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HOW WILL THE NDIS CHANGE AUSTRALIAN CITIES?

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Introduction

People with disability represent a fifth of the Australian population (AIHW 2015), and this proportion is expected to increase with population ageing. With the National Disability Insurance Scheme (NDIS) being progressively rolled out across Australia, this is a particularly appropriate time for the Australian urban research agenda to engage with disability in more meaningful ways.

Considered one of the most significant social policy reforms in Australian history, ‘epochal’ (Goggin and Wadiwel 2014) in its scale and transformative potential, the NDIS will directly affect the lives of close to half a million people with a disability as well as their formal and informal support providers. As one of the most urbanised countries in the world, these impacts will be profoundly influenced by the urban contexts in which the NDIS will operate. In turn, Australian cities themselves are likely to change as they adapt to the significant social, economic and political transformations facilitated by the NDIS.

This Issues Paper sets out a research agenda for examining the impacts of the NDIS on Australian cities over the first decade of its full implementation (from 2019 onwards). The impacts of deinstitutionalisation, the last paradigmatic shift in disability policy, are drawn upon to consider possible changes in the lives of individuals, communities and cities in the imminent NDIS era. Since Australian cities of the early 21st century have significantly changed in terms of society, economy, governance and spatial disparities over the past 30 years, we begin to explore how the NDIS reforms might work with in rapidly evolving cities. The Issues Paper addresses two primary questions: first, how will outcomes for NDIS participants vary in different urban contexts and domains? And, second, in what ways will the NDIS drive wider change in Australian cities affecting people both with and without disability?

The NDIS was initiated in 2013 to transform an ‘inequitable, underfunded, fragmented, and inefficient’ (Productivity Commission 2011, p. 5) support services system for people with disability in Australia. Annual funding for disability services will increase from a total of \$7 billion in 2012-13 (prior to the scheme’s launch) to \$22 billion in 2019-20, when the scheme is fully operational nationally. Currently, the majority of disability services are block funded. In contrast, most NDIS funding will be allocated to people with disability as individualised funding. This fundamental shift was designed to facilitate greater choice and control for people with disability, enabling them to purchase their preferred support services in a quasi-market system (as opposed to administrative allocation of services). Promoting independent living and community participation are two of the scheme’s primary objectives (Productivity Commission 2009).

The term people with disability is very broad and used in reference to highly diverse populations. Approximately a fifth of the Australian population (four million people) have a disability. Of these, only 460 000 people are expected to be eligible for individualised NDIS funding. This group (often referred to as NDIS participants) includes people with a significant and ongoing disability, under 65 years old at the time of entering the scheme. The majority, an estimated 70%, of NDIS participants will be people with intellectual disability. In addition, the NDIS Information, Linkages and Capacity Building (ILC) program will provide grant funding for projects that assist in building personal and community capacity that enhance community inclusion for all Australians with disability (Bonyhady 2016).

In the first part of the paper, we briefly revisit earlier Australian and international studies on deinstitutionalisation. This relatively recent and substantial comparator of a paradigm shift in the disability sector that was researched within its urban contexts in Australia and internationally, provides an explanatory social scientific base and lessons to draw upon. In the second part, we refocus on the NDIS and consider the key areas in which it is likely to facilitate urban change in Australia, including housing, employment, urban renewal initiatives, governance, mainstream services and multiculturalism.

Historical precedent: deinstitutionalisation & urban change

The movement of deinstitutionalisation offers a historical precedent of a paradigm shift in the disability services sector that was shaped to a large extent by the urban contexts in which it took place. It has also left its own lasting mark on cities around the world.

Deinstitutionalisation involved the closure of large state run institutions, which had previously housed people with primarily intellectual or psychosocial disabilities. Deinstitutionalisation was initiated in North America and Scandinavia in the 1970s following a series of grassroots campaigns, government reports and inquiries as well as academic studies which exposed the inhumane living conditions in institutions. It was deeply connected to the broader civil rights movements of that era (Wiesel and Bigby 2015).

