

**JULY 2021**

# **NATIONAL DISABILITY INSURANCE SCHEME**

## **UTILISATION PROJECT VICTORIA**

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**Summary report of the qualitative and  
quantitative components**



**Melbourne  
Disability  
Institute**

## Acknowledgements

This project was commissioned by the Victorian Department of Health and Human Services and implemented by researchers from the Melbourne Disability Institute (MDI) and Melbourne School of Population and Global Health (MSPGH), The University of Melbourne, in collaboration with Indigenous Research Consultant, Jody Barney. We would like to thank the many participants who shared their experiences with us as part of this project. We would also like to acknowledge the ongoing support of our advisory committee members.

MDI and the University of Melbourne is situated on the land of the Woiwurrung (Wurundjeri) people of the Kulin nation and conducts its activities on Aboriginal land. This land has never been ceded and the impacts of colonisation are ongoing. MDI acknowledges Traditional Custodians' continual care for country, the importance of Indigenous sustainability practice and knowledge, and the Woiwurrung and Boon Wurrung's ongoing contributions to the life of this city and this region. MDI pays respects to Elders past, present and emerging.

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**Suggested citation:** Disney G., Devine A., Rangi M., Yang Y., Summers P., Huska M., Barney J., Dickinson H., McAllister A., Deane K, Bonyhady B., Kavanagh A (2021). *NDIS Utilisation Project – Victoria, Summary report*. Melbourne Disability Institute, University of Melbourne.

**ISBN: 978 0 7340 5681 8**

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# Executive Summary

## About this project

The Victorian Department of Health and Human Services funded researchers, from the Melbourne Disability Institute at the University of Melbourne, to carry out a project to better understand how and why utilisation rates varied amongst Victorian NDIS participants.

We looked at:

1. The impact of prior experience of disability supports on plan size and spending. We looked at whether there were differences between participants who had previously received support through the Victorian system and those who had no prior support.
2. The impact of geography on plan size and spending. We looked at whether there were differences between participants who lived in regional and remote areas and those who lived in major cities.
3. The impact of delays in spending in one area of the plan on spending in other areas of the plan.
4. Inequities in plan size and spending. We focused on cohorts that we hypothesised were more likely to experience barriers in utilising their plans. These groups included First Nations participants, participants from a Culturally or Linguistically Diverse background and participants with a psychosocial disability.

In our quantitative analysis we used carefully constructed statistical modelling to ensure comparisons between groups took into account differences in demographics (such as age) and disability (such as severity). This ensured that our analysis of key inequities compared “like with like” and better captured drivers of plan size and spending.

The qualitative analysis consisted of semi-structured qualitative interviews with 74 NDIS participants, 28 plan nominees and two advocacy organisations.

## Key Findings

1. Participants who live in rural and remote areas receive less funding in their NDIS plans. They also spend less of their allocated funding. Our interviews with participants suggest this is directly related to the challenges they experience in finding and accessing suitable supports and services.
2. Participants who previously received support from the Victorian disability system received larger amounts of funding in their first NDIS plans compared to those with no prior experience. They also spent more of their funding. Our interviews with participants suggest this is directly related to their prior experience in navigating complex systems and in explaining their needs and circumstances during the NDIS planning process. Their previous experience with the service system enabled them to start spending more quickly.
3. Our modelling shows that on average First Nations participants do receive larger plan sizes when compared to non-First Nations participants. Larger amounts of funding however does not translate into higher rates of spending. Our interviews with participants suggest this is directly related to the difficulties they experience in navigating the complex system, the lack of help to do so and the lack of culturally appropriate supports and services.
4. Our modelling shows that participants from a Culturally and Linguistically Diverse background also receive larger plan sizes and have higher rates of spending (on average). Our interviews with participants suggest however that this spending does not always equate to better outcomes.
5. The introduction of the NDIS has significantly disrupted an already stretched mental health system. As a result, many people with a psychosocial disability are struggling to access the scheme without assistance. Once they receive funding, they report finding it difficult to access appropriate supports and services.

## **Policy Considerations**

Our findings show that the NDIS planning process appears to be taking some account of social disadvantage for some groups through provision of larger plans. Where disadvantage persists however, is in spending allocated funds. First Nations, Culturally and Linguistically Diverse participants and participants with a psychosocial disability all report that they need more help to navigate the complex system, and to find experienced and culturally appropriate supports and services that meet their particular needs.

Their sentiments were echoed by many other participants in interviews who also wanted more support to navigate the system, and more help to make the most of the funding they were allocated. They also want greater attention to the development of quality, inclusive and diverse services and supports to meet their varied disability and cultural needs, particularly outside metropolitan Melbourne.

The focus of this project was to better understand utilisation rates in Victoria. More research is needed, however, to better understand the relationship between plan size, spending and outcomes in order to more fully capture the impact of the scheme on the lives of participants.

## 1. Introduction

This report provides a summary of key findings from the National Disability Insurance Scheme (NDIS) Utilisation Project – Victoria. The project was commissioned by the Victorian Department of Health and Human Services (DHHS) now Department of Families, Fairness and Housing.

There were two parts to the project – qualitative and quantitative. The complete findings can be found in the following reports:

- The NDIS Utilisation Project – Victoria: Summary of qualitative findings report
- The NDIS Utilisation Project – Victoria: Summary of COVID-19 related findings report
- The NDIS in Victoria: are there inequities in participants' plan size and spending? Quantitative Report.

### Report Structure

This report is broken up into five sections:

1. Introduction
2. Aims of the research
3. Research methods
4. Key findings:
  - a. Factors that affect utilisation
  - b. Geographic inequities
  - c. Impact of experience in pre-existing programs and services on utilisation
  - d. Impact of delays in spending on future utilisation
5. Utilisation of key participant groups – participants with a psychosocial disability, First Nations and Culturally and Linguistically Diverse participants
6. Policy considerations

## 2. Aims of the research

The aim of this project was to better understand how and why NDIS plan utilisation may vary between Victorian NDIS participants. We examined:

1. The impact of prior experience of disability services and supports on plan size and spending
2. The impact of geography on inequities in plan size and spending
3. The impact of delays in spending on future utilisation
4. Inequities in plan size and spending among groups of participants already identified as experiencing difficulties in accessing and navigating the scheme including:
  - a. Participants who identify as Aboriginal and Torres Strait Islander (First Nations)
  - b. Culturally and Linguistically Diverse participants
  - c. Participants with psychosocial disability
  - d. A small number of sub-groups of participants with specific characteristics or support needs - for example access to assistive technology for participants with cerebral palsy or access to previous supports for participants with an intellectual disability.

### 3. Research methods

#### Qualitative research

We conducted semi-structured qualitative interviews with 74 NDIS participants, 28 plan nominees and two advocacy organisations. The interviews were completed between April and December 2020.

#### Quantitative research

We used a custom extract of NDIS participant data provided to the Victorian government by the National Disability Insurance Agency (NDIA). We used this data to estimate if there are inequities in plan size and spending for key participant groups.

Up until now, published government quantitative data about inequities between NDIS participants has not taken into account important demographic differences (such as age) or differences in disability (such as disability type or severity). For example - differences in plan size in rural areas could be driven by differences in the age profile or service needs of individuals in those areas.

