MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

10 March 2026

Tēnā koe

Official Information Act request

Thank you for your email of 12 January 2026, requesting information whether the Ministry of Social Development (the Ministry) is implementing a system similar to Australia's NDIS/NDIA for disability insurance.

I have considered your request under the Official Information Act 1982 (the Act). Please find my decision on your request set out below.

The Ministry does not have any advice on implementing a NDIS/NDIA for disability insurance similar to that used in Australia, as our work is focused on strengthening the current New Zealand Disability Support system.

However, please find attached two documents that concern a research report the Ministry prepared, which are in scope of your request. Note that some information is withheld under section 9(2)(g)(i) of the Act to protect the effective conduct of public affairs through the free and frank expression of opinions. I believe the greater public interest is in the ability of individuals to express opinions in the course of their duty.

- Cover Memo: Report on International Research Comparing Disability Support Schemes, 30 May 2025
- Report on International Research Comparing Disability Support Schemes.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

Anna Graham
General Manager
Ministerial and Executive Services

Report

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

International Research Comparing Disability Support Schemes

Purpose of the report

1 This report summarises the key findings from research exploring international disability support schemes by Disability Policy in the Ministry for Social Development (MSD).

Introduction

2 The purpose of this research is to:

- complete a scan of disability support schemes in comparable countries to New Zealand (an overview of the schemes will be provided in the following section)
- review different disability systems and explore how they have been designed
- learn about what challenges these systems face
- investigate how these challenges were and are being addressed
- explore how learnings may be helpful for informing the policy work to strengthen Disability Support Services (DSS).

3 This research covers Ontario, Canada's Ontario Disability Support Programme (ODSP), Australia's National Disability Insurance Scheme (NDIS) and the United Kingdom's (UK) Personal Independence Payment (PIP). Table 1 provides an overview of these schemes. Table 2 provides more detail. Section I*nternational Examples of Disability Support Schemes* provides more context about the schemes' population, eligibility, cost growth and other challenges.

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Table 1: Overview of international examples of government-funded disability support schemes

Australia - National Disability Insurance Scheme (NDIS)	United Kingdom – Personal Independence Payment (PIP)	Canada - Ontario Disability Support Programme (ODSP)
Context • Trial roll-out from 2013, rolled out nationally in 2016 • 5.5m disabled people in Australia • 650,000+ NDIS participants • Current 20% annual cost growth – committed to 8% from July 2026 • Average payments per participant have grown at rates exceeding normal inflation for several years. **Purpose** For participants to have choice and control over the supports and services they need to pursue an ordinary life. **System design** Provides funding to individuals based on their needs, which is then used for services through participating providers. Services include: • personal care • therapy • support for independent living • community participation • equipment and assistive technologies • housing and income support • employment support. **Funding** • commonwealth funding • contributions from state governments • a dedicated portion of the national Medicare Levy. **Means tested?** • No	**Context** • Replaced the Disability Living Allowance in 2013 • Approx. 2.6 million recipients of working age • 33,000 new awards per month – more than double pre-Covid-19 pandemic • 63% cost growth expected 2023/24-2028/29 - 110% cost growth projected 2019-2029 • 'extra costs benefit'. **Purpose** To help with daily activities or getting around because of a long-term illness or disability. **System design** Cash benefit for: • Daily living assistance – payment to help with eating and drinking, washing and bathing, managing money and medicines, socialising • Mobility assistance – payment to help with physically moving around. In 2025, a new minimum threshold will be introduced to the PIP. To receive the daily living component of PIP, a person must score at least 4 points on one daily living activity. **Funding** • General taxation. **Means tested?** • No	**Context** • Formed in 1998 • Approx. 368,000 participants as of the 2022/23 financial year • 75% cost growth and 50% participant increase between 2009 and 2019 • Between 2015 and 2025, this has reduced to a 50% cost increase a 14.1% participant increase • No waitlists, no fixed budget or budget caps • Increasing rates by 2.8% effective July 2025 **Purpose** Last resort once all other financial resources have been exhausted. **System design** • Last-resort income support – financial assistance to help with basic living expenses, such as food, housing, clothing and transport • Employment Support – training, tools and resources tailored to individual needs. **Funding** Entirely provincially funded through taxes. Unlike some other social programs in Canada, which receive federal contributions, ODSP is funded through Ontario's provincial budget. **Means tested?** • Yes

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Methodology

4 This research was conducted through:

- desk-based research identifying countries with similar Disability Support Systems to New Zealand, with a focus on what services they offer, their eligibility criteria, how they are funded and key challenges facing the schemes
- meetings with representatives from each scheme to talk more in-depth about the challenges they face and what they are doing to address them.