The progress of deinstitutionalisation was also influenced by wider structural changes in cities. In the early wave of deinstitutionalisation in North American cities, institution closures saw residents rehoused in community care facilities clustered in low-income, inner-city, 'service-dependent ghettos' (Dear and Wolch 1986). The concentration of services in areas of poverty and perceived locational disadvantage was a source of concern, yet urban and disability scholars have also recognised the benefits of an inner-city hub of mutually-supporting community care services. However, gradually since the 1980s, the gentrification of inner city districts—coupled with political action by coalitions of local businesses—has led in some cases to the dismantling of such inner-city clusters and the suburbanisation and dispersal of some community care services (Dear and Wolch 1986).

In Australia too, deinstitutionalisation was closely connected to wider urban changes and policy programs. Throughout the 1990s, the Commonwealth Better Cities Program (BCP) provided seed funding for institution closures in several Australian cities, as a means to release land for alternative uses better aligned with the BCP's urban development agenda (NCA 1996, p. 91). The 1994 closure of the Chalinor Centre in Brisbane—the highpoint of deinstitutionalisation in Queensland—was driven by an urban renewal program for the Inala Ipswich growth corridor out of Brisbane (NCA 1996, p. 34). In Victoria, the 2008 redevelopment of Kew Cottages—the State's oldest and largest institution—saw the formation of a new upmarket residential neighbourhood on the site of the institution, including 20 group homes for approximately 100 former residents of the institution (Henderson and Bigby 2016, p. 681).

But the impact of deinstitutionalisation was felt well beyond the boundaries of redeveloped institution sites. The establishment of thousands of group homes and community care facilities since the 1980s, dispersed throughout Australian suburbia, triggered an uncoordinated wave of localised community resistance in the form of NIMBY (not in my backyard) activism and protest (Gleeson 1999). This echoed earlier discriminatory localised resistance to community care in North America (Whitzman and Slater 2006).

Deinstitutionalisation is considered an important factor in the changing demographics of social housing in Australia. When public housing was established in Australia after the Second World War, it was seen as housing for returning soldiers and lower-paid workers in manufacturing jobs (Hayward 1996; Jones 1972). Deinstitutionalisation—alongside other demographic and social changes, such as population ageing, and growth in single parenthood—increased demand for public housing among more disadvantaged groups. Following extensive sales to tenants, the remaining public housing stock increasingly became seen as a housing tenure for the poorest population groups, predominantly income support recipients.

Approximately 40% of households in social housing now include a person with disability. Concurrently, lower-income households participating in the workforce have been gradually excluded from accessing public housing (Yates and Milligan 2007). In more recent years remaining public housing tenants in paid employment are encouraged or compelled to exit to the private sector (Wiesel et al. 2015). Decline in provision of new social housing as well as the virtual eradication of privately run

rooming and boarding houses has also added to homelessness amongst this population (Chamberlain and Mackenzie 2014), although there is a strong case to be made about the negative consequences for people with disability living in boarding houses (Drake 2013).

Deinstitutionalisation in Australia is often associated with a dramatic growth in the number of people with disability who are homeless or incarcerated in prisons (Drake 2013). However, the notion that institution residents were discharged onto the streets is a common misconception (MHCA 2009, p. 22). Homeless or imprisoned people with disability are not necessarily former residents of institutions that were closed. Notwithstanding, the rising incidence of homelessness and imprisonment among people with mental and cognitive disabilities is closely associated with insufficient provision of community care services, including affordable and supportive housing (Baldry et al. 2012).

The NDIS in an urban context

The Australian deinstitutionalisation experience of deinstitutionalisation provides important lessons about the potential impacts of the NDIS. However, three important qualifications need to be stated.

First, the scale and scope of the NDIS is considerably larger than that of the Australian deinstitutionalisation movement. Since 1988, deinstitutionalisation in Australia involved the rehousing of fewer than 7000 people with intellectual disability who lived in institutions.¹ Psychiatric institution beds declined from 30 000 in 1961 to less than 7000 in 2014 (Whiteford and Buckingham 2005; MSHA n.d.). The NDIS, as discussed above, will directly affect the lives of nearly half a million Australians with a disability and an even larger number of supporters.

Second, deinstitutionalisation was planned and managed by Australian State Governments, whereas the NDIS will be managed at the national level, with the exception of Western Australia. It is premised on the philosophies of individualised and marketised welfare (Bonyhady 2016), and unlike similar developments in the UK, will rely on consumer demand rather than local or state government commissioning to guide service development.