Our quantitative analysis takes a different approach. It is carefully constructed, and uses appropriate statistical modelling techniques, so that our equity results ensure we are genuinely comparing “like with like”<sup>1</sup>.

In this report we detail two sets of quantitative estimates.

1. We look at whether there are inequities in spending between large participants groups. For example, we compare plan size and spending for participants who live in regional Victorian compared to those who live in metropolitan areas.
2. Then we model the impact of a specific scenario. We test what would happen if plan sizes were equitably distributed across groups. What we are doing in this modelling is equalising the distribution of plan sizes and spending across key groups (for example First Nations and non-First Nations) and areas (for example regional Victoria and metropolitan areas). Under this scenario, with equally distributed plan sizes, any differences in spending could help us understand if there are particular barriers to or facilitators of spending among groups or areas of particular interest.

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<sup>1</sup> Dependent on the exact group we analysed, we controlled / adjusted for age, disability group, disability severity, socioeconomic status (for urban/rural analysis), First Nations status (for Culturally and Linguistically Diverse analysis), Culturally and Linguistically Diverse status (for First Nations analysis), entry (i.e. previously State, CW or new users), previously lived in Shared Supported Accommodation and how long people have been in the scheme



## 4. Results

### 4.1 Overview of plan size and spending for all NDIS participants in Victoria

#### Key findings

- In financial year 2019/20, for all participants the median plan size for core supports was \$17,200, and median spending was \$5,900; for capacity building supports median plan size was \$13,200 and median spending was \$6,700 and for capital supports median plan size was \$4,900 and median spending was \$300.
- There are range of plan size and spending values both across and within disability groups, and according to the category of support. For example, the median plan size for people with psychosocial disability was \$23,700 in comparison to \$74,900 for people with cerebral palsy.
- During interviews participants were positive about the impact of the scheme on their lives. But they do want greater opportunities to engage in more innovative and mainstream opportunities rather than always being directed to specialist disability services.
- Participants noted that it often took time to identify and access appropriate services, build trusting relationships with workers, and build their capacity to more effectively utilise plans. When this did occur, utilisation generally increased the longer participants remained part of the Scheme.

In financial year 2019/20, there were 88,361 active participants who have been in the scheme for at least 6 months.<sup>2</sup> There were 42,105 participants aged 18 and under, 48% of the total. There were 2273 active First Nations participants (3% of all participants in the data) and 9,548 Culturally and Linguistically Diverse participants (11% of all participants in the data).

With regard to participants prior experience with disability services, 55,014 people (62% of all participants) previously received State disability services, 7,796 (9% of all participants) received Commonwealth services and 25,551 (29% of all participants) are new users of disability services. There are 5,104 (6%) who participated in an NDIS trial.

There are a large range of plan size and spending values across the scheme, both according to support class and category and participant group. 93% of participants have planned core supports, 99% have planned capacity building supports and 27% have planned capital supports.

Figure 1 shows the distribution of plan size and spending for core, capacity building and capital supports in financial year 2019/20. The spread of core plans is much broader than capacity building plans, which are tightly bunched around a typical value of \$13,200. The interquartile range<sup>3</sup> (a measure of the middle 50% of participants' plan sizes) for core supports ranged from \$3,300 to \$51,800 and from \$8,900 to \$18,700 for capacity building supports. To further illustrate the range of core plan values, the 90<sup>th</sup> percentile (i.e., 10% of participants have larger plans and 90% have smaller plans) for core plan sizes is \$140,200 in comparison to \$26,100 for capacity building plans.

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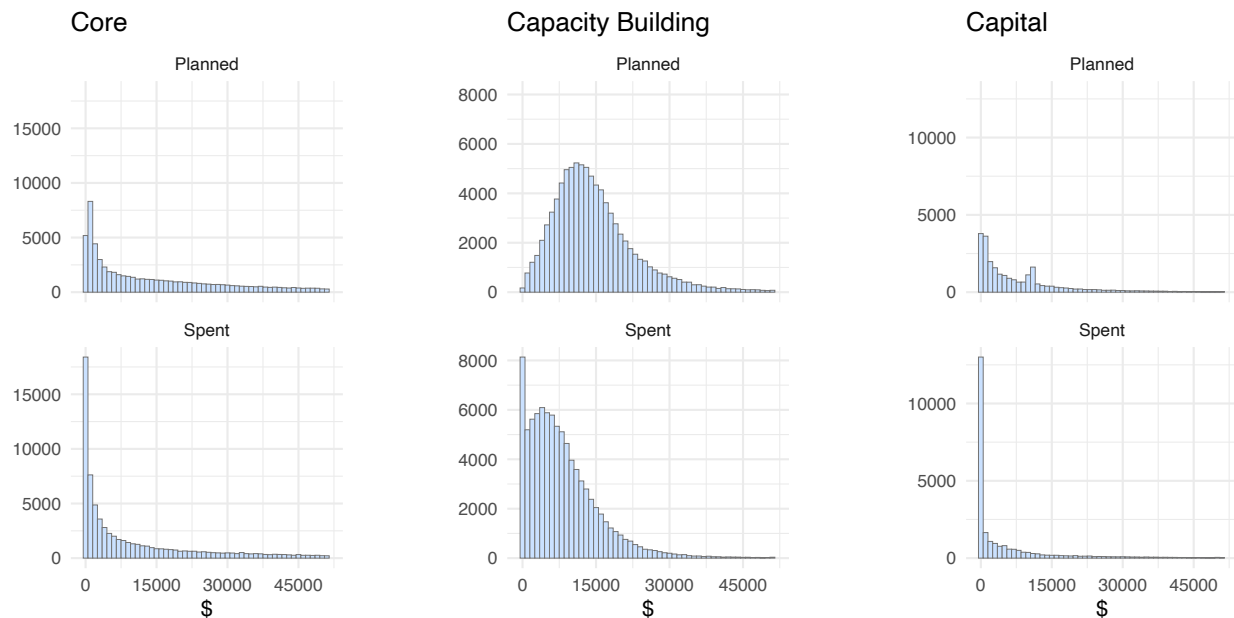
<sup>2</sup> We restrict our quantitative analysis in this way for all analysis by financial year. We choose to do this to ensure that participants have enough time to register some spending for our plan size and spending analysis.

<sup>3</sup> To obtain the interquartile range we order all participants according to the measure of interest (e.g. plan size or spending). We then compare the participant who is ranked on 25<sup>th</sup> lowest percentile to the participant who ranked on 75<sup>th</sup> highest percentile. In effect this provides a measure of spread for the middle 50% of participants.



For capital supports, the key pattern is that nearly half of people (48%) who were funded did not spend any of their capital budget in 2019/20 – see the spike at zero on figure 1.

Typical plan size and spending is different according to disability group. For example, the median core plan size and spending for people with psychosocial disability is \$23,700 and \$8,900 respectively in comparison to median core plan size of \$74,900 and spending of \$37,600 for people with cerebral palsy.



**Figure 1:** Distribution of plan size and spending amounts for core, capacity building and capital supports. The graphs include participants with plans greater than \$100 for each support class. Please note with 93%, 99% and 27% of participants having planned core, capacity and capital supports respectively, there are equivalent participants represented on each plot. Also note for presentation purposes the x-axis is truncated at \$51,800, the equivalent of the 75<sup>th</sup> percentile for core supports.

