



Participants across remoteness classifications

30 June 2020

National Disability Insurance Agency

ndis

Outline



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Introduction



The National Disability Insurance Scheme (NDIS) provides reasonable and necessary funding to people with a permanent and significant disability to access the supports and services they need to live and enjoy their life.

The purpose of this presentation is to report on the experience of NDIS participants living in different remoteness areas, using data at 30 June 2020¹.

¹ Trial participants are not included in the Outcomes section.

Definitions

Geographic Remoteness Classification

Areas of remoteness are classified by the NDIS using the Modified Monash Model (MMM).

The MMM is a classification system that categorises metropolitan, regional and remote areas according to their population size and isolation. The MMM classifies Australia into seven geographic areas of remoteness:

MMM1: Major cities

MMM2: Regional areas with population > 50,000

MMM3: Regional areas with population between 15,000 and 50,000

MMM4: Regional areas with population between 5,000 and 15,000

MMM5: Regional areas with population < 5,000

MMM6: Remote areas

MMM7: Very Remote areas

Where appropriate, areas MMM2 to MMM5 are sometimes referred to collectively in the report as “regional areas”.

Definitions

Key terms

Active participant: Those who have been determined eligible, have an approved plan and have not exited the Scheme.

Carer: Someone who provides personal care, support and assistance to a person with a disability and who is not contracted as a paid or voluntary worker.

Culturally and Linguistically Diverse (CALD): Country of birth is not Australia, New Zealand, the United Kingdom, Ireland, the United States of America, Canada or South Africa, or primary language spoken at home is not English.

Outcomes framework questionnaires: One way in which the Agency is measuring success for participants and their families/carers across eight different life domains.

Plan: Agreements under which reasonable and necessary supports will be funded for participants.

Prevalence rate: Prevalence, sometimes referred to as prevalence rate, is the proportion of persons in a population who have a defined level of disability at a specified point in time or over a specified period of time.

Supported Independent Living (SIL): Supported Independent Living (SIL) is help with and/or supervision of daily tasks to develop the skills of an individual to live as independently as possible. Assistance provided to a participant will be included as part of their plan depending on the level of support they require to live independently in the housing option of their choice.

Definitions

Key terms

Average annualised committed supports:

Also referred to as a plan budget. The average cost of supports contained within a participant's plan, approved to be provided to support a participant's needs. This amount is annualised to allow for comparison of plans of different lengths. In this report, this is based on supports allocated to active plans at 30 June 2020.

Average payments: Payments are made to providers, participants or their nominees for supports received as part of a participant's plan. In this report, average payments represent the average cash and in-kind* supports paid over the 2019-20 financial year on all active plans at 30 June 2020.

Average utilisation of committed supports:

Utilisation represents the proportion of committed supports in participant plans that are utilised. Utilisation is calculated as total payments (including cash and in-kind*) divided by total committed supports. In this report, average utilisation of committed supports is calculated for a 6 month period, from 1 September 2019 to 31 March 2020, allowing for 3 months payment delay.

Complaint rate: Complaint rates are calculated as the number of complaints made by people who have sought access divided by the number of people who have sought access. The number of people who have sought access used in the calculation takes into account the length of time since access was sought.

* In-kind: existing Commonwealth or State/ Territory government programs delivered under existing block grant funding arrangements.

Background

Rural and Remote Strategy

The NDIS Rural and Remote Strategy is a statement of the National Disability Insurance Agency's (NDIA) vision that people with disability in rural and remote Australia, including Aboriginal and Torres Strait Islander Communities, are supported to participate in social and economic life to the extent of their ability, to contribute as valued members of their community and to achieve good life outcomes.

The strategy acknowledges the challenges of delivering the NDIS in rural and remote areas and describes how NDIA will work to deliver the NDIS in rural and remote areas. The NDIS Rural and Remote Strategy is summarised in the infographic in the next slide.

The ultimate test of how successful the Rural and Remote Strategy will be is measured by the **long term** impact of the NDIS on the lives of people with disability, their families, carers and communities in rural and remote parts of Australia.

Background

NDIA Rural and Remoteness Strategy 2016–2020

Our vision

People with disability in rural and remote Australia, including Aboriginal and Torres Strait Islander communities, are supported to participate in social and economic life to the extent of their ability, to contribute as valued members of their community, and to achieve good life outcomes.

Our goals



Easy access and contact with the National Disability Insurance Agency



Effective, appropriate supports available wherever people live



Creative approaches for individuals within their communities



Harnessing collaborative partnerships to achieve results



Support and strengthen local capacity of rural and remote communities

Output area

People living in rural and remote communities are able to access the services of the National Disability Insurance Agency in a way that works for them

The range, choice and quality of disability supports available to a person in a rural or remote community is sustainable and as diverse as possible

Individuals will shape supports based on how they interact within their community and this will differ from community to community

Start by understanding what already exists and work alongside to leverage success

The National Disability Insurance Scheme delivers an economic and capacity building return to local communities

Engagement with communities that respects, learns and builds on their social capital, community collaborations and creative ways

NDIS Act, Rules, legislation; Convention on the Rights of Persons with Disabilities and other legislation

Key points

Participant Profile, Average Annualised Committed Supports and Average Payments

Participant profile

- As at 30 June 2020, 264,083 (67.4%) participants are living in the Major Cities, 122,139 (31.2%) participants are living in the regional areas, 3,482 (0.9%) participants are living in the Remote areas, and 2,217 (0.6%) participants are living in the Very Remote areas.
- Higher proportions of **Indigenous** participants live in Remote and Very Remote areas (36% and 73%)
- A higher proportion of **CALD** participants live in Major Cities (12%).
- **Autism** and **intellectual disability** are the largest disability groups across all remoteness areas. However, Remote and Very Remote areas have higher proportions of participants with **acquired brain injury** and **physical disabilities** (somewhat driven by higher proportions of Indigenous participants).
- Very Remote areas also have **slightly older** participant populations with more participants aged between 45 and 54 and less aged between 0 and 14 years.

Average annualised committed supports

- Average annualised committed supports for Non-SIL participants are **higher** in the Remote (\$68,574) and Very Remote areas (\$73,328) compared to regional and Major Cities (\$48,467 to \$52,506), likely contributed to by the Remote (40%) and Very Remote Loadings (50%) to allow for the higher costs of providing support in rural locations.
- However, **average payments** for Non-SIL participants are higher in the Major Cities (\$26,912) and regional areas (\$23,348 to \$26,222), and **lower** in the Remote (\$25,128) and Very Remote areas (\$18,806), meaning plan utilisation is lower in Remote and Very Remote areas.

For more comprehensive commentary and graphs please see Participant Characteristics and Participant Plans sections.

Key points

Utilisation and Complaint Rates

Utilisation

- SIL participants utilise a higher proportion of their plans compared with non-SIL participants (e.g. In Major Cities, this is 86% vs. 64%).
- For SIL participants, the average utilisation rates are **similar** across all remoteness areas, with utilisation rate ranging from 82% in the Very Remote areas to 86% in regional areas.
- For non-SIL participants, the utilisation rate **reduces notably** in the Remote (48%) and Very Remote (36%) areas compared to Major Cities (64%) and regional areas (58%-62%).

Complaint rates

- As at 30 June 2020, complaint rates are highest in the Major Cities and **lowest** in the Remote and Very Remote areas (4.8% vs. 2.6% and 1.4%).

For more comprehensive commentary and graphs please see Participant Characteristics and Participant Plans sections.

Key points

Participants outcomes

Participant outcomes across remoteness areas

Social Participation & Relationships

A **higher** percentage of children and adults living in the Remote and Very Remote areas **participate** and are **actively involved** in **community, cultural or religious activities**.

More children of **school age** living in the Remote and Very Remote areas **get along with their siblings** and can make friends outside the family. A **higher** percentage of the families of those children feel they have **enough time for all members of families to get their needs met**. Conversely, school aged children in Major Cities had relatively more difficulty making friends outside the family. **Less** participants **aged between 15 to 24** living in the Remote areas have no friends other than paid staff.

Health and Wellbeing & Home

The percentage of participants aged 15 and over who said they have **some difficulties accessing health services increases** with remoteness. This is consistent with the **overall greater difficulty** accessing services with increasing remoteness observed in the analysis on utilisation.

Overall a high percentage of participants feel happy and safe in their home. A **lower** percentage of participants living in the Remote and Very Remote areas **feel happy and safe in their home** compared to participants living in regional areas and Major Cities. Conversely, participants in Remote and Very Remote areas are **more likely** to feel safe getting out and about in the community.

For more comprehensive commentary and graphs please see [Outcomes and Satisfaction section](#).

Key points

Participants outcomes

Participant outcomes across remoteness areas

Daily Living

Less families living in the Remote and Very Remote areas who have **children yet to start school** have **concerns in 6 or more areas of their child's development**. The percentage of families who **utilise specialist services** is also **lower** in those areas. Two years after receiving support from the Scheme, there has been **an across the board increase** in families who have concerns in 6 or more areas of development, and an across the board increase in the percentage of participants receiving specialist services.

For participants of **school age up to 14 years, less** children living in the **Very Remote areas** are **developing functional, learning and coping skills** appropriate to their ability and circumstances compared to other areas. School age children in regional areas tended to have **relatively better** baseline outcomes for Daily Living responses.

Very Remote participants aged 15 and older show the **highest** proportion **needing support with travel and transport**. A **lower** proportion of Very Remote participants

who said they need support, **receive such supports** compared to other remoteness areas. At second plan review, participants who live in Major Cities and larger regional areas experienced an increase in the proportion receiving support with travel and transport. Participants in regional areas were generally at the **higher end** for the proportion receiving support with travel and transport.

Employment

A **lower** percentage of participants aged 15 and over living in the Remote and Very Remote areas are in **paid employment** although the difference is more notable for Very Remote areas. A **higher** percentage of participants living in the Remote and Very Remote areas are **not working and not looking for a job**, which suggests different work preferences in the remote areas. The difference in employment rates by remoteness is consistent with the difference in Australian general population employment rates across remoteness areas.

For more comprehensive commentary and graphs please see [Outcomes and Satisfaction section](#).

Key points

Participants outcomes

Participant outcomes across remoteness areas

Choice and Control

Participants living in the Very Remote areas have **higher** (age 15-24) or **similar** (age 25 plus) choice and control in **choosing who supports them and how they spend their time**. Conversely, Remote areas had the lowest proportions responding positively to both of these questions. A **materially lower** percentage of participants living in Very Remote are able to **advocate for themselves**, and a **higher** percentage of participants want **more choice and control**. Regional areas tended to be towards the **higher** end of positive responses across all questions relating to choosing who supports them, how they spend their time and the ability to advocate for themselves for ages 15 and older.

Life-long learning

A **higher** percentage of the participants living in the Remote and Very Remote areas and lower percentage in Major Cities at school age up to 14 are learning in a **mainstream class**. A **lower** percentage of the adult participants living in the Remote and Very Remote areas have the opportunity **for learning new things** and undertaking a **course or training**. The difference in education and training attainment by remoteness is consistent with the Australian general population education and training attainment rates across remoteness areas.

For more comprehensive commentary and graphs please see [Outcomes and Satisfaction section](#).

Key points

Family/carer outcomes

Family/carer outcomes

Paid employment

Families and carers of participants aged 15 to 24 living in **Major Cities** have the **highest percentage in paid employment** followed by families and carers living in the regional and Remote areas. Families and carers living in the **Very Remote** areas have the **lowest percentage in paid employment** and are **less likely** to be in **permanent employment**. The difference in employment rates by remoteness is consistent with the difference in Australian general population employment rates across remoteness areas. At second review, there have been **increases** in the percentages of **families/carers of participants age 15 to 24** in **paid employment** and in permanent employment.

Ability to work as much as they want

- Families and carers of participants aged 0 to 24 living in the Remote and Very Remote areas are **more likely** to say they and their partner are **able to work as much as they want** compared to families and carers from other areas. Taken in combination with employment participation that is on par with the larger population centres for a

number of age groups, this suggests a relatively positive picture of employment for families and carers in Remote areas.

- The **situation of their child's disability** is the main **barrier of work** for families and carers from all remoteness areas, but a higher percentage of families and carers living in the **Very Remote** areas said **lack of job flexibility** is a barrier. There have been no significant changes at second plan review.

Social participation

- Social participation with family and friends for families and carers is the **strongest** in the **Very Remote** areas across all participant age groups and most challenging for families and carers in Major Cities.
- For families and carers of participant living in the Very Remote areas, more say they **have friends and family they see as often as they like** with lower proportions responding positively in Major Cities. There have been no material changes at second review.

For more comprehensive commentary and graphs please see [Outcomes and Satisfaction section](#).

Key points

Has the NDIS Helped? and Participant Satisfaction Survey

Has the NDIS Helped?

- Participants are asked a range of questions pertaining to ‘Has the NDIS helped?’ across Choice and Control, Relationships, Daily Living, Work, Social Participation, Lifelong Learning, Home and Health & Wellbeing domains.
- Comparing by remoteness areas, the percentage of participants who said that the NDIS has helped **reduces with increasing remoteness**, with those living in the **Very Remote** areas **less likely** to say that the NDIS has helped. Although this trend is consistent, only a subset of the questions are shown in this report. This trend is linked to the relatively lower utilisation of funded supports in Remote and Very Remote areas and is clearly impacted by more limited access to services and supports.
- At second review, there have been noticeable **increases** in the percentages of participants who said the **NDIS has helped** from all remoteness areas in **Daily Living, Social Participation, Choice and Control**. However the percentage who said the NDIS has helped **reduced** in **Work** and **Home**.

Participant Satisfaction Survey

- A new Participant Satisfaction Survey was introduced on 1 September 2018 and is the primary tool for analysing participant experience. The new survey is designed to gather data at the four primary stages of the participant pathway: Access, Pre-planning, Planning and Plan Review.
- Across all remoteness areas, more participants rated the Pre-planning process Very Good/Good, followed by the Planning process and the Access Process. Least participants rated the Review Process Very Good/Good. For the Access Process and Review Process, more participants living in the Major Cities and large regional areas with population > 50,000 rated their satisfaction as Poor/Very Poor.

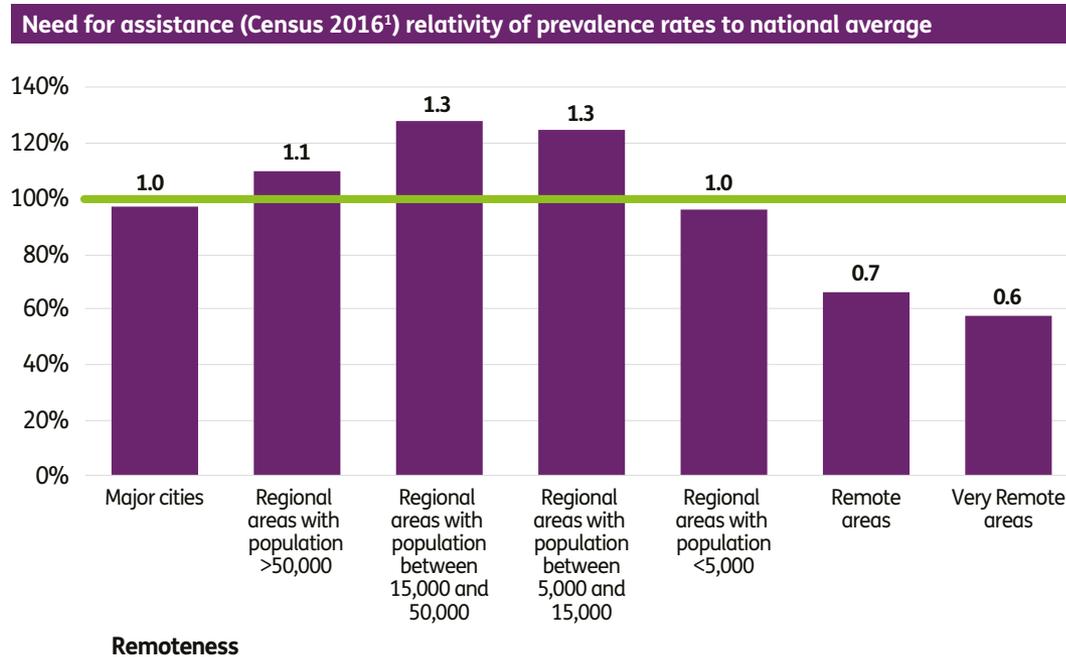
For more comprehensive commentary and graphs please see Outcomes and Satisfaction section.

Prevalence of disability and participation in the NDIS by remoteness areas

Comparison of SDAC 2018, Census 2016 and Scheme experience

Disability prevalence relativity rates

Geographic remoteness



The age standardised disability prevalence rates vary with remoteness. This may reflect underlying difference in demographic profile as well as variation in difficulty of enumeration between each remoteness area.

Census classification of need for assistance with core activities

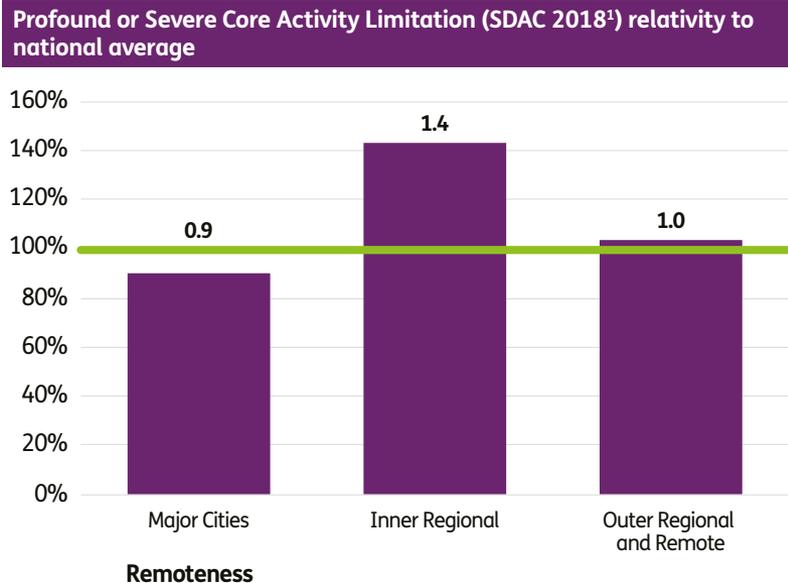
- For the purpose of calculating prevalence, The Census “Core Activity Need for Assistance” is used, which is an approximation for the number of people with a profound or severe core activity limitation.
- People with a profound or severe core activity limitation are defined as those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a disability, long-term health condition (lasting six months or more) or old age.

Source: Australian Bureau of Statistics, 2016, Census of Population and Housing: Census Dictionary, cat. no. 2901.0, viewed 14 November 2019, [https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/4D2CE49C30755BE7CA2581BE001540A7/\\$File/2016%20census%20dictionary.pdf](https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/4D2CE49C30755BE7CA2581BE001540A7/$File/2016%20census%20dictionary.pdf)

¹ For the Census 2016, prevalence rates are for ages 0 to 64, standardised to Australian population age distribution.

Disability prevalence relativity rates

Geographic remoteness



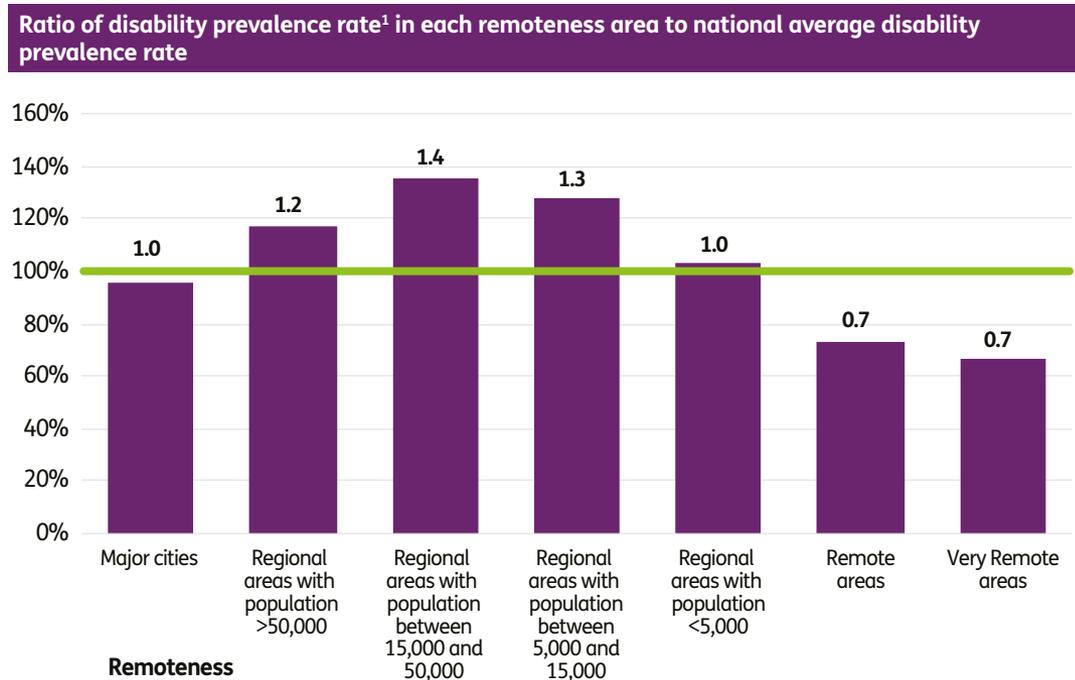
SDAC classification of core activity limitation

- The Survey of Disability Ageing and Carers (SDAC) is considered by the ABS to be the most detailed and comprehensive source of disability data.
- It collects information on core activity limitations related to communication, mobility and self-care, along with information on other activity limitations.
- To identify whether a person has a particular type of limitation, information is collected on need for assistance, difficulty experienced, and use of aids or equipment to perform selected tasks associated with each type of limitation.
- Limitations are classified as profound, severe, moderate or mild. The charts in the following slides are in reference to people with profound and/or severe core activity limitations.