Overview of international examples of disability support schemes

5 This section provides an overview of the disability support schemes provided in Ontario, Canada, Australia, and the UK.

6 Table 2, on the next page, provides a population overview and highlights some of the key aspects of the schemes.

Countries deliver Disability Support Schemes differently

7 It is important to note that the schemes researched deliver their disability support through varying delivery mechanisms, in ways that differ from New Zealand's Disability Support Services.

- NDIS – Australia delivers the NDIS primarily through direct government funding, supported by a mix of Commonwealth and state/territory contributions:
    - Commonwealth Government: Provides the majority of NDIS funding via general revenue and income tax.
    - State and Territory Governments: Contribute a smaller, fixed amount based on bilateral agreements with the Commonwealth.
    - Medicare Levy: Partially supports NDIS funding. The Medicare Levy (currently 2% of taxable income) contributes to health and social services, including the NDIS.
- ODSP – Ontario delivers the ODSP through direct provincial government funding; it is entirely funded through general provincial revenues.
- PIP – The UK delivers the PIP through direct central government funding through general taxation.

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Table 2: International examples of government-funded disability support schemes

	DSS (NZ)	NDIS (AUS)	PIP (UK)	ODSP (Ontario)
Rolled out	1993 (32 years old)	2013 (12 years old)	2013 (12 years old)	1998 (27 years old)
Total population in 2023/24 financial year (million)	5.3	27.2	68.3	16.1
Disabled population (approx. - million)	1.1	5.5	16.1	2.9
➢ **% of total population (approx.)**	24%	20%	24%	16%
Scheme participants in 2025 (approx.)	52,000	646,000	3,700,000	370,000
➢ **% of disabled population**	5.6%	12%	23.4%	17.3%
Change in scheme participation since 2017 (approx.)	62.5% (approx. 32,000 in 2017)	613% (approx. 90,638 in 2017)	147% (approx. 1.5 million in late 2016)	-25% (approx. 475,000 in late 2016)
Crude average annual funding per participant (local currency)[1]	$48,000	$48,000	£8,500	$16,500
Crude average annual funding per participant (NZD – approx.)	$48,077	$52,000	$17,500	$19,500
Cost growth	116% between 2015/16 – 2024/25	20% (annual)	65% projected between 2023/24 – 2028/29	50% between 2015 and 2025
Scheme purpose	To provide essential support and equipment and modifications services	For participants to have choices and control over the supports and services they need to pursue an ordinary life.	To help with daily activities or getting around because of a long-term illness or disability.	Last resort once all other financial resources have been exhausted - important principle of the programme
Means tested?	Partially (for home modifications)	No	No	Yes

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[1] Calculation: approx. total scheme funding / approx. scheme participants. Rounded to nearest 500

Australia - National Disability Insurance Scheme

8 The NDIS provides funding to eligible people with a disability to gain greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life. The NDIS also connects disabled people to services in their community.

9 There are around 4.3 million Australians who have a disability. As at March 2025, the NDIS had an approximate 646,000 participants and annual 20% cost growth.

Cost Growth

10 From July 2023 to 30 June 2024, the NDIS incurred expenses of $41.3 billion on a cash basis across all participants. This was $340 million, or 0.8%, higher than the estimate of $40.9 billion in the June 2023 projections.

- 2024-25 projected expenses are $46.9 billion
- 2033-34 projected expenses are $92.7 billion
- total projected expenses over four years by 2028 are $210.3 billion.

The purpose of the NDIS is to give participants choice and control over the services they receive.