## 4.2 Impact of prior experience of disability services and supports on plan size and spending

### Key findings

- The quantitative modelling showed that participants with experience of pre-NDIS disability systems and services were more likely to receive larger plan sizes that more accurately reflected their needs.
- Our modelling also showed that if participants received similar sized plan budgets, those with prior experience were also more likely to spend more of their funding.
- Our interviews suggest that this may be because these participants were more likely to be linked into to pre-existing services and supports and were therefore able to quickly and easily effectively use their funds.

We began by looking at the impact of previously receiving State disability services on core plan size and spending. To do this we focused on the first completed plans of participants aged 19-64 years old. We chose to look at people's first NDIS plans because we hypothesised this would be where people's prior experience of disability services would have the greatest impact on plan size and spending. (See Appendix, tables 1.1 – 1.3)

We chose three groups of participants for this analysis – adults with psychosocial disability, intellectual disability, and cerebral palsy.<sup>4</sup> We compared plan size and spending for people who previously received State disability services to those who did not. This group included both new users of NDIS services as well as participants who has previously been supported through Commonwealth programs. We looked at two categories of core support – “assistance with daily life” and “social and community participation” for both groups.

After carefully adjusting for differences between the two groups, we found that there were important differences between participants with an intellectual disability, cerebral palsy and psychosocial disability. Figure 2 below shows modelling results for the core category “assistance with daily life”.

We found:

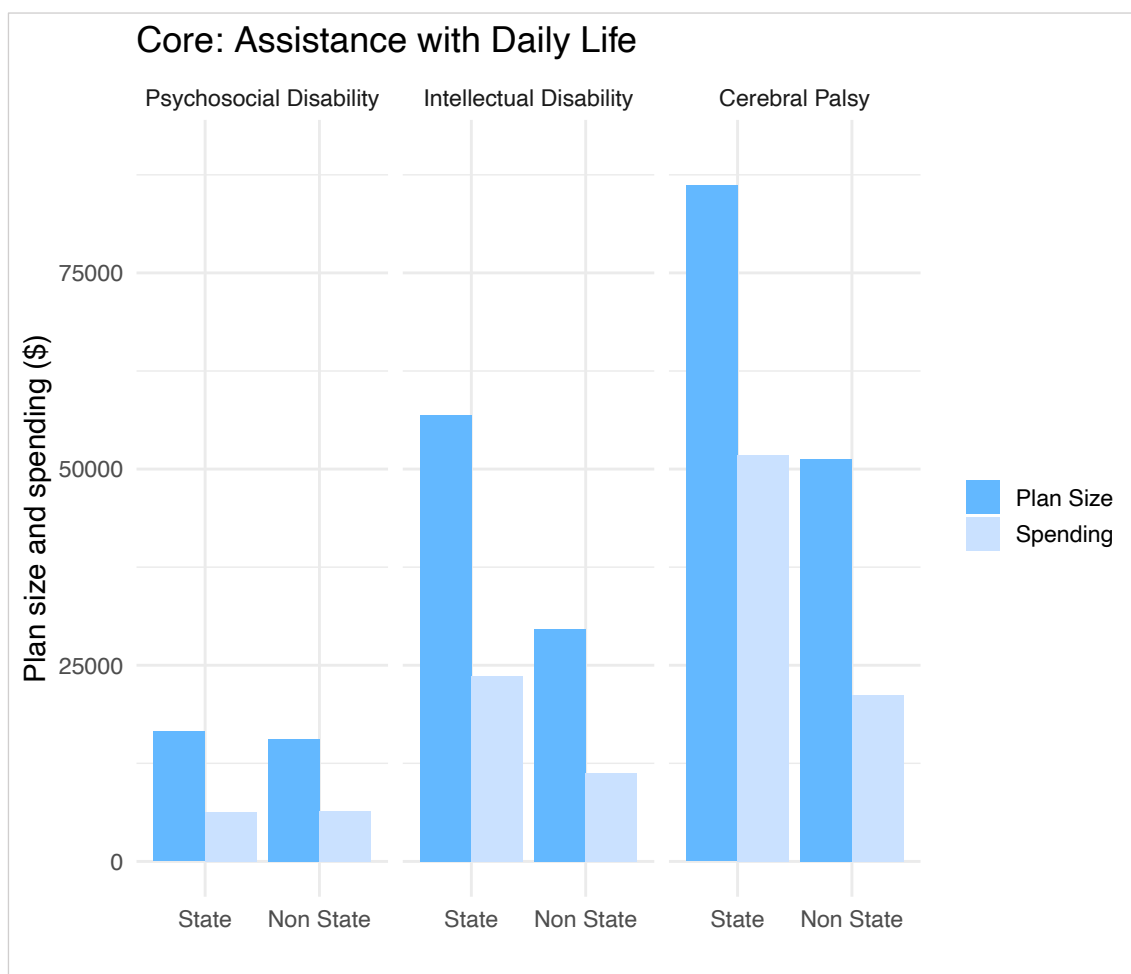
**Participants with an intellectual disability** – people who received support from the state system received larger core budgets in their first plans. For example, there was a \$27,300 difference in the size of the “assistance with daily life” support category. Larger plan size also translated into higher spending. State entrants spent on average \$12,300 more on “assistance with daily life” supports than those who did not receive any prior services. Our modelling also found that adults with intellectual disability from the State system were more able to access services than people who were previously Commonwealth or new users of disability services.

**Cerebral palsy** – the pattern of larger plans and higher spending was even more pronounced for adults with cerebral palsy. For example, the “assistance with daily life” category was \$34,900 larger for participants who previously received support from the state system than those who did not. This translated into spending that was \$30,700 higher. Our modelling also found that people with cerebral palsy who had prior experience of state supports, were also more able to access services than people who did not.

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<sup>4</sup> It is worth noting that we use primary disability to classify these groups. It is possible, that some participants with cerebral palsy (for example) could have an intellectual disability (for example).

**Psychosocial disability** – in contrast to the first two groups plan size and spending was similar for State and non-State participants. For example, there was very little difference in the “assistance with daily life” core budgets for people who previously received State supports vs those who did not (\$16,600 vs \$15,600). It should be noted however that plan sizes were consistently low across this cohort. This may go some way in explaining why little difference was observed.



**Figure 2:** Core, “assistance with daily life” plan size and spending (y-axis) for participants who entered the scheme from the State system compared to those who did not (x-axis). This analysis was conducted by disability groups: psychosocial disability, intellectual disability, cerebral palsy and uses our statistical models to ensure comparisons to between State and non-State compare ‘like with like’.

### Impact of Individual Support Packages (ISP)

We then looked at what impact receiving an individual support package (ISP)<sup>5</sup> had on plan size and spending in participants’ first plan. In this analysis we just focused on young adults (aged 19-34) with an intellectual disability. We also excluded participants living in shared supported accommodation to further isolate the impact of ISPs. (See Appendix, table 2 for full results).

Looking at core supports, we found:

People who had received an ISP in the past received on average \$27,500 more funding for core supports in their NDIS plan than people who did not receive an ISP (but did enter the scheme from the State system).