Third, Australian cities have changed dramatically since the beginnings of deinstitutionalisation. They are now more populated cities. Melbourne's population rose from 2.8 million in 1981 to 4.5 million in 2015. Sydney's population increased from 3.2 million to 4.9 million over the same time period (ABS 2016). The main contributor to population growth has been overseas migration, with a growing proportion of migrants from China, India and other Asian countries (AHRC n.d.). Population growth in Australia's major cities was associated with low-density residential development of greenfield sites in the outskirts of suburbia, on the one hand; and gradual densification of existing built areas, on the other hand, leading to growing pressures on existing urban infrastructures and services (Chhetri et al. 2013).

In these decades, Australian cities have undergone fundamental economic restructuring. Following a 'landmark period of massive reform and deregulation' (Stimson 2012, p. 23) in the late 1980s and early 1990s, and a growth in mineral exports in the early 2000s, the Australian economy has transformed. In cities, manufacturing jobs have declined in the face of a rising *new economy* of telecommunications, research and development, finance, design and marketing. The Australian economy as a whole grew more competitive in the global market, yet its benefits were spread unevenly with stark variations in the geographic patterns of opportunity and vulnerability (Stimson 2012, p. 26). Across Australia's metropolises, a widening gap engulfed between Sydney—Australia's global city where the largest and most diverse share of *new economy* activity has concentrated—and all other cities with more specialised economies centred around specific industries and sectors. Economic restructuring outcomes varied also within metropolitan areas, with the emergence of new growth corridors and regional centres, and the decline of others (Stimson 2012).

Australia has benefited in recent years from relatively moderate levels of unemployment, well

below the average double-digit unemployment rate in the European Union, for example. However, sustained underemployment—including the rise of part-time employment—and increasing employment insecurity have affected primarily those with lower incomes, resulting in the rise of a so-called precariat class (OECD 2016).

Australian cities have become more polarised since the 1980s, due to rising income inequality. Whiteford (2013, p. 70) found that between 1994-95 and 2009-10, the richest 20% of the Australian population gained 44% of all income growth, while the poorest 20% gained only 6.4%. In spatial terms, the suburbanisation of disadvantage saw the lowest income populations shifting further away from an increasingly gentrified metropolitan core (Baum and Gleeson 2010; Randolph and Tice 2016).

Socioeconomic polarisation has been worsened by the rising costs of housing in Australian cities—primarily Melbourne and Sydney—well above wage growth, with negative impact on first time home buyers and private renters. Between 1976 and 2011, home ownership rates declined from 60% to 45% for households in the 25-34 year old age group. From 1986 to 2011, home ownership rates fell from 74% to 64% for the 35-44 year old age group (Yates 2011, pp. 6-7). In the private rental sector, these decades have seen a rise in the overall proportion of renters, from 20.3% of all households in 1981 to 23.4% in 2011. Meanwhile, private rental affordability has been declining, with the median rent to median income ratio rising from 19% in 1981 to 26.9% in 2011 (Stone 2015). A recent survey by Anglicare (2015) found that only 1% of 65 000 surveyed rental properties would be affordable and suitable for a single income-support recipient; and only 2.3% would be affordable for a single person on minimum wage.

The increase in housing affordability stress in the private sector has resulted in increased demand for social housing. However, the supply of social housing has failed to keep pace with levels of demand. Despite the one-off boost to supply through the Social Housing Initiative under the National Building Economic Stimulus Plan, the longer term trend has seen social housing supply shrinking markedly. Overall, the proportion of social renters in the population fell from 5.8% of households in 1998 to 3.9% in 2010 (NHSC 2013).

It is in this broad urban landscape that the NDIS is being implemented in Australia. The NDIS is a person centred scheme, taking a holistic approach to the support it provides for people with disability across their varied life domains. In the following sections we focus on five urban domains with which the NDIS is likely to interact: housing, employment, urban renewal, governance and multiculturalism.

Housing

According to the Disability Housing Futures (DHF) Working Group (DHF 2016), of 460 000 NDIS participants, approximately 110 000 are currently inadequately housed. This includes people over 25 years old living with parents (50 000), congregate accommodation (20 000), affordability stress in private rental (35 000) and homelessness (5000). The availability of individualised NDIS funding breaks the nexus between housing and support, meaning that participants will no longer be tied to a specific service or home in order to receive the support they need, and increasing choices about where and with whom they live. However, successful transitions will only be possible if affordable and suitable housing is developed. The DHF group estimated that some of this demand will be met through social housing turnover, the availability of low-cost private rental housing in some Australian regions and the availability of NDIS funding for specialist housing for approximately 6% of the scheme's participants. Nevertheless, a gap of unmet need in affordable housing for an estimated 35 000-55 000 eligible NDIS participants is expected.