11 Participants can choose providers and decide how their funds are spent. The NDIS provides funding to individuals based on their needs, which is then used for services. These may include the following:

- personal care (e.g., assistance with dressing, eating, or moving around)
- therapy services (e.g., physiotherapy, speech therapy, occupational therapy)
- support for independent living (e.g., modifying a home to make it accessible)
- community participation (e.g., transport costs to attend social or educational activities)
- equipment and assistive technologies (e.g., wheelchairs, communication devices)
- housing and home support, including help with household tasks to allow the participant to maintain their home environment or residential care
- employment support, including support getting into work, settling in and any ongoing supports required to retain employment.

12 A wide range of providers participate in the NDIS, including non-government organisations, for-profit companies, and individual practitioners. The NDIS sets standards for quality and safety in the services provided, and participants can select the providers that best meet their needs.

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13 NDIS plans are split into three categories:

- **Core Supports:** Supports for daily life which are split into flexible and static categories.
    - ***Flexible Core Supports:*** Includes support for everyday activities including assistance with daily tasks, social, economic and community activities, transport and consumables (continence-related). These plans are flexible – funding can be used across multiple support categories and moved between support categories without needing National Disability Insurance Agency (NDIA) approval.
    - ***Stated Core Supports:*** Includes support in the home (for example cooking and cleaning) and cross-billing for young people in Aged Residential Care facilities. These plans are not flexible — funding must be used exactly as described in the plan.
- **Capacity-building Supports:** Supports to build capacity and independence, which are all stated core supports. These supports help with things like making choices about plans, behaviour, finding and maintaining a job, health, and wellbeing, finding and keeping housing, improving daily life skills, study, relationships and social and community participation.
- **Capital Supports**: Supports for medium-to-high-cost investments, such as assistive equipment or housing modifications. All capital supports are stated.

14 The supports funded are negotiated between a disabled person and their NDIS co-ordinator in the creation of their individual plan. Operational guidance focuses on ensuring supports are:

- good value for money
- effective, beneficial and exhibit good practice
- reasonable in the context of family, whānau and community supports
- whether the support is most appropriately provided by the NDIS.

15 NDIS plans are typically reviewed annually. Reviews include reconfirming eligibility, checking progress against individual plans, and making any required changes to supports.

Eligibility

16 To be eligible for general NDIS support, a person must:

- have a disability that is permanent and significant as defined above
- be aged under 65
- be a permanent resident or citizen

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- have one of a list of approved disabilities which generally fall under the following impairment types: intellectual, neurological, physical, sensory (includes vision/hearing/mental health) or speech.

17 For the early intervention stream, the person must:

- have an intellectual, cognitive, neurological, sensory, or physical impairment(s) that is (or is likely to be) permanent
- have an impairment(s) attributable to a psychosocial disability that is (or is likely to be) permanent; and providing early intervention supports will reduce the person's future support needs and will improve their functional capacity or prevent the deterioration of their functional capacity.

The NDIS is funded from a variety of sources

18 The Government committed $732.9 million over four years, from 2023-24, to lift the NDIA's capability, capacity, and systems to better support participants. Paragraph 9 outlines 2023-24 spend and the 2024-25 projected spend.

19 Funding sources include:

- commonwealth funding
- contributions from state governments, as defined in a series of bilateral agreements
- a dedicated portion of the national Medicare Levy.

20 The total contribution from the Medicare Levy is not enough to cover the full cost of the NDIS, and the proportion of funding provided by state governments via bi-lateral agreements has been shrinking over time. This has left the Commonwealth Government with rapidly expanding costs to maintain the NDIS.

The NDIS underwent a review in 2023 to address growing concerns about cost blowouts, the accessibility of services, and the experience of participants

21 Since the 2023 review into the NDIS, serval key changes have been made to the scheme.

22 **Better targeting of funding:** In October 2024, the Australian Government enacted the National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024. This legislation introduced a clearer definition of what constitutes a "NDIS support," aligning with the United Nations Convention on the Rights of Persons with Disabilities. It also empowered the NDIA to specify which goods and services are eligible or ineligible for funding. These changes aim to enhance transparency and ensure that funding is directed to supports that are reasonable and necessary for participant.