<sup>5</sup> Individual Support Packages were a State delivered service that allocated funds to a person to meet their disability related support needs. They enabled people with disability to plan their services in order achieve their goals. For more information please see: <https://providers.dffh.vic.gov.au/individual-support-package>

This also translated into higher spending (\$21,600). When we equalised core plan sizes, we also found that people who had previously had an ISP were also more able to access services.

We found the same impact when looking at capacity building – both higher plan budgets and greater spending.

### **Explaining the difference**

Our qualitative interviews shed some light on why there were such large differences between people who had previously received states services, compared to those who had not. In the interviews participants confirmed that experiences with pre-NDIS systems and services, alongside access to knowledgeable informal supports and NDIS frontline workers, often resulted in plans that more accurately reflected their needs - as well as adequate funding. These participants were also more likely to be linked into to pre-existing services and supports and were therefore able to promptly effectively use their funding.

Participants were also able to draw on their prior experience to help navigate NDIS processes and strongly advocate for their needs and rights - either independently or with support.

These participants also often had greater ability to effectively engage with services and supports in a way that met their needs and aspirations. This also allowed them to more effectively use their funding. For participants with less experience of systems and fewer links to services, effective utilisation was harder.

Ongoing support from skilled and trusted NDIS frontline workers was also seen as critical to effective utilisation. This included providing support to:

- understand individual plans, its components and what each component could be used for
- understand the different ways to manage plan funding (e.g., agency, plan managed, self-managed) and the processes involved with each
- identify appropriate and available services in their area that could meet individual needs and priorities so they could start implementing their plans.

For eligible participants, access to independent and quality Support Coordination also played a beneficial role in effective utilisation. This is particularly important for those who experience difficulty in utilisation. Effective Support Coordinators were described as those who:

- took the time to understand participants and their needs
- offered independent advice and support to link into services
- were transparent in how they were supporting participants to utilise their funding.

It is important to note that not all participants found Support Coordination helpful. Not all participants found it easy to find a quality Support Coordinator that met their individual needs. Some participants were concerned that the level of Support Coordination funded in plans was often insufficient, making it difficult for support coordinators to perform this role adequately and support effective use of funding.

## Limitations of the findings

When considering these findings, it is important to note that there are key differences between people who previously received State services, compared to those who did not. Where available data allowed, our modelling does account for the differences, with the adjusted results presented here being substantively different from unadjusted results<sup>6</sup>.

However, it could be there are other factors, for which we do not have data that could explain differences between the two groups. For example, while we have data on disability group and a severity score, we do not have comprehensive data on participant needs, which could have influenced whether an individual was eligible for State services prior to the NDIS. This should be kept in mind when interpreting these results.

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- <sup>6</sup> For full details see Figures 6.1, 6.2 and 6.3 in the quantitative report: “The NDIS in Victoria: are there inequities in participants’ plan size and spending? Quantitative Report”

### 4.3 Impact of geography on plan size and spending

#### Key findings

- Modelling showed that participants in regional and remote Victoria receive smaller plans and spend less when compared to participants in metropolitan areas.
- If plan sizes were equalised across geographical areas, spending would still be lower in regional and remote areas.
- Availability of services and supports decreased the further away participants lived from metropolitan Melbourne, contributing to inevitable delays in plan utilisation.

In this analysis we looked at the impact of geography on plan size and spending. We compared participants who live in regional and remote Victoria to participants who lived in major cities.<sup>7</sup> We looked at the impact of geography on both core and capacity building budgets in financial year 2019/20 (see Appendix Table 3).

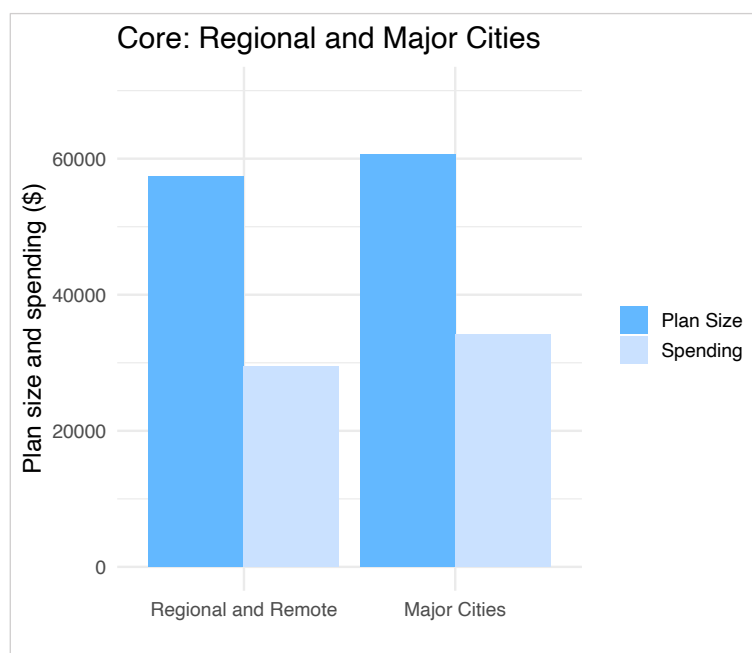
Figure 3 below details modelling results for core supports. After careful adjustment for differences in participant characteristics in regional and remote areas in comparison to major cities, we found:

- Mean core support plan sizes are \$3,300<sup>8</sup> smaller in regional and remote Victoria (\$57,300) in comparison major cities (\$60,600)
- Mean spending on core supports is \$4,700 lower in regional and remote Victoria (\$29,500) in comparison to core plan spending in major cities (\$34,200)
- Our modelling found that if plan sizes were equalised across regional and remote Victoria and major cities, spending would still be lower in regional and remote areas.
- Our findings for capacity building supports were similar – people in regional and remote areas received smaller amounts of capacity building funding and spent less of the funding they had been given.

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<sup>7</sup> Participants were grouped in this manner to avoid issues with small numbers. Disaggregating the data further would have led to statistically unstable and imprecise estimates.

<sup>8</sup> Throughout the main body of the report we round plan size and spending to the nearest \$100. We do this to avoid over interpretation of the certainty of our estimates. Full unrounded results, including uncertainty, are detailed in the Appendix.



**Figure 3:** Core plan size and spending (y-axis) for participants who live in regional and remote Victoria to those who live in major cities (x-axis). Results presented use our statistical models to ensure comparisons between Regional and Remote and Major Cities compare 'like with like'.

### Explaining the difference

Our qualitative findings help to explain why these differences in utilisation may persist. For example, participants suggested that the availability of services and supports decreased the further away participants lived from metropolitan Melbourne. This contributed to inevitable delays in plan utilisation. Utilisation was further complicated when participants had difficulty getting to services that were not close to where they lived because of lack of accessible transport and/or lack of funding for transport.

Regional participants also reported that they struggled to find support workers and therapists that were willing to travel to them, particularly for shorter shifts or specific times of the day. Participants also noted that wages (for some services or workers) did not always allow for transportation costs.

