Initiatives should align with the priorities articulated in the Australian Disability Strategy.
- Initiatives should have clear and measurement target outcomes, with a focus on systemic and sustainable impacts.

What types of initiative should philanthropists target for maximal impact?

- Seed funding for new and innovative services/products.
- Provision of sector leadership for scalable impact.
- Research to inform an evidence-base in support of change.
- Advocacy that seeks to influence policy or business practice.



ACTION 02. | Apply a disability-inclusion lens across all investments and activities.

Philanthropists can help to remove structural barriers in more ways than just targeting investment in disability-focused projects; they should champion change and lead by example by applying a disability-inclusion lens to all philanthropic investments and activities.

What are some practical ways of applying a 'disability-inclusion' lens?

- Ensure accessibility of investments. For example, when giving to the arts sector, ensure the investment goes toward an initiative with accessible spaces, events and materials.
- Hold grant recipient organisations accountable. When giving to an organisation, hold them accountable for disability-inclusive workplace practices. For example, in their recruitment and retention practices, design of products and services, and representation of people with disability in media campaigns.



What is the problem?

People with disability experience significant **inequality in social and economic outcomes** compared to the rest of the population.



What is the driver?

This inequality is not because of a person's disability but rather the structural barriers that prevent their participation in social and economic life – inaccessible spaces and practices, negative attitudes, and poverty. Collectively, these systemic barriers create **social exclusion**.

Gaps in government responses

The current government response to disability is focused on enabling access to support services (via the National Disability Insurance Scheme, which is a service delivery system).

There is no concerted focus on breaking down systemic barriers to inclusion.

A major philanthropic shortfall

People with disability comprise 18% of the population, but received only 4.3% of philanthropic funding in 2017-18.

In proportional terms, this is a significant under investment.

a. Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

b. Melbourne Institute: Applied Economic & Social Research, *Household, Income and Labour Dynamics in Australia (HILDA) Survey*, 2022.

Unleashing Australia's potential by addressing disability inclusion.

By uplifting social inclusion for people with disability to a level equal to the rest of the population, Australia could unlock close to \$84.2 billion per annum in collective economic and social benefits.



\$84.2b

p.a. in benefits.

This includes:

Improved health and wellbeing outcomes

The difference in quality of life relative to people without disability could close by one-third.

\$57.0b

Improved labour market outcomes

One in five people with disability currently unemployed could find employment. And one in six people working less hours than they desire could be fully employed.

\$25.6b

Improved education outcomes

The difference in years of education relative to people without disability could reduce by one-fourth.

\$1.7b

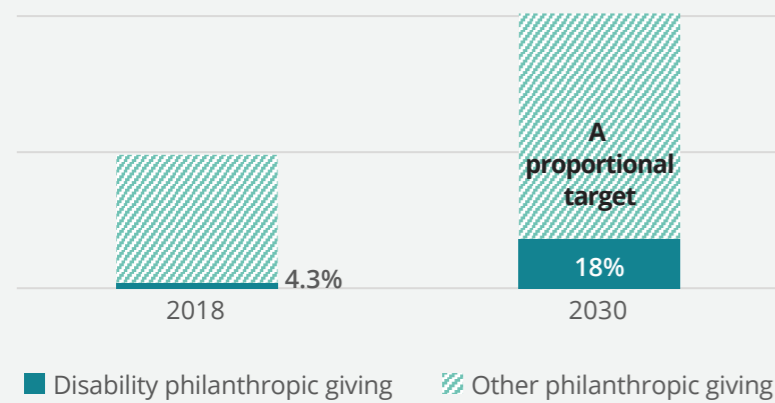
Note: Benefits sum to more than total benefits due to rounding

Philanthropy's role in fostering disability-inclusion

Unlocking the \$84.2 billion annual disability-inclusion dividend is a major opportunity for philanthropy. With the volume of philanthropic funding set to double by 2030, now is the time to act.

Action 01. | Prioritise investments in disability-inclusion initiatives.

The relative underinvestment in disability-inclusion from the philanthropic sector to date means that a disproportionate amount of the growth in Australia's philanthropic funding to 2030 should favour disability.



Identifying initiatives for investment: what to look for



Four key areas to invest in for maximal impact:

1. **Seed funding** for new and innovative services/products.
2. Providing **sector leadership** by supporting and normalising disability-inclusive practices.
3. Research to inform an **evidence-base** in support of change.
4. **Advocacy** that seeks to influence policy or business practice.

Action 02. | Apply a disability-inclusion lens to all investments and activities.

Philanthropists can help to remove structural barriers in more ways than just targeting investment in disability focused projects; they should champion change by applying a disability-inclusion lens to all philanthropic investments (whether related to disability or not).

How to apply a 'disability-inclusion' lens in practice: a starting point

Zoom in on: accessibility

Ensure accessibility of all investments. For example, when giving to the arts sector, ensure the investment goes toward an initiative with accessible spaces, events and materials.

Zoom in on: accountability

Hold recipient organisations accountable for maintaining disability inclusive operations. As a starting point, this may include recruitment and retention practices, design of products and services, and representation of people with disability in media or marketing.

1. Introduction

1.1 Background and purpose of this document

People with disability continue to experience poorer outcomes relative to other Australians across a range of domains, including health and wellbeing, workforce participation, education, and experience with violence. Often, these adverse outcomes are not because of their disability, but rather the result of social exclusion – inaccessible spaces, negative attitudes and assumptions.

Breaking down these barriers to create a more equitable and inclusive society will positively impact Australia's economic and social life by improving the productivity of people with disability and avoiding the health and social care costs associated with poorer outcomes. While the development of more inclusive communities may be considered a responsibility for government, the scale and importance of this issue requires investment from civil society and the private sector. In addition, the problem at hand requires systems-level change, something we can only hope to achieve if leaders in the private sector recognise the inclusion problem, contribute to the change process, and co-create solutions.

Despite this identified need, recent research commissioned by The Achieve Foundation found there is no unified vision or agreement about how philanthropy can contribute to disability. The research showed that within Australia, disability philanthropy is small scale, fragmented and highly focused on specific impairment types and support strategies. In addition, the scale of philanthropy in disability is not proportional to the incidence of disability or the economic and social benefits that could be achieved from a more inclusive society. The report found that just 4.3% of philanthropic grant funding in 2017-18 was allocated to people with disability, despite people with disability representing approximately 18% of the population.⁴

This report thus seeks to profile the case for greater disability-focused philanthropy with a view to catalysing increased philanthropic contributions for disability outcomes.

Specifically, this case seeks to overcome common barriers to philanthropic giving by providing an evidence base that:

- Clarifies the types of services and supports provided by government, with a view to highlighting the gaps and issues that require philanthropic contribution.
- Showcases the return on investment by monetising the potential economic and social benefits Australia could unlock by addressing these gaps.
- Provides a platform for philanthropic leadership by outlining a set of guiding principles for effective philanthropy in disability.

1.2 Methodology

The following research activities informed the development of this case:

- **Sector consultation.** A broad group of sectorial stakeholders were consulted to inform an understanding of the current gaps and priorities in the disability sector, with the aim of identifying where philanthropy could have the greatest impact. The group consulted included people with lived experience of disability, philanthropists, and sector leaders from government, advocacy bodies and charitable organisations.
- **Econometric analysis.** Econometric analysis was applied to data from the Department of Social Services' Household, Income and Labour Dynamics in Australia (HILDA) survey to understand the relationship between social inclusion and health, education and employment outcomes. This analysis was used to monetise the economic returns of uplifting social inclusion for people with disability to a level that is equal to people without disability.

⁴ Derived from the amount of funds granted to people with disability within and outside of Australia compared to the total philanthropic spending in Australia.

For further detail, see: The Achieve Foundation, *The case of the missing foundation(s)*, (2021).

- **Case studies of exemplars.** Five case studies were selected to showcase examples of effective disability-inclusion focused philanthropy. These case studies were informed by consultation with the leaders of each case study organisation and their evaluation reports.

1.3 Structure of this report

To articulate the case for change, the remainder of this report is structured as follows:

- **Chapter 2: The problem.** Articulates the scale, impact and cause of the inequality experienced by people with disability. Profiles the current responses from government and philanthropists, with a view to highlighting the gaps in investment.
- **Chapter 3: The benefits of action.** Quantifies and monetises the benefits of fostering social inclusion and creating equal opportunity for people with disability.
- **Chapter 4: Philanthropy as a solution.** Showcases examples of 'where to play' and 'how to play' for philanthropists. Five local and global exemplars are profiled to illustrate effective disability-inclusion focused philanthropy.



2. The problem

What is the problem we need to address?

Key points

- Disability is highly prevalent – approximately one in six Australians currently live with disability.
- Relative to other Australians, people with disability experience poorer outcomes across a range of domains, including their personal life, their capacity to participate in social life, their work opportunities, and their civil rights and personal safety.
- Often, this inequality is not because of a person's disability but rather the structural barriers that prevent their participation in social and economic life – inaccessible spaces, negative attitudes and assumptions.
- With Australia's government currently focused on provision of individualised care and supports for people with disability (i.e., the NDIS), there is a clear space and case for philanthropists to step up and contribute to addressing the social inclusion problem – both in its choice of investments and its design principles.
- The relative underinvestment from the philanthropic sector in disability to date strengthens this need. Just 4.3% of philanthropic grant funding in 2017-18 was allocated to people with disability, despite people with disability representing approximately 18% of the population.

2.1 The experience of people with disability

2.1.1 Disability is highly prevalent – affecting one in six Australians at any one time

In some form, disability impacts all Australians over their lifetime. According to the Australian Bureau of Statistics' (ABS) Survey on Disability, Ageing and Carers, approximately 18%, or one in six Australians, are currently living with disability.⁵

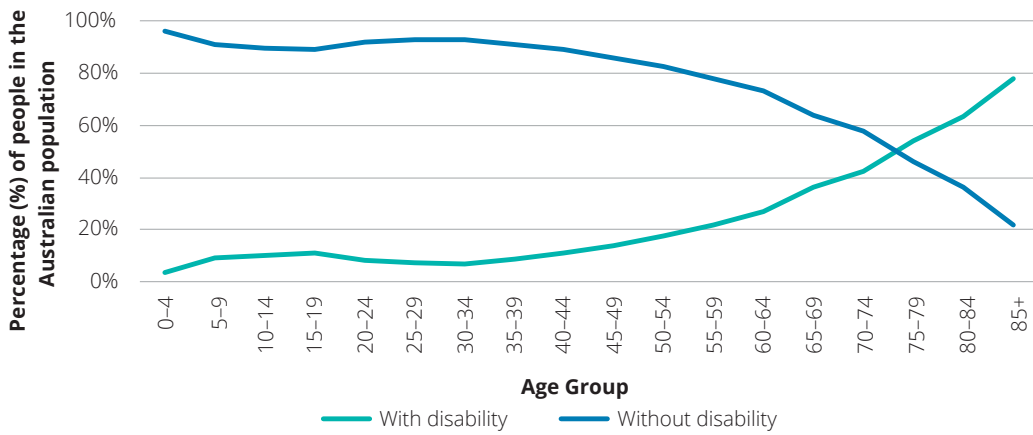
The causes of disability are numerous and varied; some people are born with life-long disabilities, others acquire temporary or permanent disabilities in their youth, or later in life. The most significant driver of disability is age, with prevalence of disability increasing exponentially from the age of 30, reaching approximately 80% of the Australian population aged 85+ years (Chart 2.1).

Recent analysis from the Australian Institute of Health and Welfare (AIHW) found that the average Australian born in 2018 can expect to live up to one fifth of their life with a form of disability. These statistics show that the experience of living with disability in Australia is near-universal.⁶

⁵ Australian Bureau of Statistics, *Disability, ageing and carers, Australia: Summary of Findings*, 2019.

⁶ Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

Chart 2.1: Prevalence of disability in Australia by age



Source: Australian Bureau of Statistics;⁷ Deloitte Access Economics.

People with disability experience significantly worse economic and social outcomes relative to people without disability.

As shown in Figure 2.1, relative to other Australians, people with disability experience poorer outcomes across a range of domains, including their personal

life, their capacity to participate in social life, their work opportunities, their civil rights and their personal safety. Specifically, people with disability are more likely to experience poorer mental and physical health, more likely to be socially isolated, less likely to engage in employment and broader society, and more likely to be victims of discrimination and violence.



⁷ Australian Bureau of Statistics, *Disability, ageing and carers, Australia: Summary of Findings*, 2019.

Figure 2.1: Inequality in economic and social outcomes experienced by people with disability



Personal life

The degree to which people can live independent and healthy personal lives, with accommodation that meets their needs.

Relative to people without disability, people with disability are:



6 times more likely to have **fair or poor self-rated health.**^c



Twice as likely to experience **financial distress.**^c

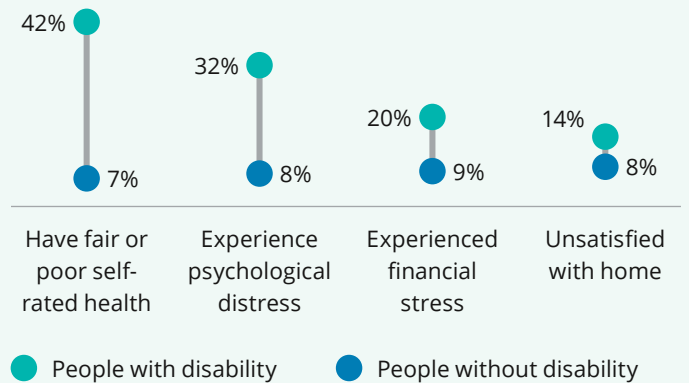


4 times more likely to experience **psychological distress.**^c



1.8 times as likely to be **unsatisfied with their current home.**^d

Disparity in outcomes related to a person's personal life



Social life

The degree to which people can engage fully in society, feel included in their communities and receive adequate social support.

Relative to people without disability, people with disability are:



1.4 times more likely to be **unsatisfied with their community.**^c



1.8 times more likely to feel they **get pushed around.**^d

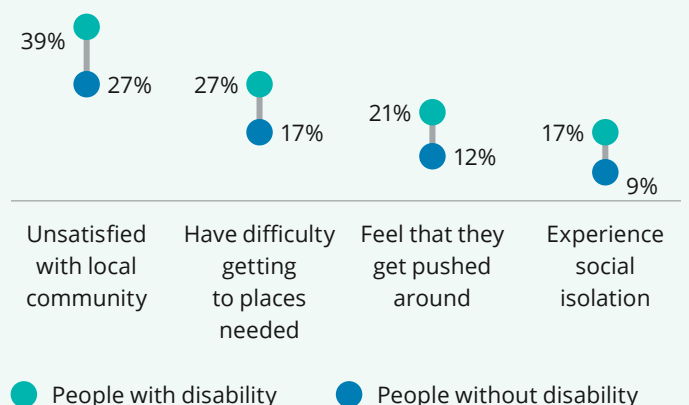


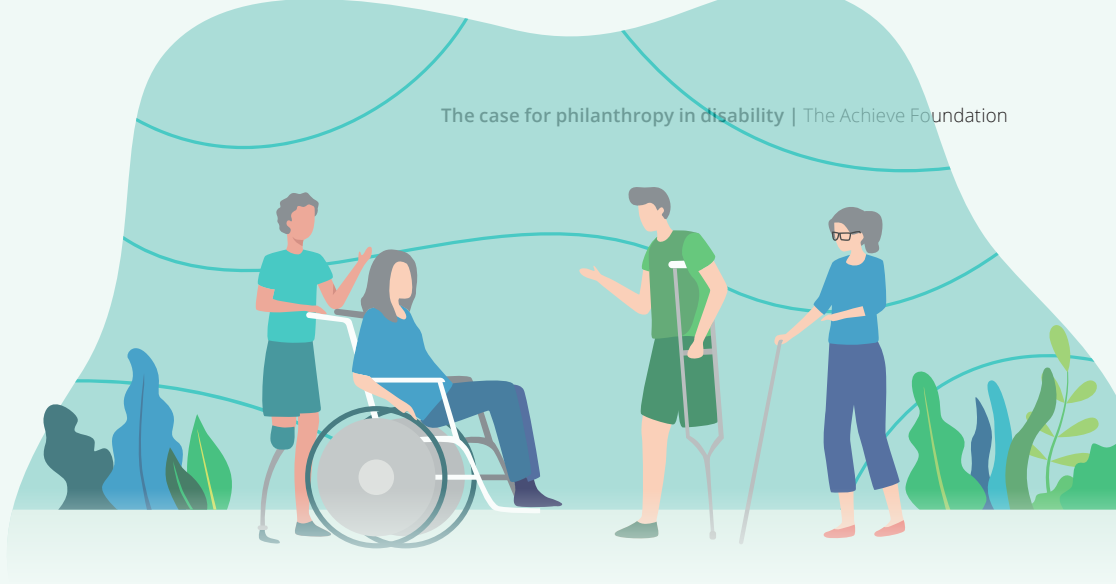
1.6 times more likely to have **difficulty getting to places.**^c



Twice as likely to experience **social isolation.**^c

Disparity in outcomes related to a person's social life





Education/work life

The degree to which people can engage fully in education and work, and are able to access opportunities that allow them to live financially independent and fulfilling lives.

