Australia Care Economy for Disability | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/caring-for-all-the-vital-role-of-the-care-economy-in-disability-services/

Details:

The care economy covers both paid and unpaid care work: disability support, aged care, community support, and the family members and friends who do care work without payment. In Australia it is organised mainly through two government funding systems, the National Disability Insurance Scheme and the aged care system, sitting alongside Medicare, injury compensation schemes and private payment. Both systems are in the middle of substantial reform. This page sets out how the parts fit together, who regulates them, and what is changing.

Two funding systems with different doors

Most people reach funded care through one of two entry points, and which one applies is decided largely by age.

The NDIS is for people under 65 with a permanent and significant disability, who are Australian citizens or permanent residents. Eligibility is assessed across six functional domains: self-care, self-management, mobility, learning, communication and social functioning. You need to show the disability substantially reduces your capacity in one or more of them. The entry point is the NDIS Access Request Form, submitted to the National Disability Insurance Agency. You can start that yourself, or a GP, specialist or allied health professional can refer you.

Aged care is for people aged 65 and over, and from 50 for Aboriginal and Torres Strait Islander people, who need help with daily tasks, mobility, health or wellbeing. The entry point is My Aged Care, at myagedcare.gov.au or on 1800 200 422. Registration triggers an assessment by an Aged Care Assessment Team, or in some states a Regional Assessment Service. Assessors look at physical health and mobility, emotional wellbeing, social needs and living arrangements, daily living capability, and what support is already in place. The assessment outcome determines which services you are approved for, and you then choose a provider.

The two systems can operate at the same time. An older person who was already an NDIS participant may receive both, with the NDIS funding disability-specific supports such as assistive technology and specialist therapy, and aged care funding services such as personal care and domestic assistance.

People who fall outside both still have routes to allied health, including Medicare chronic condition management arrangements and mental health arrangements, workers compensation and Transport Accident Commission funding where an injury caused the need, private health insurance, and paying privately. State-funded community health services also exist, though what is available varies by location.

What changed in aged care on 1 November 2025

Two things commenced together.

The Aged Care Act 2024 replaced the previous legislative framework with a rights-based one, putting the older person at the centre of the system.

The Support at Home program replaced the Home Care Packages Program and the Short-Term Restorative Care Programme. It funds ongoing services through eight classifications, with three additional short-term pathways covering assistive technology and home modifications, restorative care, and end-of-life care. Funding is allocated quarterly based on assessed need rather than as a fixed annual package.

Services under Support at Home fall into three groups. Clinical supports include allied health and nursing. Independence services include personal care, transport and respite. Everyday living services include domestic assistance, cleaning, gardening and meals.

The contribution arrangements changed as well. The government continues to cover health-related costs. Older people are expected to contribute more towards other support services, and there is a lifetime cap of $130,000 on non-clinical care costs, applying across both in-home and residential care. What you personally contribute depends on your assessment and your circumstances, so check that with My Aged Care rather than assuming.

What is changing in disability supports

The Independent Review into the NDIS recommended a layer of services outside the scheme, now being built as foundational supports . Governments committed to jointly contribute $4 billion over five years, with the Australian Government contributing $2 billion, and at least $1.4 billion going directly to states and territories to run services.

Thriving Kids is the first phase. State-based services are scheduled to begin rolling out from 1 October 2026, with availability and access pathways differing between states and territories. It is expected to reach national scale on 1 January 2028. That same date is when NDIS access arrangements change for children aged 8 and under with developmental delay or autism who have low to moderate support needs, who will be supported through Thriving Kids instead. Children with high support needs or a permanent and significant disability continue to access the NDIS. None of this has started yet.

Separately, the NDIS early childhood approach was extended from 1 July 2023 from children under 7 to children under 9, phased in progressively over the following two years. Children younger than 6 with developmental delay can access support without a formal diagnosis. Children aged 6 to 9 with an identified disability are also covered.