Source: Australia Bureau of Statistics, 2015, Disability, Ageing and Carers, Australia: Summary of Findings, cat. no. 4430.0, viewed 14 November 2019, <https://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/4430.0Glossary12015?opendocument&tabname=Notes&prodno=4430.0&issue=2015>

¹ For the SDAC 2018, prevalence rates are for ages 0 to 64, standardised to Australian population age distribution. Note that as the SDAC 2018 excludes Very Remote areas from the survey, while examining relativities is of interest, the above charts are not directly comparable with the Scheme experience on the next slide.

NDIS experience by remoteness



At 30 June 2020, the relative prevalence of people who are NDIS participants is highest in regional areas with population greater than 5,000 at about 1.2 to 1.4 times the average, and lowest in Remote and Very Remote areas at about 0.7 times the average. These relativities are similar to the Census relativities.

¹ Actual prevalence rate is the number of NDIS participants at 30 June 2020 (all ages including those over 65) in each remoteness area divided by the population in each remoteness area. Actual are standardised to the Australian population.

Participant characteristics

Comparison of participant characteristics by areas of remoteness

Participant profile is based on active participants as at 30 June 2020.

Participant characteristics

State/Territory of residence

Comparison of active participants by State/Territory									
	NSW	QLD	VIC	ACT	SA	TAS	WA	NT	All
Major cities	32.9%	16.1%	28.5%	2.9%	10.1%	0.0%	9.5%	0.0%	100.0%
Regional areas with population >50,000	9.1%	43.0%	23.9%	0.3%	1.8%	13.2%	4.3%	4.4%	100.0%
Regional areas with population between 15,000 and 50,000	50.1%	8.6%	21.3%	0.0%	8.7%	5.2%	6.1%	0.0%	100.0%
Regional areas with population between 5,000 and 15,000	42.8%	17.0%	34.1%	0.0%	3.7%	0.1%	2.3%	0.0%	100.0%
Regional areas with population <5,000	32.6%	19.1%	25.8%	0.0%	12.2%	4.5%	5.5%	0.3%	100.0%
Remote areas	9.9%	19.0%	1.8%	0.0%	18.3%	2.6%	29.7%	18.8%	100.0%
Very Remote areas	4.4%	29.1%	0.0%	0.0%	12.9%	0.9%	16.9%	35.9%	100.0%

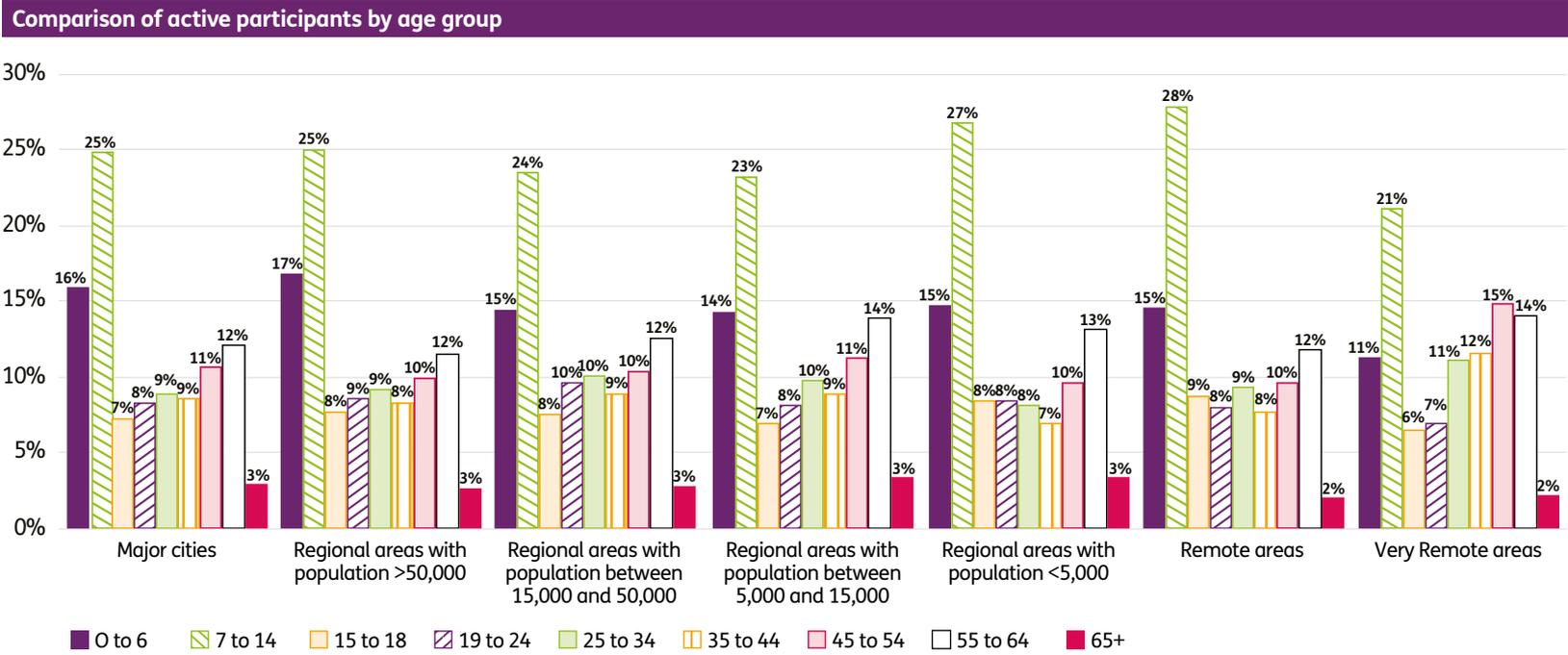
Low  High

- Most of the participants living in Major Cities and regional areas are living in New South Wales and Victoria, except for large regional areas with populations greater than 50,000 where there are higher proportions of participants from Queensland.
- Western Australia (30%), the Northern Territory(19%) and Queensland (19%) have higher proportions of participants living in the Remote Areas.
- Most of the participants living in the Very Remote Areas are from the Northern Territory (36%), Queensland (29%) and Western Australia¹ (17%).

¹ Service districts in Western Australia have later phase-in dates up to and including 1 Jul 2019. The timing of phasing may impact the relative proportions of active participants by remoteness.

Participant characteristics

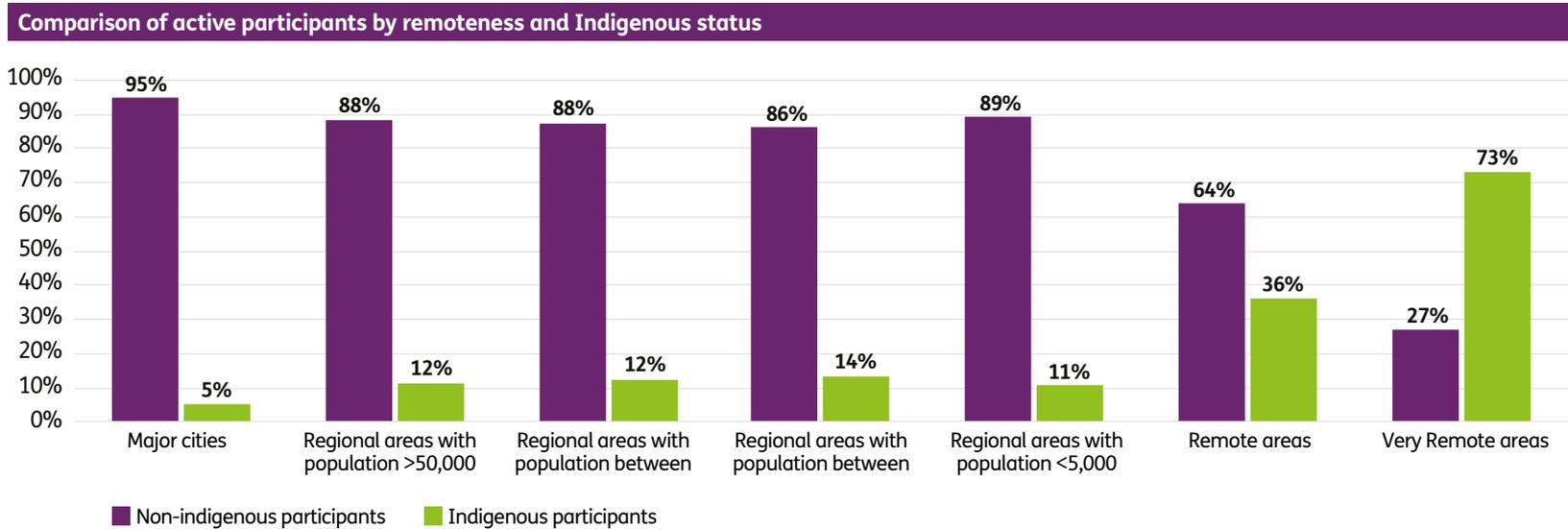
Age group



- The age profile of participants are largely similar across most areas of remoteness.
- The Very Remote areas have a higher proportion of participants in the 45 to 54 age group and lower proportion of participants in the 0 to 6 and 7 to 14 age groups.

Participant characteristics

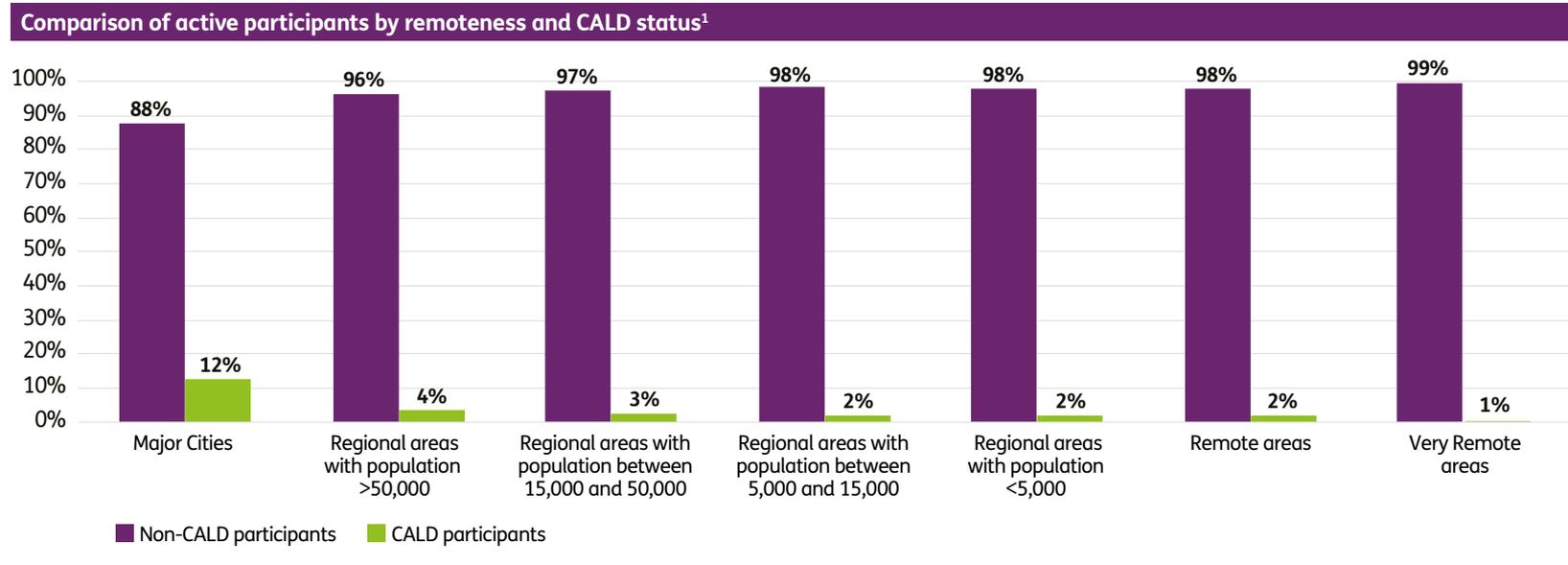
Indigenous participants



- The proportion of participants who are Indigenous is the highest in the Very Remote areas (73%) followed by the Remote areas (36%).
- The proportion of participants who are Indigenous is the lowest in the Major Cities (5%).

Participant characteristics

CALD participants



- The proportion of participants who are from a CALD background is the highest in the Major Cities (12%) followed by the regional areas (2-4%), Remote areas (2%) and Very Remote areas (1%).

¹ The percentages do not include participants who are from an Indigenous background.

Participant characteristics

Primary disability group

Comparison of active participants by primary disability group¹

	Autism	Psychosocial disability	Intellectual disability	Hearing impairment	Acquired brain injury	Other physical disabilities	Developmental delay	Other	All
MMM1	32.1%	10.2%	18.0%	5.2%	3.1%	4.2%	8.3%	18.9%	100.0%
MMM2	31.3%	8.3%	18.8%	4.6%	3.4%	4.3%	10.8%	18.6%	100.0%
MMM3	29.6%	9.1%	22.5%	3.5%	3.6%	4.2%	9.2%	18.2%	100.0%
MMM4	27.1%	9.3%	23.1%	3.7%	3.6%	4.8%	9.8%	18.6%	100.0%
MMM5	30.7%	7.3%	18.6%	4.6%	3.5%	5.4%	10.0%	19.9%	100.0%
MMM6	29.6%	6.6%	21.0%	4.6%	4.7%	5.6%	6.7%	21.3%	100.0%
MMM7	14.9%	11.2%	20.8%	7.2%	8.6%	9.7%	6.7%	20.9%	100.0%

Low High

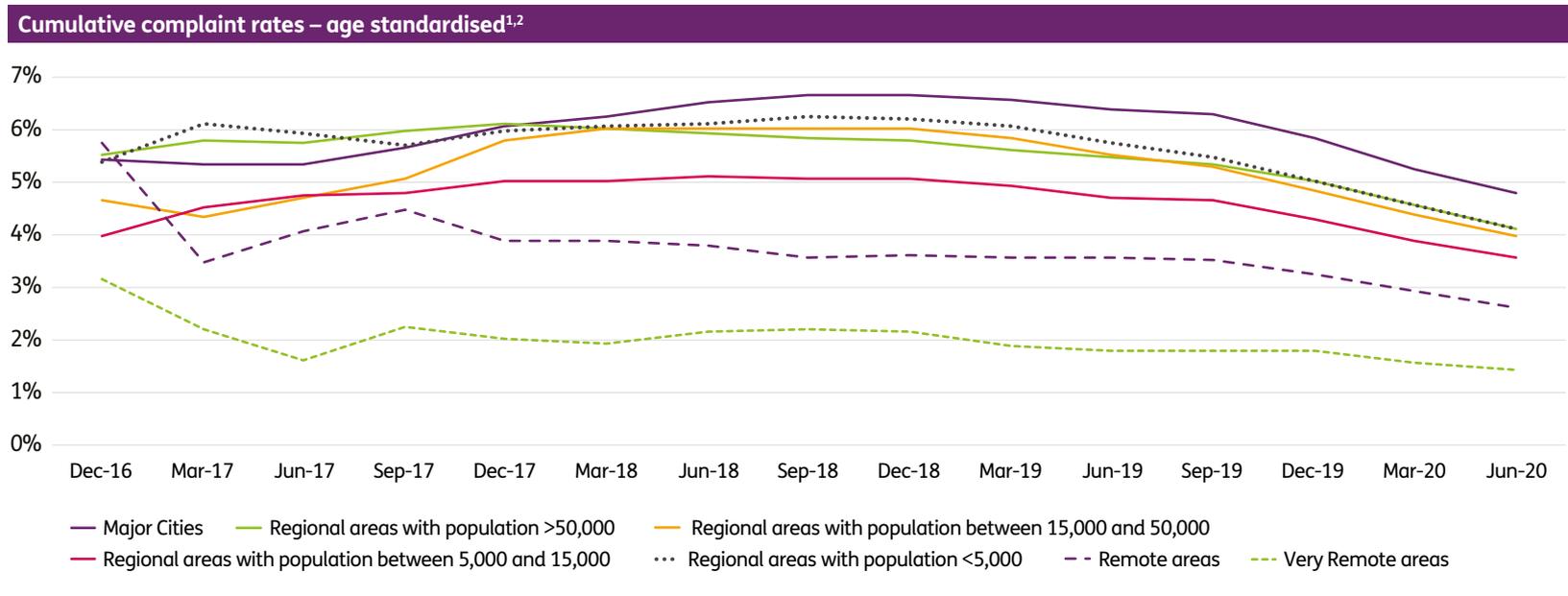
- Autism is the most prevalent primary disability, followed by intellectual disability. This is followed by psychosocial disability and developmental delay which are similar in prevalence.
- The proportion of participants who have psychosocial disability as their primary disability is the highest in Major Cities and reduces with the level of remoteness, increasing again in Very Remote areas. The latter occurs in the Indigenous but not non-Indigenous population.
- The proportions of participants with acquired brain injury (ABI) and other physical disabilities are almost doubled in the Very Remote areas compared to other areas. This is true of both Indigenous and non-Indigenous participants.
- Participant’s primary disabilities differ significantly between Indigenous participants and non-Indigenous participants and this can affect the mix of disabilities by remoteness area.

¹ Indigenous and non-Indigenous are not shown separately but are commented upon where relevant.

Complaints

Comparison of NDIS participant experience by geographic remoteness

Complaint rates



- Compared to other areas of remoteness, the rate of complaint is significantly lower in the Very Remote and Remote areas across all quarters followed by the regional areas and then Major Cities.
- Complaint rates in the Major Cities have increased from June 2017 to a peak around September 2019 and then reduced thereafter. Other remoteness areas also show a downward trend from this point.

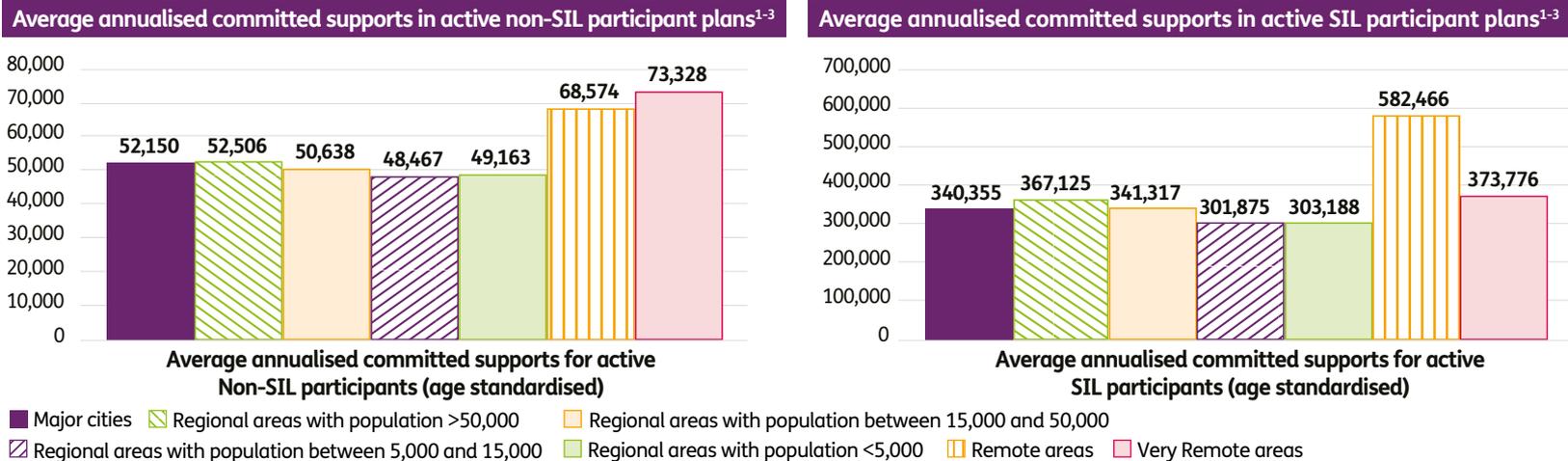
¹ The complaint rate is calculated as the number of complaints made to date divided by the exposure to date. Exposure to date represents the total amount of time an access request has been active, measured in years, summed across all participants and people who have ever made an access request. An access request is a formal request by an individual for a determination of eligibility to access the Scheme.