Relative to people without disability, people with disability are:



1.7 times less likely to be **employed** (aged 15-64 years).^c



2.3 times more likely to experience **bullying in schools**.^c

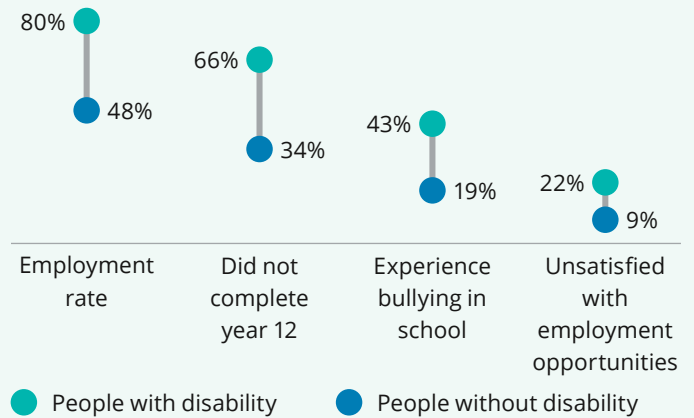


Twice as likely to **not complete year 12 schooling**.^c



2.4 times as likely to be **unsatisfied with employment opportunities**.^d

Disparity in outcomes related to a person's education/work life



Civil rights/safety

The degree to which people's rights are respected, and they can live freely in society without discrimination or fears for their safety.

Experiences of people with disability include:



47 per cent have experienced **violence since the age of 15**.^c



44 per cent of AHRC complaints are about **disability discrimination**.^d

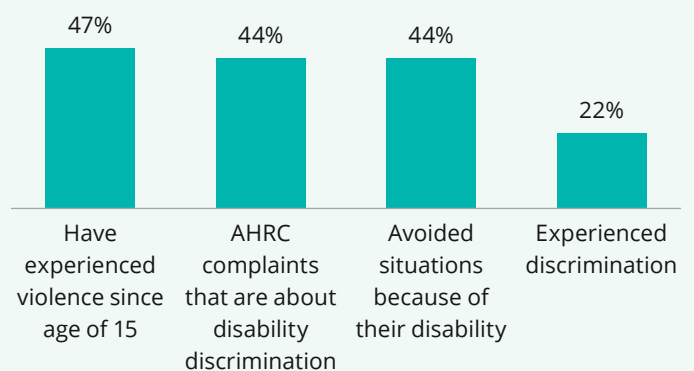


44 per cent have avoided **situations because of their disability**.^c



22 per cent have **experienced discrimination**.^c

Rights/safety experiences of people with disability



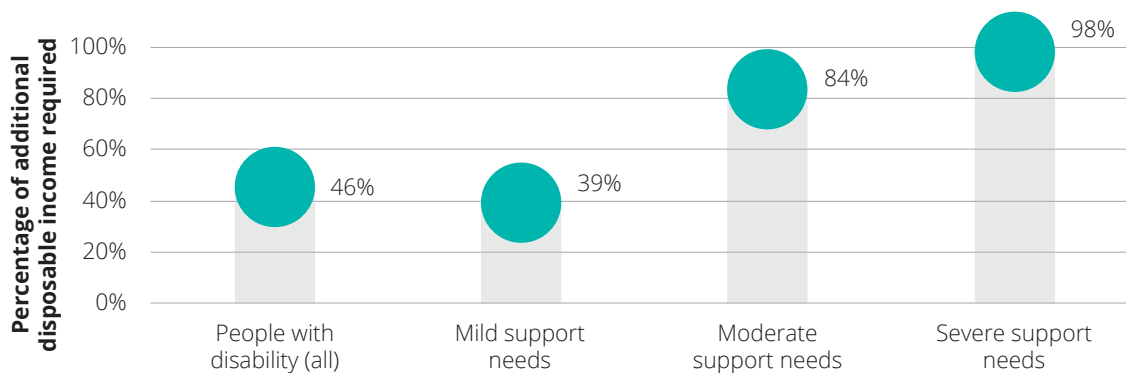
^c Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

^d Melbourne Institute: Applied Economic & Social Research, Household, *Income and Labour Dynamics in Australia (HILDA) Survey*, 2022.

Further, analysis of Household, Income and Labour Dynamics in Australia (HILDA) survey data shows that for people with disability to enjoy the same standard of living as people without disability, on average, they would need a disposable income 46% higher than the rest of the population (Chart 2.2). This figure increases

to 98% for people with significant support needs. This gap is attributable to the out-of-pocket direct costs associated with accessing appropriate care and supports (e.g., medical expenses, affordable housing with appropriate modifications), as well as other indirect costs.

Chart 2.2: Additional disposable income (%) required by people with disability to reach a comparable standard of living to people without disability



Source: Deloitte Access Economic estimates using 2001 to 2020 HILDA survey data.

2.1.2 Social exclusion is a key driver of social and economic inequality experienced by people with disability

The disparity in outcomes experienced by people with disability is not a result of their disability. The majority of people with disability have the ability and desire to participate in society and achieve their personal goals to the same extent as their non-disabled peers. For example, studies have consistently shown that when given the opportunity to participate in meaningful employment, people with disability are just as, if not more, productive than people without disability.⁸

Rather, a key driver of socio-economic inequality is social exclusion. While there is no formally agreed definition of social exclusion, this report defines social exclusion as: a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state, for reasons outside of their control.⁹ In other words, social exclusion means that people with disability are not afforded the same opportunities to participate in society as people without disability.

Within Australia, social exclusion is a consequence of structural barriers such as inaccessible spaces, negative attitudes and assumptions, each of which contribute to the systemic discrimination of people with disability.^{10,11} As shown in Figure 2.2, these barriers stem from a historical focus on the medical model of disability, a conception of disability that assumes people are disabled by their impairments or differences.¹² Societal responses to disability under the medical model put the onus on the person with disability, and focus on diminishing their disability with medical intervention as a means to improving their participation in society.

Social exclusion exists in many different forms, and people with disability often face social exclusion across multiple facets of their life which can compound the challenge of achieving equal access to opportunities and services. Tangible examples of the exclusionary practices and harmful attitudes present within Australia's social services systems are shown in Box 2.1.

⁸ Australian Human Rights Commission, *The economic and business benefits of employing people with disability*, 2021.

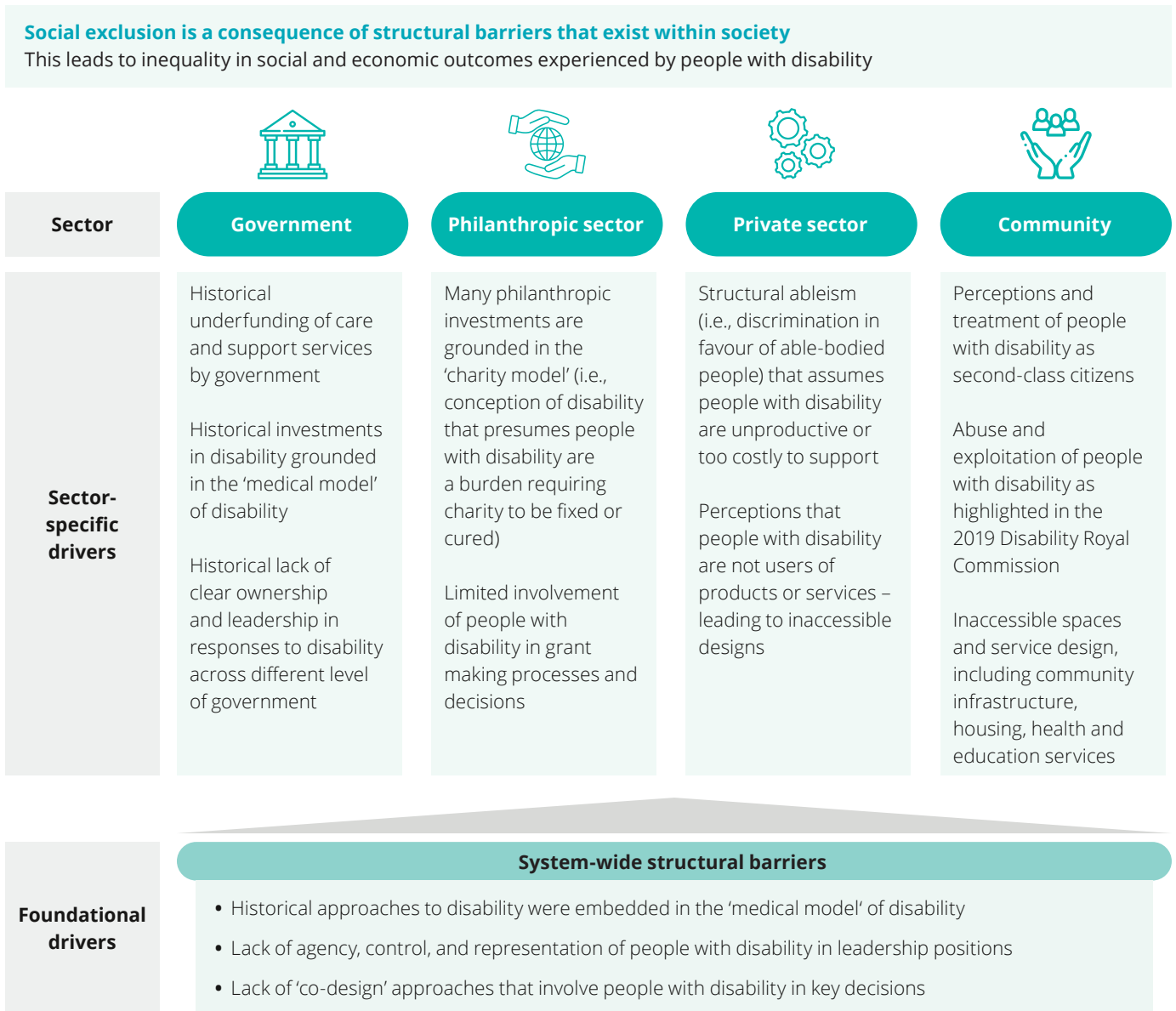
⁹ United Nations, *Universal Values: Leave No One Behind*, 2022.

¹⁰ Synergia, *Understanding the factors that contribute to social exclusion of disabled people: Rapid review for Think Differently*, 2014.

¹¹ The University of Melbourne, *Attitudes Matter: Findings from a national survey of community attitudes toward people with disability in Australia*, 2021.

¹² People with Disability Australia, *Social model of disability*, 2022.

Figure 2.1: Drivers of social exclusion experienced by people with disability in Australia



Source: Deloitte Access Economics.

Social exclusion exists in many different forms. This box highlights tangible examples of exclusionary practices and harmful attitudes present within Australia's social services systems.



Education system

For many people with disability, social exclusion is first experienced in school. Statistics show that students with disability are more likely to experience bullying, and one in three students with disability do not receive adequate support in schools (AIHW 2022). This leads to worse outcomes – up to two in three people with disability do not complete year 12, while just one in six go on to attain a bachelor's degree (AIHW 2022).

Employment

The comparatively lower level of education means people with disability are, on average, less qualified than their non-disabled peers, leading to lower earning capacities. In addition, ableism is present within most traditional employment practices. As a result, people with disability are often overlooked for positions or not provided with appropriate supports to enable them to perform their role effectively. Approximately one in ten people with disability report experiencing workplace discrimination (HILDA 2022).



Housing

Barriers to employment impact the financial independence of people with disability, affecting their ability to find affordable housing that meets their needs. Further, housing is often designed without considerations of accessibility, limiting the rental options available to people with disability. One in seven people with disability are unhappy with their current home (AIHW 2022).

Services and retail sector

Structural barriers to equal opportunity are also prevalent with in the service and retail sectors. Most services, products and methods of consumer engagement are designed without accessibility considerations. One in four people with disability report difficulty with travel (AIHW 2022). Further, one in three people with disability avoid in-person transactions in banks and shopping because of logistical barriers (AIHW 2022). Barriers to participation in everyday social life lead to feelings of social isolation and poorer quality of life.

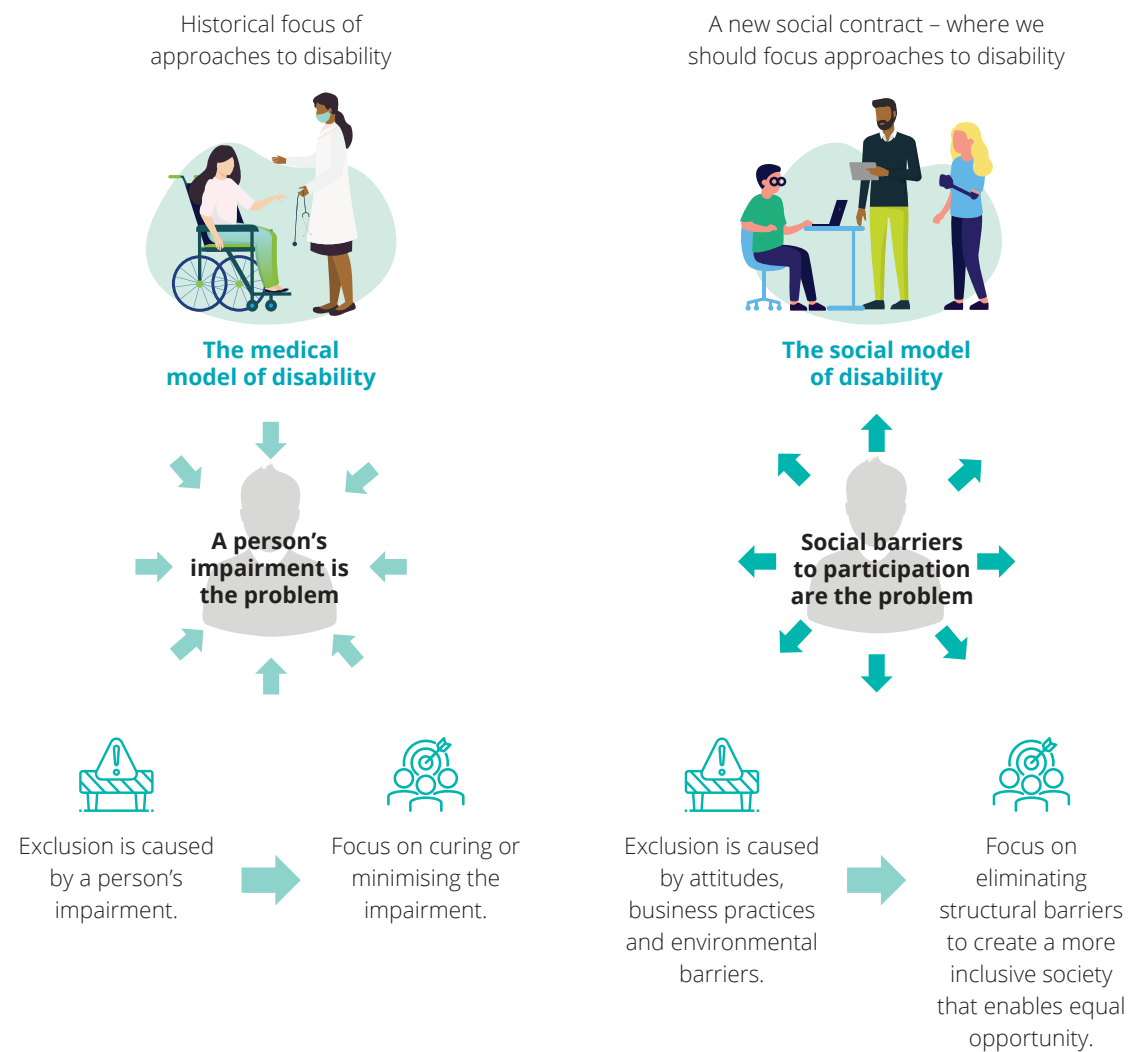


2.1.3 A new social contract: grounding responses to social exclusion within the social model of disability

To reduce the disparity in social and economic outcomes for people with disability, society needs to recognise that certain barriers make life harder for people with disability. Removing these barriers will create equality and offer people with disability more independence, choice and control. Thinking of disability in this way is referred to as the social model of disability.