The shortage in affordable housing is likely to constrain independent living and community partici-

pation options for NDIS participants. For the NDIS, there is a risk of unexpected costs in funding disability support services for people who are inadequately housed, due to poorer health and more limited access to informal support networks and mainstream services (Wiesel et al. 2015).

At the same time, the housing transitions of thousands of NDIS participants could have significant repercussions for Australian cities. In particular, an expected increase in the concentration of people with disability in social housing, over and above the 40% of households that already have a person with a disability, could potentially require physical stock adjustments and managerial changes, for example, in terms of coordination between social housing and disability support services. Additional allocations for people with disability in the absence of proportional additions to affordable housing stock, could also potentially constrain social housing access for other urban populations in need, such as older women, refugees and single mothers (Wiesel et al. 2015).

Demand for social housing by NDIS participants will involve an encounter between two service systems of very different approaches to service users' rights. The NDIS is founded on recognition of the rights of people with disability, and a commitment to *choice and control* for service users pursued through the use of guaranteed individualised funding tailored to the personal needs of any eligible participant. In contrast, social housing in Australia is a tightly rationed, crisis-driven and paternalistic welfare system where administrative allocations take little account of individual preferences and goals, and eligible applicants are not guaranteed a service (Wiesel and Habibis 2015). It is possible that engagement of both service users and administrators with the NDIS will change expectations and increase pressure on other mainstream service providers, such as social housing, to adapt their approach to service users' rights, choice and control.

Workforce

One of the main goals of the NDIS, as envisaged by the Productivity Commission (2008, p. 55), was to catalyse higher levels of employment by people with disability, currently well below OECD average. To achieve this goal, the NDIS will fund the assistive technology devices and equipment needed by some people to gain and sustain work, services assisting in building skills and capacity to participate in employment, and personal assistance with transport to and from the workplace (NDIS n.d.).

The NDIS will also create labour opportunities in the disability services sector as well as enabling family carers—the majority of which are women—to return to the workforce by reducing their caring responsibilities. Modelling undertaken by National Disability Services and Every Australian Counts (2016) estimated that in NSW alone, the NDIS will create 37 400-46 400 new jobs, for between 7800 and 12 400 people with disability, 10 700 family carers returning to the workforce and 25 000 new disability support workers. A similar impact was projected for Victoria. Little is known, however, about the specific industries and occupations in which NDIS participants and their family carers are likely to participate, their terms of employment, housing and transport implications of their entry into the labour market and the impact on other workers or work-seekers in these industries.

The National Disability Insurance Agency (NDIA) itself has become a relatively large employer of people with disability, with approximately 16% of the agency's staff identifying as having a disability (NDIA 2015). However, almost all of these are people with physical and sensory disability, highlighting differentiated outcomes for people with different disabilities. One concern, for example, is that if even the NDIA does not employ people with cognitive disability, other businesses are even less likely to do so.

For existing disability support workers, the NDIS is likely to bring significant changes in the conditions of employment. In 2010, the disability services workforce was estimated at approximately 68 700 workers. Although increasingly professionalised—76% are qualified with at least a Certificate III—the disability support workforce is mired by issues such as lack of career paths, low wages and

increasing casualisation. The shift towards a quasi-market person-centred approach under the NDIS is expected to bring even greater casualisation of frontline staff and reduced training and development due to greater uncertainty about service demand (Green and Mears 2014).

Employment outcomes for people with disability, informal supporters and both existing and new disability support workers, are likely to vary in different urban settings given the highly variable geographic patterns of economic development in recent decades, as discussed above (Stimson 2012).

Mainstream services

Access to mainstream services has been an enduring policy aim since the 1970s, and is central to social inclusion and the quality of life of people with disability (Bigby and Fyffe 2012). While people with disabilities can access mainstream systems such as education, health and public transport, the services offered are often not responsive to their needs. As a result they continue to experience high levels of segregation in specialist services, or quasi separate systems, such as special schools.