² Complaint rates have been standardised for the difference between the age profiles of participants using the age profile of participants by remoteness in the Major Cities as a reference.

Participant plans: committed supports, payments and utilisation

Comparison by areas of remoteness

Average annualised committed supports SIL status



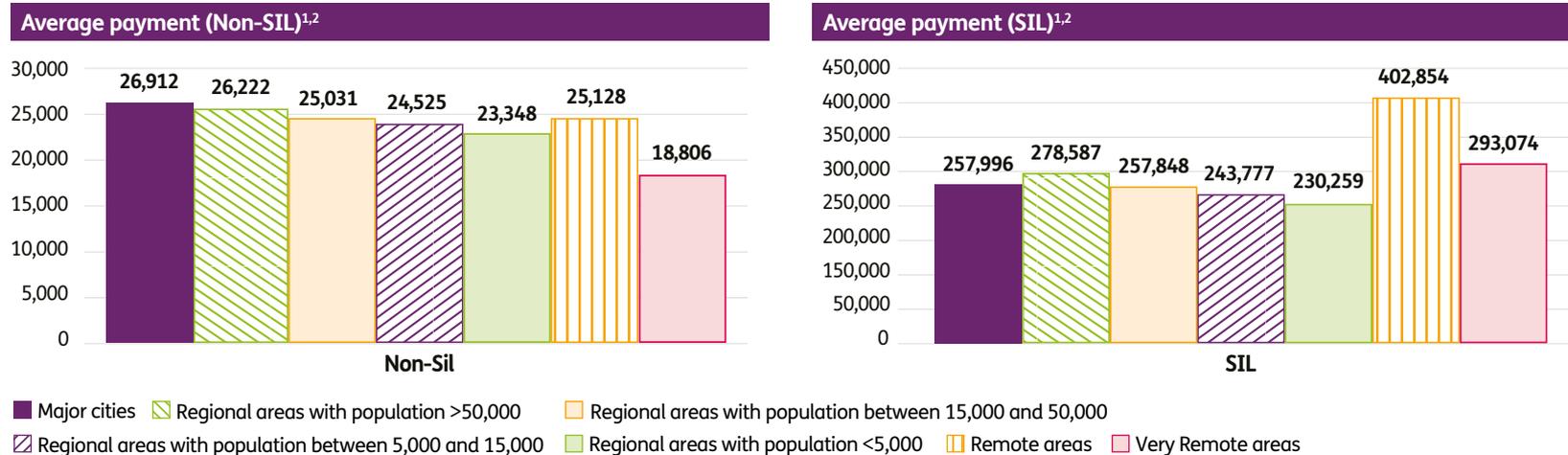
- SIL participants have significantly higher average annualised committed supports than non-SIL participants, hence they are separated for comparison purposes.
- For non-SIL participants, average annualised committed supports are higher for participants living in the Remote and Very Remote areas. The relativity to Major Cities is 32% for Remote and 41% for Very Remote, compared to loadings in prices of 40% and 50%, respectively. This suggests that the loadings contribute to the variation.
- For SIL participants, Remote average annualised committed supports are 71% higher than Major Cities, while Very Remote average annualised committed supports are not materially higher than other remoteness areas. Noting the current individualised roster of care used for SIL pricing, the variance is likely due to participant specific factors.

¹ Average annualised committed supports have been standardised for the difference between the age profiles of each areas of remoteness, using Major Cities as a reference.

² Average annualised committed supports are based on participants' active plan as at the 30th of June 2020.

³ Remote (40%) and Very Remote Loadings (50%) are applied to some committed supports. For SIL participants, the higher average annualised committed support observed from the Remote areas compared to the Very Remote areas is due to a higher proportion of larger plans for NT participants. Additionally, the number of SIL participants included in the Very Remote areas is low and the average amount should be treated with caution.

Average payments SIL status

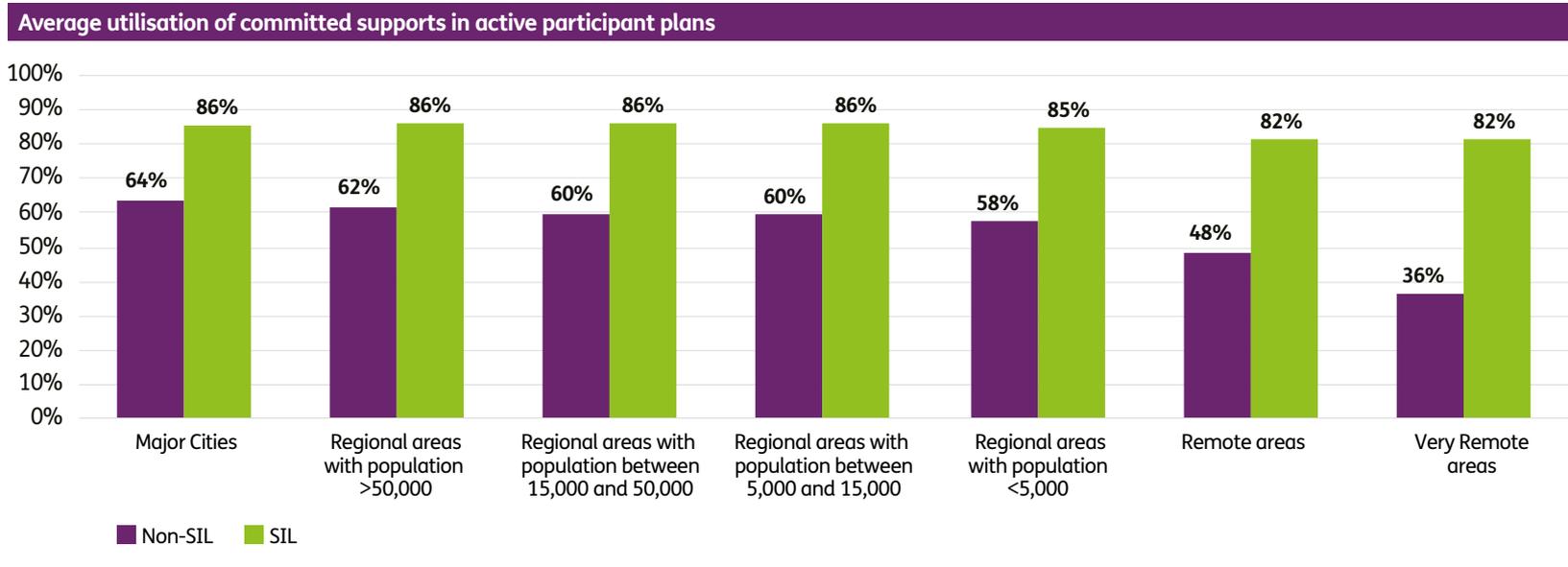


- Average payments for financial year 2019-20 are significantly higher for SIL participants compared to non-SIL participants, therefore they are analysed separately.
- For SIL participants, average payments are the highest in Remote areas, followed by Very Remote areas. Volatility due to small numbers will impact the comparisons.
- For Non-SIL participants, average payments are highest in the Major Cities, followed by regional and Remote areas, and significantly lower in the Very Remote areas.
- The low average payments compared to high committed supports of participants living in the Remote and Very Remote areas suggests some participants are experiencing challenges in finding services.¹

¹ Average payments have been standardised for the difference between the age profiles of each areas of remoteness, using Major Cities as a reference.

² For SIL participants, the higher average payment observed from the Remote areas compared to the Very Remote areas is due to a higher proportion of larger payments for NT participants. Additionally, the number of SIL participants included in the Very Remote areas is low and the average amount should be treated with caution.

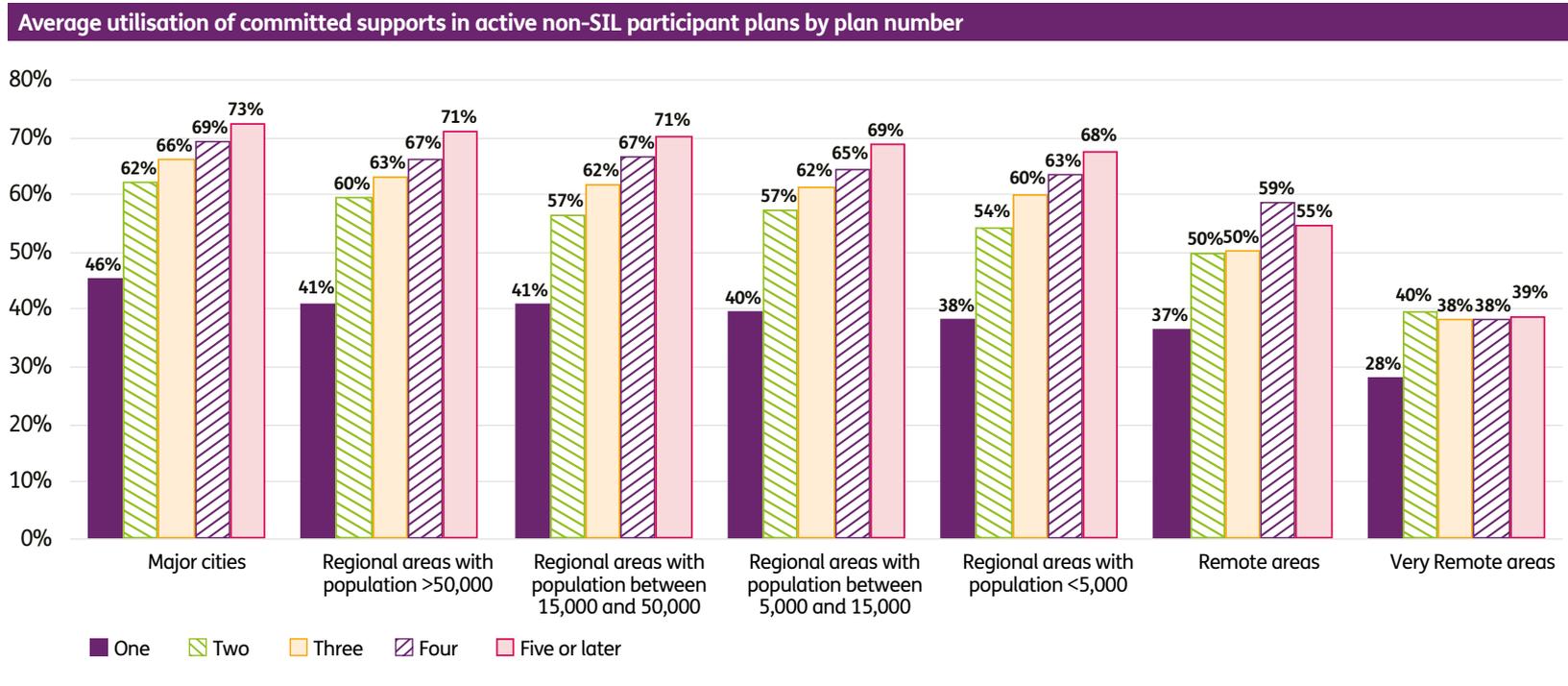
Utilisation of committed supports



- Due to the intensive care needs required and pre-established relationship with service providers for SIL participants prior to entering the Scheme, utilisation of SIL participants is significantly higher than non-SIL participants at 85-86% for Major Cities and regional areas and 82% for Remote and Very Remote areas. While payments were observed to be higher in Remote areas, the utilisation of plan budget is still relatively low.
- For non-SIL participants, the average utilisation rate declines with remoteness, ranging from 64% in Major Cities, 58-62% for regional areas, 48% for Remote areas and 36% for Very Remote areas.
- More detailed market and utilisation analysis by LGA is available on the NDIS website.¹

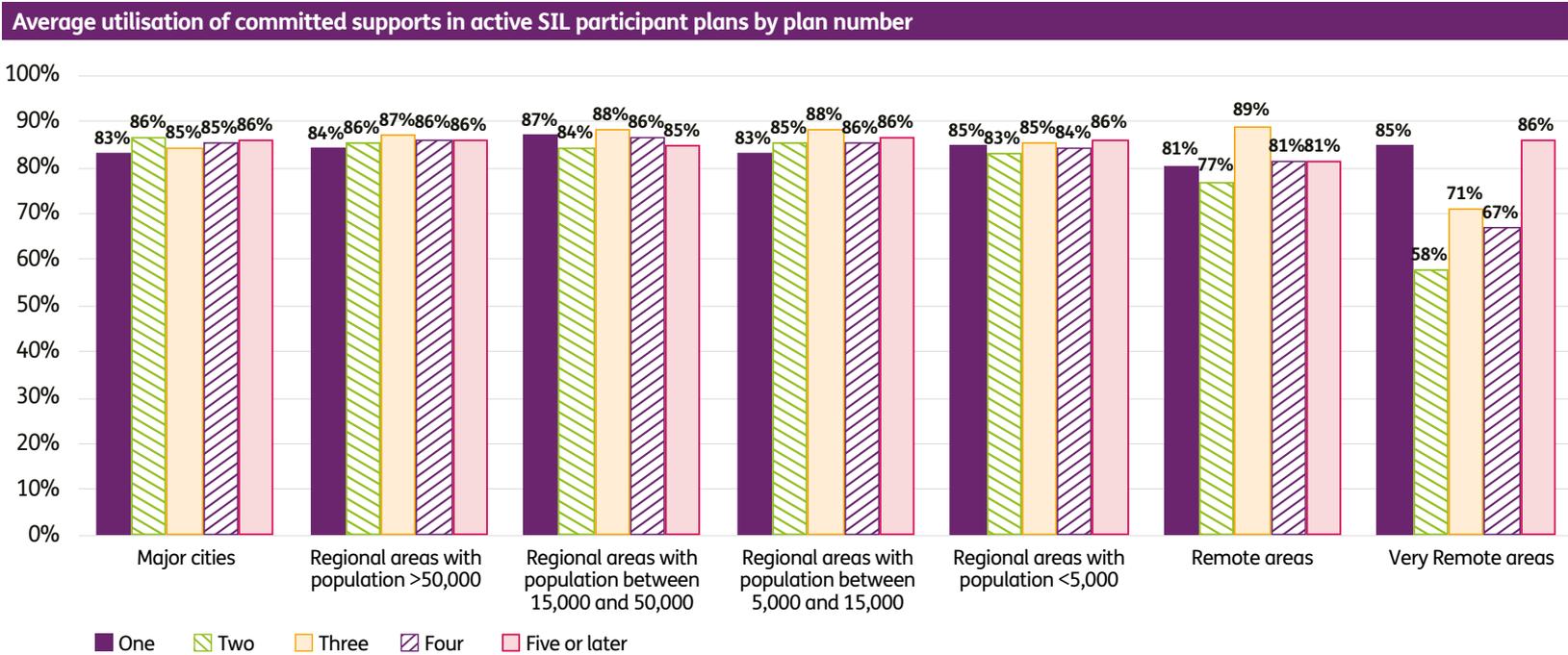
¹ Please visit "The NDIS market - 30 June 2020" report available on the [Reports and analyses](#) section of the [Data and insights](#) website.

Utilisation of committed supports by plan number (Non-SIL)



- For Non-SIL participants, average utilisation increases steadily with plan number, particularly in Major Cities and regional areas.
- For Remote and Very Remote areas, the utilisation rate increases after the first plan, but remains at a similar level from the second plan onwards. This suggests limited service capacity may be setting a cap on how much participants in the Very Remote areas can utilise their plan.

Utilisation of committed supports by plan number (SIL)



- For SIL participants, utilisation rate is high to start, with small increases over time, particularly in Major Cities and regional areas. This reflects the established services SIL participants receive prior to and after entering the Scheme.
- For Remote and Very Remote areas, utilisation rate is volatile when compared across plans due to a small number of participants.

Thin Market trials



The Market Enablement Framework, published on the NDIS website in 2018, outlined the NDIA's approach to monitor and develop the market. The NDIA continues to:

- publish data and insights to inform the market;
- improve price control arrangements to enable providers to recover the costs of delivering supports in remote locations;
- undertake provider communication and education activities; and
- manage provider exits for continuity of supports for participants.

At its December 2019 meeting, the Disability Reform Council (DRC) agreed to trial projects to test approaches to address market gaps.

The Thin Market trials are being implemented in each state and territory, focusing on the different issues behind plan underutilisation.

The Thin Market trials are informed by data to understand where the gaps are, to inform current and potential providers of opportunities, and to see improvements to plan utilisation as a result of market interventions.

Participant and Family/Carer outcomes

Comparing the experience of participants
living in different remoteness areas

Measures of participant outcomes



- Measures of participant outcomes are based on longitudinal analysis using the data collected from the Short Form Outcomes Framework Participant Survey, Short Form Outcomes Framework Family of Participant Survey and Participant Satisfaction Survey.
- Longitudinal analysis follows the same group of participants and compares their baseline and later review responses (baseline outcomes and longitudinal changes).
- For the Participant Survey Age 0 to Starting School and Family/Carers Survey Age 0 to 14 and Family/Carer Survey Age 25 and Over, responses from participants who have completed this questionnaire up to their first review are included. For other surveys, responses from participants who have completed the questionnaire up to second review and further are included.

Baseline outcomes

- Measures how participants are going at their point of entry into the NDIS. This is to establish the standard against which outcome impacts from subsequent periods are measured.

Longitudinal changes

- Describes how outcomes have changed for participants between the point of entry into the NDIS and after each year in the Scheme. Changes are quoted in percentage points.
- Tests of statistical significance of longitudinal changes are conducted. Small numbers of responses can affect whether a change is identified as significant. The Remote and Very Remote areas in particular will be affected by a smaller volume of responses.

Measures of participant outcomes



Has the NDIS helped?

- Measures whether participants think that the NDIS has helped in areas related to specific outcome domains.
- This information has been collected after each year of participation. The reporting is cross-sectional, which means the aggregate data is taken at each response point. Participants with a response at first or second review are included.
- Changes between review points are quoted in percentage points. The comparisons are not for the exact same group of respondents at each review point and this may cause some volatility.

Participant satisfaction

- Measure at four primary stages of participant pathway: Access, Pre-planning, Planning and Plan Review.

Further information

- Questions are shown where meaningful differences are observed between remoteness areas. Additional analysis is available in the Participant outcomes report and Family and carers outcomes report on the NDIS website.

Outcome domains

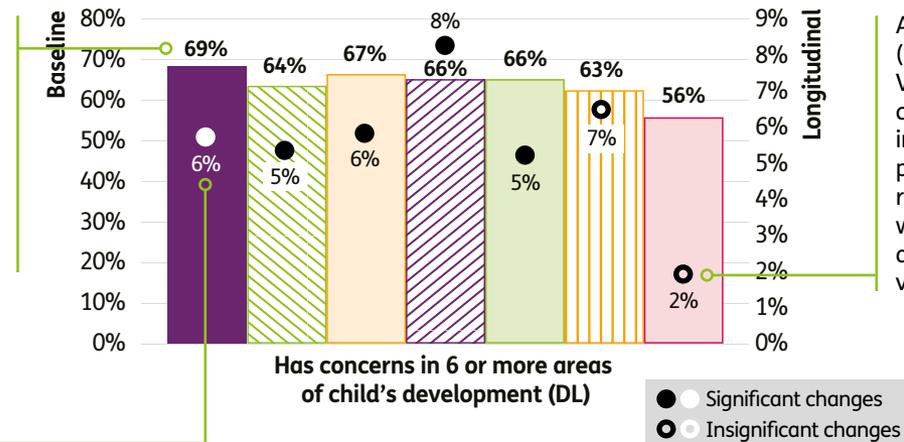
Outcomes are analysed to understand how participants and their families and carers are progressing in different areas (domains) of their lives. The domains that are relevant to the participant differ by age group:

Domain Name	Children 0 to before starting school	Children starting school to age 14	Young adults 15 to 24	Adults 25 and over
Daily living (DL)	✓	✓	✓	✓
Choice and control (CC)	✓	✓	✓	✓
Relationships (REL)	✓	✓	✓	✓
Social, community and civic participation (S/CP)	✓	✓	✓	✓
Lifelong learning (LL)		✓	✓	✓
Health and wellbeing (HW)			✓	✓
Home (HM)			✓	✓
Work (WK)			✓	✓

How to read outcomes

The chart below represents the data of participants at baseline level prior to entering the Scheme and the changes that participants reported at first or second review, i.e. longitudinal outcomes. The baseline data of participants who answered “Yes” to the Short Form Outcomes Framework (SFOF) survey is represented by the bar chart with the primary y-axis on the left. The change of responses collected at first or second review is represented by the overlaying scatter plot with a secondary y-axis on the right. Changes that are statistically significant are marked by full dots, whereas changes that are not statistically significant are marked by hollow dots.