This perspective recognises that, while people with disability have different and specific needs, this is part of the natural diversity of a society. Therefore, the onus is on society to provide all people from all backgrounds equal opportunities to access to the things that they want and need to live their desired quality of life (Figure 2.3). As Chapter 3 of this report shows, if we get this right, the benefits to the Australian economy could be substantial.

Figure 2.1: The medical model vs. social model of disability



Source: Adapted from Democracy Disability and Society Group.

2.2 Limitations of current responses

Australia has only made marginal progress toward eliminating the barriers that prevent people with disability from achieving their life goals and participating in social and economic life. While improvements in service access have contributed to improved health outcomes, significant gaps remain in the areas of employment, education and community attitudes, among others.

2.2.1 Government responses to disability are limited to provision of support services, leading to limited support for initiatives which foster inclusion

The Australian government response to disability has shifted in the past decade. There is heightened government support for improving the experience of people with disability, however the focus remains on provision of support services rather than addressing systemic barriers.

In 2013, the Australian federal government implemented world-leading reform to enhance the quality and equity of disability support services and housing by implementing the National Disability Insurance Scheme (NDIS). Around the same time, the government sought to strengthen disability rights by introducing the NDIS Quality and Safeguards Commission. Both actions were predicated by the adoption of the Convention on the Rights of People with Disability (CRPD) in 2008.

In 2021, the Australian government released the Australian Disability Strategy 2021-2031, which aims to integrate responses to disability across different levels of government. The strategy ties actions to desired outcomes, with a view to creating a more inclusive society.¹³

However, these strategic responses only go some way toward addressing the structural barriers that prevent people with disability from participating fully in social and economic life. Limitations include:

- **Australian Disability Strategy.** The Australian Disability Strategy is a welcome, high-level framework for change; however it is not attached to multiyear or multilateral investments to deliver

on its goals. There is also limited mention of partnership with actors in the private sector to deliver a coordinated and collaborative system-wide response.

- **NDIS.** The NDIS provides individualised care and supports funding packages to people with disability. It does this within a marketplace that provides individuals with choice and control over how, when and where the support is provided. The NDIS is not designed to address the structural attitudes, practices and other environmental barriers that limit people with disability from taking their place in our communities as equal citizens (see Box 2.2).
- **CRPD.** A recent Disability Royal Commission report highlighted that Australia's interpretation of the CRPD was "preventing reform and allowing human rights violations, such as, arbitrary and indefinite detention and forced treatments and medical interventions".¹⁴

See Figure 2.4 for a mapping of current Australian government responses to disability and the key gaps under each of the priority areas articulated in the Australian Disability Strategy.

Given the limited focus on disability-inclusion, it is perhaps unsurprising that in 2019-20 almost 44% of complaints received by the Human Rights Commission were related to discrimination against people with disability, despite only accounting for approximately 18% of the population.¹⁵

Despite these limitations at a strategic level, it is noted that the Australian government has made positive steps toward fostering disability-inclusion in certain areas, in particular, data and research. In 2020, the National Disability Research Partnership (NDRP) was established alongside the National Disability Data Asset (NDDA). The NDRP aims to prepare and progress a research agenda, research capability roadmap, and practical guides for disability inclusive research in partnership with the disability community. Both initiatives are grounded in disability-led approaches, where people with disability are at the centre of the design and delivery of all activities.

¹³ Department of Social Services, *Australia's Disability Strategy 2021 – 2031*, 2021.

¹⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Australia allowing human rights violations of people with disability: Disability Royal Commission Report*, 2020.

¹⁵ Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

Box 2.2: Myth busting perceptions about the NDIS

Who can access the NDIS?

The NDIS provides care and support services to approximately 10% of people with disability in Australia (approximately 500,000 of 4.4 million people with disability). Eligibility for the NDIS is limited to those aged between 7 to 65 years who have a significant and permanent impairment.

What is the role of the NDIS?

The NDIS is a shift in the way Australians with disability access and utilise the support services they need to live independent lives.¹⁶ Support services refer to assistance with daily living activities and transportation, behavioural supports from allied health services, home modifications and mobility equipment, among others.

Through the provision of funding that meets individual support needs, the NDIS gives eligible people with disability more choice and control over how, when and where their supports are provided, and gives them certainty in receiving the support they need over their lifetime. The level of funding provided to each individual is intended to maximise their independence and skills.

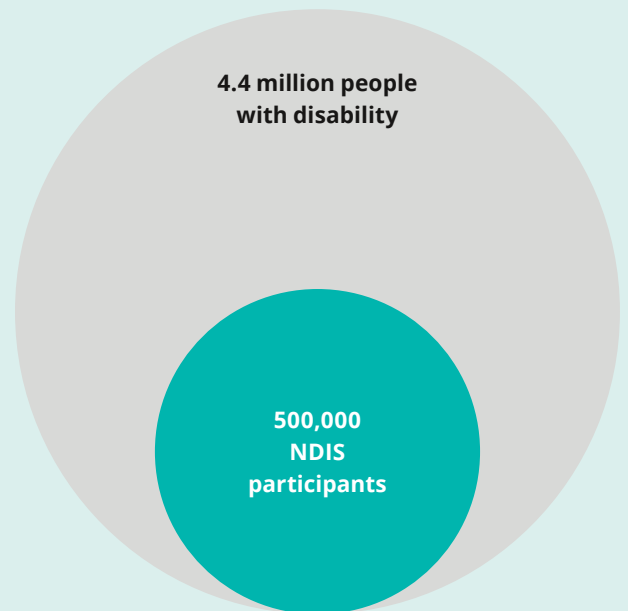
The true revolution of the NDIS is the shift to self-direction and people legally having the right to make their own decisions about their lives and who provides their supports. This is a significant move away from a system where other people made decisions for, and on behalf of, people with disability.

What issues does the NDIS not address?

Due to the cost of the NDIS (more than \$36 billion per annum in 2022-23 and growing year-on-year), there is a common perception that the NDIS is an all-purpose solution to the challenges experienced by people with disability.

This is a misconception. The NDIS is not designed or intended to remove the structural societal barriers to equal opportunity for people with disability. This is particularly true for outcome areas unrelated to care and supports, such as health, education, mainstream employment, and community attitudes.

Enabling people with disability to fully participate in social and economic life is multifactorial. The NDIS seeks to maximise the social and economic participation of people with disability through the provision of individualised funding that fosters people’s independence and skills. But this is only part of the equation. People with disability will continue to experience barriers to realising their potential without separate investment in creating more inclusive environments in our schools, workplaces, shops, and homes, among others. The return on investment in the NDIS will be far greater if we confront ableism and maximise community access by eliminating discriminatory attitudes, exclusive social practices, and inaccessible buildings.



¹⁶ Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

Figure 2.1: Mapping of government responses to disability across the outcome areas articulated in the Australian Disability Strategy vs. the key gaps

Outcome area As articulated in the Australian Disability Strategy	Key government responses	Key gaps to be addressed
 Employment and financial	<ul style="list-style-type: none"> • Operation of the Disability Employment Services (DES) initiative to help people with disability find and keep a job • Financial support (as part of the NDIS) to Australian Disability Enterprises (ADEs) to provide employment opportunities to people with disability 	<ul style="list-style-type: none"> • Improved representation of people with disability in workplaces and leadership positions – requires a cultural shift in business practices • Improved access to leadership training and opportunities for people with disability
 Housing	<ul style="list-style-type: none"> • The NDIS funds Specialist Disability Accommodation or home modifications in other accommodation settings • Disability (Access to Premises – Buildings) Standards 2010 developed to increase access for people with disability • New National Construction Code with minimum accessible standards for all new housing 	<ul style="list-style-type: none"> • Availability of CRPD compliant affordable and accessible private rentals • Housing affordability and ownership • Transitions to housing from acute care facilities • Innovative wraparound supports to improve appropriateness of group home models
 Safety, rights and justice	<ul style="list-style-type: none"> • Implementation of the Convention on the Rights of Persons with Disabilities • Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability • Establishment of the NDIS Quality and Safeguards Commission 	<ul style="list-style-type: none"> • Eliminating tolerance of violence against people with disability • Improved access to justice supports and awareness of needs and lived experience of people with disability in courts system
 Personal and community support	<ul style="list-style-type: none"> • Implementation of the NDIS which has improved access to necessary care and supports for people with a significant and permanent impairment, with the goal of improving their independence and skills 	<ul style="list-style-type: none"> • Improved accessibility of non-disability focused support services • Seed investment to create and proliferate innovative disability support products and services
 Education and learning	<ul style="list-style-type: none"> • State governments provide 'personal care in school' financial support to schools, which they use to adjust to personalise learning for students with disability 	<ul style="list-style-type: none"> • Improved access to alternative learning and training pathways for people with disability • Improved accessibility in early education facilities
 Health	<ul style="list-style-type: none"> • The NDIS funds a number of therapeutical supports (i.e., allied health supports) for people with disability • Some state governments have introduced disability hospital liaison officers to reduce fragmentation between the disability/health systems 	<ul style="list-style-type: none"> • Improved accessibility of health services • Improved understanding and acceptance of disability by clinicians and service planners
 Community attitudes	<ul style="list-style-type: none"> • Establishment of national studies to understand and raise awareness of the impact of bias, harmful assumptions and discriminatory attitudes, such as the Shut Out and Willing to Work reports 	<ul style="list-style-type: none"> • Eliminating harmful perceptions regarding the productivity and contributions of people with disability • Improved representation of people with disability in media and leadership positions • Improved accessibility of community spaces and service design

Source: Deloitte Access Economics informed by sector consultation.

2.2.2 The shortcomings and opportunity for philanthropy to create change

Gaps in the government response to a social problem creates a space and opportunity for the philanthropic sector to act. A response by the private sector often has the advantage of access to wider resources and limited red tape. This can facilitate a more rapid, flexible, and innovative systems-level response.¹⁷ In addition, if influential private organisations and leaders look to challenge the status quo and lead by example, others will follow.

Opportunity: Prioritise investments in disability-inclusion initiatives

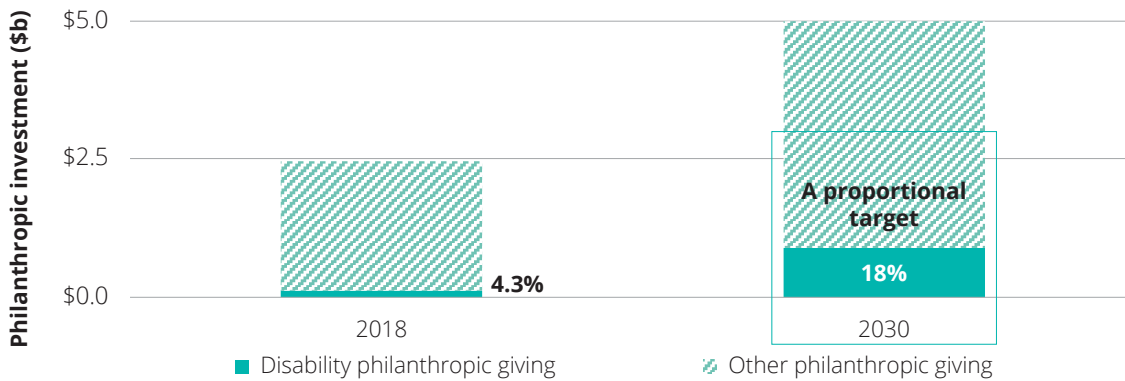
A recent report by The Achieve Foundation showed that within Australia, disability philanthropy is small scale, fragmented and highly focused on specific impairment types and support strategies. In addition, the scale of philanthropy in disability is not proportional to the incidence of people with disability. The report found that just 4.3% of philanthropic

grant funding in 2017-18 was allocated to people with disability, despite people with disability representing approximately 18% of the population.¹⁸

Australia gives to philanthropic causes at a rate equivalent to 0.81% of Gross Domestic Product; a small amount compared to similar countries such as New Zealand (1.84%) and the United States (2.1%).¹⁹ This suggests that disability-inclusion focused philanthropy should not be redirected from current philanthropic funds; instead, we must increase the size of the pie. This need was recognised politically in 2022, with the Australian government committing to work with Philanthropy Australia on a roadmap that aims to double philanthropic giving by 2030.²⁰

As shown in Chart 2.3, to reach a more proportional slice of the philanthropic pie, a disproportionate amount of the growth in Australia's philanthropic funding to 2030 should favour disability.

Chart 2.3: The share of philanthropic investment in disability, actual 2018 share versus a proportional share of anticipated 2030 investment



Source: Philanthropy Australia; The Achieve Foundation; Deloitte Access Economics.

17 Informed by consultations with philanthropic organisations, Government and disability consultants
 18 The Achieve Foundation, *The case of the missing foundation(s)*, (2021).
 19 Philanthropy Australia, *A blueprint to grow structured giving: How Australia can double structured giving by 2030*, 2021.
 20 Andrew Leigh, *Labor to double philanthropic giving by 2030*, 2022.

Opportunity: Apply a disability-inclusion lens across all investments and activities

The Achieve Foundation report also concluded there is a lack of leadership and guiding vision for the sector. This absence of leadership provides an opportunity for the philanthropic sector to chart a new way forward – by focusing on building a more inclusive, diverse and vibrant Australia for people with disability – in both its choice of investments and its actions. Indeed, for philanthropy to address the inclusion problem head-on, it must put meaningful action behind its banner of investments targeting disability diversity, inclusion and equity. Philanthropic organisations can help to catalyse systemic change by embedding inclusive practices in their own work. This includes, for example:

- Routine consideration of the accessibility of grant applications and communications materials.
- Representation of people with disability in leadership positions and evaluation committees.

In addition, philanthropy should promote disability-inclusion by applying a disability-inclusion lens to *all* philanthropic investments (related to disability or not). For example:

- When giving to the arts sector, ensure the investment goes toward an initiative with accessible spaces, events and materials.
- When giving to an organisation, hold them accountable for disability-inclusive operations. This could include their recruitment and retention practices, design of products and services, and representation of people with disability in media campaigns.

2.3 The call to action

This is clearly a strong case for greater philanthropic contribution to addressing the societal barriers to equal opportunity for people with disability.

As highlighted in this chapter, people with disability face significant inequality in social and economic outcomes relative to people without disability. This is not due to their disability, but rather the societal barriers that prevent them from achieving their life goals and participating in social and economic life. There is a clear need for greater philanthropic investment and contribution in this space given:

- **The scale of the problem** – almost one in six Australians has a disability at any given time.
- **The limited response from government** – the current government response to disability is focused on enabling access to support services (e.g., through the NDIS) rather than breaking down systemic barriers to inclusion.
- **The relative underinvestment from the philanthropic sector to date** – just 4.3% of philanthropic grant funding in 2017-18 was allocated to people with disability. This suggests that a disproportionate amount of the growth in Australia's philanthropic funding to 2030 should favour disability.
- **The idea that systemic change requires all societal actors and leaders to contribute to the change process** – philanthropists can help to remove structural barriers in more ways than just targeted investment; they can champion change and lead by example by applying a disability-inclusion lens to all philanthropic investments and activities.

In Chapter 3, we monetise the benefits of greater philanthropic contribution in this space by quantifying the economic dividend Australia could realise by creating a more inclusive society for people with disability.

3. The benefits of action

What are the benefits of creating a more inclusive society for people with disability?

Key points

- On average, people with disability experience social exclusion at double the rate of people without disability. Econometric analysis shows that by closing this gap:
 - The difference in self-reported quality of life for people with and without disability could close by one-third. As a result, Australian society could gain 251,000 Quality Adjusted Life Years, valued at \$57.0 billion annually.
 - Just over one in five people with disability currently unemployed could find employment, contributing an additional \$25.2 billion to the economy annually. Further, approximately one in six underemployed people (i.e., working less hours than they desire) with disability could be fully-employed, adding an additional \$0.4 billion annually.²¹
 - The difference in years of education between people with and without disability could close by one-fourth. This increase in education attainment could lead to improved labour market outcomes, contributing an additional \$1.7 billion in economic benefits annually.
- In summary, by eliminating the social inclusion gap for people with disability, Australia could unlock close to \$84.2 billion per annum in collective economic and social benefits.