Inclusion in mainstream services is also a central goal of the NDIS and the complementary National Disability Strategy (Council of Australian Governments 2011). The NDIS will fund certain specialist disability services, but ‘wherever possible’ will assist participants to access mainstream systems (NDIS n.d.). The NDIS will fund Local Area Coordinators whose role is to link people with disability to mainstream systems. The Scheme will also provide resources to assist mainstream services to include people with disability, and will fund individual assistance for participants to build their capacity to use mainstream services (NDIS n.d.).

For example, the NDIS will fund supports that enable participants to attend mainstream schools, including assistance with self-care at school, specialist transport to school, equipment (eg communication aids) or intensive support to transition between schools. However, schools will be required to make *reasonable adjustments* to their curriculum and physical infrastructure to be more inclusive of students with a disability. It will be the onus of the mainstream education system to provide learning assistants and learning-specific aids and equipment (NDIS n.d.). In 2011, the majority of children with a disability (65.9%) already attended regular classes in mainstream schools, giving rise to concerns about inadequate resources, skills and training for teachers to effectively support inclusion of students with a disability, with potentially detrimental academic outcomes also for students without a disability (Round et al. 2016).

Similarly, to assist use of mainstream health services by people with disability, the NDIS will fund allied health and other therapy, including physiotherapy, speech therapy or occupational therapy, where this is required as a result of the participant’s impairment. An NDIS Local Area Coordinator may also assist a person to connect and negotiate with a mainstream healthcare provider. However, the mainstream health system will still be responsible for all clinical and medical treatment, and to make appropriate adjustments where necessary to be more inclusive of patients with a disability (NDIS n.d.).

As French (2013, p. 54) argued, the reasonable adjustment required from mainstream services is ‘a feature of the formal equality paradigm that is incapable of securing genuine equality’ for people with disability. In the past, the required adjustments from mainstream services, such as schools, have not been provided, and students with intellectual disability, for example, often experienced exclusion from education and bullying in schools. The impact of antidiscrimination legislation in requiring reasonable adjustments has been minimal:

In fact, it is difficult to identify any leading case, indeed any case, where the DDA (Disability Discrimination Act) has resulted in substantial positive change for an individual with intellectual disability, still less for persons with intellectual disability as a class. (French 2013, p. 54).

For French (2013), the paradigm of formal equality—in which Australian antidiscrimination legislation currently operates—fails because it disregards rather than recognises and embraces difference. To make mainstream services more inclusive of people with disability, their disability must be recognised and significant positive rather than formal measures are needed (French 2013). The 2016 settlement of a class action by 10 000 workers with intellectual disability against the Australian Disability Enterprises (DSE n.d.) can be seen as an important legislative milestone in this direction.

Urban renewal

Four decades of deinstitutionalisation have led to many closures of institutions and substantial downsizing and transformation of others. However, the Australian Institute of Health and Welfare (AIHW, 2015) reported the continued operation of 22 large and three small state-run institutions in addition to 52 large and 102 small non-government institutions. The NDIS is expected to hasten the closure of these remaining institutions in Australia—particularly those managed by states—potentially catalysing urban renewal projects where large parcels of urban and peri-urban state-owned land will be released for alternative uses.

Since the initiation of the NDIS trials, several institution closures have already been announced. In NSW, the closures of three state run institutions, Stockton, Tomaree and Kanangra, as well as 15 non-government institutions are planned by 30 June 2018. In Victoria, the last remaining state-run institution Colanda, where 100 people with intellectual disability now live, is also planned for closure, however without specific timeframes. Colanda is also a major employer and purchaser of services in the local area, thus raising some vocal local community resistance to its closure. In the past, the low value of land on which Colanda is built was also a barrier to redevelopment (Wiesel 2009).

The geographic settings of these institutions—for example land values, housing demand, infrastructure and urban accessibility—will determine the pace and form of these redevelopments, including the outcomes for people with disability being rehoused, and the new use of redeveloped sites.

Urban management and governance

The NDIS full rollout will see oversight of all disability services funding transferred from most states and territories² to a national body - the NDIA. State governments are also expected to withdraw from direct provision of disability services, which will be delivered by not-for-profit and private services.