Finally, some regional disability markets were significantly disrupted by the January 2020 bushfires. The COVID-19 pandemic made it even more difficult for service providers to bounce back and respond to the existing and additional needs of their communities. This was of particular concern for individuals with complex support needs - and/or who were experiencing loss of informal supports - where consistent access to quality supports is a matter of survival.



## 4.4 Impact of delays on future utilisation

### Key findings

- Insufficient human resources and technology are significant barriers to utilisation.
- Delays in spending in one component of a plan often led to delays in spending in other components of plans.

We wanted to look at whether and how delays in spending in one area of an NDIS plan could impact spending in other areas of the plan. Our interviews with participants suggested that the limited availability of skilled disability support workers and therapists made it very difficult to effectively use funding to access quality supports across all components of plans (such as daily living, capacity building, and social participation). This was particularly true for participants with high levels of care needs and/or complex disabilities.

Participants also reported that even when they were able to identify available services, services may be a long way from home or have long waiting lists. This was particularly true for specialist services (such as physiotherapists specialising in neurological conditions). The limited availability of permitted and skilled therapists that could conduct assessments and gain quotes to justify particular supports – including equipment and home modifications – also created substantial delays in utilisation. This was further compounded by delays in waiting for NDIA approval.

Spending of capacity building funds was greatly reduced when participants had limited access across a range of services and supports. This created a cycle of reduced capacity to utilise other components in a plan. For example, until participants had built capacity in one area – such as mobility training – it could be difficult to access other supports – such as social participation. When participants did not have access to appropriate equipment – such as a well-fitting wheelchair – they may not be able to access other services and supports – such as hydrotherapy.

These findings were confirmed by the quantitative analysis which found across the scheme, 41% of participants were unable to spend any of their planned assistive technology. We did attempt to model the impact of effective use of assistive technology on subsequent core supports in the quantitative analysis. We chose to look at participants with cerebral palsy. We chose this group because a substantial number of participants with cerebral palsy have assistive technology in their plans, and there is a large enough number of people to allow detailed analysis.

There was, however, considerable uncertainty in our findings. We were particularly concerned that the complexity in using assistive technology funding – such as gathering evidence or having a consultation from an occupational therapist – means that people who are able to effectively use it are also likely to be people who have the ability to effectively use other kinds of supports. For example, they are more likely to be people who have used assistive technology before or who have strong informal supports to assist effective plan spending.<sup>9</sup>

More work, therefore, needs to be done to understand the impact of assistive technology on use of core and capacity building supports. Future quantitative research needs to take into account and/or capture the impact of informal support and advocacy of participants. This will help us understand the role of informal support networks and where participants may require more support from government and the NDIA to use their plans effectively.

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<sup>9</sup> For full details see Part 7 in the quantitative report: “The NDIS in Victoria: are there inequities in participants’ plan size and spending? Quantitative Report”

## 5. Utilisation of key participant groups

### Key findings

- Barriers to effective utilisation were compounded by intersecting challenges experienced by First Nations, Culturally and Linguistically Diverse participants as well as participants with psychosocial disability.
- Participants reported inconsistencies in the cultural competencies and understanding of psychosocial disability within the NDIS. This helps explain some of the notable differences in plan size and spending.

### 5.1 First Nations participants

#### Key findings

- The modelling shows that while First Nations participants receive larger plans on average, this does not translate into higher spending.
- First Nations participants report considerable barriers to effective utilisation.
- In particular they report experiencing difficulty accessing culturally appropriate information and support to access, understand and navigate their way through the scheme.

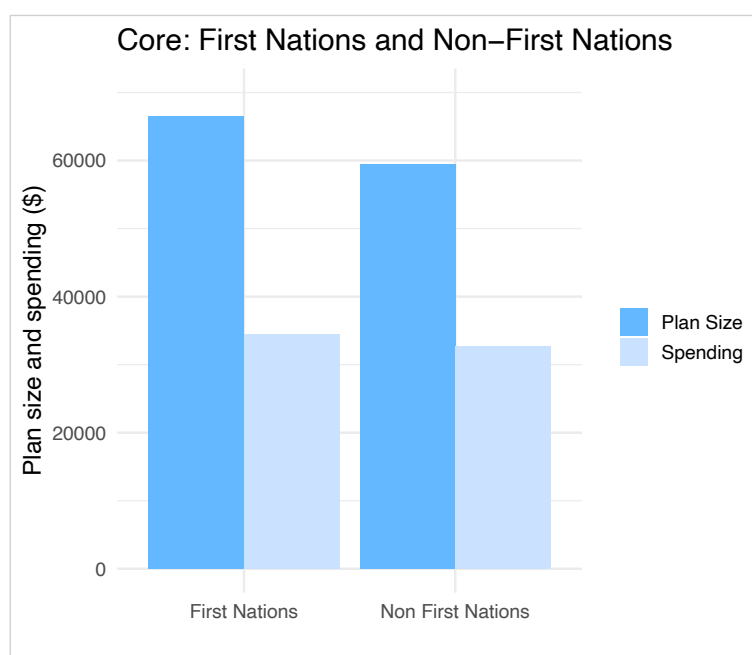
We looked at whether there were inequities in plan size and spending for First Nations participants compared to non-First Nations participants. We conducted this analysis for all participants and looked at both core and capacity building supports (see Appendix, table 4). As with our previous analysis, we were careful to adjust for differences in participant characteristics across the two groups.

Figure 4 below shows modelling results for core supports. In the financial year 2019/20 we found:

- Average core support plan sizes were \$7,100 higher among First Nations participants (\$66,600) than non-First Nations participants (\$59,500)
- However, this did not translate into higher spending. Core support spending was similar among First Nations (\$34,500) compared to non-First Nations (\$33,000).<sup>10</sup>
- When we modelled the scenario that equalised plan sizes across both groups of participants, we found that there were additional barriers to spending experienced by First Nations participants.
- We found similar patterns (larger plans, lower spending, and barriers to using supports) when we conducted the analysis for capacity building supports (full results in Appendix, table 4).<sup>11</sup>

<sup>10</sup> Because of the statistical uncertainty in our estimates, we cannot conclude that spending is dissimilar among First Nations participants in comparison to non-First Nations participants.

<sup>11</sup> The methods used in the quantitative analysis, that carefully control for co-occurring factors that drive plan size and spending, are an important contribution to our understanding of inequities in the NDIS. To our knowledge, current published research does not do this. Future research should continue to carefully construct analyses so quantitative statements regarding equity in the scheme are comparing 'like with like'.



**Figure 4:** Core plan size and spending (y-axis) for First Nations participants and non-First Nations participants (x-axis). Results presented use our statistical models to ensure comparisons between First Nations and non-First Nations participants compare ‘like with like’.

### Explaining the difference

Interviews with First Nations participants detailed the considerable challenges they experienced in getting information and support to both access and navigate the scheme. Participants described difficulties in understanding how the NDIS interacted with Aboriginal Community Controlled Health systems as well as difficulties in identifying who they could engage with for support to navigate NDIS processes and in compiling the necessary evidence to establish eligibility. Even when this information was made available, limited trust and fear in systems meant that participants often delayed their engagement with the scheme.

Participants described inconsistencies in the cultural competencies and knowledge of NDIS frontline workers. This included insufficient acknowledgement of their Indigeneity and respected cultural roles in their communities, as well as limited recognition of how their diverse cultural and disability understandings, experiences and needs were interwoven, and what impact that had on developing and resourcing plans.