Policies to drive economic growth often focus on financial and quantifiable aspects of markets and regulation: investment and employment; taxes and incentives; reducing the 'red tape' burden on business. But there are also important social drivers of economic growth – increased workforce participation leads improve productivity, and a healthier population adds to overall economic welfare.

This is where the concept of social inclusion fits in the economic landscape. Indeed, the role of social inclusion in supporting economic growth has become an increasing area of focus for international bodies such as the World Economic Forum. In the words of Professor Joseph Stiglitz, a Nobel-Prize-winning economist, 'inclusiveness and growth are not mutually exclusive but a complement of one another'.²² This is reflected in the thinking within contemporary Australian politics, with the Australian government's recent interest in developing a wellbeing framework for understanding the broader welfare impacts of

policies upon Australians.²³ In simple terms, having an inclusive society avoids the costs incurred when people are excluded – from jobs, from businesses and from accessing social services.

Chapter 2 showed that the inequality in socio-economic outcomes experienced by people with disability is a function of structural barriers that prevent people with disability from realising their potential. In this chapter, we quantify the social and economic dividend that could be realised by removing these barriers. This analysis is underpinned by the results of new econometric evidence drawn from the Department of Social Service's HILDA survey.²⁴

²¹ Underemployment in this analysis is defined as cases where people working less than full-time are working less hours less hours than they desire. It does not include employed individuals working in forms of employment below their skill level due to accessibility constraints or other inclusion barriers, often referred to as 'invisible underemployment'.

²² World Economic Forum, *Global Challenge Initiative: Economic Growth and Social Inclusion*, 2016.

²³ Australian Government, *Statement 4 Measuring What Matters*, 2022.

²⁴ HILDA contains a vast amount of information regarding respondent health and well-being, labour-force indicators, income and housing. It also contains a range of subjective questions that can help assess the degree to which respondents feel included in society.

3.1 The approach

To quantify and monetise the impact of improving levels of social inclusion for people with disability, the following sequential steps were applied. The first step involved the development of an outcomes framework which identified three key outcome areas that could yield social and economic benefits with improved levels of social inclusion:

- **Improved mental and physical health:** Social inclusion can counteract isolation and increase community participation, which helps to alleviate health problems, especially mental health issues such as anxiety and depression.
- **Improved employment outcomes:** Greater social inclusion means people with disability are less likely to experience discrimination-based adversity, increasing their capacity to gain employment or longer work hours and contribute to the economy.
- **Improved educational attainment:** More inclusive and accessible forms of education contribute to an individual's likelihood of remaining in school and completing tertiary education, which has a direct effect on their probability of finding employment and their earning capacity.

Valuing improved mental and physical health (outcome area 1) was important to capture in addition to valuing economic contributions (outcome areas 2 and 3) to reflect the broader impacts of social inclusion beyond those which are considered productive economic outputs.

The second step involved analysis of HILDA survey data to develop a social inclusion index which provides an indicator of the degree to which respondents feel included in society. The disability 'social inclusion gap' was estimated by assessing the difference in index scores for people with and without disability.

The final step used regression analysis to examine the strength of the relationship between social inclusion (using the social inclusion index) and the three outcome areas identified, after controlling for the effect of other predictive variables such as sociodemographic characteristics and disability support needs. The coefficient of each relationship was used to quantify the potential change in social and economic outcomes that could be achieved if scores on the social inclusion index were equal for people with and without disability. These outcomes were then monetised using AUD FY22 values and disability incidence statistics.

The Appendix provides further detail on the econometric modelling methodology.

3.2 Estimating the social inclusion gap experienced by people with disability

The gap in social inclusion experienced by people with disability relative to people without disability was estimated by developing a social inclusion index derived from analysis of HILDA survey data. This index was developed by combining 22 variables across four dimensions of social inclusion, as shown in Figure 3.1.

The index identifies the degree to which each person experiences exclusion from social and economic participation in Australian society. The development of this index was informed by the approach used in the Brotherhood of St Laurence's Social Exclusion Monitor.²⁵ See the Appendix for further details on the development of this index.

²⁵ Brotherhood of St Laurence, *Social Exclusion Monitor*, 2022.

Figure 3.1: Dimensions of the social inclusion index



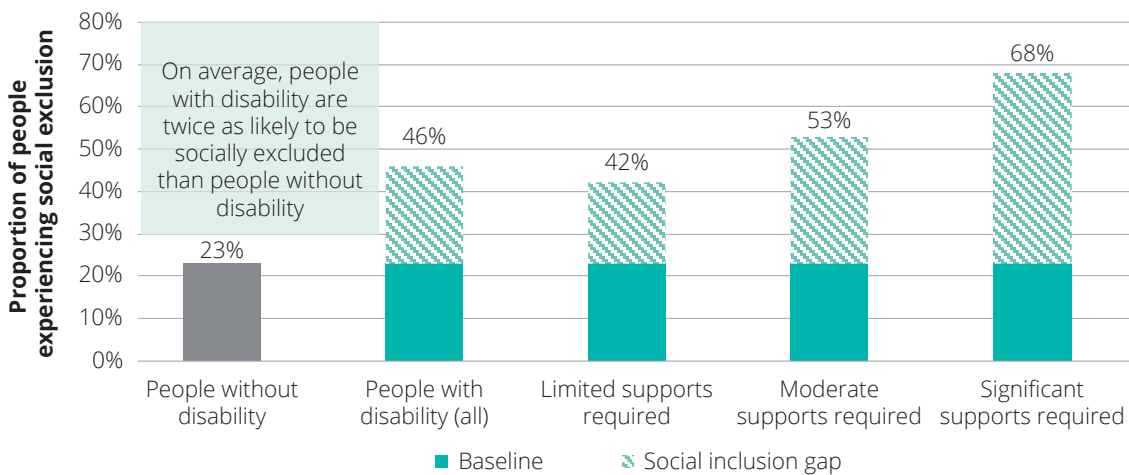
Source: Deloitte Access Economics analysis using HILDA survey data.



The results of this analysis show that approximately 46% of people with disability in Australia experience social exclusion (Chart 3.1). Further, this analysis shows that social exclusion is considerably worse for people who have higher support needs, with 68% of people with significant support needs facing social exclusion – making social exclusion of this group almost three times greater than people without disability.

On average, people with disability experience social exclusion at double the rate of people without disability – this represents the ‘social inclusion gap’.

Chart 3.1: Proportion of people that experience social exclusion, as defined by the social inclusion index



Source: Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data.

3.3 Health and wellbeing benefits

Closing the social inclusion gap experienced by people with disability has the potential to improve a range of health outcomes. People with disability are six times more likely to rate their health and wellbeing as fair or poor in comparison to people without disability.²⁶

- **Physical health.** People with disability face challenges in accessing health services due to barriers such as discrimination, the availability of services to meet their needs, and out-of-pocket costs relative to their income. As a result of inequity in access to health services, the incidence of preventable conditions (e.g., diabetes) is higher among people with disability.
- **Mental health and wellbeing.** The structural barriers preventing people with disability from fully participating in social and economic life leads to feelings of social isolation and increased levels of psychological distress.

This can produce a virtuous circle, where people who are socially included experience better health outcomes and those with better health outcomes are less likely to be excluded – being more physically and mentally able to participate in society.

Health economists typically value health outcomes by using a health-related quality of life measure (HR-QoL). These instruments use a range of survey questions across dimensions of physical health and mental health and wellbeing to determine a person's perceived quality of life. Using the SF-36 HR-QoL measure derived from responses to HILDA survey questions, it is estimated that the quality of life experienced by the average person with disability is 21% lower than the average person without disability (Chart 3.2).

One way of capturing the value of improved health outcomes associated with improving the social inclusion of people with disability is to use techniques from the health economics literature to translate the improvement in health outcomes to a measure of utility.^{27,28} This change in utility can then be regarded as a change in Quality Adjusted Life Years (QALYs) – a measure of healthy life lost, either through premature death or living life with disability due to illness, injury or functional impairment.²⁹ Applying this measure to disability incidence statistics in 2022, the 21% lower quality of life experienced by people with disability equates to approximately 825,000 QALYs lost each year across the Australian population.³⁰

Econometric analysis showed a statistically significant relationship between social inclusion and health outcomes, after controlling for a range of individual characteristics that may affect health outcomes for a person with disability. The analysis showed that almost one-third of the 825,000 QALYs lost each year are associated with the exclusion of people with disability, as measured by the social inclusion gap. Explained another way, if the levels of social inclusion experienced by people with and without disability were equal, the gap in HR-QoL between people with and without disability could close by approximately 6 percentage points, on average. This could avoid the loss of approximately 251,000 QALYs each year within Australia.

²⁶ Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

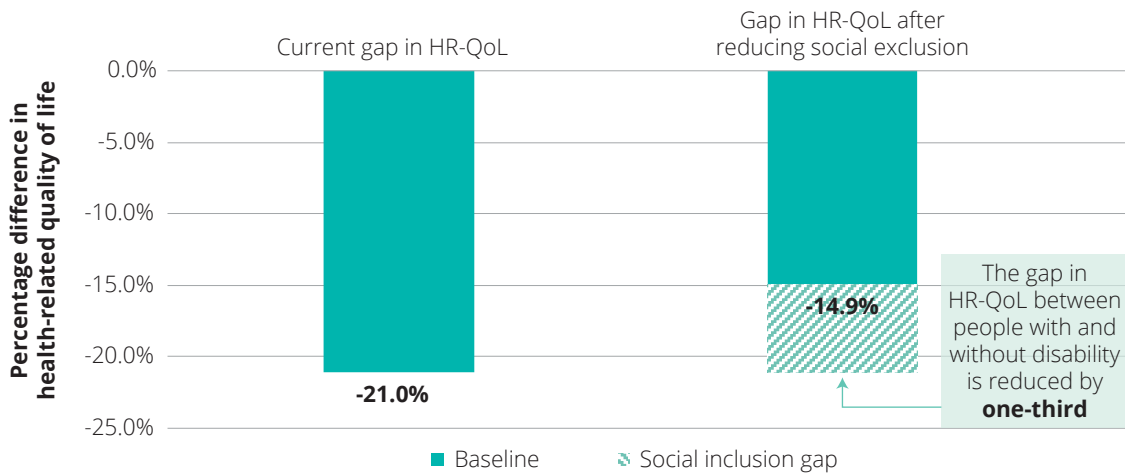
²⁷ Ara, R. and Brazier, J., 'Deriving an Algorithm to Convert the Eight Mean SF-36 Dimension Scores into a Mean EQ-5D Preference-Based Score from Published Studies (where Patient Level Data Are Not Available)', 2008, *Value in Health*, 11(7).

²⁸ This analysis was completed by converting HILDA SF-36 scores to EQ-5D scores using results of model EQ(3) in Table 3 by assuming that health scores not considered stayed the same (i.e. everything except general health, physical functioning and mental health). The EQ-5D HR-QoL is a widely used measure of health utility and can then be interpreted as a change in Quality Adjusted Life Years.

²⁹ QALYs are a measure of quality of life related to reduced health outcomes. One QALY is equivalent to one year of perfect health. The measure is commonly used in health economics analysis.

³⁰ This is based upon data analysis from the HILDA survey across the years 2001 to 2020.

Chart 3.2: Effect of closing the social inclusion gap on HR-QoL experienced by people with disability



Source: Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data.

In monetary terms this is significant. The avoided QALYs are valued at approximately \$57.0 billion per annum using the Value of a Statistical Life Year. This equates to approximately \$15,000 per person with disability (Table 3.1). Note that the Value of a Statistical Life Year captures an individual's willingness to pay for improved health. In this respect, it represents an

intangible value and thus differs from other economic metrics such as productivity or expenditure. While the \$57.0 billion per annum is considered an intangible benefit, tangible benefits would result from avoided use of health services and the associated costs.

Table 3.1: Monetised value of improved HR-QoL for people with disability associated with closing the social inclusion gap (\$AUD FY22)

Change in HR-QoL associated with closing the social inclusion gap	People with disability aged over 18 in 2022 ³¹	Value of a Statistical Life Year	Total per annum value of improved health and wellbeing
6.1 percentage points	4.1 million people	\$227,000	\$57.0 billion

Source: Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data, AIHW (2022) and Office of Best Practice Regulation (2022).

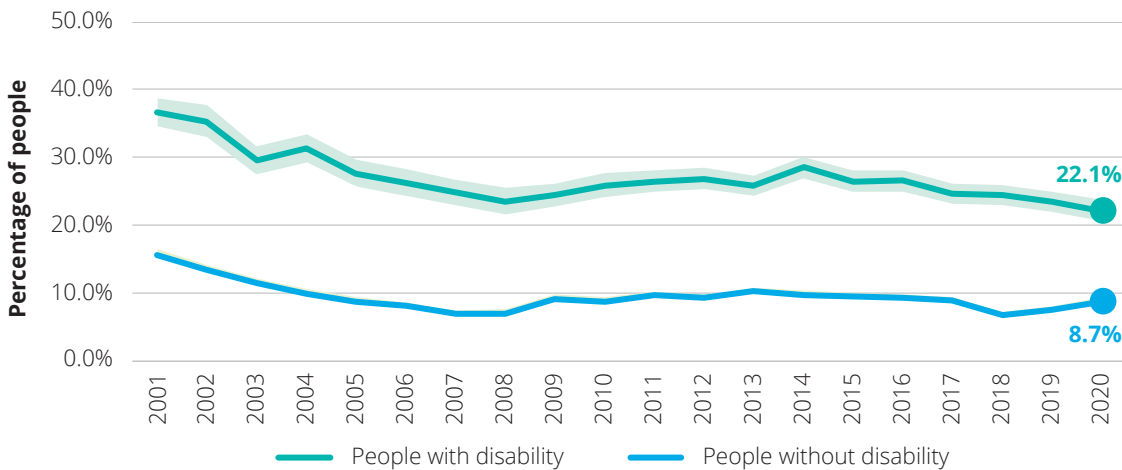
31 Population limited to adults to appropriately apply the value of a statistical life year estimate.

3.4 Employment benefits

Social inclusion plays a role in helping people participate in the labour market. When people are socially included, they are less likely to face discrimination and/or perceive that they may be discriminated against in applying for jobs, increasing the capacity and incentive to seek employment. Socially included people are also more likely to have stronger and/or larger networks that can further assist in finding the right job opportunity.

Because of the social inclusion gap, people with disability often face significant barriers to obtaining employment. The current employment rate for people with disability in Australia is 32 percentage points lower than people without disability.³² Further, analysis of HILDA survey data shows that people with disability are nearly three times more likely than people without disability to say they are unsatisfied with their employment opportunities (see Chart 3.3).

Chart 3.3: Proportion of HILDA survey respondents that say they are unsatisfied with their employment opportunities (2001 to 2020)



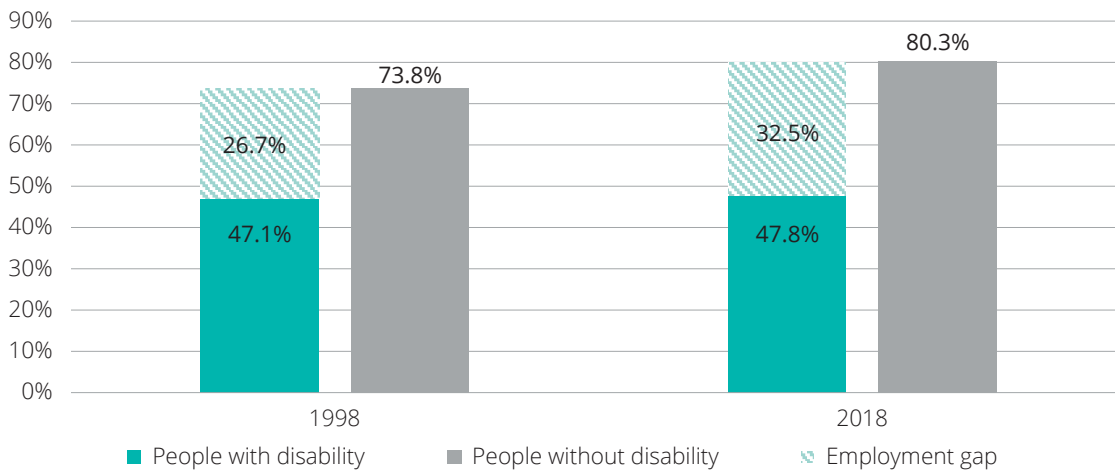
Source: Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data.