In Major Cities, 69% of respondents indicated upon entering the Scheme (“baseline”) they had concerns in 6 or more areas of the child’s development. The respondents included in the graph are only those that also responded at the first review (see longitudinal comments).



After one year in the Scheme (“first review”), respondents in Very Remote areas that had concerns in 6 or more areas had increased by two percentage points compared to the baseline responses. However, this change was not statistically significant and therefore could be random variation.

After one year in the Scheme (“first review”), respondents in Major Cities that had concerns in 6 or more areas had increased by six percentage points compared to the baseline responses. This change was statistically significant.

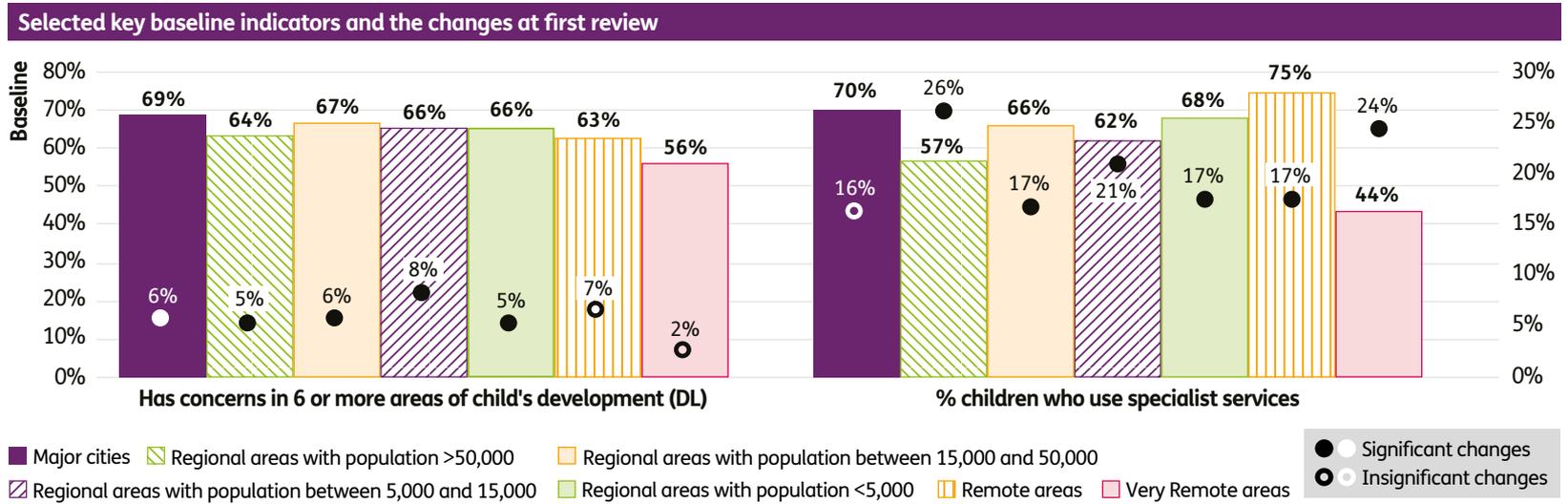
- Major cities
- ▨ Regional areas with population >50,000
- ▨ Regional areas with population between 15,000 and 50,000
- ▨ Regional areas with population between 5,000 and 15,000
- ▨ Regional areas with population <5,000
- ▨ Remote areas
- Very Remote areas

Participants

aged 0 to starting school

Participants aged 0 to starting school

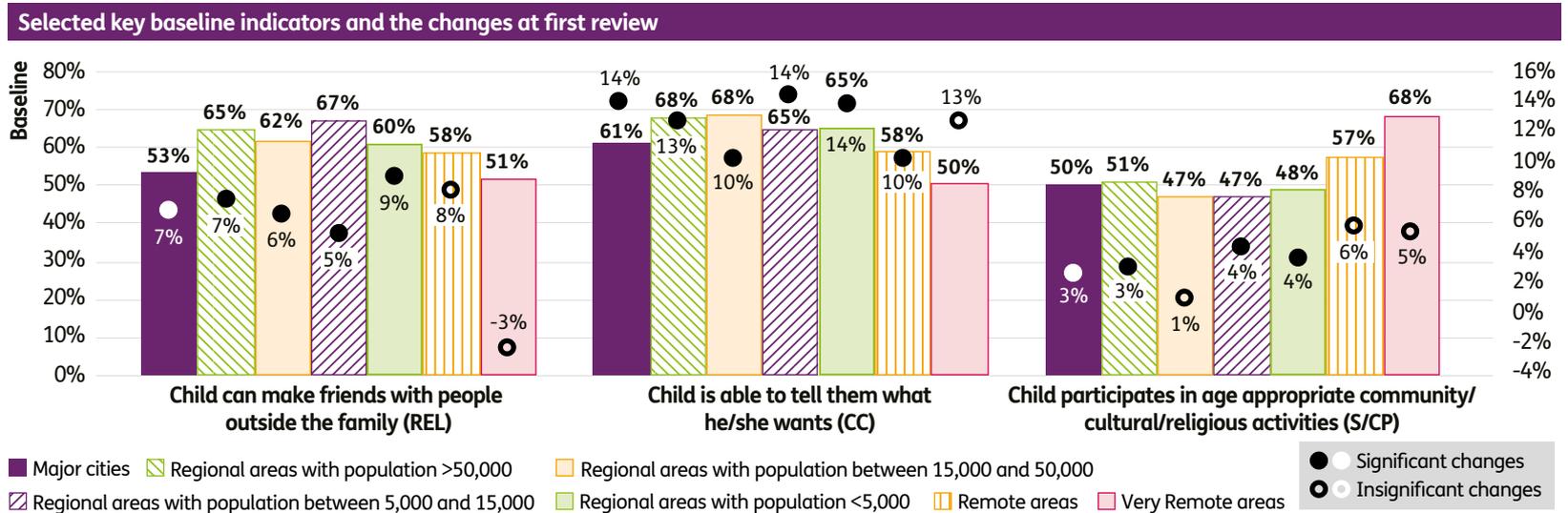
Outcomes



- At baseline, participants living in regional and Remote areas have similar proportions with regards to having concerns in six or more areas of the child's development, but these are lower than Major Cities and higher than Very Remote. At second review, there has been a five per cent or above statistically significant increase in this proportion for participants living outside Remote and Very Remote areas.
- The baseline proportion of families of participants in the age group of 0 to school age who accessed specialist services is highest in Remote areas at 75%, followed by Major Cities at 70%, regional areas which range from 57% to 68% and Very Remote areas at 44%. At second review, there has been an across the board increase in the proportion of families who use specialist services, with the highest increase in the large regional areas where population is greater than 50,000, which reports 26% rise in the delivery of specialist services, closely followed by Very Remote areas which have increased 24%. These areas both had a lower starting point in terms of the proportion of children using specialist services.

Participants aged 0 to starting school

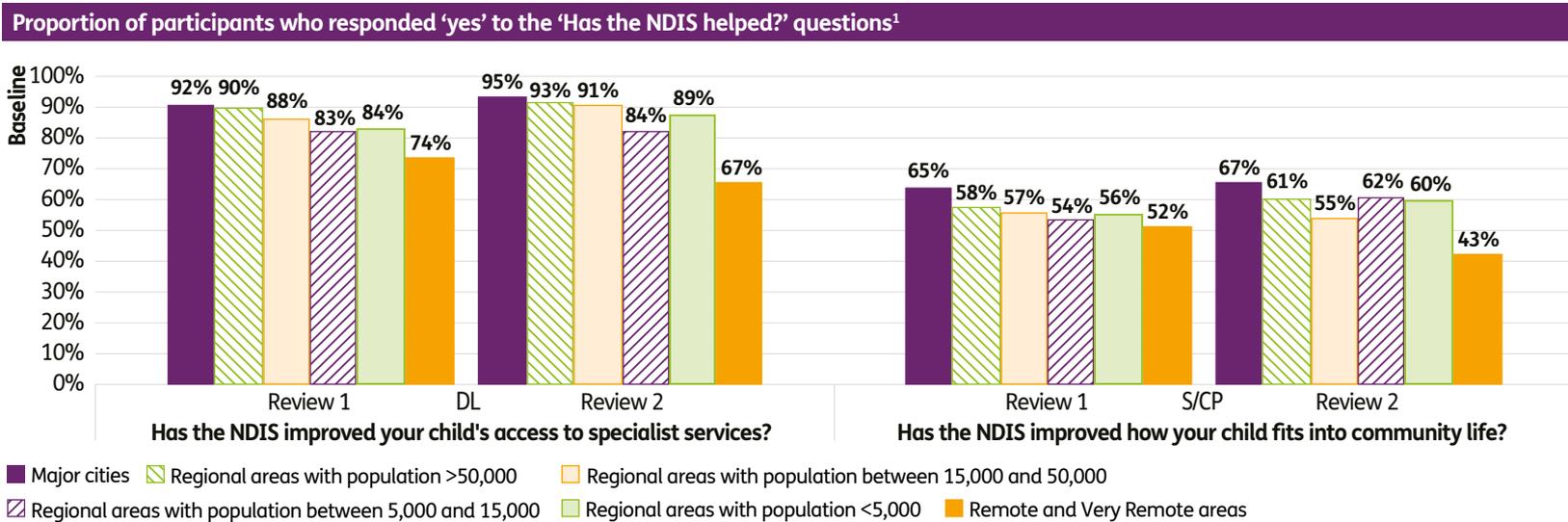
Outcomes



- At baseline, comparing by areas of remoteness, a relatively higher proportion of the children living in the regional areas were able to tell parents what they wanted (65% to 68%), and make friends with people outside of the family (60% to 67%). Both these metrics increased for Major Cities and regional areas at second review, between ten and fourteen percent for those who could tell parents what they wanted, and five to nine percent for making friends outside of family.
- Also at baseline, there is a notable difference in the proportion of the participants living in the Very Remote areas participating in age appropriate community, cultural or religious activities, at 68%. This compares with 57% for Remote areas and 47% to 51% for Major Cities and regional areas. Generally in areas outside the Remote and Very Remote areas, participants experienced a statistically significant improvement at second review in the participation in age appropriate social or community activities, improving between three and four percent.

Participants aged 0 to starting school

Has the NDIS helped?



- At first review 74% of participants in Remote and Very Remote areas think the NDIS has improved the child’s access to specialist services, compared with between 83% and 90% in regional areas and 92% in Major Cities. Between the first and second plan review, lower proportions of parents and carers living in Remote and Very Remote areas felt the NDIS has helped improve their child’s access to specialist services, with seven percent decrease.
- In addition to the questions shown, for questions about whether the NDIS had helped with the child’s development, ability to communicate what they want and how the child fits into family life, a similar pattern was observed, with Major Cities having the highest positive response and Remote and Very Remote relatively lower.

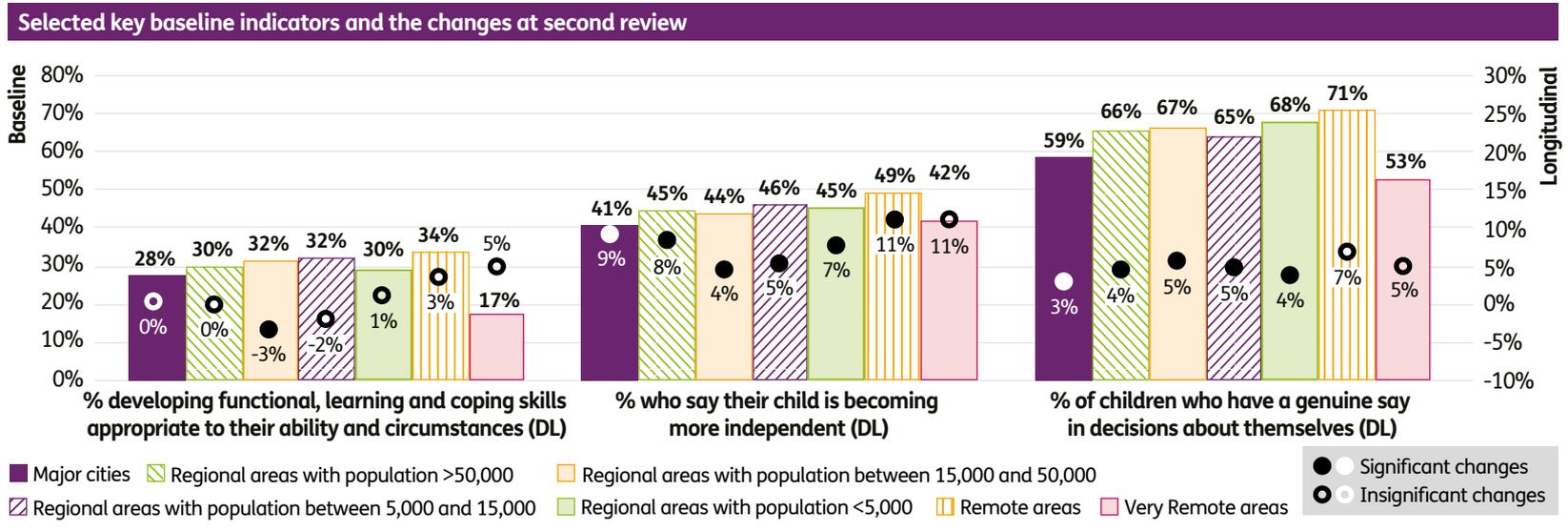
¹ Data from Very Remote and Remote areas have been combined due to small numbers.

Participants

from starting school
to age 14

Participants from starting school to age 14

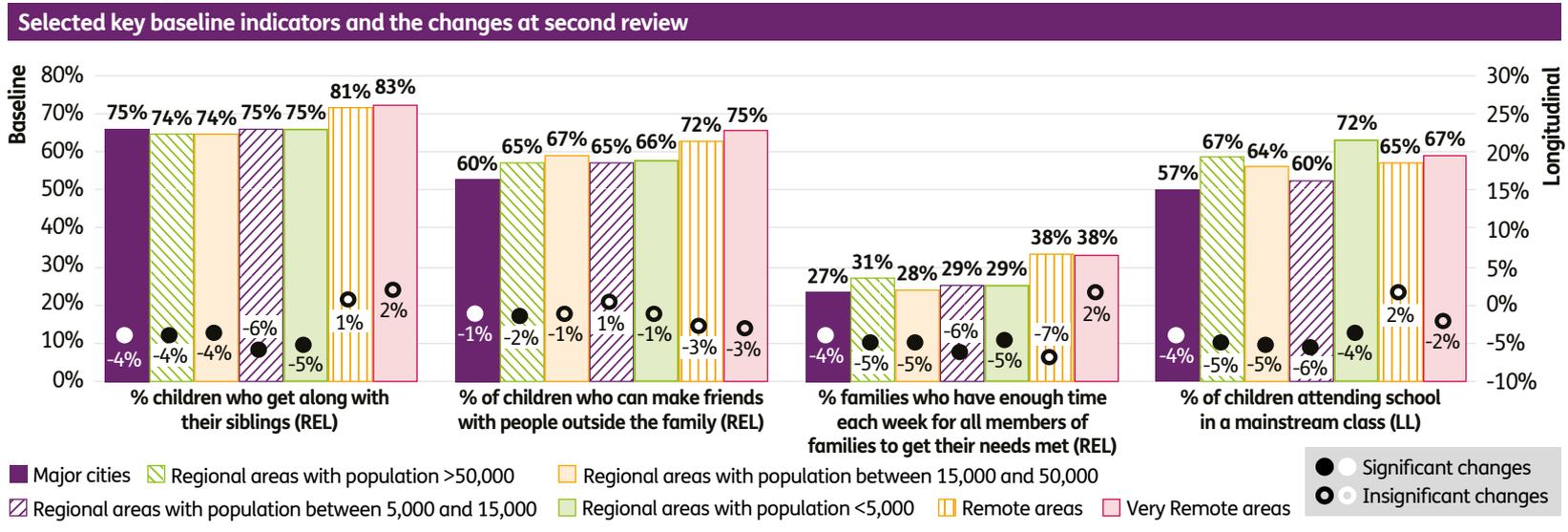
Outcomes



- At baseline, compared to Major Cities and Very Remote areas, a relatively higher proportion of families living in Remote areas and regional areas said their child was developing skills appropriate to their ability, becoming more independent and had a genuine say in decisions about themselves. In particular, the proportion who have a genuine say in decisions ranged from 65% to 71% in regional areas and Remote areas, compared with 59% in Major Cities and 53% in Very Remote areas.
- At second plan review, there has been an up to eleven per cent statistically significant increase in the proportion of parents/carers in areas outside the Very Remote areas who said their child is becoming more independent, and a statistically significant increase of up to five per cent in the proportion of children from regional areas and Major Cities who have a genuine say in decisions about themselves. Changes in the Very Remote areas were not statistically significant due to low numbers.

Participants from starting school to age 14

Outcomes

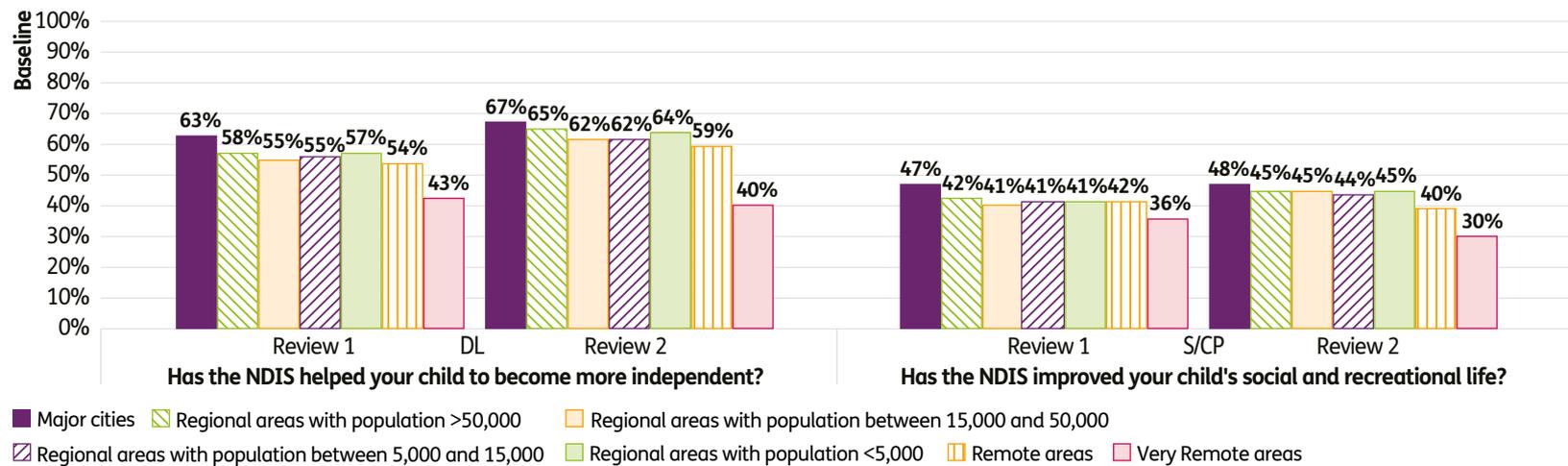


- Children living in Remote and Very Remote areas had better relationship outcomes compared to those living in Major Cities and regional areas. At baseline, in the Remote and Very Remote areas, a relatively higher proportion of children got along with their siblings (81% and 83% for Remote and Very Remote, respectively, compared with 75% in Major Cities). Also, a higher proportion of the families had enough time each week to meet the needs of all family members (38% for Remote and Very Remote, compared with 27% in Major Cities) and could make friends with people outside the family (72% and 75% for Remote and Very Remote, respectively, compared with 60% in Major Cities).
- 57% of the children with disability living in Major Cities attended a mainstream class, compared with 60% to 72%, otherwise.
- At second plan review, there have been reductions for Major Cities and regional areas for families who have enough time to meet the needs of every member (up to six percent), the proportion of children attending school in a mainstream class (four to six percent) and the proportion of children who get along with siblings (four to six percent).

Participants from starting school to age 14

Has the NDIS helped?