23 **Streamlining processes:** Efforts to simplify NDIS planning and review processes are ongoing. The NDIA has implemented new rules regarding plan

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variations and reassessments to provide greater clarity and reduce administrative burdens. Additionally, there are plans to develop a centralised digital platform to improve access to information and streamline interactions between participants and providers.

24 **Improving Provider Accountability:** The NDIS Quality and Safeguards Commission is enhancing its regulatory framework to ensure providers meet high-quality standards. This includes initiatives such as a national approach to authorising restrictive practices, a Positive Behaviour Support Capability Framework, and improved worker screening processes. These measures aim to uphold participant rights and ensure the delivery of safe and effective services.

25 Cost Control Measures: The government has introduced several reforms to manage NDIS costs. These include:

- implementing stricter eligibility criteria for certain supports
- discontinuing mid-year plan top-ups to prevent budget overruns
- enhancing fraud detection and prevention mechanisms
- collaborating with states and territories to develop foundational supports[2] for individuals with lower support needs, thereby reducing pressure on the NDIS.

United Kingdom - Personal Independence Payment

26 The PIP is a non-means tested benefit for people who need help with daily activities or getting around because of a long-term illness or disability. The PIP replaced the Disability Living Allowance (DLA).

27 As of January 2025, 3.7 million people of working age receive the PIP, with monthly new claims almost doubling since 2019.

28 The proportion of people receiving the PIP formally the DLA with anxiety or depression as their primary condition has grown since the pandemic[3].

29 There are now over **33,000** new awards for the PIP per month compared to **17,000** before the pandemic.

30 In 2019 there were an average of just under **2,200** new PIP awards a month in England and Wales where the main disabling condition was mixed anxiety

[2] The rollout of foundational supports for individuals with milder disabilities, who are not eligible for the NDIS, has faced delays. Initially planned for 1 July 2025, the implementation has been postponed due to ongoing negotiations between federal and state governments.

[3] The PIP has replaced the DLA for most adults. Those under 16 or born before 8 April 1948 continue to receive DLA.

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and depressive disorders. This has more than doubled to **5,300** a month in 2023.

Cost growth

31 Monthly claims have approximately doubled since 2019:

- 2019: 2,200 claims per month
- 2023: 5,300 per month.

32 Over the next five years, the PIP spending is expected to grow by 85%; £21.6 billion in 2023/24 to £40 billion in 2028/29.

The purpose of the PIP is to give participants choice and control over the services they receive

33 The key features of the PIP are:

- **Flexibility**: The PIP can be used for any additional expenses related to living with a disability, such as transport, equipment, or personal care.
- **Independence**: It encourages autonomy by supporting individuals to manage their disability-related needs.
- **Non-means-tested**: It allows individuals to receive the PIP regardless of their savings or income.

34 Recipients of the PIP have complete discretion over how they use their funds – there are no restrictions on how and where they can spend their funding, including providers in the free market.

35 There are two parts to the PIP[4]:

	Lower Weekly Rate	***Higher Weekly Rate***
Daily living The recipient needs help with everyday tasks	£72.62	£108.55
Mobility The recipient needs help with getting around	£28.70	£75.75

36 The weekly rate:

- depends on how difficult the recipient finds daily living and mobility task
- is not affected by income or savings
- is paid monthly.

37 The daily living component of the PIP covers:

[4] As at March 2025

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- preparing food
- eating and drinking
- managing medicines or treatments
- washing and bathing
- using the toilet
- dressing and undressing
- reading
- managing money
- socialising and being around other people
- talking, listening and understanding.

38 The mobility component of the PIP covers the following:

- working out a route and following it
- physically moving around
- leaving the home.

Eligibility

39 To be eligible for the PIP, the recipient must:

- be 16 or over and under State Pension age if this is the first time receiving the PIP
- have a long-term mental or physical health condition or disability
- have difficulty doing certain everyday tasks or getting around
- expect the difficulties to last for at least 12 months from when they started
- have lived in England, Scotland or Wales for at least 2 of the last 3 years
- be living in one of these countries when applying
- satisfy a qualifying period of 3 months and a prospective test of 9 months. This helps establish that the health condition or disability is likely to be long term. Claims can be submitted during the qualifying period but entitlement to the PIP cannot start until the qualifying period has been satisfied.