Notes: Shading represents the confidence intervals of the estimate.

Despite Australia's strong economic growth over the past twenty years, the gap in these statistics has widened. As shown in Chart 3.4, from 1998 to 2018, the employment gap between people with disability aged 15 to 64 and people without disability aged 15 to 64 grew by 5.8 percentage points. Notably, this gap is largely driven by increased employment opportunities for people without disability and a limited comparative increase for people with disability.

32 Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

Chart 3.4: Employment rates of all people with disability and people without disability, aged 15 to 64

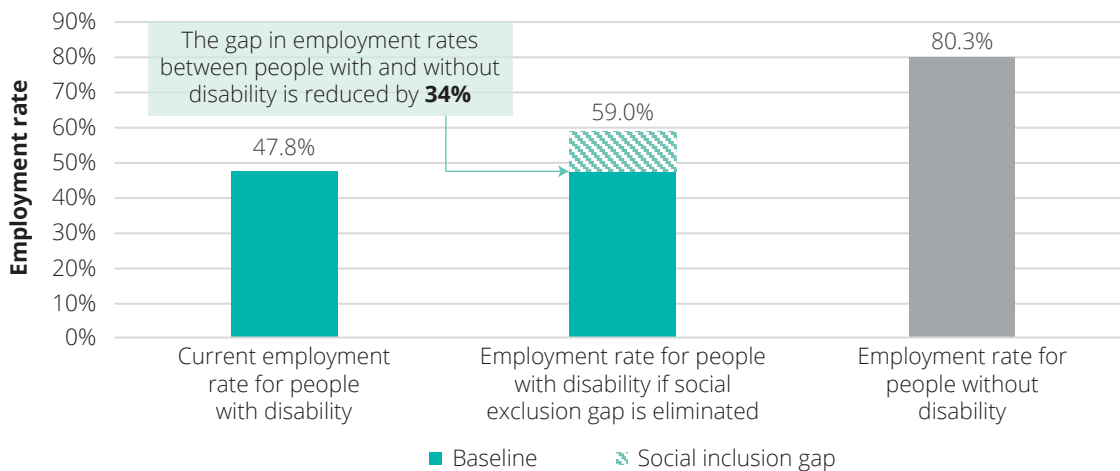


Source: Australian Bureau of Statistics; Deloitte Access Economics analysis.

By creating more inclusive and accessible work environments, we can uplift the economic participation of people with disability in Australia. Econometric analysis of HILDA survey data showed a statistically significant relationship between social inclusion and participation in the workforce, after controlling for a range of individual characteristics that may affect labour market outcomes for a person with disability. The analysis showed that approximately 34% of the gap in the employment rate between

people with and without disability participating in the labour force is associated with social inclusion (see Chart 3.5). Explained another way, closing the social inclusion gap could lead to 21% of currently unemployed people with disability in the labour force finding employment opportunities. This equates to 241,000 additional people with jobs in the Australian economy in 2022.

Chart 3.5: Effect of closing the social inclusion gap on the employment rate* for people with disability



Source: Australian Bureau of Statistics; Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data.

Notes: *This analysis takes into account the full population of people with (and without) disability aged 15 to 64. Consequently, it includes some people with disability who may be unable to work, and this explains the remaining gap in employment.

To place a monetary value on the benefits of improved employment levels, estimates of increased wage earnings for individuals were combined with the avoided costs of unemployment to the rest of society (i.e. avoided costs to health, justice, education, and other social services), drawing on previous analysis undertaken by Deloitte Access Economics for the Victorian government. Assuming that the workforce is in a state of full employment, and that each additional job gained does not displace other workers, by eliminating the social inclusion gap for people with disability, the Australian economy could experience up

to \$25.2 billion per annum in workforce participation-related benefits in 2022. This includes \$20.2 billion in increased wage earnings and an additional \$5.0 billion generated through reduced costs of unemployment to broader society (Table 3.2).

It should be noted that further benefits from employment are not captured in this analysis. For example, it is likely that there would be additional and substantial indirect benefits associated with increased consumption within, and productivity of, the Australian economy.

Table 3.2: Monetised value of reduced unemployment for people with disability associated with closing the social inclusion gap (\$AUD FY22)

Increase in number of people with jobs in 2022 associated with closing the social inclusion gap	Average wage of an employed person	Social and community costs of unemployment, per person	Total per annum value of improved employment
241,000	\$83,900	\$20,700	\$25.2 billion

Source: Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data, ABS (2022), Victorian Government employment data (2016).

Note: Average wage estimated based upon 2020 HILDA survey data. Social and community costs of unemployment based upon unpublished analysis undertaken by Deloitte Access Economics for the Victorian government.

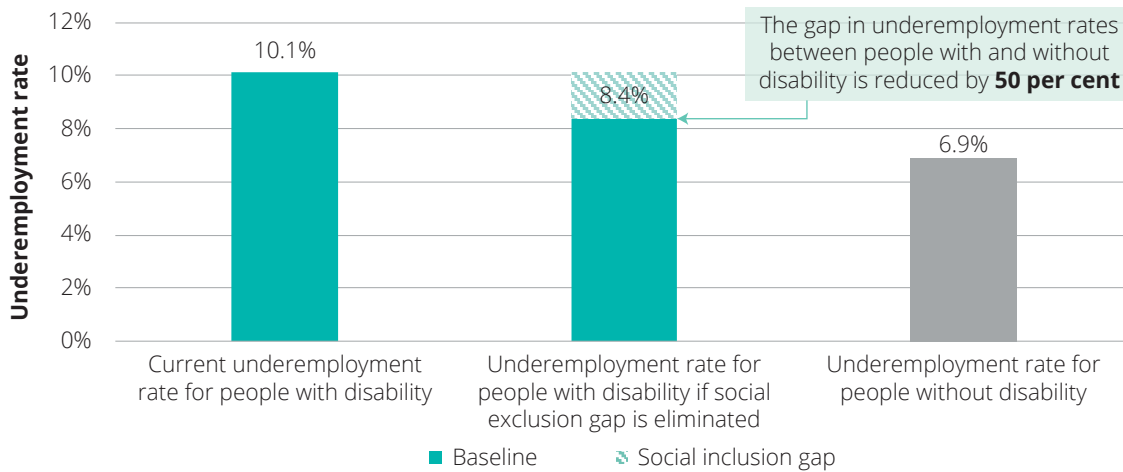
When considering labour-market outcomes, it is also important to examine the relationship between social inclusion and underemployment for people with disability. Data from the 2018 Survey of Disability, Ageing and Carers shows that 10.1% of people with disability are underemployed, compared to 6.9% of people without disability (Chart 3.6).³³ This definition of underemployment is based on the number of people who were employed less than full-time and reported that they would like to work more hours, often referred to as ‘visible underemployment’.³⁴

Econometric analysis of HILDA survey data showed a statistically significant relationship between social inclusion and underemployment, after controlling for a range of individual characteristics that may affect labour market outcomes for a person with disability. The analysis showed that approximately 50% of the gap in underemployment between people with and without disability is associated with social inclusion. Explained another way, if the levels of social inclusion experienced by people with and without disability were equal, underemployment for people with disability could decrease by 1.7 percentage points, on average.

³³ Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

³⁴ It is acknowledged that this is a narrow definition of underemployment. It does not include employed individuals working in forms of employment below their skill level due to accessibility constraints or other inclusion barriers in preferred employment setting, often referred to as ‘invisible underemployment’.

Chart 3.6: Effect of closing the social inclusion gap on the underemployment rate of people with disability



Source: Australian Bureau of Statistics; Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data.

Notes: The underemployment rate is calculated as the proportion of people underemployed divided by the proportion of people employed between ages 15 and 64.

This equates to approximately 18,000 people with disability experiencing more suitable employment in 2022 – or one in six of all people with disability currently experiencing underemployment. When considering this figure, it is important to recognise that this paper defines underemployment in the same way as the Australian Bureau of Statistics – those who are employed but would like to work more hours than they do.³⁵ This excludes those who are employed in jobs which underutilise them by requiring a lower skill level than they have attained. It is noted that this is another form of underemployment which disproportionately affects people with disability, and should be considered in future analysis to capture the impacts of this broader definition of underemployment.³⁶

To derive the value of reduced underemployment, average income and hours worked was compared for people with disability classified as underemployed and fully employed. This analysis estimated that by uplifting work hours to desired levels for these 18,000 people, they could each experience an increase in their annual income of \$21,300 per year. By eliminating the social inclusion gap for people with disability, and thereby the underemployment experienced by people with disability, the Australian economy could exhibit up to \$375 million per annum in additional wage earnings benefits in 2022 (i.e., over and above the \$20.2 billion in increased wage earning benefits from increasing the employment rate).

Table 3.3: Monetised value of reduced underemployment for people with disability associated with closing the social inclusion gap (\$AUD FY22)

Decrease in people underemployed in 2022 associated with closing the social inclusion gap	Value of increased hours worked per person for people previously underemployed
18,000	\$21,300

Source: Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data, ABS (2022).

35 Australian Bureau of Statistics, *Labour Force, Australia Methodology*, 2022

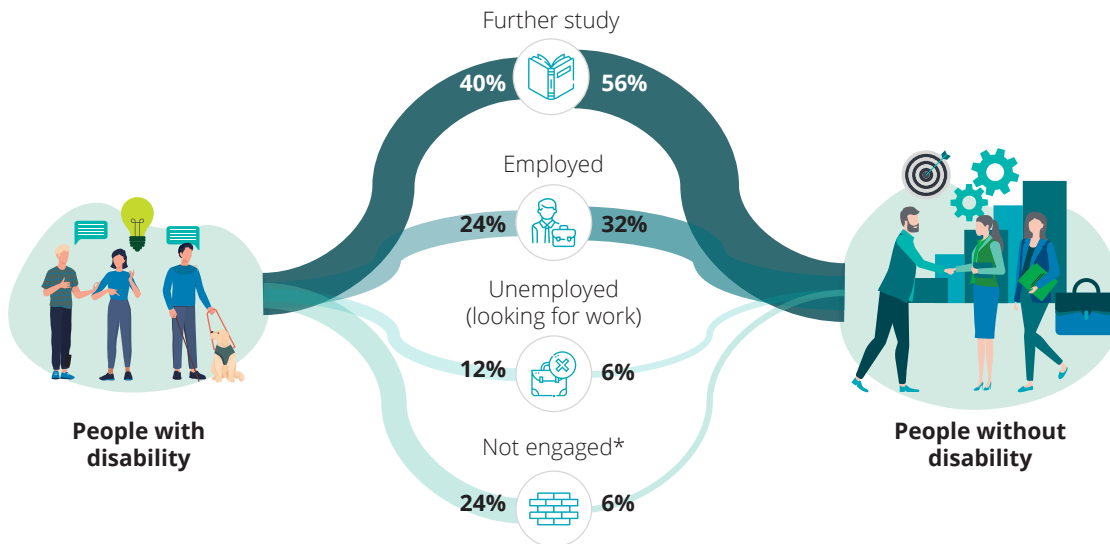
36 For example, see: Vision Australia, *Vision Australia Employer Research*, 2021.

3.5 Education benefits

Structural barriers in our education system mean that students with disability are often unable to access and fully participate in learning. The environments of mainstream schools and early childhood centers, which support approximately nine in ten children and adolescents with disability, are often not inclusive toward people with disability – limiting their ability to access, participate and succeed in education.

Adolescents with disability are twice as likely to not complete year 12 relative to their non-disabled peers.³⁷ These barriers extend to post-secondary education. Analysis of HILDA survey data shows that, on average, people with disability are 30% less likely to be engaged in further study in the year after finishing high school (typically 19 years) (see Figure 3.2).

Figure 3.2: The distribution of people aged 19 years and over by employment/study status



Source: Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data.

Notes: *Not engaged refers to people that are not engaged in the workforce or studying.

Analysis of HILDA survey data shows that, on average, people with disability complete 12.5 years of education – 0.8 years less than a person without disability. This difference reflects the lower rates of year 12 completion (34% of people with disability and 66% of people without disability) and lower rates of bachelor’s degree or higher attainment (17% of people with disability and 35% of people without disability).³⁸

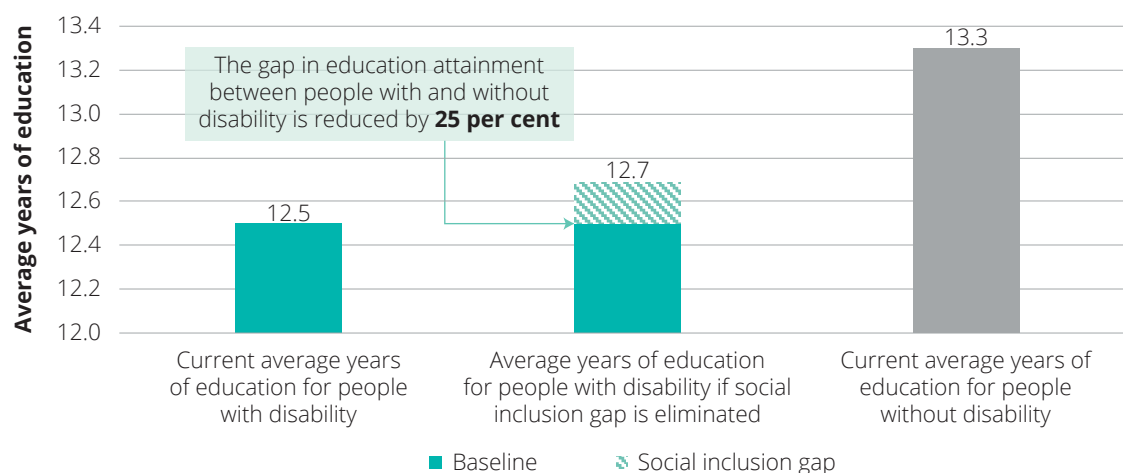
Econometric analysis of HILDA survey data showed a statistically significant relationship between social inclusion and educational attainment, after controlling for a range of individual characteristics that may affect education outcomes for a person with disability. The analysis showed that approximately 25% of the gap in years of education between people with and without disability is associated with social inclusion. Explained another way, if the levels of social inclusion experienced by people with and without disability were equal, the years of education completed for people with disability could improve by 0.2 years.³⁹

³⁷ Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

³⁸ Australian Institute of Health and Welfare, *People with disability in Australia*, 2022.

³⁹ This analysis excluded people with disability below the age of 25 in order to account for additional time taken to receive education for some people with disability.

Chart 3.7: Effect of closing the social inclusion gap on average years of education completed (aged 25 and over)



Source: Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data.

The value of improved educational attainment associated with closing the social inclusion gap was derived by examining the relationship between years of education and labour market outcomes (i.e., probability of employment and average wages of employed persons) for people with disability. Each of these labour market outcomes were monetised using the same approach described in Section 3.4. Note that the analysis of employment benefits in Section 3 controlled for the effect of years of education to avoid double counting with the benefits quantified in this section.

By eliminating the social inclusion gap for people with disability, and thereby increasing educational attainment, the Australian economy could realise additional benefits in wage earnings and avoided costs to the community, valued at \$1.7 billion annually in 2022 (i.e. over and above the labour market benefits quantified in Section 3.4).

Table 3.4: Monetised value of improved educational attainment for people with disability associated with closing the social inclusion gap (\$AUD FY22)

	Number of people impacted	Value per person per annum	Total per annum value
Additional income associated with closing the social inclusion gap	885,000	\$900	\$797 million
Additional number of people with jobs associated with closing the social inclusion gap – wage benefits	8,500	\$83,900	\$713 million
Additional number of people with jobs associated with closing the social inclusion gap – community benefits	8,500	\$20,700	\$176 million
Total impact			\$1.7 billion

Source: Deloitte Access Economics analysis using 2001 to 2020 HILDA survey data, ABS (2022); Bonjour et al (2003).

3.6 Conclusion: the social and economic benefits of creating a more inclusive society for people with disability

The modelling and analysis in this chapter can be used to demonstrate the magnitude of the potential economic dividend from creating a more inclusive Australia for people with disability.

Based on our econometric analysis, by providing equal opportunity to people with disability, Australia could yield approximately \$27.2 billion in economic and financial benefits, and \$57.0 billion in improved health and wellbeing, per year.