These changes initiated by the NDIS will have significant implications for urban governance. The withdrawal from both funding and delivery of disability services will require some reorganisation of state governments, which in Australia—more so than other federal democracies—directly and indirectly govern and manage metropolitan regions and the provision of urban services such as transport, human services, hydraulic services, housing, education and others.

Funding and provision of disability services currently represents a substantial activity in the portfolio of state governments. In NSW, disability services represented 50% of the Department of Family and Community Services total 2015-16 budget (NSW Government 2015, p. 17). In Victoria, disability services accounted for approximately 9% of the total output cost of the Department of Human Services in Victoria, second only to health services and nearly a third of the total output when health services are excluded (Victorian Government 2016, p. 217).

The gap left by state governments in delivery of services will be filled by non-governmental organisations (NGOs) and for profit service providers. These changes are also likely to affect municipalities, which also function as important human service providers and managers in Australia's uniquely distributed urban governance systems. The transition will include transfer of disability services

staff and potentially also assets from state governments to non-government service providers. The growing role of the not-for-profit sector will lead to an overall diversification of urban governance structures in the disability sector and beyond, involving a plethora of organisations with varied composition of councils or boards and different approaches to service user participation in governance (Green and Mears 2014). At the same time, the NGO disability services sector appears to be changing in anticipation of the NDIS with amalgamation of smaller localised organisations into larger, franchised and increasingly homogenised agencies operating across multiple locations within and across states. This could potentially have implications for the ability of NGOs to draw on localised social capital to support people with disability.

Although state governments are likely to retain certain responsibilities in relation to the regulation and governance of disability services, the withdrawal from funding and delivery of disability services represents a substantial restructuring of state government operations, with potential flow on effects on other state government departments, as well as the NGO sector and municipal governments.

Multiculturalism

People with disability—especially those with intellectual disability—experience relatively high levels of social exclusion in terms of participation in their communities' social networks and civic and cultural life. Deinstitutionalisation and community care reduced levels of segregated living and enabled greater physical community presence. However, these policies have been less effective in facilitating more meaningful participation of people with disabilities in the form of convivial encounters or lasting relationships with other members of the community beyond their distinct social space of family, support staff and co-residents in group homes (Clement and Bigby 2009; Verdonschot et al. 2009; Wiesel and Bigby 2014).

Barriers to community participation by people with disability are manifold and complex. These range from barriers within the disability services system (eg staff practices limiting opportunities for encounter and participation) to wider societal barriers underpinned by exclusionary community attitudes, practices and spaces (Clement and Bigby, 2009; Wiesel and Bigby, 2014).

Enhancing community participation and inclusion of people with disability is a primary objective of the NDIS, seen as essential to improvement in health, employment, education, income and quality of life outcomes for people with disability, while reducing the long term costs of support funded by the NDIS (NDIS n.d.). The NDIS will fund certain types of personal supports, such as transport or communication aids, to assist people with disability to participate in social and cultural activities. In addition, the NDIS will also fund more general programs aiming to change community attitudes through the ILC component of the scheme (NDIS 2016).

Increased participation of people with disability can be understood as adding new layers to the multicultural richness of Australian cities. As a settler society with about a quarter of Australia's population born overseas, and about a fifth speaking a language other than English at home (ABS 2013), cultural diversity has often been understood in Australia in relation to its ethnic diversity. Disability is often neglected as a form of social and cultural difference in debates about multiculturalism (Jakubowicz and Meekosha 2003).

The disability rights movement's campaigns for deinstitutionalisation and equal economic and social rights also expressed a desire for recognition as a cultural group that plays 'a positive and creative role in increasing the wider societal understanding of the human condition', as opposed to isolated individuals defined by medically diagnosed difference and needs. As noted by Jakubowicz and Meekosha (2003 p. 189) the acceptance of *sign* as language, and major contributions to literature, film, drama, sport, music and other cultural expressions produced by and about people with disability, are but a few significant contributions by people with disability to multiculturalism in Australia

and elsewhere.

This has at least three implications for an urban agenda. First, there is the question of universal access to creative and playful public space, not only parks and playgrounds, but streets and squares (Mike 2015). Second, there is a question of participatory local governance and the inclusion of people with disability, not only in co-evaluation of specific programs, or as members of advisory boards but also more general inclusion in a new era of citizens juries and e-democracy (Frawley and Bigby 2011; Robinson et al. 2014; Aulich and Artist 2015). Third, there is the question of the role of the arts and other creative activities in mediating inclusion (Grant 2014).