2025 Green Paper

40 The UK government published a green paper in May 2025 titled "*Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper*". This green paper outlined various proposed changes to the PIP, including:

- **Tightened Eligibility Criteria for PIP** – A new minimum threshold will be introduced. To receive the daily living component of PIP, a person must score at least 4 points on one daily living activity.

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- **PIP Assessment as Sole Determinant for Universal Credit Health Element** – The Work Capability Assessment (WCA) will be discontinued, and eligibility for the Universal Credit (UC) health element will instead be determined by the PIP assessment. This means that financial support will no longer be linked to a person's assessed capacity to work, but to their functional needs as measured by PIP.
- **Planned Review of the PIP Assessment Process** – Given that PIP will become central to determining both PIP and UC health entitlements, the Government plans to review the PIP assessment framework.

Ontario, Canada – Ontario Disability Support Programme

41 Canada does not have a national disability support system equivalent to New Zealand's DSS or Australia's NDIS. Instead, support for disabled people is split across federal and provincial programs. In Ontario, the Ontario Disability Support Program (ODSP) serves as the primary provincial assistance scheme, offering a structure somewhat comparable to New Zealand's DSS.

42 ODSP is a social assistance program that provides financial aid and employment support to eligible residents with disabilities, aiming to promote independence and community participation.

43 As of 2025, approximately 2.9 million people in Ontario live with a disability. In the 2024–25 financial year, around 496,000 individuals (including dependents) are receiving ODSP. This reflects a 14.1% increase in participants since 2015, a slower growth rate compared to the 50% increase seen between 2009 and 2019.

The purpose of the ODSP is to give participants choice and control over the services they receive

44 ODSP is administered by the Ministry of Children, Community, and Social Services (MCCSS) and has two primary components: Income Support and Employment Supports.

45 ODSP Income Support provides financial assistance to help with basic living expenses, including food, housing, clothing, and transportation.

46 As of 2025, ODSP Income Support includes monthly payments of up to CAD $1,368 for a single person, depending on their specific circumstances. This represents a 24.36% increase in payment levels since 2015.

47 ODSP may also cover health-related benefits, such as prescription drugs, dental and vision care, transportation to medical appointments, and disability-related expenses like medical supplies and assistive devices. However, it does not directly provide personal care or household management services—these are typically accessed through Ontario's Home and Community Care Support Services.

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48 ODSP Employment Supports assist individuals with disabilities who wish to find and maintain employment. Services include training, job accommodations, on-the-job support, and help with job retention.

49 The slower growth in both costs and caseloads since 2019 is attributed to tighter eligibility assessments and reassessments following criticism from the Auditor General (refer paragraph 55), modest benefit increases, and the introduction of the Canada Disability Benefit (CDB), which Ontario has committed to exempting from income calculations to avoid clawbacks. The 2019 audit into the OPSD found that since the 2009 audit, the cost of the program has increased by approximately 75% from $3.1 billion to approximately $5.4 billion in 2018/19. Between 2015 and 2025, this has reduced to a 50% cost increase.

50 These changes were implemented through updates to policy directives and enforcement of existing provisions in legislation. This included:

- requiring recipients to report any changes that could affect their eligibility or the amount of support they receive, including:
    - disability status or prescribed class membership
    - income or asset holdings
    - shelter costs, family composition, or living arrangements
- submitting monthly Employment and Training Income Reports (ETIR)
- annual business income reports.

51 In July 2024, payments increased by 4.5%. Rates will be increasing by 2.8% effective July 2025. This is the fourth rate increase since the ODSP rates were tied to inflation in September 2022. Rates have increased by a total of 20% since then. The inflation-based increase will be for:

- basic needs and shelter maximum amounts for single people and families
- board and lodge amounts for single people and families
- the amount provided for a couple where both have disabilities
- amounts for services provided by a Long-Term Care Home or a Specialised Care Residence
- for example, effective July 2025, if you are a single person, your payment could be up to $1,408 for basic needs and shelter.