These figures (outlined in Table 3.5) incorporate the values of improving levels of social inclusion experienced by people with disability on:

- improved health and wellbeing outcomes, estimated to improve individual welfare by \$57.0 billion per year.
- improved labour market outcomes, estimated to be worth \$25.6 billion per year.
- improved educational attainment, which leads to additional improvements in labour market outcomes, estimated to be worth \$1.7 billion per year.

The improvement to labour market outcomes includes wage benefits due to both increased labour market access and a more skilled workforce, as well as reduced costs of unemployment to broader society. The improvement in health outcomes reflects the degree to which individuals are willing to pay for improved health outcomes. The value of \$27.2 billion and \$57.0 billion per year thus reflects a tangible and intangible improvement in social welfare, respectively. It should be noted that only the tangible benefits are comparable to other economic metrics such as GDP, which capture the value of production only.

Table 3.5: Total per annum value of the economic and social benefits associated with closing the social inclusion gap for people with disability (\$AUD FY22)

	Annual \$ benefit
Economic and financial benefits (i.e. tangible benefits)	
Increased employment	\$25.2 billion
Decreased underemployment	\$0.4 billion
Increased education attainment	\$1.7 billion
Total economic and financial impact	\$27.2 billion
Health benefits (i.e. intangible benefits)	
Improved health and wellbeing	\$57.0 billion
Total health impact	\$57.0 billion

Source: Deloitte Access Economics analysis.

Finally, while these figures quantify some important benefits of improving social inclusion, they are by no means exhaustive. For example, business and spending benefits from improved consumption are not captured. Thus, while the figures in this report suggest a significant economic dividend from improving social inclusion for people with disability,

the true economic impact is likely to be considerably larger.

In Chapter 4, we showcase examples of philanthropy as a solution to addressing the social inclusion gap, both in its choice of investments and its design principles.

4. Philanthropy as a solution

How can philanthropy foster disability-inclusion?

Key points

- A philanthropic focus on disability-inclusion is even more important today, in the new age of Australia's individualised market-based disability supports system. Indeed, we can improve 'bang for buck' in the NDIS if other parts of society help to confront systemic ableism and create more inclusive environments that provide a place for people with disability to maximise their independence and skills.
- Philanthropic contributions to disability should:
 - Focus on creating systemic and sustainable change
 - Be disability-led
 - Be grounded in the social model of disability
 - Align with the priorities articulated in the Australian Disability Strategy
 - Have impactful and measurable objectives.
- There are several local and global exemplars of effective disability-inclusion focused philanthropy that others can use as a blueprint. The five case studies profiled in this chapter showcase examples of impactful investments in advocacy, building an evidence-base, seed funding to support innovation, and leveraging leadership for scale.

The analysis from Chapter 3 shows that by eliminating the social inclusion gap for people with disability, Australia could reap close to \$84.2 billion per annum in collective economic and social benefits – a value that represents the sum of improved health and wellbeing and labour market outcomes. But how do we get there?

As outlined in Chapter 2, the responsibility for creating a more inclusive society lies with more actors and leaders than just those in government. With Australia's government currently focused on provision of individualised care and supports for people with disability, there is a clear space and case for philanthropists to step up and help close the social inclusion gap – both in its choice of investments and in its design principles.

A philanthropic focus on disability-inclusion is even more important today, in the new age of Australia's individualised market-based disability supports system. Indeed, we can improve 'bang for buck' in the NDIS if other parts of society help to confront systemic ableism and create more inclusive environments that provide a place for people with disability to maximise their independence and skills. In this chapter, we provide a platform for philanthropic leadership by outlining a set of guiding principles for effective philanthropy in disability. In addition, we provide examples of 'where to play' and 'how to play' by profiling five case studies that demonstrate use of best-practice philanthropy to maximise opportunities and lifetime outcomes for people with disability.

4.1 A framework for effective philanthropy in disability

As noted in Chapter 2, philanthropy is challenged by historic mistrust in the sector's ability to effectively target the key issues and priorities facing people with disability. Historic challenges have included:

- **Investments grounded in a 'charity model'.**

Philanthropy is no stranger to the ways that ableism is embedded in society. The 'charity model' of disability is similar to the 'medical model' of disability, which sees people with disability as in need of 'help' and focused on their impairment rather than the barriers imposed on them. While many charities offer vital support, traditional fundraising efforts emphasised the helplessness of people with disability and risked undermining their autonomy, independence, and rights.

- **Lack of co-design.** Historically, philanthropic grant making and contributions to the disability sector failed to involve people with disability, leading to ineffective solutions and a feeling of disempowerment.

- **Limited transparency in key issues and gaps.**

Challenges facing people with disability are often hidden or understated due to a lack of information and data, leading to misconceptions on the size, scale and prevalence of key priorities. Compounding this issue is the belief that government is already addressing the challenges facing people with disability.

For the philanthropic sector to commit to more effective, disability-inclusive grant making, it should follow a set of guiding principles, as outlined in Figure 4.1. These five principles were informed by broad consultation with the sector, including people with lived experience of disability.

Philanthropists should use these guiding principles as a checklist when considering a contribution to the disability sector. In summary, philanthropic contributions should:

1. Focus on creating systemic and sustainable change
2. Be disability-led (i.e., designed and governed by with people with lived experience of disability)
3. Be grounded in the social model of disability
4. Align with the priorities articulated in the Australian Disability Strategy
5. Have impactful and measurable objectives.

To help philanthropists understand 'where to play', best-practice examples of disability-inclusion focused philanthropy were examined. The review identified four key domains (i.e., investment project types) for philanthropists to target to achieve systemic change (see Figure 4.2):

- seed funding to support innovation
- leveraging leadership for scale
- building an evidence-base
- advocacy.

These domains provide a frame for where to target philanthropic dollars to avoid duplication with government programs and maximise returns, however they should not be considered exhaustive. The five case studies profiled below reflect one or more of these domains, while also reflecting the five guiding principles outlined in Figure 4.1. A more detailed summary of how these principles align with each case study is provided in the Appendix.

These case studies showcase the impact of using effective models of philanthropy to create a more inclusive society for people with disability (i.e., they are strong exemplars of philanthropy as the 'solution').

Figure 4.1: Guiding principles for effective philanthropy in disability



Source: Deloitte Access Economics informed by sector consultation.

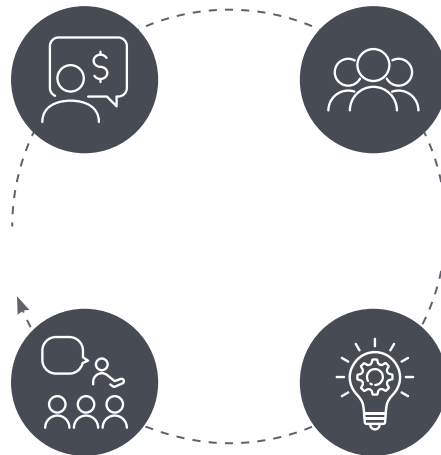
Figure 4.2: Four domains for philanthropy to target systemic change

Seed-funding for new and innovative services/products:

Provide seed funding that supports innovation in products and services which focus on community capacity building and inclusion. These products may then be adopted by government or translated to viable business models in the private sector.

Advocacy:

Create system change through changemaking efforts that aim to influence policy or business practice.



Provide sector leadership:

Catalyse leaders and organisations to commit to disability-inclusion by:

- embedding disability inclusion in their own business practices (i.e., leading by example)
- supporting initiatives that serve to steward other organisations toward disability-inclusive practices.

Increase the evidence base:

Invest in research to inform an evidence base that challenges the status quo and seeks to influence policy or community change.

Source: Deloitte Access Economics informed by sector consultation



Case study 1

The Ford Foundation



FORDFOUNDATION

The United States-based Ford Foundation was established in 1936 with a mission to reduce poverty and inequality, strengthen democratic values, promote international cooperation, and advance human achievement. This mission is reflected in their social investments, which are focused on programs supporting leadership, strong institutions, and innovation through a variety of grant making programs targeting underrepresented groups.⁴⁰

The problem

In 2015, after releasing its new organisational strategy (FordForward), the Ford Foundation was challenged by the absence of people with disability within their plan to address inequality.⁴¹ This shifted the Ford Foundation's lens on social inequality. It was forced to recognise that, given the scale and intersectional nature of disability, it would need to address the systemic social exclusion of people with disability in order to achieve its objective of eliminating societal inequality.⁴² In addition, the Ford Foundation identified a lack of leadership in the philanthropic sector to facilitate and drive the focus on disability-inclusion.

The response

In response, the Ford Foundation implemented several initiatives:

- **Incorporated disability-inclusion in all of its work.** In 2016, the Ford Foundation made a commitment to placing disability rights and inclusion at the heart of all their work, including across grant making, hiring, building, operations and communications – including improving the accessibility of their website and materials.⁴³ In 2020, \$40 million of Ford's overall grant making was considered disability-inclusive.
- **Established a dedicated grant portfolio.** In 2021, the Ford Foundation established the Disability Rights Program with an \$8 million annual budget to provide grants targeting disability-inclusion causes in the United States. This Program was established with input from 200 disability leaders, including those with lived experienced of disability.

- **Guided other leaders to catalyse change.** Alongside these internal changes, the Ford Foundation looked outward to engage with other philanthropic organisations to collectively tackle the disability-inclusion problem. This work included establishing of the Presidents' Council on Disability Inclusion in Philanthropy, a group of 16 organisations, co-chaired by the president of the Ford Foundation and the Robert Wood Johnson Foundation.

The Council went on to establish the Disability and Philanthropy Forum.^{44, 45}

The Forum's objective is to centre the perspectives of people with disability in organisational agendas and engage philanthropy on a collective journey to understand disability-inclusion as key to advancing social justice.⁴⁶ The Forum is an online resource that provides guidance to the broader philanthropy sector on how to engage with the disability sector, offering a library of resources to operationalise organisational change.⁴⁷ For organisations ready to commit to becoming more inclusive, the Forum developed a Disability Inclusion Pledge. By committing to the Pledge, organisations are provided access to further resources to assist in meeting their commitments.

⁴⁰ Ford Foundation, *About Ford: Mission*, 2022.

⁴¹ Laura Winig and Susan Crawford, *Noorain Khan and Disability Inclusion at the Ford Foundation*, 2018 Harvard Law School (HLS18-13).

⁴² Laura Winig and Susan Crawford, *Noorain Khan and Disability Inclusion at the Ford Foundation*, 2018 Harvard Law School (HLS18-13).

⁴³ Ford Foundation, *ADA: The Next 30 Years of Disability Rights*, 2022.

⁴⁴ Disability and Philanthropy Forum, *About the Disability and Philanthropy Forum*, 2022.

⁴⁵ Notably, since its creation, the Disability and Philanthropy Forum has become a separate organisational body.

⁴⁶ Disability and Philanthropy Forum, *About the Disability and Philanthropy Forum*, 2022.

⁴⁷ Disability and Philanthropy Forum, *Disability Inclusion Pledge: An Invitation to Philanthropy*, 2022.

The impact

Each of these initiatives contribute to closing the social inclusion gap at an individual and institutional level. For example, as of January 2023, a total of 74 philanthropic organisations have signed the Disability Inclusion Pledge launched by the Disability and Philanthropy Forum.⁴⁸ These philanthropic organisations are currently working towards creating a more inclusive culture for people with disability. This includes:

- **Disability grant-making.** Embedding inclusive practices in all grant-making activities.
- **Inclusion audits and plans.** Conducting audits and improvements plans that seek to ensure disability-inclusion in talent recruitment and retention, website design, facility design, internal processes and systems.
- **Accessible events.** Accommodates language and other considerations in invitations and registrations for all events the organisation hosts, sponsors and speaks at.
- **Measures and reporting.** Routine collection and tracking of demographic data from staff that includes disability as a dimension of diversity. Periodic publication of demographic data related to the organisation's board, staff and grantees.

These practices serve to create a more inclusive environment for individuals with disability working inside these organisations, while also making the organisation more attractive to job candidates with disability. At an institutional level, the more organisations who commit to these practices, the more we can catalyse systems-level change as others follow. Eventually, disability-inclusive workplaces will become the status quo.

Key takeaways

The Ford Foundation's focus on disability-inclusion shows how philanthropy can contribute to improved social and economic outcomes for people with disability. The Ford Foundation's contribution is two-fold:

- At an individual organisation level, it leads by example by embedding inclusive workplace practices in its own organisation.
- At an institutional level, it provides sector leadership for scale by investing in initiatives (the Disability and Philanthropy Forum and the Disability Inclusion Pledge) that guide other philanthropic organisations towards:
 - becoming more inclusive
 - recognising and prioritising the funding of disability-inclusion as a means to advancing broader social causes.

The Ford Foundation is an example of how philanthropic investment in sector leadership initiatives can help to catalyse systems-level change.

⁴⁸ Disability and Philanthropy Forum, *Disability Inclusion Pledge Signatories*, 2022.

Case study 2

The Jeffrey Blyth Foundation

The Jeffrey Blyth Foundation was first established in 1995 to provide a consistent and unconditional financial base of support for Blind Citizens Australia, a national representative organisation of people who are blind or vision impaired. The organisation was established by Hugh Jeffrey and David Blyth, two founding members of Blind Citizens Australia with lived experience of disability, and continues to be led by people experiencing blindness and vision impairment.

The problem

The Jeffrey Blyth Foundation was established in response to funding limitations faced by its sister organisation, Blind Citizens Australia (BCA). BCA was established in 1975 as a national organisation representing people experiencing blindness and vision impairment, with a mission to inform, connect and empower Australians who are blind or vision impaired.

However, in its earlier years, the organisation struggled to secure consistent sources of funding. Challenges included:

- **Member subscriptions:** There was limited scope to garner significant support through membership subscriptions due to the size and spread of the organisation and donors
- **Donations:** BCA found it difficult to raise substantive funds from external donors due to being a primarily advocacy-focused organisation, with prospective donors being less able to see the immediate impact of the organisation's operations due to its long-term nature.
- **Institutional funding:** Funding from other institutional sources (such as government and other philanthropic organisations) often came with additional constraints and requirements, limiting the capacity for BCA to set its own priorities. These constraints became particularly restrictive when it came to ensuring funding for the internal infrastructure and administrative components of the organisation where external funding sources were particularly limited.

The response

The Jeffrey Blyth Foundation was created for the express purpose of addressing the funding barriers experienced by BCA, and it did this upon establishment by directly specifying BCA as the Foundation's sole beneficiary. The Jeffrey Blyth Foundation was disability-led by people with blindness and vision impairment, for people with blindness and vision impairment.

In practice, this disability-led approach is reflected in the way the Jeffrey Blyth Foundation's purpose was designed to align with the needs of BCA and the people with blindness and vision impairment of whom it represents. Funding is provided to BCA by the Foundation without the need for a funding submission or a justification of how the funding is to be allocated, enabling the community of people with blindness and vision impairment to use Australia's legal framework in a way which works best for them.

The impact

The Jeffrey Blyth Foundation's main impact is the provision of consistent funding to support the operations of BCA and its more than 3,000 members.⁶⁵ With the initial bursary donated in 1995 as part of the organisation's establishment, the fund has grown to \$3,398,288 in net assets as of June 2022, supported by prudent financial investments and further member donations.⁶⁶

This facilitated a distribution to the value of \$172,800 to BCA – an amount roughly equivalent to two full-time staff members for BCA each year.⁶⁷

The certainty around this funding has supported BCA to conduct its regular activities and its various campaigns, which has included:

- The #BeThatPerson campaign for supporting people who are blind or vision impaired during COVID-19
- Campaigning to maintain the presence of alternatives to touchscreen technology for people who are blind or visually impaired
- Increasing the prevalence of audio description on Australian television
- Propelling a broader 2022 Federal Election policy platform.⁶⁸

Ultimately, the importance of organisations built to support disability being led by people with disability is best exemplified through the words of the Jeffrey Blyth Foundation's chairman:

“What’s most important is that an organisation does what it is meant to do – that the leaders act in a way which reflects what the target cohort wants. And that’s more likely to happen if you have people with disability in the leadership.”

– **Bill Jolley, Jeffrey Blyth Foundation**

⁶⁵ Blind Citizens Australia, *About Us*, 2022.

⁶⁶ Australian Charities and Not-for-Profits Commission, *The Trustee for the Jeffrey Blyth Foundation*, 2022.