When it came to utilisation, participants suggested they also found it difficult to spend funds in a way they felt would meet their particular needs. In part, this often reflected the difficulty they experienced in meeting basic and disability related needs when compared to non-First Nations participants. This frustration sometimes led to disengagement and further under-utilisation.

To address these issues, participants highlighted the critical importance of resourcing First Nations-led organisations, advocates and workers to help bridge the gaps between individuals, communities and the NDIS.

## 5.2 Culturally and linguistically diverse participants

### Key findings

- Our modelling shows that Culturally and Linguistically Diverse participants are receiving larger plans- and that they are also able to translate this into higher levels of spending.
- The modelling scenario, where we equalise plan sizes across Culturally and Linguistically Diverse and non-Culturally and Linguistically Diverse groups, suggests that Culturally and Linguistically Diverse participants do not face greater barriers to plan spending.
- Despite this higher levels of spending, participant interviews highlight that increased spending may not always equate to effective utilisation and good outcomes.
- Interviews also highlight the impact of cultural understandings and experiences of disability which influence how individuals and families engage with and navigate the NDIS.

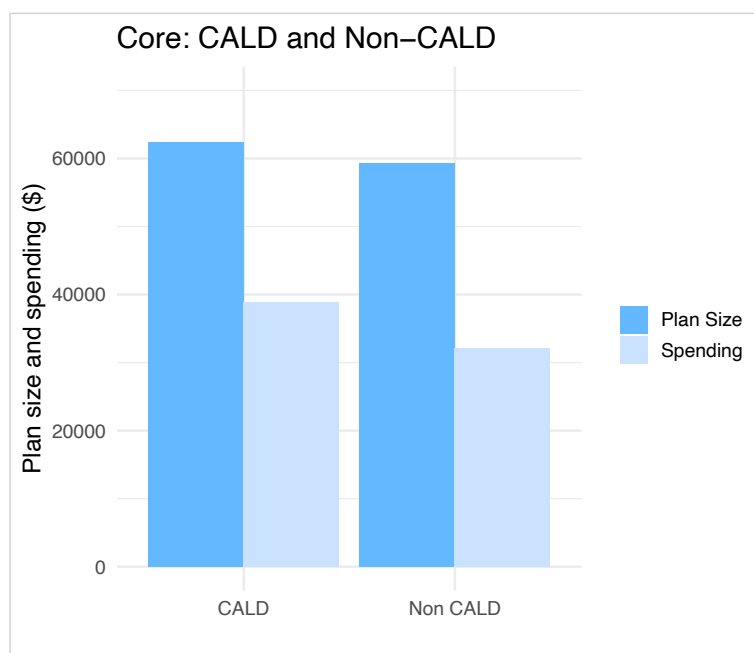
In the same way we looked at the experience of First Nations participants, we looked at whether there were inequities in plan size and spending for Culturally and Linguistically Diverse participants compared to non-Culturally and Linguistically Diverse participants. We conducted this analysis for all participants and looked at both core and capacity building supports (see Appendix, table 5). As with our previous analysis, we were careful to adjust for differences in participant characteristics across the two groups.

Figure 5 below shows modelling results for core supports. In financial year 2019/20 we found:

- Average core support plan sizes are \$3,100 higher among Culturally and Linguistically Diverse (\$62,400) than non-Culturally and Linguistically Diverse participants (\$59,400).
- This also translates into higher levels of spending – Culturally and Linguistically Diverse participants spend \$6,600 more on core supports than non-Culturally and Linguistically Diverse participants.
- Our modelling of a scenario that equalised plan sizes across Culturally and Linguistically Diverse and non-Culturally and Linguistically Diverse participants also suggests that Culturally and Linguistically Diverse participants do not face greater barriers to plan spending than non-Culturally and Linguistically Diverse participants.
- We found similar patterns (larger plans, lower spending, and barriers to using supports) when we modelled capacity building supports (see Appendix, table 5 for full results).<sup>12</sup>

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<sup>12</sup> The methods used in the quantitative analysis, that carefully control for co-occurring factors that drive plan size and spending, are an important contribution to our understanding of inequities in the NDIS. To our knowledge, current published research does not do this. Future research should continue to carefully construct analyses so quantitative statements regarding equity in the scheme are comparing 'like with like'.



**Figure 5:** Core plan size and spending (y-axis) for Culturally and Linguistically Diverse and non- Culturally and Linguistically Diverse Participants. Results presented use our statistical models to ensure comparisons between Culturally and Linguistically Diverse and non- Culturally and Linguistically Diverse Participants participants compare ‘like with like’.

Despite the findings of our quantitative research, our interviews suggest that higher spending does not always equate to effective utilisation. Simply spending funds does not ensure that participants have their needs met, are able to achieve their goals or get good outcomes from their funding. Some reasons for this include:

- Families may be unaware or hesitant to identify if they have a family member who may be eligible for the Scheme. They may also not fully understand or communicate their family member’s needs or aspirations.
- While improvements were acknowledged, many participants still reported difficulties accessing accurate and consistent information and communication in a format that met their language and accessibility requirements. This contributed to barriers in initial access, understanding the many changes to the scheme, and understanding the ways in which funding can be used.

Those interviewed felt that there were considerable inconsistencies across the NDIS workforce in their understanding of how best to engage with and support the needs of culturally diverse individuals and communities. Participants also described inconsistent access to independent interpreters with a sound understanding of disability and the NDIS systems, which created barriers in meaningful and effective engagement with both NDIS frontline workers and service providers.

Participants also suggested that there was a limited supply of disability services, therapists and support workers that were able to effectively met the diverse cultural, language and disability needs and aspirations of participants. This had a significant impact on outcomes for participants.

### 5.3 Participants with psychosocial disability

#### Key findings

- The transition of various mental health programs into the NDIS significantly disrupted access to services for people with psychosocial disability.
- Participants with psychosocial disability often experience difficulties accessing the scheme.

The transition of various State and Federal mental health programs into the NDIS market was described as significantly disrupting an already stretched mental health system. Participants interviewed described the loss of coordination and collaboration across services, which left some organisations struggling to survive, and which led to some workers leaving the system.

The considerable upheaval meant a loss of support for people with psychosocial disability. It made it difficult to find the required help to access and navigate the scheme, left people without much needed assistance and disrupted their recovery journey.

This was particularly difficult for participants who had limited previous access to other services that may have helped improve understanding about the NDIS as well as practical help in compiling required evidence for NDIS applications. For those who had received prior supports, some described their mental health workers as instrumental in helping them gain access to and navigate the NDIS.

Delays in NDIS access meant that some participants were less well when they did eventually receive plans. In turn, this could delay utilisation as participants needed to first address mental health concerns and/or build capacity to utilise their plans.

Inconsistent understanding - across the NDIS workforce - of the relationships between physical and mental health and the impact on an individual's daily functioning were described by many participants. When these relationships are not sufficiently considered and a whole-of-person approach is not adequately understood or accommodated for within plans, the adequacy of plans and subsequent utilisation is undermined.