Income support eligibility

52 To be eligible for ODSP income support, an applicant must:

- be 18 years or over
- be an Ontario resident

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- be in financial need and meet the financial eligibility criteria, including income and asset limits[5]
- have a disability, meaning:
    - a substantial mental or physical impairment that is continuous or recurrent, and is expected to last one year or more
    - the direct and cumulative effect of impairment results in a substantial restriction in ability to work, care for themselves, or take part in community life
    - the impairment, its likely duration and restrictions have been verified by an approved health care professional
- belong to a prescribed class (e.g., recipients of certain federal disability benefits)
- applicants must complete a Disability Determination Package (DDP), which is reviewed by the Disability Adjudication Unit to assess eligibility.

Employment support eligibility

53 To be eligible for ODSP employment supports, participants must:

- be at least 16 years old
- be an Ontario resident
- be legally allowed to work in Canada
- have a substantial physical or mental disability that is expected to last a year or more and makes it hard for you to find or keep a job.

The Ontario Disability Support Program is fully funded by the Government of Ontario through provincial general revenues

54 This includes revenue from personal and corporate income taxes, sales taxes and provincial levies (e.g., the Ontario Health Premium). Unlike some federal programs, ODSP does not receive direct funding from the federal government. The program's budget is allocated annually by the MCCSS as part of Ontario's broader social services expenditure. In recent years, the government has emphasised cost containment and efficiency, with ODSP spending growth averaging around 1.1% annually, significantly lower than in previous decades.

The ODSP was reviewed by the Office of the Auditor General (OAD) in 2019

55 The OAD's 2019 audit into ODSP concluded that the MCCSS did not have effective systems and procedures in place to ensure that only eligible

[5] As of 2025, the maximum value of assets that can be held by an ODSP recipient is $40,000 for a single individual, $50,000 for a couple, and $500 for each non-spousal dependant

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recipients receive income support and that recipients are receiving the employment supports they need. The Auditor General found that the Ministry was not taking sufficient steps to ensure that all recipients continue to be eligible for the program and that non-disabled adults are participating in required Ontario Works employment assistance activities. The audit also concluded that the Ministry does not have effective processes and systems in place to measure, evaluate and publicly report on the effectiveness of the ODSP.

56 Key findings include the following:

- **Increased Costs and Caseload**: Since 2009, program costs rose by 75% to $5.4 billion due to a 50% rise in cases, contrasting Ontario's 12% population growth.
- **Eligibility Issues**: Inadequate verification systems allowed $1.1 billion in overpayments; $400 million was written off.
- **Inconsistent Decisions**: Disability adjudication lacked transparency; 80% of approvals had no medical review.
- **Fraud Investigations:** 42,000 fraud allegations were unresolved, with outdated case reviews.

The research found three key themes across international disability support schemes

57 This research found three key themes across the three disability support schemes which were researched.

A key driver behind financial challenges is a lack of clear definitions, eligibility and changing disabled populations

58 s9(2)(g)(i) [redacted]

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s9(2)(g)(i) [redacted].

62 Akin to the outcome of the Independent Review into New Zealand's DSS, one of the key recommendations from the 2023 NDIS review was to provide clarity around eligibility for the scheme. A key lesson for New Zealand to take away from this is that MSD must strive to ensure that the future eligibility criteria put in place for DSS are clearly defined to reduce varying interpretation. Guidance aimed at those assessing disabled people's eligibility for DSS in New Zealand could be provided alongside the introduction of new eligibility criteria to ensure that these criteria are being interpreted consistently.

63 s9(2)(g)(i) [redacted]

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[redacted]

A key lever for delivering an effective disability support service is connecting government services

66 Integration across government services and programmes was noted as important by Australian representatives as they have found there are many disabled people who have been given access to the NDIS when they did not necessarily meet eligibility criteria, yet these individuals still require support to live their daily lives. Australian representatives noted that integration across government services and programmes was important in ensuring that

such individuals received support, and which subsequently takes pressure off the NDIS.

67 s9(2)(g)(i) [redacted]. The Digital First Strategy:

- places emphasis on digital improvements to reduce administrative burden of the ODSP
- allows for social assistance digital applications to reduce burden on case workers, who process approximately 400-600 caseloads
- has enabled greater interaction with Canada's equivalent Ministry of Health, as well as strengthening oversight, introducing systematic fraud checks, and improving staff training to mitigate overpayments and ineligible cases.