⁶⁷ Australian Charities and Not-for-Profits Commission, *Blind Citizens Australia*, 2022.

⁶⁸ Blind Citizens Australia, *Campaigns*, 2022.

Key takeaways

As a disability-led organisation, the Jeffrey Blyth Foundation exists with the express purpose of providing consistent and unconditional funding support to Blind Citizens Australia, an organisation which represents and advocates on behalf of people experiencing blindness and vision impairment. By doing so, the Jeffrey Blyth Foundation's funding ensures Blind Citizens Australia is able to keep core staff employed regardless of the grant and funding environment of the day.

Ultimately, this disability-led approach ensures:

1. Blind Citizens Australia received a consistent annual dividend which is equivalent to approximately two-full-time staff
2. The empowerment of people experiencing blindness or visual impairment such that Blind Citizens Australia is enabled to act in a way which reflects what they want, driven by the leadership of people with lived experience of disability.

Case study 3

The Summer Foundation



The Summer Foundation is a grant seeker organisation which was established in 2006 with a mission to permanently stop Australian young people with disability from being forced into residential aged care. Key to this work is ensuring that people with disability have access to appropriate support and information that empowers them to choose their living conditions.⁴⁹

The problem

Fragmentation between Australia's health and disability services systems often leads to long wait times for access to NDIS-funded housing following a hospital discharge. In many cases, housing in residential aged care is provided as a short-term solution, yet many remain in residential aged care. In September 2016, 6,270 younger people with disability (aged under 65) were living in aged care across Australia.

The prevalence of younger people with disability in aged care is problematic as Australia's aged care system is designed to support ageing conditions. It does not seek to care for, or foster the independence of, people with disability. This cohort is thus excluded from society, often losing critical skills and independence and lacking social connections with family and friends.

Worse still, in the 2022 financial year, of the 7967 younger people with disability exiting aged care, 70% exited aged care due to death.⁵⁰

The response

In response, the Summer Foundation invests in and drives a number of initiatives to influence health, housing and disability services policy. The Summer Foundation's activities are directed towards initiatives that seek to provide an evidence-base that can inform public and market-based responses to the issue of young people in residential aged care. These initiatives include:⁵¹

- Supporting and undertaking research to build an evidence base on the impact of the issue and potential solutions.
- Using lived experience and expert knowledge of the issue to inform, co-design and evaluate solutions, including resources, tools and interventions.
- Utilising clinical experience to understand the situation on the ground and develop resources and tools to build capacity where gaps are identified.
- Using advocacy efforts to complement the Foundation's research programs, raise awareness of issues and solutions, and ensure the translation of evidence into public policy.

"We found that without advocacy, evidence is easily left unused, and so to activate the full potential of our research, we also play a role as advocates"

- Summer Foundation representative.

A key output of the Summer Foundation's work is a research program. In the 2022 financial year, the Summer Foundation's research program included seven scoping literature reviews, four administrative data projects and 11 primary data projects.⁵² This contributed to the Summer Foundation's broader research library, which included 76 documents in 2022.⁵³ See Figure 4.3 for an overview of key research topics.

⁴⁹ Summer Foundation, *Who we are*, 2022.

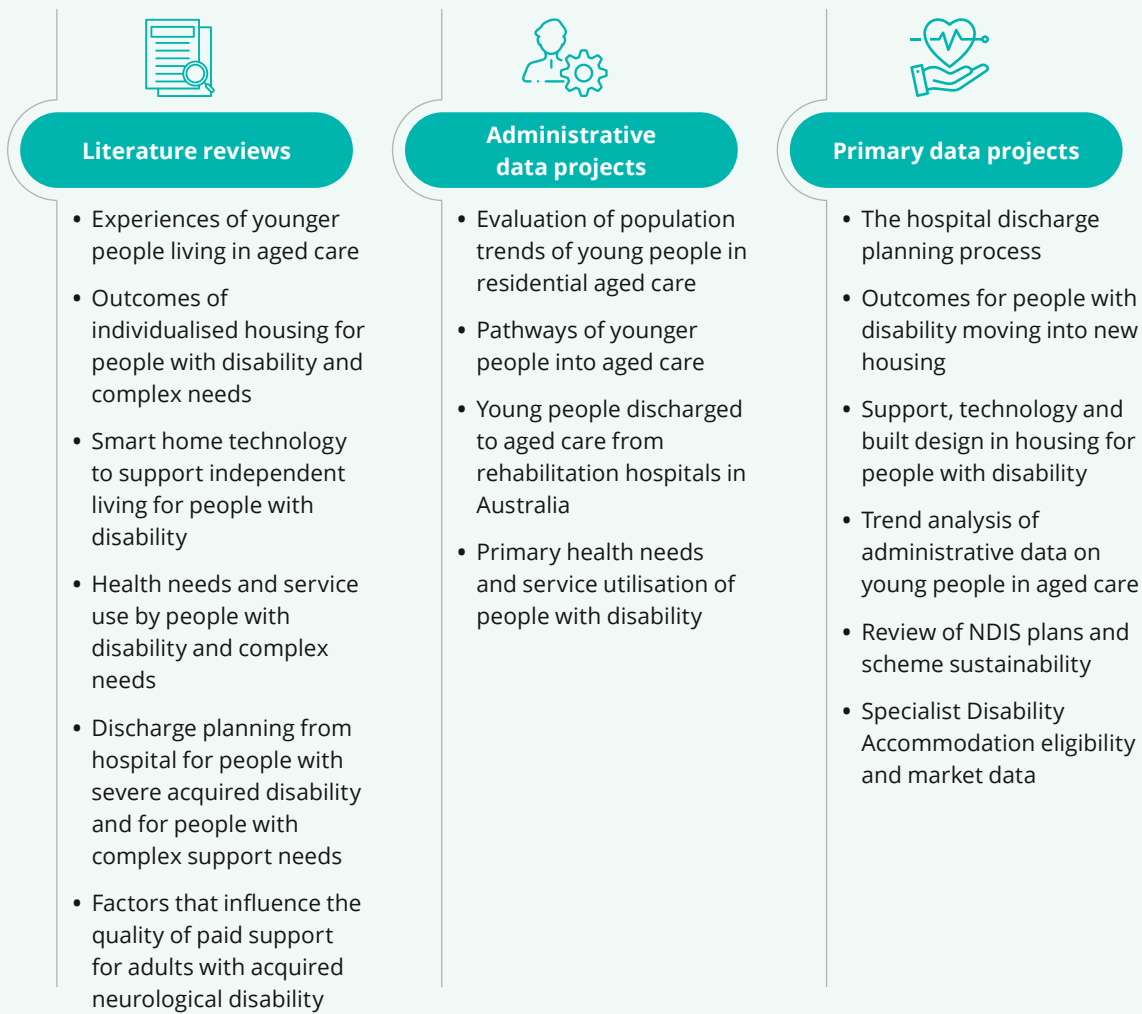
⁵⁰ Australian Institute of Health and Welfare, *Younger people in residential aged care*, 2022.

⁵¹ Summer Foundation, *The way we work*, 2022.

⁵² Summer Foundation, *Annual report 2020-21*, 2021.

⁵³ Summer Foundation, *Research library*, 2022.

Figure 4.3: Research contributions from the Summer Foundation



Source: Summer Foundation;⁵⁴ Deloitte Access Economics.

⁵⁴ Summer Foundation, *Annual report 2020-21*, 2021.

The impact

The Summer Foundation's role in the Royal Commission into Aged Care Quality and Safety demonstrates how it has 'moved the needle' in addressing the problem of younger people in residential aged care. The Foundation produced two key inputs into the proceedings of the Royal commission:

- **An 80-page submission:** The Summer Foundation's 80-page submission to the Royal Commission was set out across ten evidence-based chapters. Broadly, these chapters covered the lived experience of younger people with disability in aged care alongside key statistics describing the scale and impact of the problem and proposed solutions.
- **Enabling people with disability to share their lived experience:** The Summer Foundation also supported over 100 younger people with disability to share their first-hand experiences with the Royal Commission. This group represented at least 15.6% of all witnesses interviewed.⁵⁵

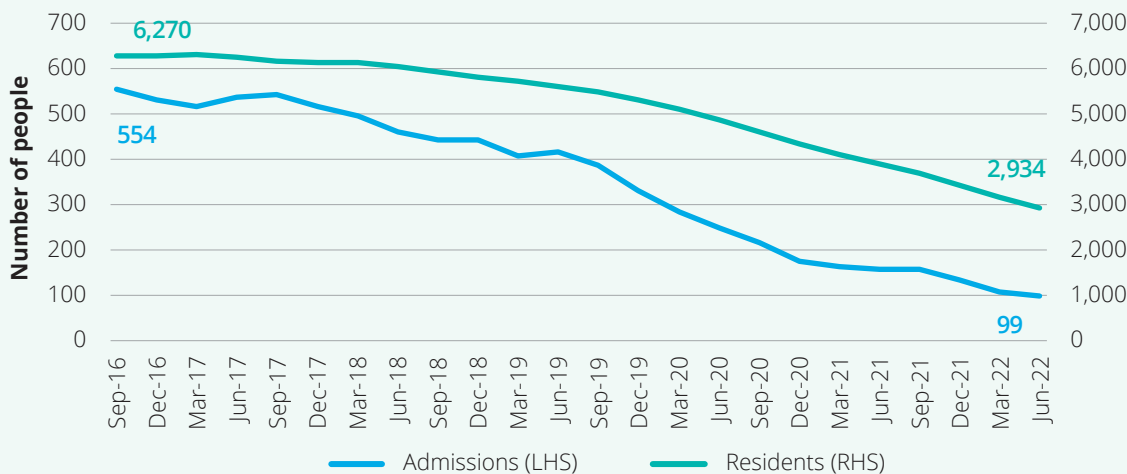
“People with disability who have greater support needs are not often sufficiently supported to give evidence at inquiries like Royal Commissions”

– Summer Foundation representative.

In response to the findings of the Royal Commission, in 2016 the Australian government announced strengthened targets for reducing the number of younger people in residential aged care alongside the Younger People in Residential Aged Care Strategy (2020-2025). The Summer Foundation's research was cited in the rationale for these commitments.⁵⁶

The impact of this reform agenda is significant. From September 2016 to June 2022, the number of younger people with disability in residential aged care had more than halved (see Chart 4.1). In addition, the number of younger people with disability admitted to aged care had fallen to less than a fifth of the rate in 2016.

Chart 4.4: Number of younger people with disability (less than 65 years of age) admitted into residential aged care and currently residing in residential aged care, quarterly



Source: Australian Institute of Health and Welfare; Deloitte Access Economics.

55 Royal Commission into Aged Care Quality and Safety, *Royal Commission Fast Facts*, 2021.
 56 Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect*, 2021

Key takeaways

The Summer Foundation's activities highlight the benefits of using philanthropy to fund research and advocacy efforts. The Foundation's work shows that, with effective leadership and oversight, philanthropists can use research and advocacy initiatives as a tool to influence government policy on disability inequality.

In the case of the Summer Foundation, over the nine years to 2022, their research contributed to 3,336 fewer younger people with disability residing in aged care. More appropriate accommodation and supports for these people will lead to improved health and wellbeing outcomes over their lifetime.

Case study 4

The Valuable 500



The Valuable 500 was established in 2019 with a mission to use the power of business to drive lasting change for all people living with disability. The organisation enacts its mission by connecting and collaborating with 500 of the world's most influential global businesses to increase the inclusion of people with disability through the supply and value chain of businesses. The organisation is funded by the Nippon Foundation and is partnered with the World Economic Forum and The International Disability Alliance. As of 2022, it is the largest community of global CEOs committed to disability inclusion in the private sector.

The problem

As of 2022, it is estimated that 1.3 billion people across the globe experience disability, and the impact of disability upon peoples' lives extend even further when considering the friends and families of people with disability.⁵⁷ Yet, only 4% of businesses are focused on making offerings inclusive of disability. As a result, people with disabilities are often disregarded as customers and deprived access to employment opportunities. In the workplace, people with disabilities often experience unequal hiring and promotion standards, unequal pay for equal work and occupational segregation.

The Valuable 500 observed a distinct lack of inclusive and accessible practices within the private sector. While some organisations have targeted inclusion over time, this failed to achieve broader systems-level change. The Valuable 500's founders felt this was unlikely to change as long as disability remained outside the focus of the societal challenges businesses chose to target.

The response

In response, the Valuable 500 initiative was launched in 2019 with the objective of setting a new global standard for workplace equality and disability-inclusion. Each of the 500 member organisations pledge to put disability on the business leadership agenda, committing to a suite of disability-inclusion targets to which the Valuable 500 holds them accountable.

In addition, as part of its Transformation Program, the Valuable 500 works closely with 14 iconic organisations with particular expertise and commitment to the Valuable 500's cause to lead transformative business practices across six key pillars:

- **C-suite:** The Valuable 500 collects and shares personal stories relating to lived experiences of disability with CEOs.
- **Culture:** The Valuable 500 supports businesses to collect and track measures of disability-inclusion, as well as supporting the development of more comprehensive and inclusive approaches to recruitment and retention.
- **Customer:** The Valuable 500 supports understanding of customer journeys to understand how services can be made more inclusive, as well as supporting the capability and capacity of businesses provide materials in accessible formats.
- **Reporting:** The Valuable 500 supports public reporting of disability-inclusion measures, with the aim for it to become an important KPI that holds businesses accountable.
- **Representation:** Using connections with key media firms, the Valuable 500 supports the development of an inclusive media hub to increase the representation of people with disability in advertising and communications.
- **Research:** The Valuable 500 is currently creating a global panel of 5,000 people with disability to provide its members with different perspectives and lived experiences to inform products, services and brand development.⁵⁸

⁵⁷ World Health Organisation, *Global report on health equity for persons with disabilities*

⁵⁸ The Valuable 500, *Transformation Programme*, 2022.

The impact

The Valuable 500 succeeded in building its network of 500 large national and multinational firms by May 2021. This network spans 41 countries, 64 sectors and 22 million employees.⁵⁹

Firm Commitments

The Valuable 500's member commitments vary by focus (e.g., some focus on employees, others on customers), specificity (e.g., some target a certain benchmark, others do not) and scale. Examples of member commitments include:

- **Unilever:** Committed to increasing the number of employees with disability to 5% by 2025, with the goal of increasing the economic participation of people with disability.⁶⁰
- **Shell:** Committed to improving the accessibility of each of their 46,000 service stations by 2030, with the goal of increasing the social participation of people with disability.⁶¹

Transformation Programme

The Valuable 500's Transformation Programme is only in its infancy. By leveraging the collective force of businesses committed to more inclusive practices, over the long-term it is expected to achieve a range of positive impacts for people with disability including improved labour market outcomes, social connectedness, and patterns of consumption. In addition, by introducing KPIs and public reporting on disability-inclusion, the scale of impact could grow beyond the Valuable 500's network as other leaders face increasing pressure to operationalise disability-inclusion within their business models. The Limb Family Foundation was a philanthropic organisation which aimed to create opportunities for individuals and communities to achieve happiness and fulfilment in their lives, with a particular focus on the environment, fostering creativity and addressing inequality. It ended its operations in 2022 after 17 years of philanthropic giving, having provided substantial funding to 134 organisations.⁶²

Key takeaways

The Valuable 500 shows the impact of philanthropic investments in initiatives that leverage sector leadership for scale. The Valuable 500 uses large and influential businesses as a tipping point to catalyse change through:

- seeking commitments to a suite of disability-inclusion targets to which each business is held accountable (e.g., representation in the workforce and leadership positions, accessibility requirements etc.)
- partnering with each business to co-create inclusive workplace practice solutions.

Together, these initiatives are expected to unlock improved labour market outcomes, social connectedness, and patterns of consumption for people with disability – both within and beyond the Valuable 500's member businesses.

⁵⁹ The Valuable 500, *Help & FAQs*, 2022.

⁶⁰ The Valuable 500, *Member: Unilever*, 2022.

⁶¹ The Valuable 500, *Member: Shell*, 2022.

⁶² Australian Environmental Grant Makers, *The Limb Family Foundation: a celebration and a farewell*, 2022.

Case study 5

The Limb Family Foundation



The Limb Family Foundation was a philanthropic organisation which aimed to create opportunities for individuals and communities to achieve happiness and fulfilment in their lives, with a particular focus on the environment, fostering creativity and addressing inequality. It ended its operations in 2022 after 17 years of philanthropic giving, having provided substantial funding to 134 organisations.