Proportion of participants who responded 'yes' to the 'Has the NDIS helped?' questions

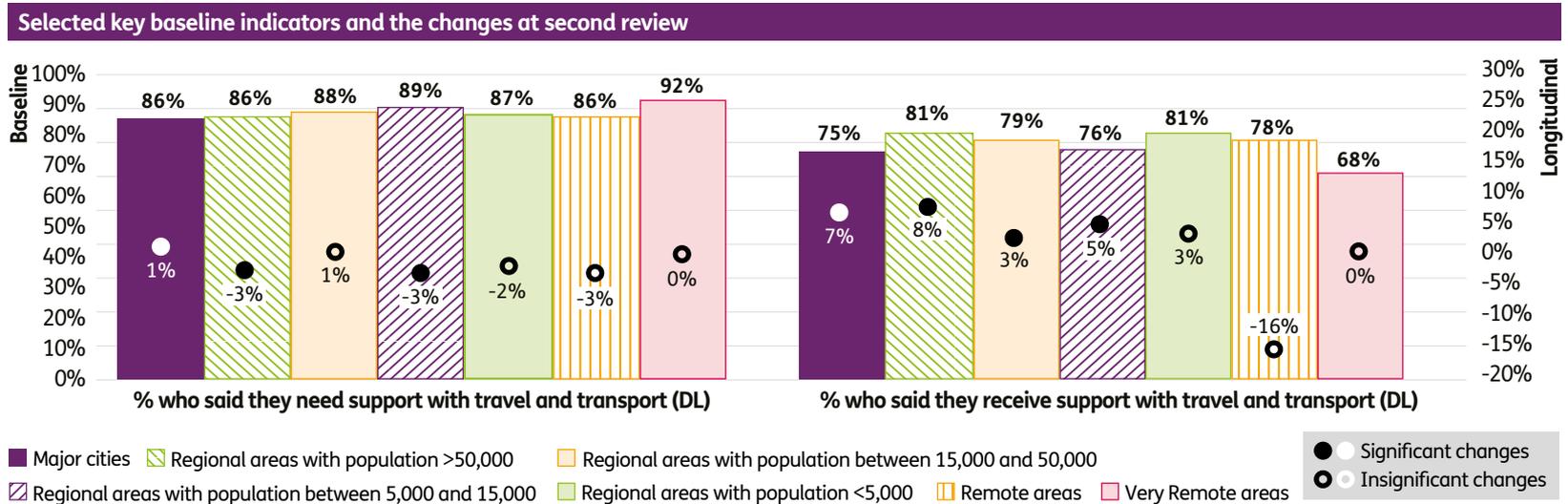


- The proportion of the parents and carers who said NDIS has helped in independence is highest in the Major Cities, with first review responses indicating 63%, compared with Very Remote areas, at 43% for first review. Comparing first and second review, an increased proportion of parents and carers believed NDIS has helped their child to become more independent except for Very Remote areas.
- At first review, the proportion of the parents and carers who reported NDIS has helped their child’s social and recreational life is the highest in Major Cities (47%) and lowest in Very Remote areas (36%). From first review to second review, there has generally been an increase between one and four percent in this proportion for Major Cities and regional areas.
- In addition to the questions shown, for questions about whether the NDIS had helped with the child’s access to education and relationships with family and friends, a similar pattern was observed, with Major Cities having the highest positive response and Remote and Very Remote relatively lower.

Participants
aged 15 to 24

Participants aged 15 to 24

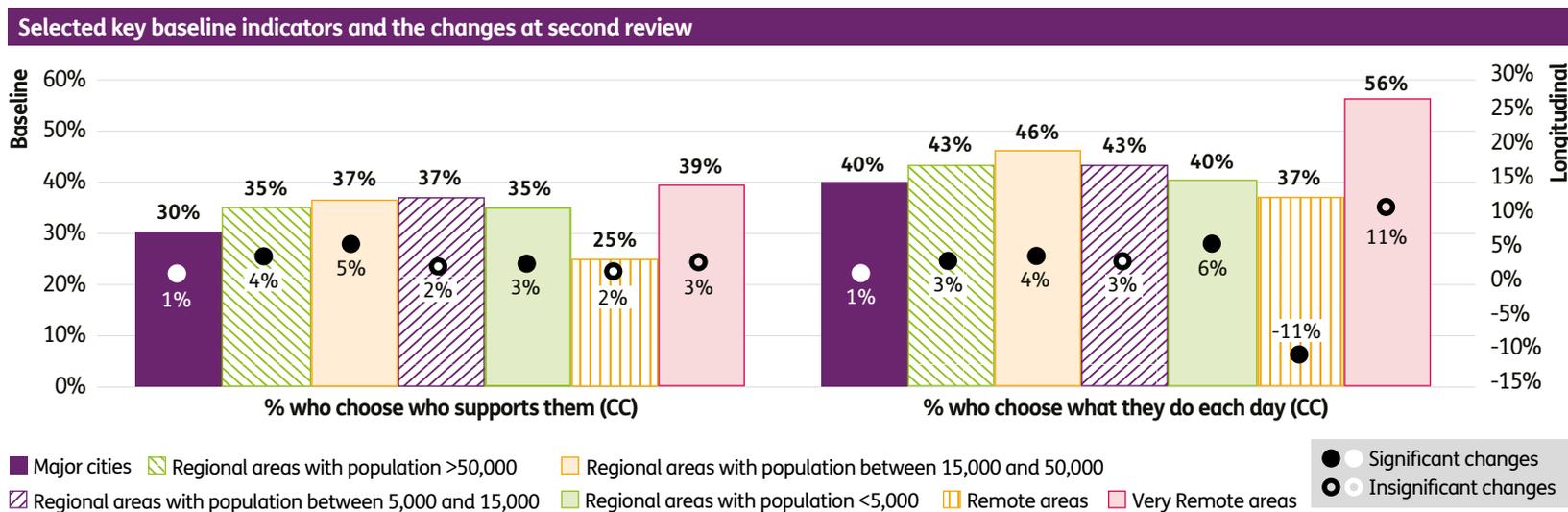
Outcomes



- Above 85% of participants across all remoteness areas said they need support with travel and transport. Very Remote participants show the highest proportion at 92%. However, 68% of Very Remote participants who said they need support, received such supports compared to above 75% in other remoteness areas.
- At second plan review, participants who live in Major Cities and larger regional areas experience up to an eight per cent increase in the proportion receiving support with travel and transport.
- Data on other areas of Daily Living are also collected, including domestic tasks, personal care, communication, getting out of the house, financial management, reading and/or writing and technology. There were not consistent patterns in terms of needing support in these areas. However, a number of questions showed the Very Remote areas having a lower proportion that received support, even where there was not otherwise a consistent downward trend. It is not known if this is due to the relatively small number of participants surveyed.

Participants aged 15 to 24

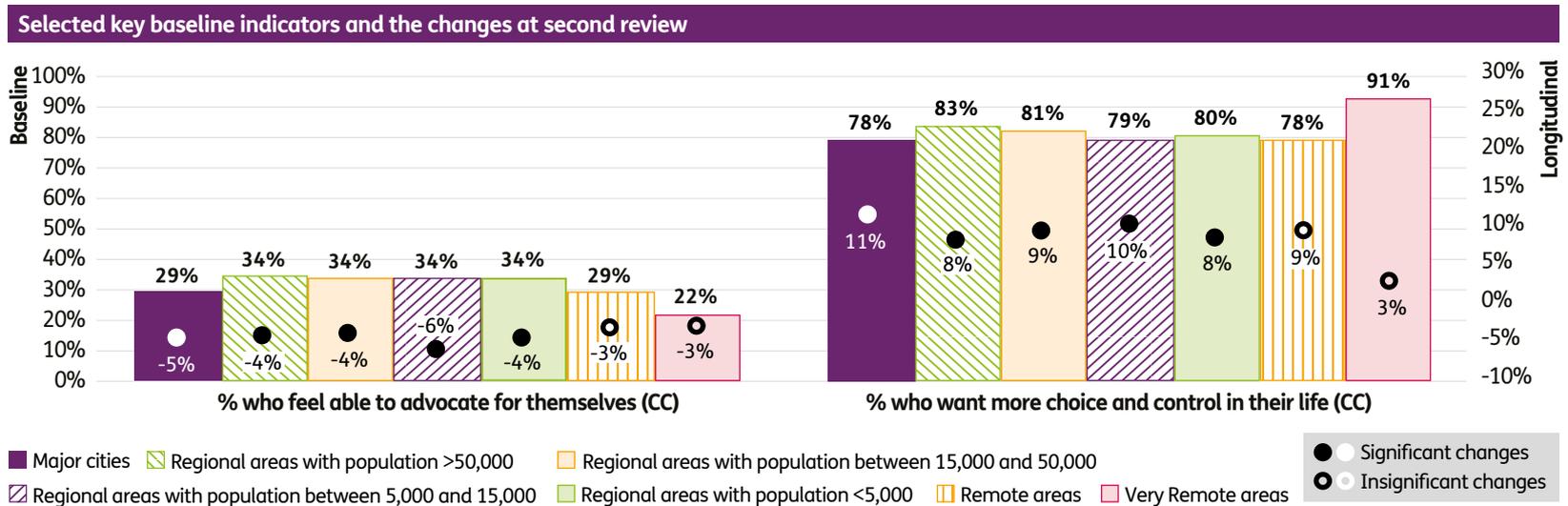
Outcomes



- In the domain of Choice and Control, at baseline, comparing by areas of remoteness, between 35% and 39% of the participants living in Very Remote areas and regional areas chose who supported them, compared with 30% in Major Cities and 25% in Remote areas. 56% of participants in Very Remote areas chose what they wanted to do every day, compared with 46% or less in other remoteness areas.
- At second plan review, participants aged 15 to 24 who live in regional areas with population above 15,000 had shown improvement of four to five percent in terms of the proportion who choose who supports them. In addition, those in regional areas with population below 5,000 showed six per cent statistically significant improvement in terms of choosing what they do each day. An 11% reduction in choosing what they do each day is observed for participants living in Remote areas.

Participants aged 15 to 24

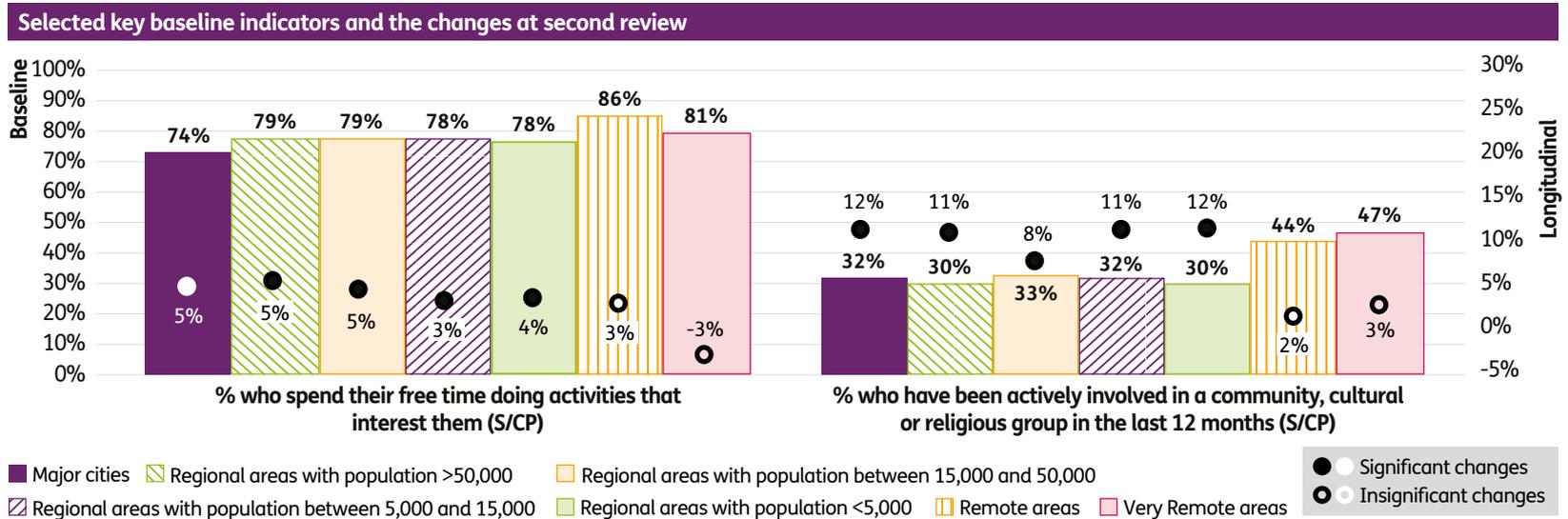
Outcomes



- Overall around a third of participants felt they were able to advocate for themselves, and more than 78% of participants want more choice and control in their lives.
- Comparing by areas of remoteness, the Very Remote areas have the lowest proportion of participants who felt they could advocate for themselves at 22% compared with 34% for regional areas, and 29% in Major Cities and Remote areas.
- At second plan review, there has been a consistent reduction between four and six percent in the proportion of participants who were able to advocate for themselves where the change is statistically significant (Remote and Very Remote areas are not statistically significant).

Participants aged 15 to 24

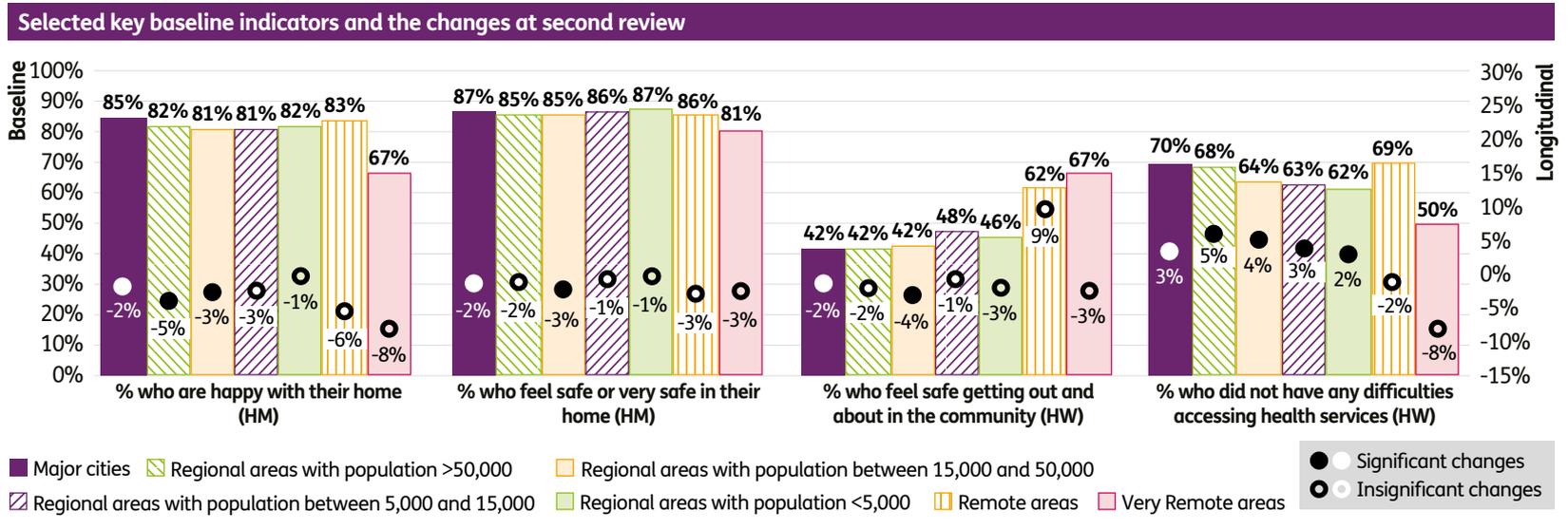
Outcomes



- At baseline, the proportion actively involved in community/cultural/religious activities was 44% and 47% for Remote and Very Remote areas, compared with 32% in Major Cities.
- At second plan review, there is a statistically significant increase between eight to twelve per cent in participants who express engagement in social/community groups in the last 12 months for all remoteness areas except for participants living in Remote and Very Remote areas. A majority of remoteness areas also showed a statistically significant increase in the proportion of participants who spent free time doing activities that interested them of between three and five percent.

Participants aged 15 to 24

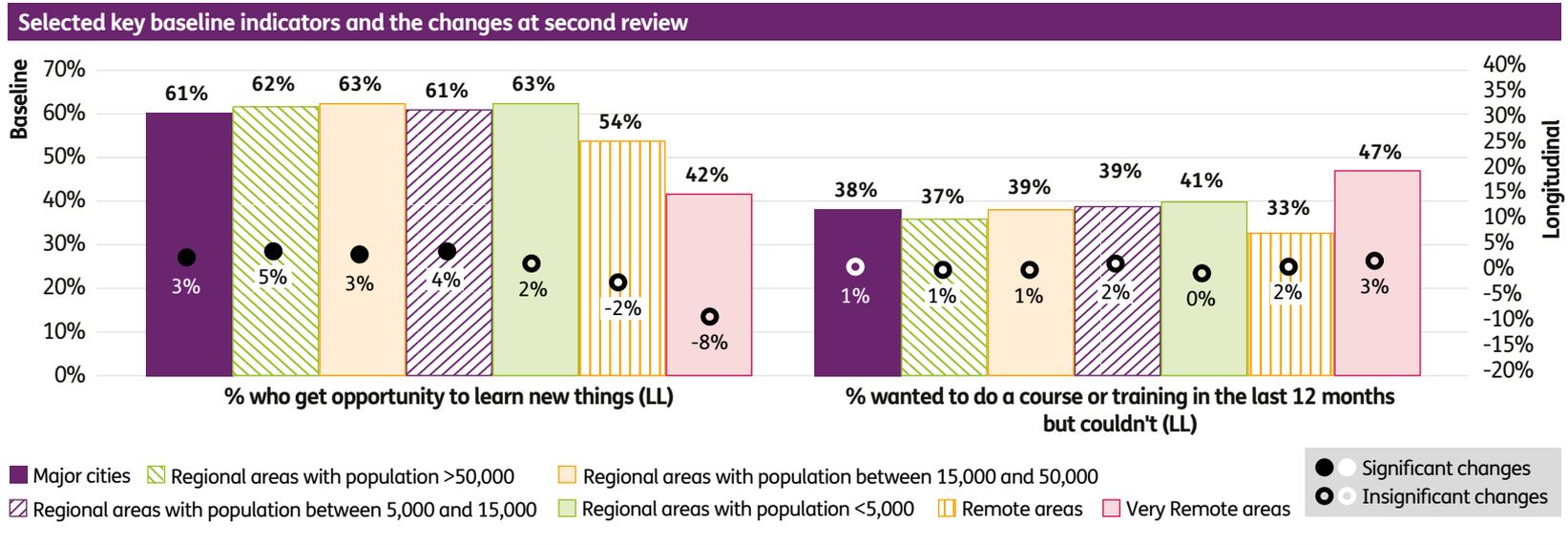
Outcomes



- Generally, 80% or more of participants at baseline were happy with their home and felt safe or very safe in their home. The Very Remote areas have the lowest proportion of participants who felt happy with their home and felt safe in their home at 67% and 81%, respectively. Remote areas were on par with Major Cities in terms of positive home outcomes.
- At baseline, a lower proportion of participants at 42% to 48% for Major Cities and regional areas felt safe getting out and about in the community. Remote and Very Remote areas were higher at 62% and 67%, respectively.
- A lower proportion of participants at baseline living in Very Remote areas reported having no difficulties accessing health services at 50% compared to major cities at 70%.
- At second plan review, key changes that were statistically significant included decreases in the proportion of participants that were happy with their home for the larger remoteness areas (Major Cities, regional areas with population greater than 15,000), and increases in the proportion that did not have difficulties accessing health services for remoteness areas other than Remote and Very Remote.