Who regulates the sector

The NDIS Quality and Safeguards Commission regulates NDIS providers. It publishes the NDIS Practice Standards and the NDIS Code of Conduct, manages provider registration, audits registered providers, handles complaints and incidents, runs the worker screening database, and sets the rules for behaviour support and restrictive practices.

The Practice Standards are organised into core modules covering the rights and responsibilities of providers and participants, governance, general service provision and the service environment, plus supplementary modules for specific contexts including specialist behaviour support, implementing behaviour support plans, and early childhood supports. Registration runs on a three-year cycle with audits against these standards.

Registration is mandatory for some supports regardless of anything else: specialist behaviour support, Specialist Disability Accommodation, Supported Independent Living, plan management, any provider using regulated restrictive practices, and any provider delivering to NDIA-managed participants.

The Code of Conduct applies more broadly than registration does. It binds registered and unregistered providers, key personnel and every worker delivering NDIS supports. Its obligations cover respect for individual rights and privacy, delivering supports safely and competently, acting with integrity, honesty and transparency, raising and acting on quality and safety concerns, and preventing and responding to

violence, exploitation, neglect, abuse and sexual misconduct.

In aged care, the Aged Care Quality and Safety Commission performs the equivalent function, assessing providers against seven strengthened Aged Care Quality Standards.

The workforce rules

NDIS Worker Screening is a national vetting process run by the NDIS Commission with state and territory screening units. It applies to workers in risk-assessed roles, including employees, contractors, volunteers and self-employed workers, and to key personnel such as chief executives, directors and board members. The outcome is either a clearance or an exclusion. A clearance is valid for five years, and renewal can be started up to 90 days before it expires.

While an application is pending, a worker in a risk-assessed role must always be supervised by someone who holds a clearance, regardless of whether their state permits working on application. Registered providers must keep written risk management plans setting out how they protect people with disability who come into contact with uncleared workers. Students on placement are handled through their education provider, and secondary students on work experience work under supervision by a cleared person.

Practitioners registered under the AHPRA national scheme, such as occupational therapists, physiotherapists and speech pathologists, comply with their professional registration requirements and with the NDIS Code of Conduct and Practice Standards at the same time. Registered providers remain responsible for supports delivered under their registration, including by subcontractors.

The Aged Care Act 2024 progressively strengthens worker screening across aged care, bringing it into line with the NDIS approach.

Where allied health sits

Allied health runs across both systems. Occupational therapy, physiotherapy, exercise physiology, speech pathology, psychology and counselling, and dietetics are funded under the NDIS and under Support at Home as clinical supports, as well as through Medicare, injury schemes and private arrangements.

The work is different from personal care. Personal care assists with a task. Allied health is aimed at capacity: mobility, independence, communication, nutrition, emotional wellbeing and managing chronic conditions, measured against goals and documented so it can be reviewed. Both are part of the care economy, and neither substitutes for the other.

Unpaid carers

Unpaid care by family members and friends is part of the sector even though it does not appear in a funding line. Carers work alongside funded services: they are involved in assessments, they carry out therapeutic strategies between sessions, they initiate referrals, and they take part in coaching and skill-building so the approach is consistent.

Formal supports for carers include respite, available in-home so the person stays in familiar surroundings, or as residential respite. Respite sits in the independence services group under Support at Home and can also be funded through the NDIS. Aged care counselling services extend to families and carers. Carer wellbeing is recognised in the Statement of Principles underpinning aged care.

What is not settled

Several things are open. Thriving Kids has not started and the detail of state-run services is still being worked out, so what a family will actually be offered from October 2026 is not yet knowable. Support at Home contribution amounts depend on individual assessment. Funding constraints, availability in particular locations, and training and resourcing for care workers are recognised pressures across the sector.

Where a question turns on your specific circumstances, the accurate answer comes from the body that holds the decision: the NDIA for NDIS plans and access, My Aged Care on 1800 200 422 for aged care assessment and contributions.

Common questions about the care economy and disability services

What does the term care economy actually mean?

It covers the paid and unpaid work of caring for people, across disability support, aged care and community services. It includes professional support workers and clinicians as well as family members and friends providing care without payment.