## 6. Policy considerations

The following policy considerations are drawn from the detailed work presented in each of the full reports. They represent opportunities where the Victorian government could encourage and work closely with other jurisdictions and stakeholders to address factors currently undermining utilisation. In effect, these policy considerations highlight that shared stewardship and close coordination across governments and multiple agencies is essential for effective plan utilisation and to ensure the NDIS realises its transformative potential.

1. **Invest in strategies** to stimulate and monitor the availability of a skilled, inclusive, stable and valued workforce to match the varied disability, mental health and cultural needs and preferences of Victorian NDIS participants.
2. **Provide ongoing support** to Victorian advocacy, community and peer-led organisations that work with people with disability and their communities to understand and navigate the NDIS and services and supports.
3. **Encourage greater investment** in the human resourcing and training of the NDIA and NDIS workforce to improve the retention of skilled staff, enabling participants and workers to develop trusting working relationships, and improving consistency of planning processes and outcomes. Further investment in the Scheme could also focus on encouraging more targeted market stewardship to help identify and address shortages in the quantity, quality and geographic availability of services and supports.
4. **Encourage and provide guidance** to all stakeholders (participants, families, frontline workers and other supports) involved in access, planning and review processes to use these opportunities to develop a shared understanding of factors influencing individual plan utilisation, and to support understanding of how plans can be utilised and managed.
5. **Develop a better understanding** of the bottlenecks in the supply and procurement processes of equipment, assistive technology and home modifications, in order to inform appropriate solutions.
6. **Enhance the prevention and monitoring** of risks and exploitation experienced by NDIS participants. For example, participants described disengaging from services when they felt workers or providers had breached their confidentiality or delivered services that undermined their safety.
7. **Progress work with NDIA Independent Advisory Council, the Victorian Disability Advisory Council** and other people with disability and their representative organisations to co-design strategies to address specific barriers experienced by people with psychosocial disability, First Nations and Culturally and Linguistically Diverse communities in their access and engagement with the NDIS.
8. **Continue to collaborate** with all jurisdictions and stakeholders to develop and support state and national level policies and programs that enable the inclusion and active participation of all Australians with disability and their families across all life domains and systems.
9. **Further qualitative and quantitative research is required** to ensure the best possible evidence is at hand when government is designing policy responses targeted at inequities in the scheme. This report has highlighted where there are inequities and has begun to explain them. However, currently it is not clear where exactly government should concentrate their efforts.
10. Finally, we need to **develop a much better understanding on the link between NDIS plans and spending and outcomes** (e.g., employment, wellbeing and health).



## Appendix

Table 1.1 – Impact of having previously received State disability services on the plan size and spending of first plans, core support categories “assistance with daily life” and “social and community participation”, adults with psychosocial disability

<b>CORE – ASSISTANCE WITH DAILY LIFE, PLAN 1 (adults with psychosocial disability)</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-State Entry</b>	\$15,617 (\$14,196, \$17,038)	\$6,419 (\$5,330, \$7,509)	<b>NA</b>
<b>State entry</b>	\$16,552 (\$15,814, \$17,290)	\$6,327 (\$5,853, \$6,801)	\$3,060 (\$2,035, \$4,085) more than non-State entry
<b>Difference</b>	\$935 (-\$565, \$2,435)**	-\$92 (-\$1,196, \$1,012)**	
<b>CORE – SOCIAL AND COMMUNITY PARTICIPATION, PLAN 1 (adults with psychosocial disability)</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-State Entry</b>	\$12,814 (\$12,238, \$13,390)	\$4,003 (\$3,647, \$4,359)	
<b>State Entry</b>	\$13,851 (\$13,564, \$14,137)	\$4,264 (\$4,065, \$4,463)	\$2,140 (\$1,764, \$2,517) more than non-State entry
<b>Difference</b>	\$1,037 (\$400, \$1,674)	\$261 (-\$148, \$669)**	

*Table 1.1: Adjusted estimates of impact of having previously received State services on core supports in first plans, adults with psychosocial disability. Figures in brackets are the uncertainty of our estimates. Shaded green denotes evidence where experience of prior supports is potentially beneficial*

*\*This estimate also takes into account differences between groups (e.g. age, disability severity)*

*\*\*Uncertainty in this estimate means we cannot conclude there are differences in plan size or spending.*

Table 1.2 – Impact of having previously received State disability services on core support categories “assistance with daily life” and “social and community participation”, adults with intellectual disability

<b>CORE – ASSISTANCE WITH DAILY LIFE, PLAN 1 (adults with intellectual disability)</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-State Entry</b>	\$29,641 (\$26,996, \$32,286)	\$11,310 (\$8,903, \$13,717)	<b>NA</b>
<b>State Entry</b>	\$56,925 (\$55,367, \$58,484)	\$23,654 (\$22,391, \$24,917)	\$7,715 (\$5,489, \$9,941) more than non-State
<b>Difference</b>	\$27,284 (\$24,632, \$29,936)	\$12,343 (9676, 15011)	
<b>CORE – SOCIAL AND COMMUNITY PARTICIPATION, PLAN 1 (adults with intellectual disability)</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-State Entry</b>	\$14,984 (\$14,225, \$15,743)	\$6,163 (\$5,496, \$6,831)	
<b>State Entry</b>	\$28,808 (\$28,299, \$29,317)	\$17,480 (\$17,067, \$17,893)	\$5,775 (\$5,175, \$6,376) more than non-State
<b>Difference</b>	\$13,824 (\$12,953, \$14,694)	\$11,317 (\$10,526, \$12,107)	

*Table 1.2: Adjusted estimates of impact of having previously received State services on core supports in first plans, adults with intellectual disability. Figures in brackets are the uncertainty of our estimates. Shaded green denotes evidence where experience of prior supports is potentially beneficial*

*\*This estimate also takes into account differences between groups (e.g. age, disability severity)*

Table 1.3 – Impact of having previously received State disability services on core support categories “assistance with daily life” and “social and community participation”, adults with cerebral palsy

<b>CORE – ASSISTANCE WITH DAILY LIFE, PLAN 1 (adults with cerebral palsy)</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-State Entry</b>	\$51,265 (\$38,904, \$63,626)	\$21,187 (\$13,241, \$29,134)	<b>NA</b>
<b>State Entry</b>	\$86,145 (\$81,682, \$90,608)	\$51,838 (\$47,534, \$56,141)	\$16,107 (\$8,962, \$23,251) more than non-State
<b>Difference</b>	\$34,880 (\$21,637, \$48,123)	\$30,651 (\$21,766, \$39,535)	
<b>CORE – SOCIAL AND COMMUNITY PARTICIPATION, PLAN 1 (adults with cerebral palsy)</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-State Entry</b>	\$18,992 (\$16,045, \$21,939)	\$6,020 (\$4,350, \$7,690)	
<b>State Entry</b>	\$35,730 (\$34,403, \$37,058)	\$21,090 (\$20,082, \$22,097)	\$7,970 (\$6,034, \$9,906) more than non-State
<b>Difference</b>	\$16,738 (\$13,571, \$19,905)	\$15,070 (\$13,062, \$17,077)	

*Table 1.3: Adjusted estimates of impact of previously having received State services on core plan size and spending in first plans, adults with cerebral palsy. Figures in brackets are the uncertainty of our estimates. Shaded green denotes evidence where experience of prior supports is potentially beneficial*