Participants aged 15 to 24

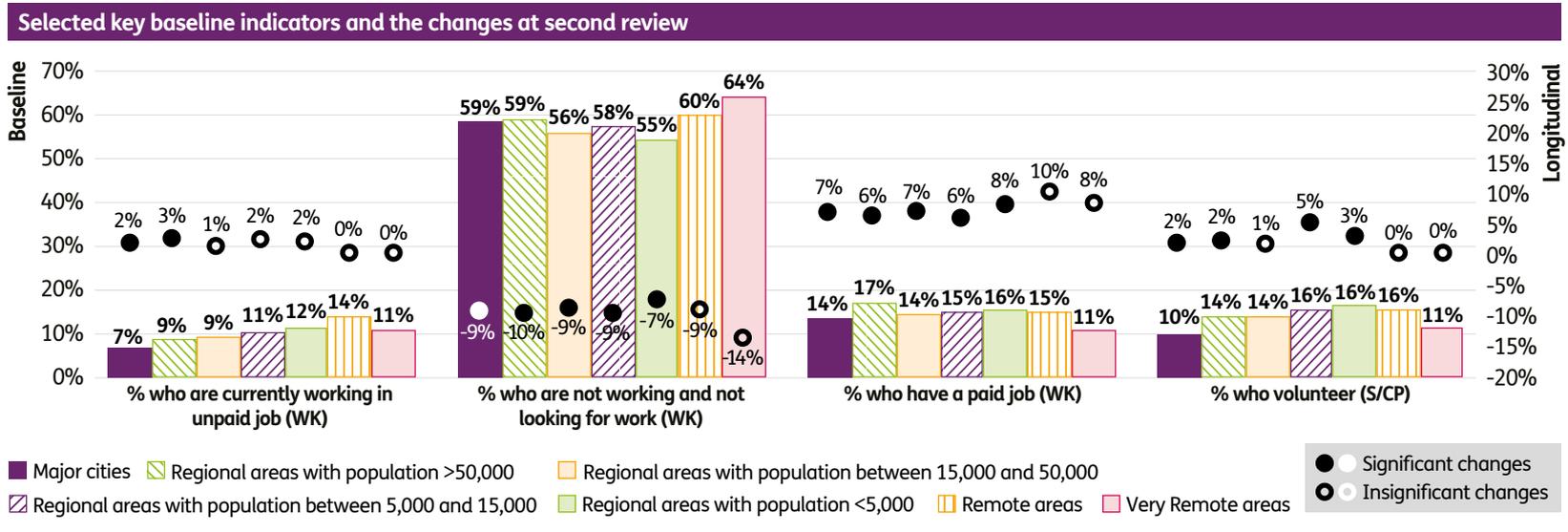
Outcomes



- At baseline, around 40% of participants wanted to do a course or training in the last 12 months but couldn't. This proportion was 47% in Very Remote areas.
- At second plan review, Major cities and all regional areas greater than 5,000 indicate up to five per cent statistically significant increase in proportions who were given the opportunity to learn new things.

Participants aged 15 to 24

Outcomes

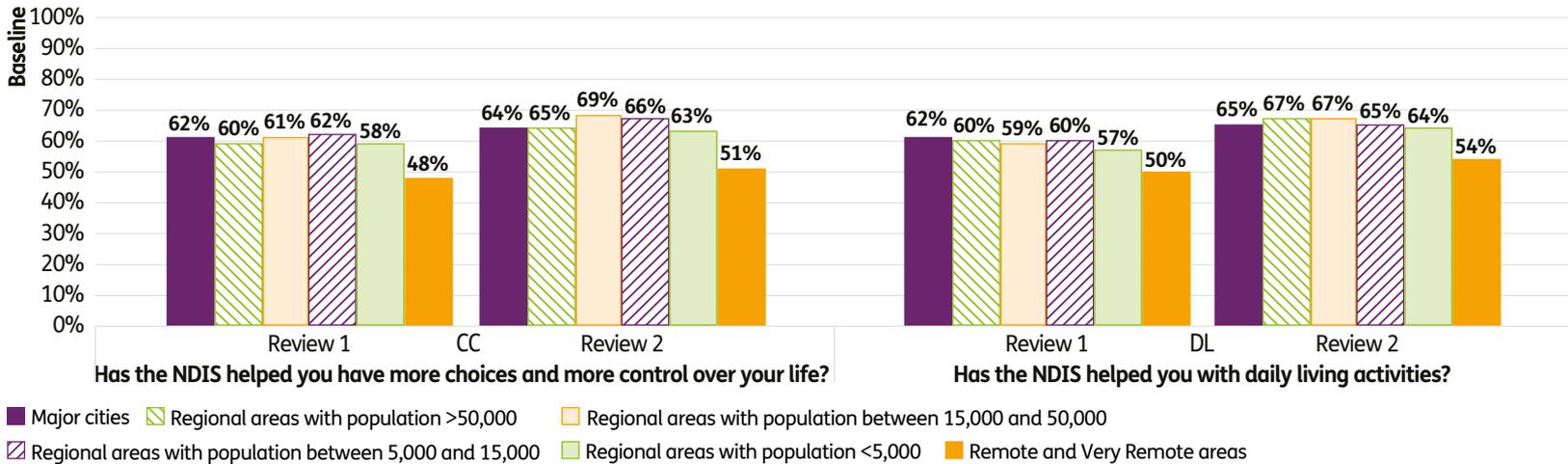


- Comparing by areas of remoteness at baseline, participants in the Very Remote areas have the highest proportion of not working and not looking for work at 64% compared with between 55% and 60% otherwise. Conversely, Very Remote areas have the lowest proportion in paid jobs and relatively lower proportion in volunteering, at 11% each, compared with between 10% and 17% for each question in other areas. However, regional areas with population greater than 50,000 participants had the highest proportion in paid jobs at 17% and Remote areas and regional areas with population below 15,000 had the highest proportion for those who volunteer at 16%. Regional areas below 15,000, Remote and Very Remote areas have the highest proportions working in unpaid jobs at between eleven and fourteen percent.
- At second plan review, an increasing percentage of participants are working in a paid job, with statistically significant changes between six and eight per cent in Major Cities and regional areas.

Participants aged 15 to 24

Has the NDIS helped?

Proportion of participants who responded 'yes' to the 'Has the NDIS helped?' questions¹



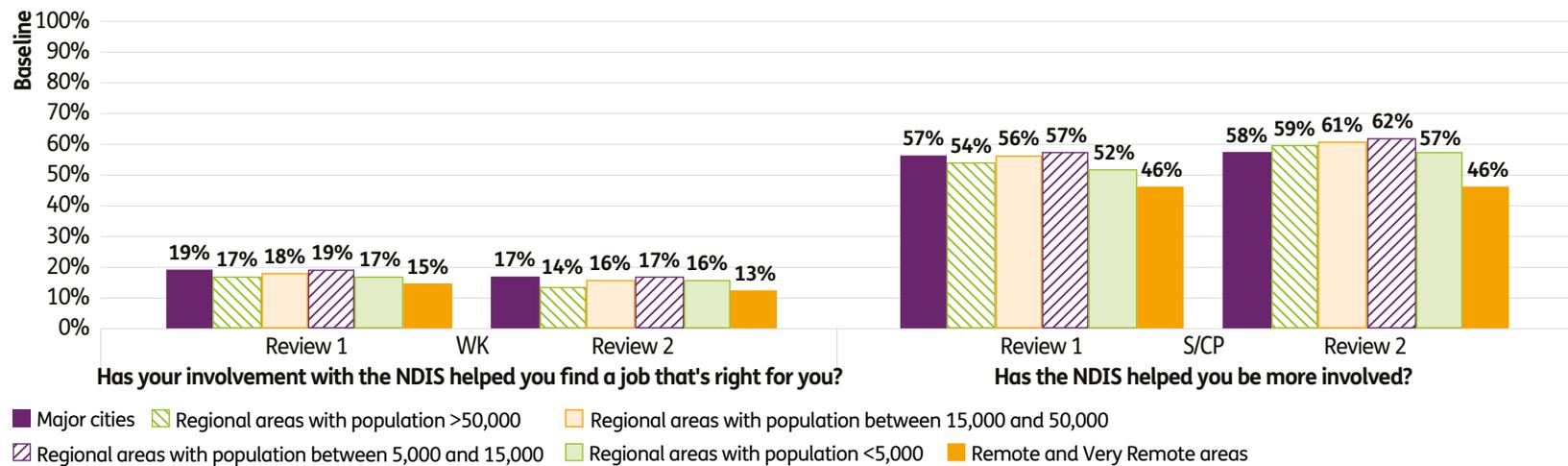
- Comparing by areas of remoteness, the proportions of the participants living in Remote and Very Remote areas who said NDIS has helped were notably lower than other areas. At first review, the proportion responding positively to how the NDIS has helped increase choice and control was 48% for Remote and Very Remote, compared with 58% or higher for other areas. The proportion responding positively regarding daily living was 50% at first review for Remote and Very Remote compared with 57% or higher otherwise.

¹ Data from Very Remote and Remote areas have been combined due to small numbers.

Participants aged 15 to 24

Has the NDIS helped?

Proportion of participants who responded 'yes' to the 'Has the NDIS helped?' questions¹



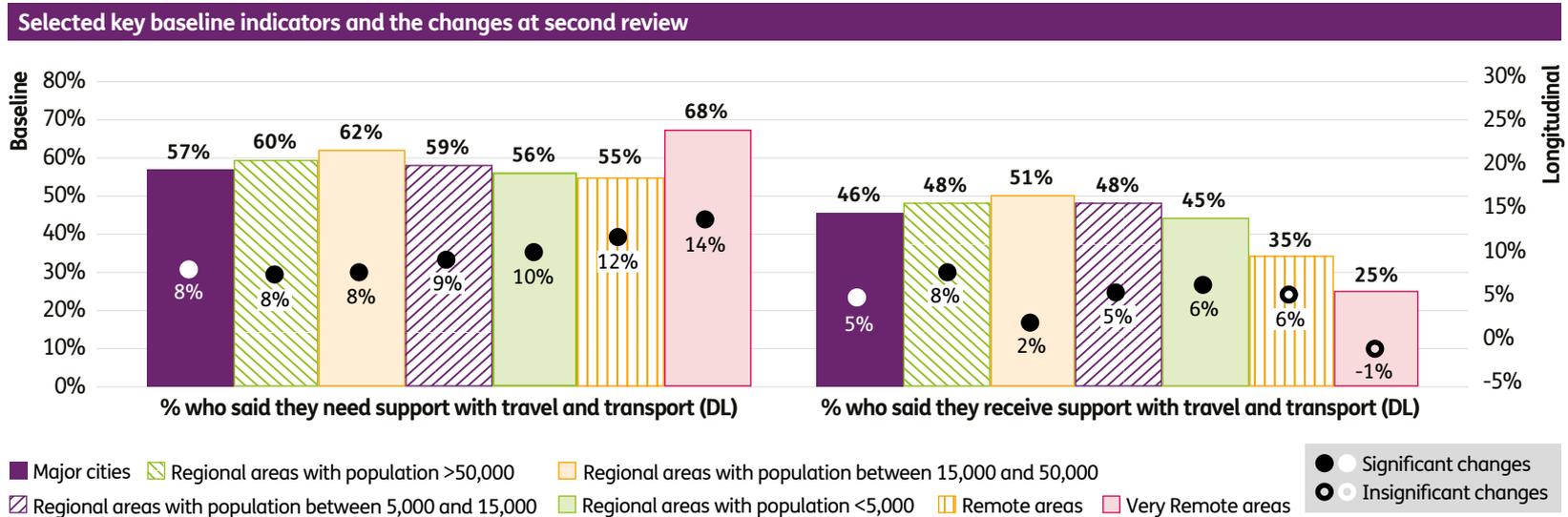
- Comparing by areas of remoteness, the proportions of participants who said NDIS helped are the lowest in the Remote and Very Remote areas. At first review, 15% of participants in Remote and Very Remote areas responded that NDIS had helped find a job that was right, compared with 17% to 19% elsewhere, and 46% responded that NDIS helped them be more involved, compared with 52% to 57% elsewhere.
- In addition to the questions shown, responses to Has the NDIS Helped? across domains for Relationships, Home, Health & Wellbeing, and Lifelong learning show a reduction in positive response rate with increasing remoteness.

¹ Data from Very Remote and Remote areas have been combined due to small numbers.

Participants aged 25 and over

Participants aged 25 and over

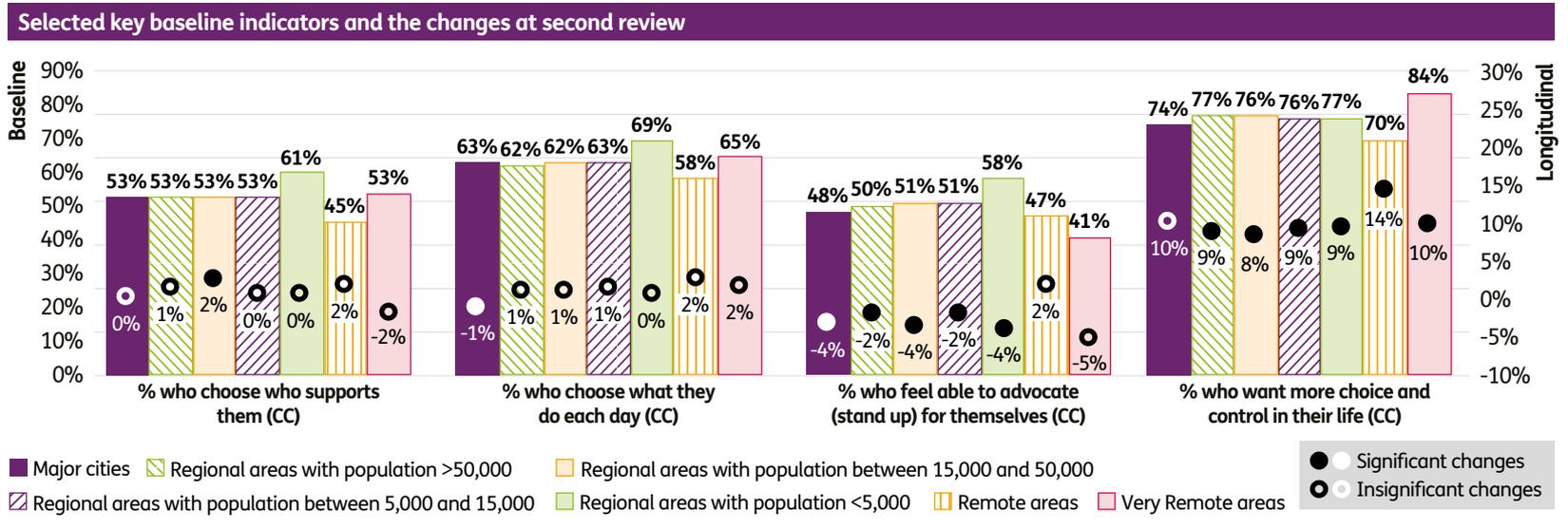
Outcomes



- The proportion of participants who said they need support with travel and transport is highest in the Very Remote areas (68%) compared to other areas (55-62%). For those who need support, the percentage who receive support with travel and transport is also the lowest in the Very Remote (25%) and Remote (35%) areas compared to other areas (45% to 51%). At second plan review, a significant increase in participants who receive support in transport and travel has been observed in Major cities (5%), and regional areas (2% to 8%).
- Data on other areas of Daily Living are also collected, including domestic tasks, personal care, communication, getting out of the house, financial management, reading and/or writing and technology. There were in many cases not clear differences by remoteness in terms of needing support in these areas. However, a number of questions showed the Very Remote areas having a lower proportion that received support, even where there was not otherwise a consistent downward trend. It is not known if this is due to the relatively small number of participants surveyed.

Participants aged 25 and over

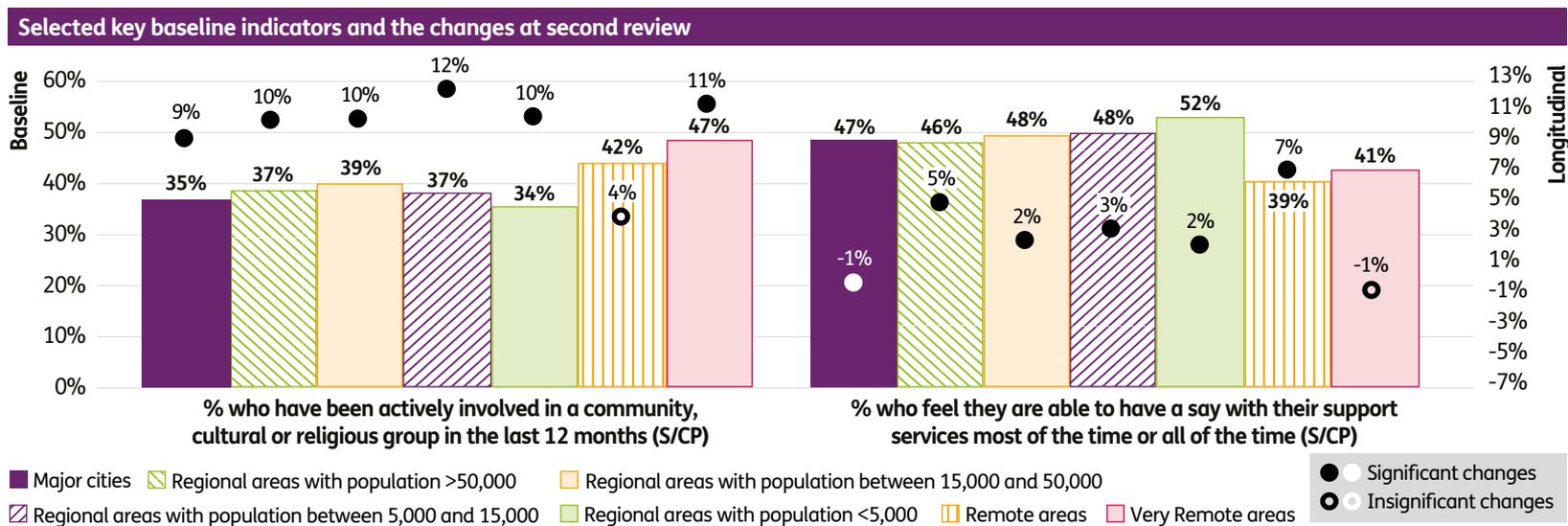
Outcomes



- At baseline, the proportions of participants who can advocate for themselves are the lowest in Very Remote areas at 41%, followed by participants from Remote areas at 47%.
- At second plan review, there has been a small reduction in regional areas and Major Cities in the proportion of participants who felt able to advocate for themselves of between two and four percent.

Participants aged 25 and over

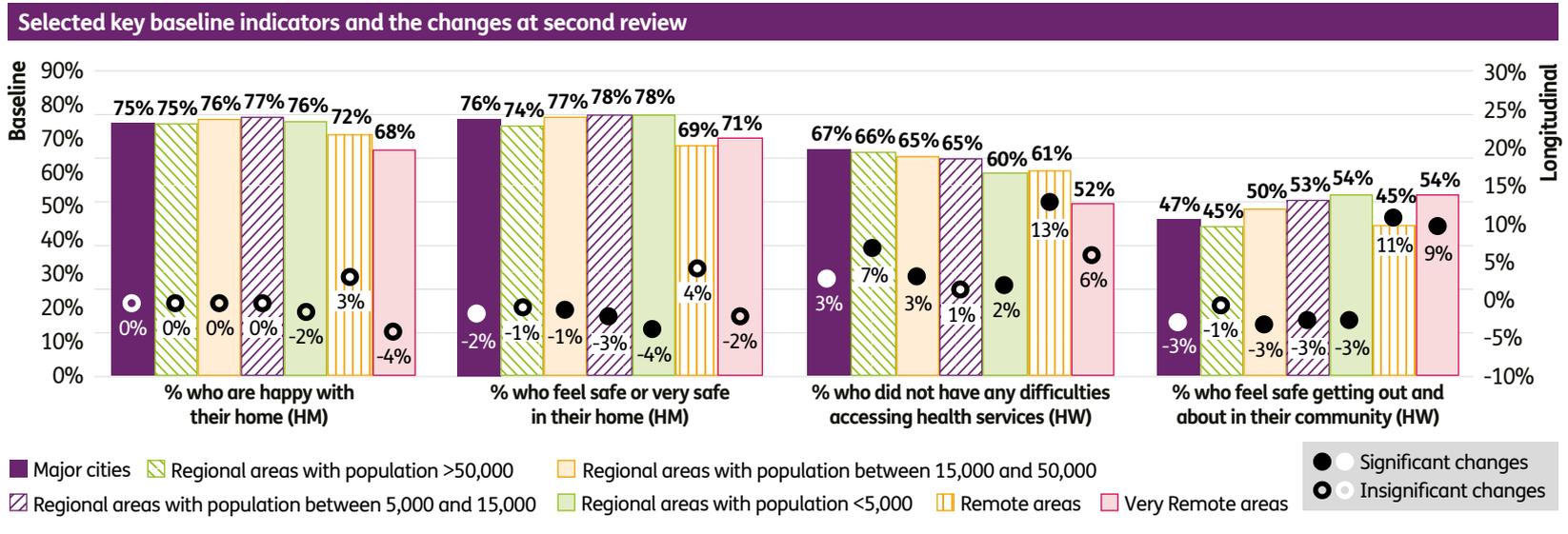
Outcomes



- Comparing by remoteness area, 42% and 47% of the participants living in the Remote and Very Remote areas, respectively, have been actively involved in a community, cultural or religious group in the last 12 months which is relatively high. This proportion is lowest in regional areas with less than 5,000 population at 34%.
- The proportion of participants who felt they were able to have a say with their support services is the lowest in the Remote areas at 39% followed by Very Remote areas at 41%, and other areas ranging from 47% to 52%.
- At second plan review, there is between nine and twelve percent increase in the percentage of participants who have been involved in a community, cultural or religious group in the last 12 months. The increase in positive responses is statistically significant and seen across all areas of remoteness except for the Remote areas.
- At second review, there have been smaller increases of up to seven percent in regional and Remote areas in the proportion of participants who feel they are able to have a say with their support services most or all of the time.