New urban geographies of disability

The NDIS is one of the most significant social policy reforms in Australian history in its scale, ambition and the paradigmatic shift in its approach to disability services funding and delivery. However, the extent to which access to individualised NDIS funding will transform the lives of people with disability will depend on wider circumstances and dynamics that are well beyond the scope of the scheme. Outcomes for people with disability will be determined by the opportunities and barriers presented by urban labour and housing markets, suburban communities and mainstream social, health and education services. At the same time, it is reasonable to expect that these wider urban systems will also adapt as a consequence of the NDIS reforms.

In the worst case scenario, positive well-being, health, community participation and independent living outcomes for people with disability will be undermined by barriers to accessing and using mainstream social services in domains such as education, health and housing. The physical presence of people with disability in the community will most likely continue to increase, yet meaningful participation will be hindered by exclusionary community attitudes and inadequate skills of disability support workers. Employment outcomes for people with disability and relatives relieved from caring duties will be hampered by exclusionary labour markets that have little regard for their skills and experience. While the NDIS will create new jobs for disability support workers, it will increase the precarity of labour in the sector for both existing and new staff, and potentially fail to attract a skilled and committed workforce for the sector. Local community and labour dynamics will present barriers to the closures of some remaining institutions and establishment of new housing in the community for people with disability leaving institutions. The not-for-profit sector will fail to fill the gap created by the withdrawal of state governments from funding and delivery of disability services, making way for exploitative profit-driven services lacking any real commitment to the disability rights principles on which the NDIS was founded. The restructuring of state governments will leave human services departments bruised and weakened in their capacity to regulate and lead both disability and other social services.

In the best case scenario, the NDIS will act as a catalyst for positive changes in other mainstream social services. The NDIS will bring grassroots and political pressures on mainstream service providers—health, education, social housing and others—to make reasonable adjustments to include people with disability. This will require a paradigm shift in legislation and policy from a formal to a positive equality approach, which will affect not only people with disability but other disadvantaged minority groups. Furthermore, the NDIS approach to service users' rights, choice and control could potentially filter into other social services domains that are still dominated by a more paternalistic welfare approach, again with positive outcomes for disadvantaged people both with and without disability. Closure of remaining institutions will trigger wider urban renewal initiatives that achieve a range of social and economic benefits for localities or regions. State governments will adapt to their role as regulators, rather than providers of services, allowing a flourishing of an effective NGO sector—more committed to social justice than the private sector, and more connected to local communities than state bureaucracy—across various social services domains. Ultimately, people with disabilities' lives

will be enriched by higher levels of participation in the community, while contributing to the social, cultural and economic thriving of multicultural Australian cities.

Of primary importance is the need to understand new forms of participation of people with disability in mainstream labour markets, housing, health, education and other urban services. Such research is crucial to inform both the ongoing development of the NDIS, as well as the governance and management of Australian cities more generally. Another important line of investigation concerns the NDIS itself as a major social policy reform founded on a quasi-market, individualised, rights-based approach. Analysing the filtering of these principles from the NDIS into other more traditional domains of the Australian welfare state will offer important insight on Australian cities' unique forms of neoliberalisation.

It is essential that new research on the impact of the NDIS on cities remains sensitive to socially and spatially differentiated outcomes. As the NDIS rolls out nationally, highly variable outcomes are likely to gradually become evident in different cities or sub-regions and across different urban domains. In assessing these outcomes, the diversity of people with disability as a population must be recognised, including the fluid ways in which disability intersects with multiple other social categories such as gender, age, class and ethnicity (Bê 2012). New forms of intersectionality and segmentation can be expected to emerge with the NDIS, for example between those who are eligible for individualised NDIS funding packages and those who are not; between the even smaller group who will get funding for specialist disability accommodation and those who will not; and, between people with physical, sensory, psychosocial and cognitive disability whose voices are unevenly represented both within and beyond the disability services sector.

¹ Neilson Associates (1990, p. 8) estimated approximately 9,000 people with intellectual disability lived in institutions in 1988.

² Possibly with the exception of Western Australia that has announced negotiations with the Commonwealth Government on a 'nationally consistent but state-run National Disability Insurance Scheme' (WA Government, 2016).

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