*\*This estimate also takes into account differences between groups (e.g. age, disability severity)*

Table 2 – Impact of having previously received Individual Support Packages, young adults (19-34 years old), from the State system (participants in shared supported accommodation removed from this analysis)

<b>CORE PLAN 1 (young adults with intellectual disability from the State system)</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-ISP Recipient</b>	\$27,083 (\$25,400, \$28,765)	\$10,417 (\$9,458, \$11,376)	<b>NA</b>
<b>ISP Recipient</b>	\$54,593 (\$52,742, \$56,444)	\$32,041 (\$30,681, \$33,401)	\$6,271 (\$5,390, \$7,153) more than non-ISP
<b>Difference</b>	\$27,510 (\$25,027, \$29,994)	\$21,624 (\$20,011, \$23,237)	
<b>CAPACITY BUILDING PLAN 1 (young adults with intellectual disability from the State system)</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-ISP Recipient</b>	\$16,609 (\$14,751, \$18,467)	\$5,260 (\$4,258, \$6,261)	
<b>ISP Recipient</b>	\$27,262 (\$25,764, \$28,760)	\$12,777 (\$11,635, \$13,920)	\$5,172 (\$3,988, \$6,357) more than non-ISP
<b>Difference</b>	\$10,653 (\$8,201, \$13,105)	\$7,518 (\$5,980, \$9,056)	

*Table 2: Adjusted estimates of impact of Individual Support Packages on core and capacity building plan size and spending in first plans, young adults with intellectual disability from the State system. Figures in brackets are the uncertainty of our estimates. Shaded green denotes evidence where experience of prior supports is potentially beneficial*

*\*This estimate also takes into account differences between groups (e.g. age, disability severity)*

Table 3 – Regional and remote inequities in plan size and spending, core and capacity building supports, in financial year 2019/20

<b>CORE SUPPORTS</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Major Cities</b>	\$60,682 (\$59,731, \$61,633)	\$34,219 (\$33,544, \$34,893)	<b>NA</b>
<b>Regional &amp; Remote</b>	\$57,337 (\$56,181, \$58,492)	\$29,495 (\$28,712, \$30,279)	\$3,116 (\$2,543, \$3,690) less than major cities
<b>Difference</b>	-\$3,345 (-\$4,622, -\$2,069)	-\$4,723 (-\$5,619, -\$3,828)	
<b>CAPACITY BUILDING SUPPORTS</b>			
<b>EQUITY ANALYSIS</b>	<b>PLAN SIZE</b>	<b>SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Major Cities</b>	\$16,531 (\$16,438, \$16,623)	\$9,791 (\$9,718, \$9,864)	
<b>Regional &amp; Remote</b>	\$13,978 (\$13,851, \$14,104)	\$7,656 (\$7,558, \$7,755)	\$787 (\$681, \$892) less than major cities
<b>Difference</b>	-\$2,553 (-\$2,705, -\$2,402)	-\$2,135 (-\$2,253, -\$2,017)	

*Table 3: Adjusted core and capacity building plan size and spending comparing rural and remote areas to major cities.. Figures in brackets are the uncertainty of our estimates.*

*\*This estimate also takes into account differences between groups (e.g. age, disability severity)*

Table 4 – Inequities in plan size and spending for First Nations Participants (in comparison to non-First Nations participants)

<b>CORE SUPPORTS – financial year 2019/20</b>			
<b>EQUITY ANALYSIS</b>	<b>CORE PLAN SIZE</b>	<b>CORE SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non First Nations</b>	\$59,509 (\$58,746, \$60,272)	\$32,695 (\$32,142, \$33,249)	NA
<b>First Nations</b>	\$66,572 (\$61,247, \$71,897)	\$34,520 (\$30,732, \$38,307)	\$1,782 (-\$52, \$3,616) less than non-First Nations
<b>Difference</b>	\$7,063 (\$1,712, \$12,414)	\$1,824 (-\$2,008, \$5,657)**	
<b>CAPACITY BUILDING SUPPORTS – financial year 2019/20</b>			
<b>EQUITY ANALYSIS</b>	<b>CAPACITY BUILDING PLAN SIZE</b>	<b>CAPACITY BUILDING SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non First Nations</b>	\$15,765 (\$15,685, \$15,846)	\$9,167 (\$9,101, \$9,232)	
<b>First Nations</b>	\$16,528 (\$16,084, \$16,971)	\$8,760 (\$8,422, \$9,098)	\$799 (\$579, \$1,019) less than non-First Nations
<b>Difference</b>	\$762 (\$312, \$1,212)	-\$407 (-\$754, -\$60)	

*Table 4: Adjusted core and capacity building plan size and spending comparing First Nations and non-First Nations participants. Figures in brackets are the uncertainty of our estimates. Shaded red denotes evidence for potential inequity*

*\*This estimate also takes into account differences between groups (e.g. age, disability group)*

*\*\*Uncertainty in this estimate means we cannot conclude there are differences in plan spending. Given plan sizes are larger for First Nations, and spending is similar, there may be inequities in spending.*

Table 5 – Inequities in plan size and spending for Culturally and Linguistically Diverse participants (in comparison to non- Culturally and Linguistically Diverse participants)

<b>CORE SUPPORTS – financial year 2019/20</b>			
<b>EQUITY ANALYSIS</b>	<b>CORE PLAN SIZE</b>	<b>CORE SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-CULTURALLY AND LINGUISTICALLY DIVERSE</b>	\$59,364 (\$58,596, \$60,132)	\$32,187 (\$31,646, \$32,729)	NA
<b>CULTURALLY AND LINGUISTICALLY DIVERSE</b>	\$62,438 (\$60,694, \$64,182)	\$38,821 (\$37,102, \$40,541)	\$4,813 (\$3,721, \$5,905) more than non-Culturally and Linguistically Diverse
<b>Difference</b>	\$3,074 (\$1,352, \$4,796)	\$6,634 (\$4,982, \$8,286)	
<b>CAPACITY BUILDING SUPPORTS – financial year 2019/20</b>			
<b>EQUITY ANALYSIS</b>	<b>CAPACITY BUILDING PLAN SIZE</b>	<b>CAPACITY BUILDING SPENDING</b>	<b>EXPECTED SPENDING AFTER EQUALISING PLAN SIZE*</b>
<b>Non-CULTURALLY AND LINGUISTICALLY DIVERSE</b>	\$15,726 (\$15,646, \$15,806)	\$9,085 (\$9,019, \$9,150)	
<b>CULTURALLY AND LINGUISTICALLY DIVERSE</b>	\$16,296 (\$16,054, \$16,538)	\$9,813 (\$9,627, \$9,998)	\$393 (\$268, \$518) more than non-Culturally and Linguistically Diverse
<b>Difference</b>	\$570 (\$327, \$814)	\$728 (\$535, \$921)	

*Table 5: Adjusted core and capacity building plan size and spending comparing Culturally and Linguistically Diverse and non- Culturally and Linguistically Diverse participants. Figures in brackets are the uncertainty of our estimates.*

*\*This estimate also takes into account differences between groups (e.g. age, disability group)*