Participants aged 25 and over

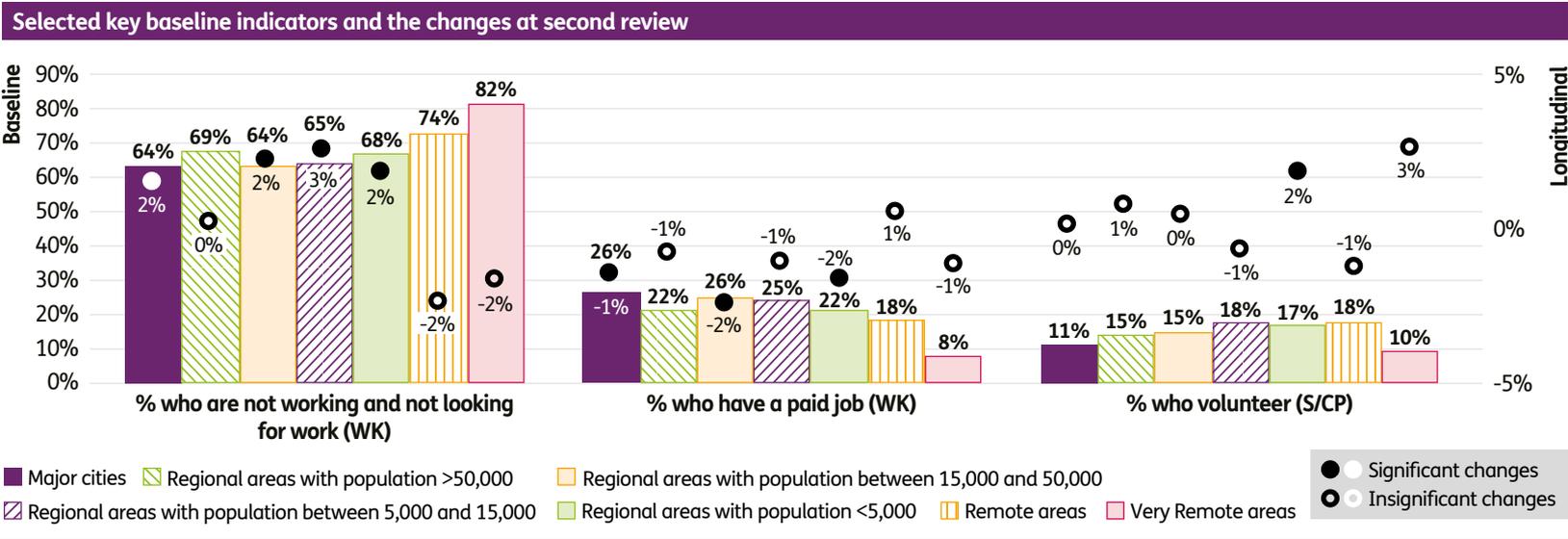
Outcomes



- At baseline, less participants living in the Very Remote and Remote areas were happy with their home at 68% and 72%, compared with 75% to 77% otherwise. Similar variances are observed for those who felt safe or very safe in their home.
- Also at baseline, the proportion of participants who did not have difficulties accessing health services was highest in Major Cities at 67% and lowest in Very Remote areas at 52%.
- At baseline, the proportion of participants who felt safe getting out and about in their community was relatively higher and ranged from 50% to 54% in small to medium regional areas (population up to 50,000) and Very Remote areas. Other areas ranged between 45% and 47%. Outside Remote and Very Remote areas, there was a reduction of up to three percent in participants who feel safe getting out and about in their community. In Remote and Very Remote areas a notable increase in the positive responses in feeling safe to get out and about in their community occurred (nine to eleven percent).

Participants aged 25 and over

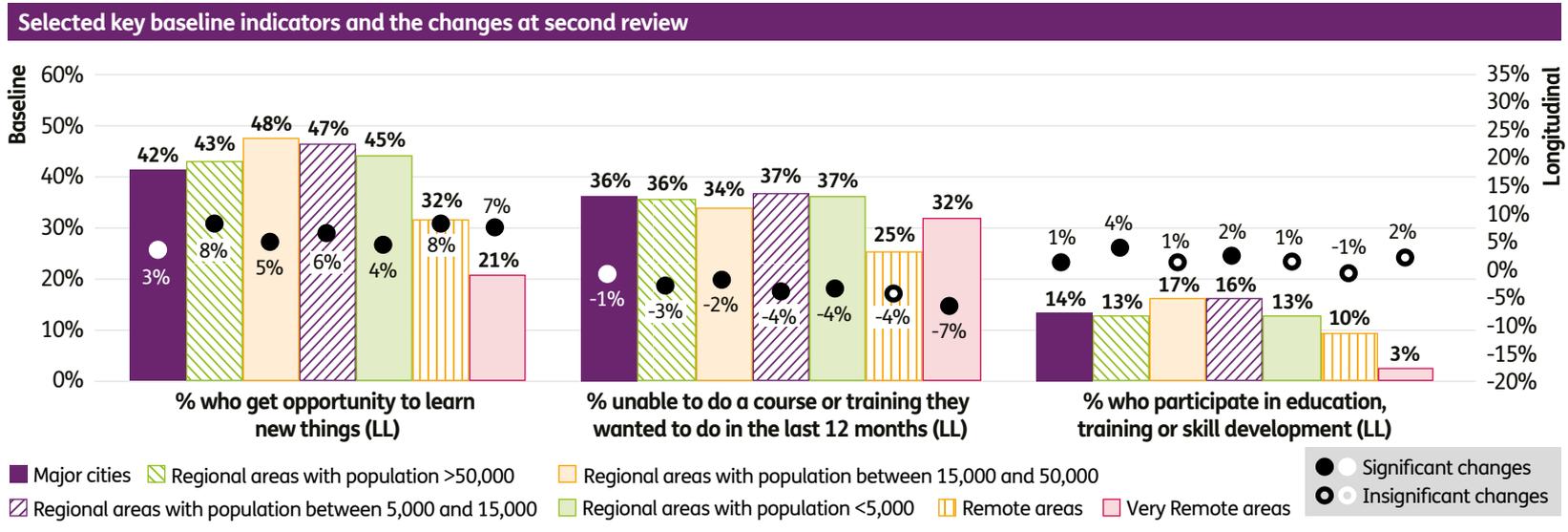
Outcomes



- At baseline, the proportion of participants who are not working and not looking for work is significantly higher in the Very Remote areas at 82% compared with 64% in Major Cities. While the proportion who were working is the lowest in the Very Remote areas at eight percent for paid jobs and 10% for volunteering, the pattern by remoteness was quite different across classifications other than Very Remote. Paid work is highest in Major Cities at 26%, and declines with remoteness. Volunteering is highest in Remote areas and regional areas with population up to 15,000 at around 17% to 18%, declining to 11% in Major Cities.

Participants aged 25 and over

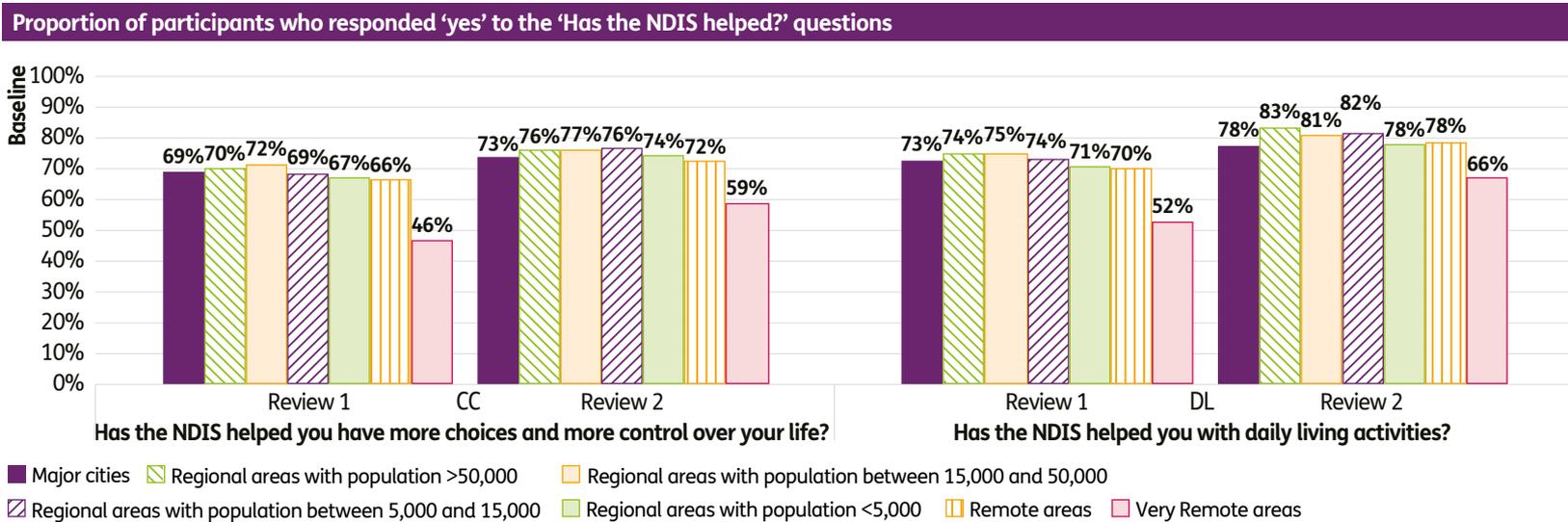
Outcomes



- At baseline, a relatively lower proportion of participants participate in education, training or skill development in Remote and Very Remote areas, at 10% and 3%, respectively. The highest proportion of participants who participate in education, training or skill development comes from areas with population between 15,000 and 50,000 at 17%.
- Participants in Remote and Very Remote areas have a relatively lower proportion at baseline who get an opportunity to learn new things at 32% and 21%, respectively, (compared with 42% or higher in other areas) but also a lower proportion that were unable to do a course or training they wanted to do at 25% and 32%, respectively, (compared to 34% or higher in other areas).

Participants aged 25 and over

Has the NDIS helped?

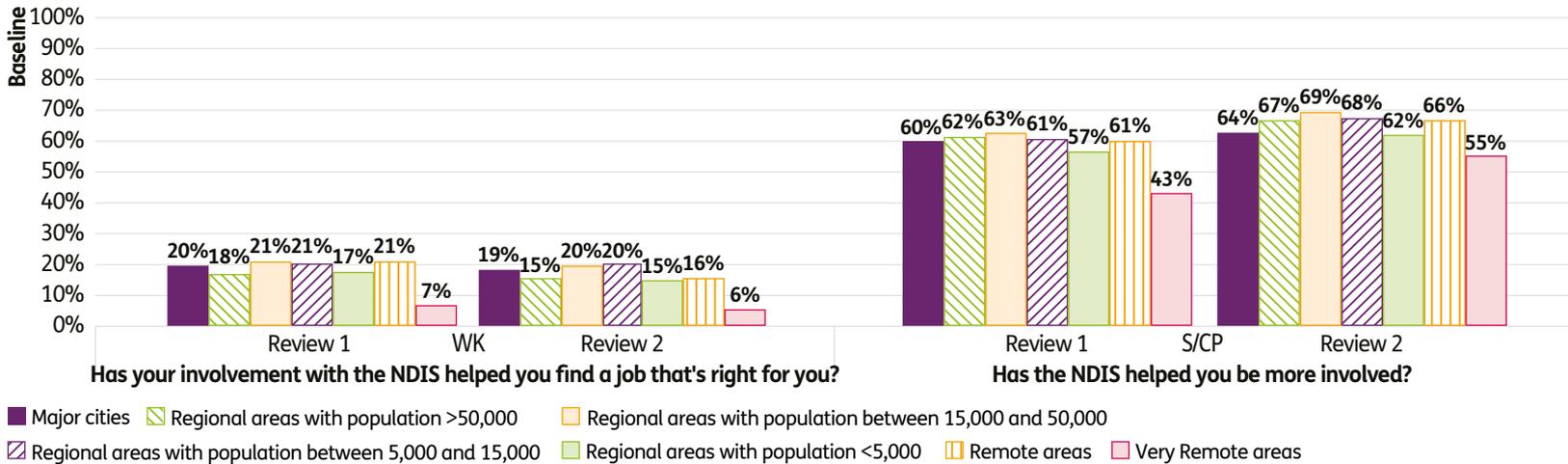


- Comparing by areas of remoteness, the proportions of the participants living in Very Remote areas who said NDIS has helped were notably lower than other areas, but have a higher increase noted between first and second review. Hence, at first review 46% of Very Remote participants said NDIS had helped with choice and control, increasing to 59% at second review. Similarly, 52% of Very Remote participants said NDIS had helped with daily living activities, increasing to 66% at second review.

Participants aged 25 and over

Has the NDIS helped?

Proportion of participants who responded 'yes' to the 'Has the NDIS helped?' questions

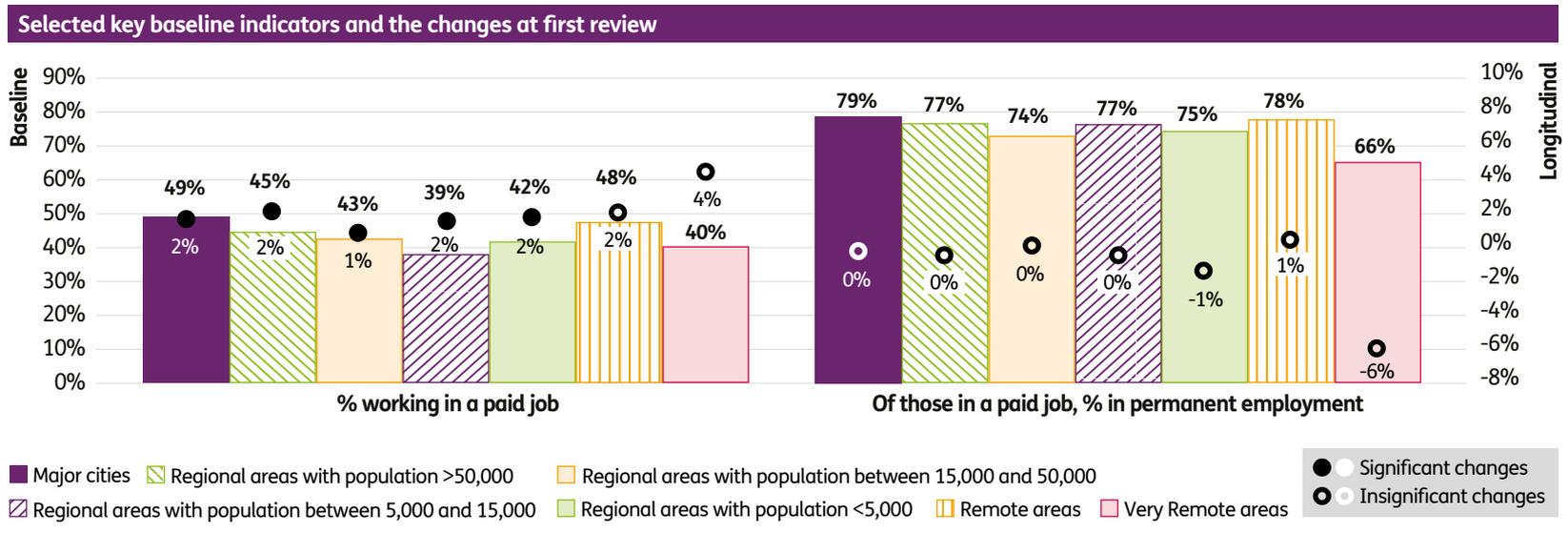


- From first review to second review, the proportion of participants who said their involvement with the NDIS helped them find a job that is right for them has reduced by one to two percent in most areas and reduced by five and three per cent respectively in the Remote and regional areas with population above 50,000.
- In addition to the questions shown, responses to Has the NDIS Helped? across domains for Relationships, Home, Health & Wellbeing, and Lifelong learning show a reduction in positive response rate with increasing remoteness.

**Families and carers
of participants
aged 0 to 14**

Families and carers of participants aged 0 to 14

Outcomes

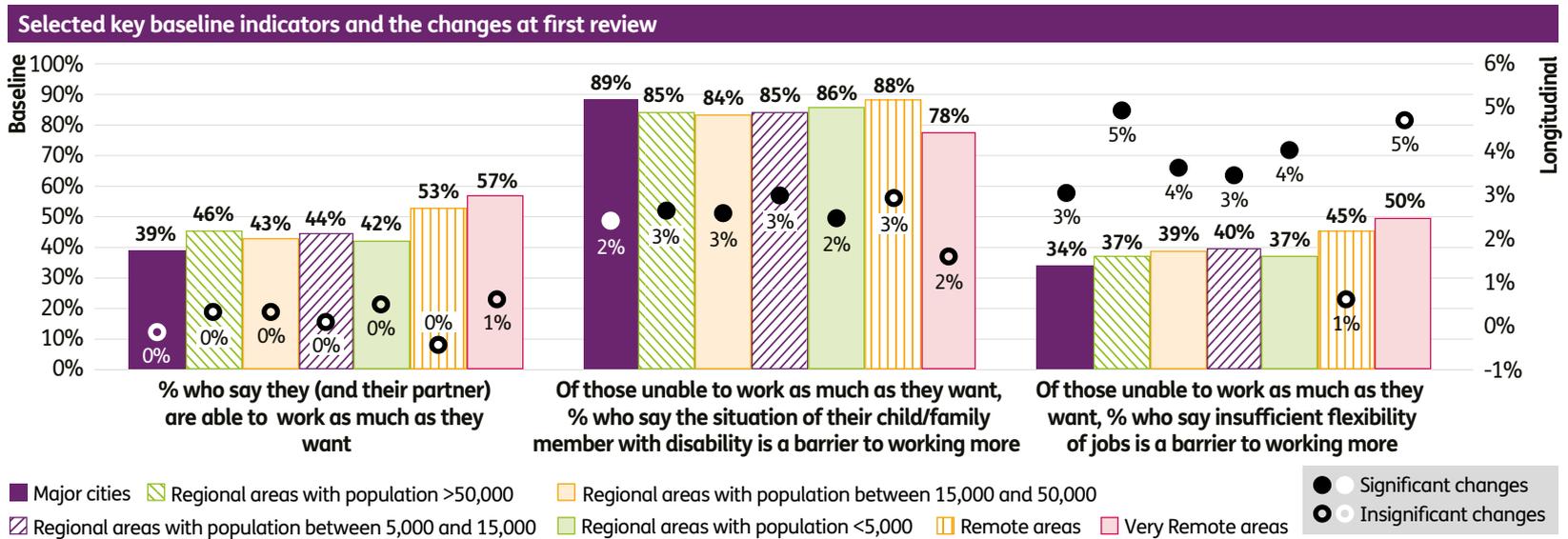


- At baseline, parents and carers living in Major Cities are more likely to be working in a paid job at 49%, followed by Remote areas at 48% and other remoteness areas at 45% or less.
- At baseline, parents and carers in Major Cities who work in a paid job are also more likely to be in permanent employment, at 79%, followed by Remote areas at 78% and other areas at 77% or less.

* Changes need to be treated with caution due to small numbers.