Is the NDIS the whole disability system?

No. The NDIS funds people with a permanent and significant disability under 65. Foundational supports are being built for people who need help but do not meet that threshold, and Medicare, injury schemes, state community health and private services all carry part of the load.

I am 66 and have had a disability for years. Which system applies to me?

It depends on whether you were already an NDIS participant before turning 65. The two systems can run together, with the NDIS funding disability-specific supports and aged care funding aged care services. Contact the NDIA about your plan and My Aged Care on 1800 200 422 about aged care assessment.

When did Support at Home start?

1 November 2025, alongside the new Aged Care Act 2024. It replaced the Home Care Packages Program and the Short-Term Restorative Care Programme.

Is there a limit on what I pay for aged care?

There is a lifetime cap of $130,000 on non-clinical care costs, covering both in-home and residential care. The government continues to fund health-related costs. What you contribute in your own case depends on your assessment.

Has Thriving Kids begun?

No. State-based services are scheduled to start rolling out from 1 October 2026, and it is expected to reach national scale on 1 January 2028. Until then, the current NDIS arrangements continue to apply.

My child is 8. Are they too old for early childhood support?

No. The early childhood approach was extended from 1 July 2023 from under 7 to under 9, phased in progressively over the following two years. Children under 6 with developmental delay do not need a formal diagnosis, and children aged 6 to 9 with an identified disability are covered.

Does every provider have to be registered with the NDIS Commission?

Not every provider, but registration is mandatory for specialist behaviour support, Specialist Disability Accommodation, Supported Independent Living, plan management, any provider using regulated restrictive practices, and any provider delivering to NDIA-managed participants. The NDIS Code of Conduct applies to registered and unregistered providers alike.

How do I check that workers are screened?

Ask the provider directly. NDIS Worker Screening clearances are valid for five years, and anyone in a risk-assessed role who is still waiting for a clearance has to be supervised by someone who holds one.

What support exists for me as an unpaid carer?

Respite is the main formal support, available in-home or in a residential setting, and it is funded through Support at Home as an independence service and through the NDIS. Counselling for families and carers is available in aged care. Allied health teams also coach carers directly so strategies are used consistently at home.

Where do I complain about a provider?

Start with the provider's own complaints process. For NDIS services, you can escalate to the NDIS Quality and Safeguards Commission. For aged care services, the Aged Care Quality and Safety Commission is the regulator.

Getting practical help

Bloom Healthcare delivers allied health services across both the disability and aged care systems. If you want to know which funding pathway applies to your situation, or how a referral works, call 1300 771 465 or use the referrals page . For decisions about eligibility, plans and contributions, the NDIA and My Aged Care on 1800 200 422 are the bodies that can actually answer.

What does this Bloom Healthcare article cover?

The article explains how Australia's care economy and the NDIS support people with disabilities to thrive, engage fully, and live better lives, empowering their independence.

What is the care economy?

The care economy is a comprehensive system encompassing both paid and unpaid caregiving activities that provide essential support services to individuals, families, and communities with diverse care needs, including people with disabilities.

What key components make up the care economy in disability support?

The care economy includes personal assistance for daily living activities, medical and health care services, emotional support and psychological well-being, educational opportunities that promote skill development, and social inclusion to ensure meaningful community participation.

What role does the NDIS play within the care economy?

The NDIS (National Disability Insurance Scheme) is a national scheme that acts as a catalyst for change by providing support and funding to help people with disabilities access the care they need to lead fulfilling lives, recognizing the care economy's integral part in addressing their needs and rights.

How does the NDIS individualize care for people with disabilities?

The NDIS focuses on individualized care and support plans that outline each person's specific needs and goals, taking into account their unique circumstances, disability-related needs, preferences, and aspirations.

What keywords are associated with this article?

The article's keywords are care, care economy, caring, disability, and NDIS, and it is categorized under the 'Disability' article section.

What kind of organization is Bloom Healthcare?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, with a model focused on evidence-based practice and client centricity delivered by highly qualified health practitioners across Australia.

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