68 s9(2)(g)(i) [redacted]

69 A key lesson for New Zealand to take away from this is that MSD must strive to connect DSS with other government services. Currently, government services are fragmented, making service navigation difficult for recipients of government support. MSD should strive to make the system more transparent and easily accessible for DSS clients.

70 There are many ways to achieve this connectedness, with integration being one method applied internationally. However, another way to achieve connection between government services is for MSD to promote a comprehensive cross-government navigations service for DSS clients. This navigation service would be particularly relevant for connections between MSD and the Ministry of Health, as many DSS recipients also manage co-occurring health conditions that are managed through the health system.

71 A comprehensive cross-government navigation service could further help to address the cost pressures DSS faces by identifying through which government department a DSS recipient should be accessing support and better distributing costs across government departments.

A capped appropriation is material to containing costs of disability support services

72 s9(2)(g)(i) [redacted].

73 The 2019 audit into the ODSP found that since the 2009 audit, the cost of the program has increased by approximately 75% from $3.1 billion to approximately $5.4 billion in 2018/19. Between 2015 and 2025, this has reduced to a 50% cost increase.

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74 s9(2)(g)(i) [redacted] .

Improving oversight, monitoring and evaluation

76 s9(2)(g)(i) [redacted]

77 The NDIS has also set up an Evidence Advisory Committee to:

- provide cost-benefit advice based on the pharmaceutical cost-benefit principles
- assess the effectiveness of services and interventions, e.g., therapies.

Next Steps

78 This research paper will inform policy work being undertaken for Strengthening DSS. Any questions regarding this research can be directed to Shannon Mower or Feli Trounson of MSD's Disability Policy team.

Author: Shannon Mower, Senior Policy Analyst, Feli Trounson, Policy Analyst, Disability Policy

Responsible Manager: Megan Farrow, Manager, Disability Policy

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Memo

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

To: Strengthening DSS Steering Group

From: Shannon Mower, Senior Policy Analyst, Disability Policy

Date: 30 May 2025

Security level: IN-CONFIDENCE

Cover Memo: Report on International Research Comparing Disability Support Schemes

Action: **Agree** to the accompanying report being provided to our international counterparts for visibility over how their contribution to the research was applied **AGREE/DISAGREE**

Agree to Disability Policy hosting approximately six-monthly meetings with our international counterparts to share learnings and develop relationships **AGREE/DISAGREE**

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Background

1 The accompanying research report was conducted to inform the Strengthening DSS policy work programme.

2 This research was conducted through:

- desk-based research identifying countries with similar Disability Support Systems to New Zealand, with a focus on what services they cover, their eligibility criteria, how they are funded and key challenges facing the schemes
- meetings with representatives from each scheme to talk more in-depth about the challenges they face and what they are doing to address them

3 The DSS Taskforce was made aware of this research and invited to participate through attending meetings with our international counterparts.

4 The included comparable countries and their schemes were Australia (National Disability Insurance Scheme (NDIS)), the United Kingdom (the Personal Independence Payment (PIP)) and Ontario, Canada (Ontario Disability Support Programme (ODSP)).

5 We found three key themes across the three Disability Support Schemes which were researched.

6 **Theme One:** A key driver behind financial challenges is a lack of clear definitions, eligibility and changing disabled populations:

- s9(2)(g)(i)
- s9(2)(g)(i)

7 **Theme Two:** A key lever for delivering an effective disability support service is connecting Government services:

- s9(2)(g)(i) .
- A comprehensive cross-government navigation service could further help to address the cost pressures DSS faces by identifying through which government department a DSS recipient should be accessing support and better distributing costs across government departments.

8 **Theme Three:** A capped appropriation is material to containing costs of Disability Support Services:

- s9(2)(g)(i)
- s9(2)(g)(i)

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Next Steps

9 Disability Policy will share the accompanying report with our international counterparts for visibility over how their contribution to the research was applied.

10 Disability Policy will establish approximately six-monthly meetings with our international counterparts to share learnings and develop relationships.

Megan Farrow Manager Disability Policy	Date

Author: Shannon Mower, Senior Policy Analyst, Disability Policy

Responsible manager: Megan Farrow, Manager, Disability Policy

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