The problem

As part of its final philanthropic investment, the Foundation chose to focus on supporting the employment of young people with intellectual disability. Young people with intellectual disability are not provided the same opportunity to determine their futures as other young people. They are consistently faced with barriers in accessing basic supports, services and experiences, ultimately driving inequities in health, education, social and economic outcomes.⁶³ The challenges imposed by these barriers begin during childhood and exist all the way through adulthood, becoming particularly significant during the transition from school to adulthood and employment.⁶⁴

The response

The Limb Family Foundation invested in supporting younger people with intellectual disability by investing in research and running a series of grant rounds.

Research

The research component supported the commissioning of the research report "Reaching Potential: Experiences of young people with significant intellectual disability." This report identified six themes which are key to the experiences of young people with intellectual disability, including:

- Rich and diverse aspirations
- A meaningful life of education, work and community participation
- Plans for a secure and stable future
- A robust disability service system
- Healthy living
- Positive community attitudes.

Grant program

This research was released publicly and used to facilitate discussion in a roundtable event with philanthropists, service providers, academics and people with lived experience to ascertain how the Limb Family Foundation could best invest funds to support younger people with intellectual disability. This process identified three key areas of focus for their grant program, which included:

- Supporting young people and their families to navigate the options available for transition programs from school into meaningful training, work experience and appropriate workplaces
- Helping young people and their families to access relevant information, independent research resources, advocacy, peer support and advice from the early years through to leaving school
- Addressing employer readiness to welcome, support and empower employees with intellectual disability.

The Foundation initially partnered with The Funding Network Australia to run a funding event for three organisations. Then, the foundation initiated a final grant round inviting expressions of interest from any appropriate groups aimed at supporting these three areas of focus, with a number of people with lived experience included on the selection committee and a number of philanthropists invited to attend the pitches of the shortlisted organisations.

⁶³ Limb Family Foundation, *Reaching Potential: Experiences of young people with significant intellectual disability*, 2021.

⁶⁴ Limb Family Foundation, *Reaching Potential: Experiences of young people with significant intellectual disability*, 2021.

The impact

The research funded by the Foundation served two key outcomes:

1. It established an evidence base to help direct its funds towards an area of focus which could best support younger people with intellectual disability
2. The research funded by the Foundation has triggered further interest in academic and philanthropic sectors, leading to greater awareness of the experience and needs of younger people with intellectual disability.

The grant round also garnered significant interest, with 14 organisations applying for a grant. Of these, four were shortlisted.

All four shortlisted organisations were allocated a grant valued between \$50,000 and \$200,000. Each project sought to create *meaningful* jobs and experiences for younger people with intellectual disability. Projects included:

1. **Achieve Australia** – Community Connections: for Young People with Intellectual Disability
2. **Hotel Etico** – Graduate Employment Program
3. **Sydney Opera House** – Open House: Workplace Readiness Project
4. **University of Technology Sydney** – Applying program logic and co-designed evaluation to develop and deliver effective work experience programs for secondary students with intellectual disability.

Key takeaways

The Limb Family Foundation's investments supported a suite of initiatives that sought to create *meaningful* employment and experiences for younger people with intellectual disability. In this way, the Foundation's work contributed to improved labour market outcomes and social participation for people with intellectual disability.

In addition, the Limb Family Foundation's work demonstrates how philanthropy can foster disability-inclusion beyond its choice of investments. Indeed, the Foundation's work applied a disability-inclusion lens across all activities. For example:

- It placed people with disability at the centre of its grant making, by undertaking research to ensure its investments would target the key priority areas for people with disability.
- It included people with disability in the evaluation committee for its grant program and prioritised grant applications that demonstrated a commitment to disability-led approaches and challenged the foundation's internal process to be more inclusive.

Appendix A

A.1 The social inclusion index

The social inclusion gap was derived from a social inclusion index. This index was developed using HILDA survey data, combining 22 variables across four domains designed to capture how people interact with society; social participation, safety, sense of belonging, and citizenship (Table A.1). The intent of the index is to identify the degree to which each person experiences exclusion from social and economic participation in society. This index aligns with measurements of social exclusion used in the literature, particularly Cordier et al.⁶⁹ The specific variables used to measure social exclusion are outlined in Section A.2.

Table A.1: Variables used to develop the social inclusion index

Social participation	Safety	Sense of belonging and connectedness	Citizenship
Frequency of social activities with friends/relatives (not living in the same household)	Satisfaction with their neighbourhood	Ability to receive help from other people	Experiences of discrimination
Frequency of telephone, email or mail contact with friends or relatives (not living in the same household)	Satisfaction with feelings of safety	Size of social circle	Satisfaction with employment opportunities
Membership of a sporting/hobby/community based club or association	Experienced physical violence in the last 12 months	Feelings of control over their life	
Frequency of attendance at events that bring people together such as fetes, shows, festivals or other community events		The degree to which they feel able to solve problems	
Extent to which people make time to keep in touch with friends		The degree to which they feel able to change important things in their life	
Frequency of attendance at religious services		The degree to which they feel helpless	
Frequency of attendance at museums or art galleries		The extent to which they are satisfied with their access to public transport	
Frequency of attendance at movies, concerts, the theatre or other performing arts events		Satisfaction with feelings of inclusion in neighbourhood	

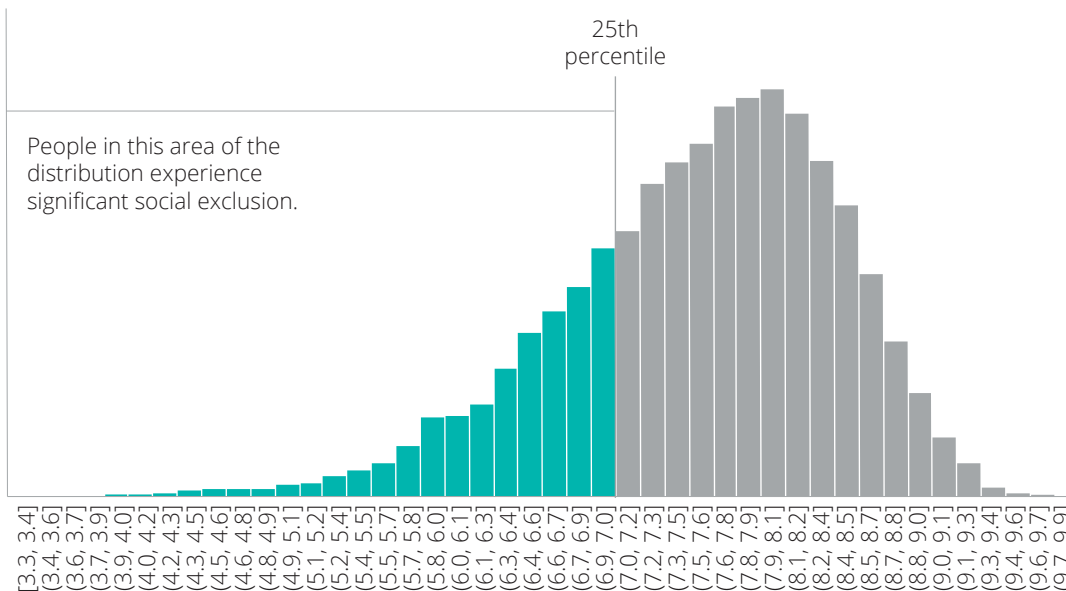
Source: Deloitte Access Economics analysis using HILDA survey data.

⁶⁹ Cordier, R.; Milbourne, B.; Buchanan, A.; Chung, D.; and Speyer, R., *A systematic review evaluating the psychometric properties of measures of social inclusion* PLoS ONE 12(6) 2017

Applying factor component analysis to the above variables, a 10-point social inclusion index was developed, with each respondent to the HILDA survey receiving a score on this index. A lower score means the individual experienced higher levels of social exclusion. For the purpose of the regression analysis, this continuous variable was used. However to understand the social exclusion gap conceptually,

section 3.2 refers to the proportion of Australians who fall within the bottom 25th percentile of social inclusion index scores as socially excluded. As a conservative approach, the analysis classified people with a social inclusion index score within the bottom 25th percentile as socially excluded.

Chart A.1: Distribution of scores on the social inclusion index



Source: Deloitte Access Economics analysis using HILDA survey data.

A.2 Estimating the impact of closing the social inclusion gap

Measuring the economic and social benefits of closing the social inclusion gap is complex due to the systemic nature of exclusion experienced by people without disability. The inequality in social and economic outcomes experienced by people with disability is not solely attributable to the social inclusion gap. Relative to people without disability, people with disability have different demographic characteristics, such as age and family socio-economic status, which are independent predictors of social and economic outcomes. Further, there is a recognition that some people with disability will opt-out of participating in certain activities (such as employment) due to their support needs.

To measure the relationship between social inclusion and social and economic outcomes, regression analysis was used, controlling for:

- support needs, which proxies for the impact of a person's impairment on their decision to participate in society
- socio-demographic factors.

This analysis focuses on identifying the gap in social and economic outcomes associated with social exclusion, as defined by the social inclusion index (described above). A key limitation of this analysis is that it cannot control for potential endogeneity. Therefore, the results of this analysis should not be considered as causal findings of the impact of social exclusion on outcomes for people with disability. Rather, these results should be perceived as potential impacts associated with social exclusion.

Regression analysis was used to estimate the extent to which variation in the social inclusion index explains the gap in outcomes experienced by people with and without disability. Specifically, the following econometric equation is estimated:

$$Y_i = \beta_0 + \beta_1 SE_i + \beta_2 D_i + \beta_3 D_i * SE_i + \beta_4 SN_i + \beta_5 X_i + \epsilon_i$$

Definitions of variables include:

- Y: is an outcome variable of individual i (such as employment status);
- SE: is the social inclusion index of individual i;
- D: is a person's disability status;
- SN: is a person support needs;
- X: is a vector of individual, household and neighbourhood characteristics;
- ϵ_i : the composite error term.

The degree to which a one unit movement in the social inclusion index is associated with a change in an outcome for people with disability is derived from the following equation:

$$\text{Social exclusion coefficient} = \beta_1 + \beta_3$$

This represents the association of a change in the social inclusion index and outcomes of the total population (β_1) plus the unique association of a change in the social inclusion index and outcomes of people with disability (β_3).

To derive the potential impact of closing the social inclusion gap, the social exclusion coefficient is multiplied by the difference in social inclusion index for people with and without disability. This analysis estimates that the gap in social inclusion index scores for people with and without disability is 0.68 points, on average.

A.2.1. Health and wellbeing benefits

The HILDA survey asks respondents to rate their health along three domains: mental health, physical health and general health on a scale between 0 and 100. These scores were converted from HILDA SF-36 scores to EQ-5D scores. This was achieved by considering the changes in each of these three domains and holding other health measures constant using model EQ(3) in Table 3 as developed by Ara and Brazier (2008).⁷⁰ The EQ-5D HR-QoL is a widely used measure of health utility and can then be interpreted as a change in Quality Adjusted Life Years driven by the removal of the social inclusion gap.

Regression analysis was performed for each domain of health and wellbeing (Table A.2). The coefficients represent the change in each specific measure of health and wellbeing that is associated with a one-unit change in the social inclusion index.

Table A.2: Health and wellbeing regression outputs

Variable	Social exclusion coefficient (SE)	Correction	Social inclusion index gap	Change in HR-QoL
Mental health	+6.53 (0.83)	0.39	0.68	+4.9%
Physical health	+2.56 (1.01)	1.11	0.68	+0.7%
General health	+1.33 (0.62)	0.56	0.68	+0.5%
HR-QoL	-	-	-	+6.1%

Source: Deloitte Access Economics analysis.

70 Ara, R. and Brazier, J., *Deriving an Algorithm to Convert the Eight Mean SF-36 Dimension Scores into a Mean EQ-5D Preference-Based Score from Published Studies (where Patient Level Data Are Not Available)*, Value in Health 11(7) 2008.

A.2.2. Employment benefits

A logistic regression was performed to determine the change in likelihood of employment associated with a change in the social inclusion index (Table A.3). The coefficient represents the change in probability of employment that is associated with a one unit change in the social inclusion index.

Table A.3: Employment regression outputs

Variable	Social exclusion coefficient (SE)	Social inclusion index gap	Change in employment probability (total working-age population)
Employment	+0.16 (0.12)	0.68	+11.2%

Source: Deloitte Access Economics analysis.

A logistic regression was performed to determine the change in likelihood that someone desires to work more hours associated with a change in the social inclusion index (Table A.4). The coefficient represents the change in probability of underemployment that is associated with a one unit change in the social inclusion index.

Table A.4: Underemployment regression outputs

Variable	Social exclusion coefficient (SE)	Social inclusion index gap	Change in underemployment probability
Would like more hours	-0.25 (0.01)	0.68	-1.7%

Source: Deloitte Access Economics analysis.

A.2.3 Education benefits

A regression was performed to determine the change in imputed years of education that is associated with a change in the social inclusion index, for all people aged between 25 and 64 years (Table A.5). The coefficient represents the change in number of years of education that is associated with a one unit change in the social inclusion index.

Table A.5: Educational attainment regression outputs

Variable	Social exclusion coefficient (SE)	Social inclusion index gap	Change in number of imputed years of education
Education	+0.29 (0.04)	0.68	+0.20

Source: Deloitte Access Economics analysis.

A.3 Guiding principles for effective philanthropy applied to each case study

Table A.6: Guiding principles for effective philanthropy – applied within each case study

	Systemic/ sustainable change	Disability-led initiative	The social model	Alignment with the Australian Disability Strategy	Clear and impactful objective
The Ford Foundation	The Disability and Inclusion Pledge drives disability-inclusion across all philanthropic member organisations.	People with disability are part of the leadership and advisory teams within the Ford Foundation and the Disability and Philanthropy Forum.	The Ford Foundation's model focuses on fostering inclusive practices rather than activities which aim to alleviate disability.	As a US-based organisation, the Ford Foundation does not directly align to the ADS, however covers adjacent outcome areas.	The Ford Foundation's objective is to eliminate inequality for people with disparity.
The Jeffrey Blyth Foundation	The Jeffrey Blyth Foundation enabled Blind Citizens Australia to have access to a consistent and unconditional source of funds to enact its programme.	The Foundation provides an example of a truly disability-led organisation, with all key decision-makers coming from a place with lived experience.	The Jeffrey Blyth Foundation enabled Blind Citizens Australia to enact its programme which largely focuses upon increasing the accessibility of Australian society for people with blindness or vision impairment.	The Foundation supports Blind Citizens Australia to advocate towards the improvement across ADS outcome areas.	The Jeffrey Blyth Foundation aims to enable the administration and internal infrastructure of Blind Citizens Australia through the provision of a consistent, unconditional funding source which can support approximately two full-time staff for the organisation.
The Summer Foundation	The Summer Foundation's advocacy efforts serve to empower all young people with disability to choose the type of housing which best suits their needs.	The Summer Foundation's research is underpinned by the preferences and lived experience of people with disability.	The Summer Foundation's mission to empower people with disability by overcoming barriers to their autonomy and independence.	The Summer Foundation primarily focuses upon the Housing outcome area of the ADS.	The Summer Foundation aims to ensure people with disability have access to appropriate support and information that empowers them to choose their living conditions for themselves.

	Systemic/ sustainable change	Disability-led initiative	The social model	Alignment with the Australian Disability Strategy	Clear and impactful objective
The Valuable 500	The Valuable 500's network of large private sector firms drives systems-level change in employment and customer experiences.	People with disability comprise a significant portion of the Valuable 500's leadership, including the organisation's founder.	Programs established by the Valuable 500 drive increased representation of people with disability to overcome biases and barriers to social inclusion.	As an organisation with a global focus, the Valuable 500 does not directly align to the ADS, however covers adjacent outcome areas.	The Valuable 500 partners with 500 of the world's most influential global businesses to improve disability-inclusion in employment.
The Limb Family Foundation	The Limb Family Foundation's grant program and research contributed towards improving employment outcomes for people with intellectual disability	The perspectives of People with intellectual disability were integral to the roundtable discussions and grant program outcomes	The research and grant program focused upon determining how people with intellectual disability could be empowered by society to live the lives they want to live.	The Limb Family Foundation's support for people with intellectual disability focused upon the ADS employment outcome area	The Limb Family Foundation aimed to empower people with intellectual disability to have greater access to opportunities in employment and, more broadly, life.

Source: Deloitte Access Economics.

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