Families and carers of participants aged 0 to 14

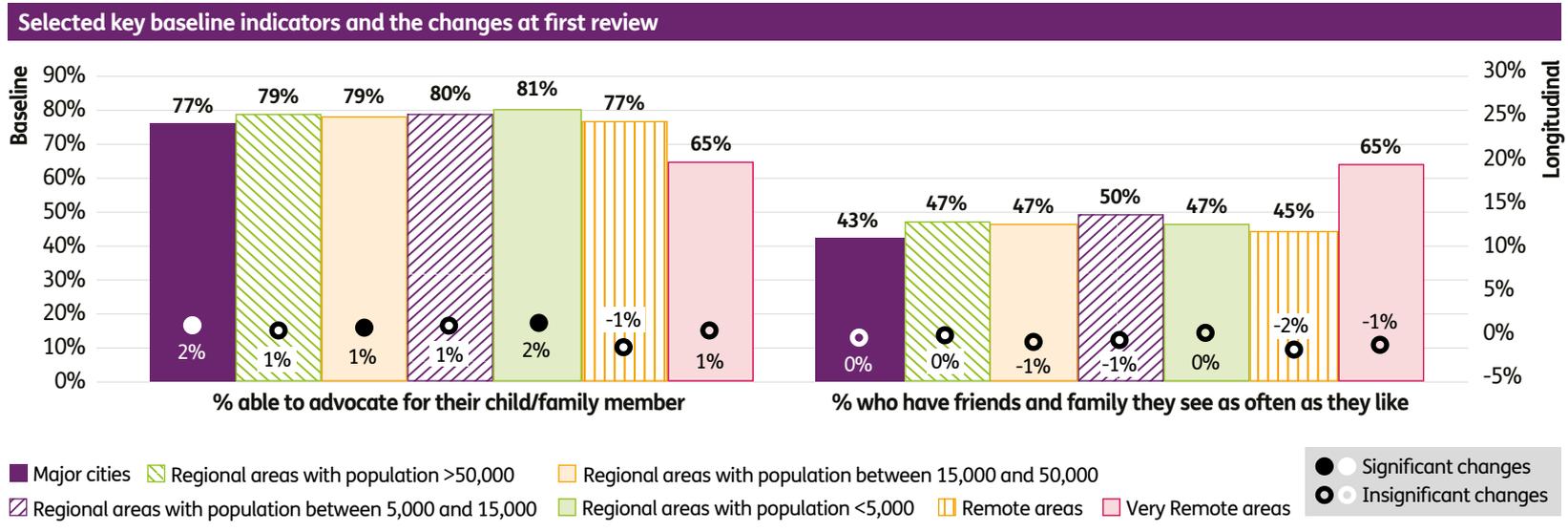
Outcomes



- At baseline, more parents and carers living in the Remote and Very Remote areas said they were able to work as much as they want, at 53% and 57%, respectively. This declines with increasing urbanisation to reach a low for Major Cities at 39%.
- For those who were not able to work as much as they want at baseline, 78% of parents and carers living in the Very Remote areas felt it was the situation of their child/family members with disability compared with 84% of more in other areas; while the proportion of families who felt it was due to insufficient job flexibility increased with increasing remoteness from 34% in Major Cities to 50% in Very Remote areas.
- For parents and carers who were unable to work as much as they like, there have been increases at first plan review in the proportions of parents and carers where insufficient job flexibility is a barrier to working more, with Major Cities and regional areas reporting three to five percent statistically significant increase following the first review.

Families and carers of participants aged 0 to 14

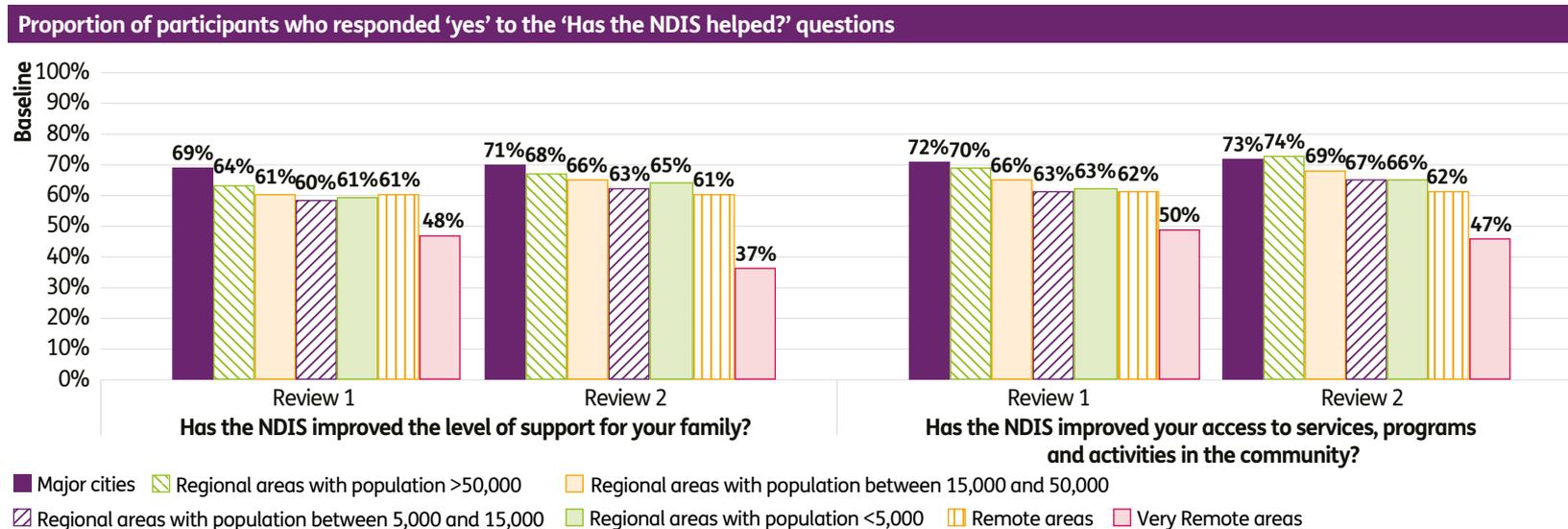
Outcomes



- At baseline, parents and carers living in the Major Cities, Remote and Very Remote areas are relatively less likely to say they are able to advocate for their child/family members compared to other remoteness areas, at 77%, 77% and 65% in that order. Regional areas range from 79% to 81%.
- At baseline, relatively more parents and carers living in the Very Remote areas had friends and family they see as often as they liked, at 65% compared with 50% or less in other areas.

Families and carers of participants aged 0 to 14

Has the NDIS helped?

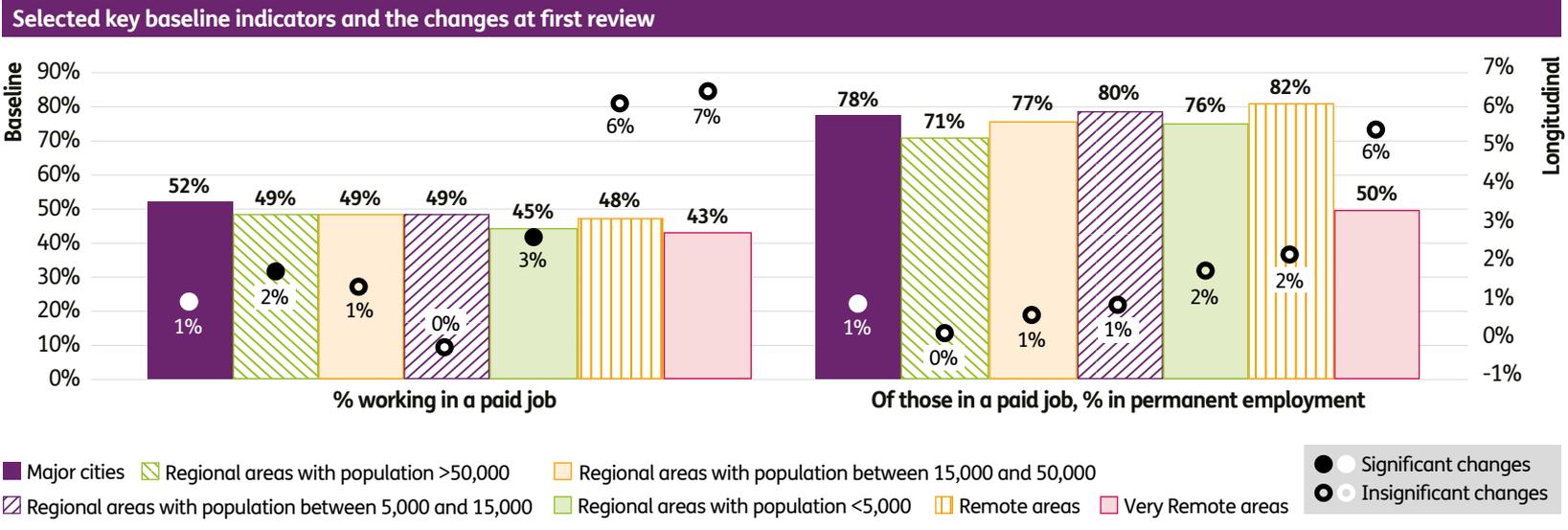


- Parents and carers living in Major Cities were more likely (69% at first review) to say the NDIS helped improve the level of support for their family, followed by those living in the regional areas at 60% to 64% at first review. Parents and carers from the Remote and Very Remote areas were least likely to say NDIS has helped, at 61% and 48% at first review, with a fall in proportion of parents and carers responding 'yes' to this question for Very Remote of eleven per cent at second review.
- Parents and carers living in Major Cities were more likely to say that the NDIS has helped with access to community programs (72% at first review, declining to a low of 50% in Very Remote areas). From review 1 to review 2, there have been small increases in Major Cities and regional areas of up to four per cent in the proportion of parents and carers who said the NDIS has improved their access to community programs.
- In addition to the questions shown, questions about whether the NDIS had helped improve their capacity to advocate for their child, improve their ability to help their child develop and learn and improve their health and wellbeing, showed a similar pattern, with Major Cities having the highest positive response and Remote and Very Remote relatively lower.

**Families and carers
of participants
aged 15 to 24**

Families and carers of participants aged 15 to 24

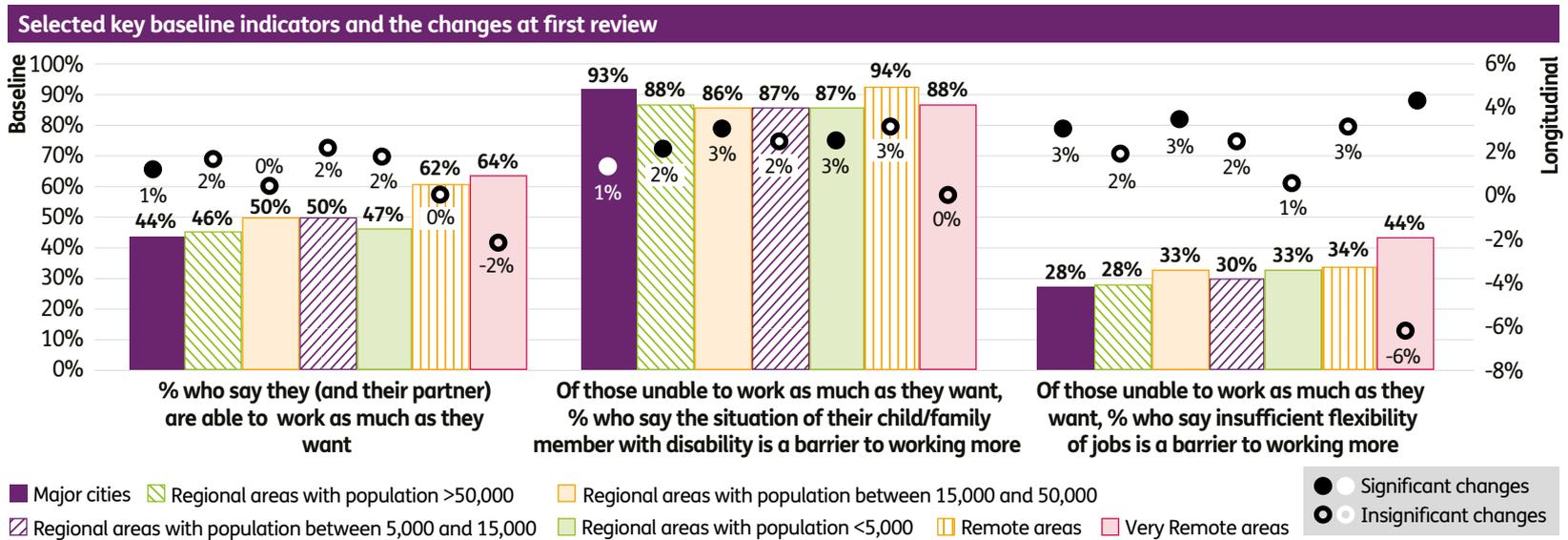
Outcomes



- At baseline, 43% of parents and carers living in the Very Remote areas have a paid job, which is lower than other remoteness areas which range from 45% up to 52% in Major Cities. The proportion of parents and carers in Very Remote areas in a permanent job was significantly lower at 50% compared with 71% or higher otherwise.

Families and carers of participants aged 15 to 24

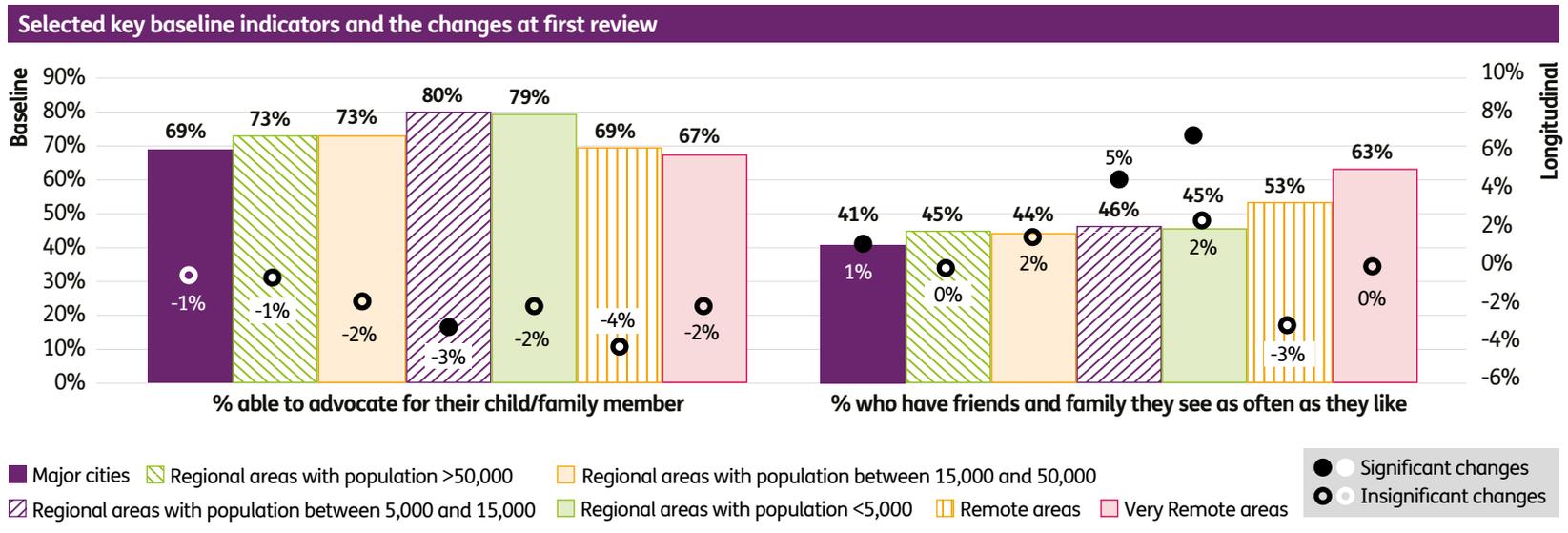
Outcomes



- At baseline, a higher proportion of parents and carers living in the Remote and Very Remote areas said they were able to work as much as they want, at 62% and 64%, respectively, compared with up to half for other remoteness areas.
- At baseline, the proportion of families who felt insufficient job flexibility was a barrier increased with increasing remoteness, and hence was highest in Very Remote areas at 44%, and lowest in Major Cities and regional areas with greater than 50,000 population at 28%.
- At first plan review, parents/carers of participants aged 15 to 24 exhibit a small increase of up to three percent in those who report their occupations' inflexibility being a barrier to working more.

Families and carers of participants aged 15 to 24

Outcomes

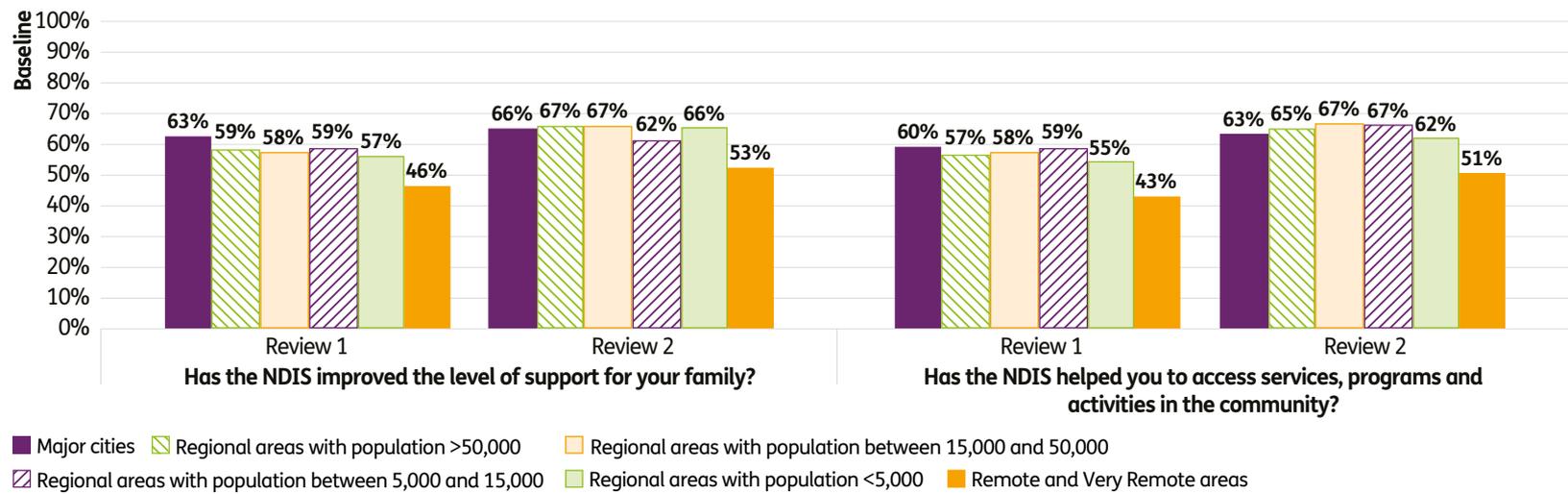


- At baseline, 53% and 63% of the parents and carers living in Remote and Very Remote areas, respectively, had friends and family they see as often as they liked. This is notably higher than other remoteness areas which range from 41% (Major Cities) to 46% (regional areas with population between 5,000 and 15,000).
- Also at baseline, the proportion of parents and carers who were able to advocate for their family member was highest in regional areas with population up to 15,000 at 79-80%.

Families and carers of participants aged 15 to 24

Has the NDIS helped?

Proportion of participants who responded 'yes' to the 'Has the NDIS helped?' questions¹



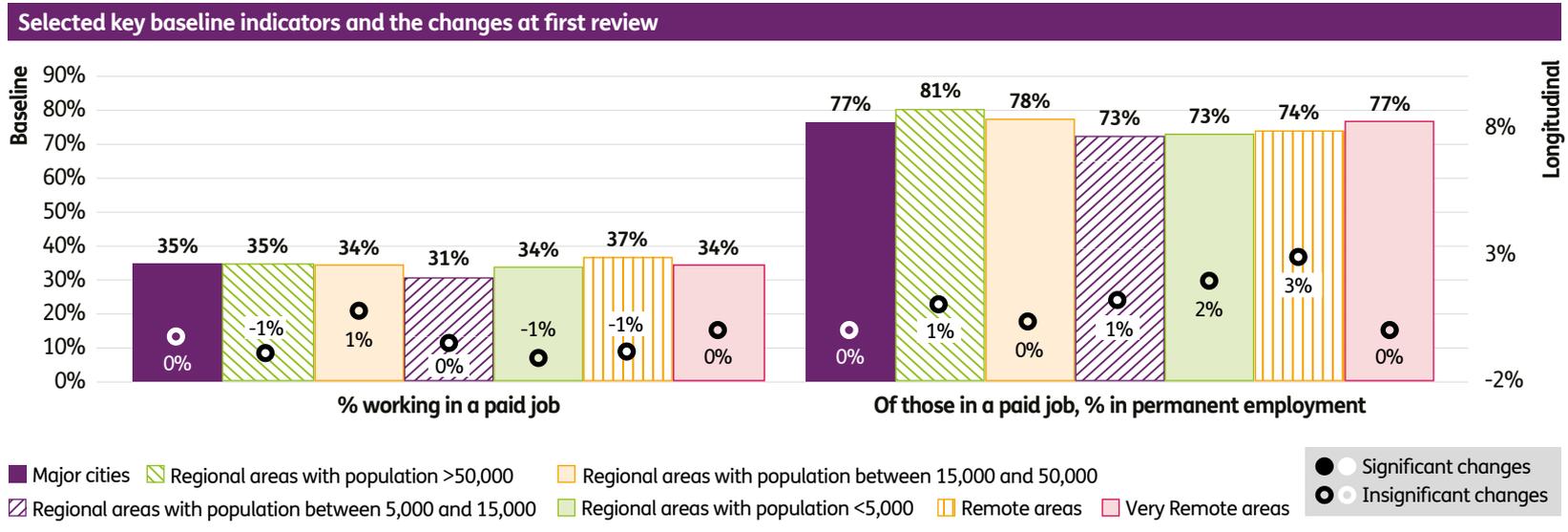
- Parents and carers from the Remote and Very Remote areas were least likely to say that the NDIS improved their level of support for their family (46% at first review, compared to 57% or higher otherwise).
- Parents and carers living in the Remote and Very Remote areas were the least likely to say the NDIS has improved their access to community programs (43% at first review, compared to 55% or higher otherwise).
- In addition to the questions shown, questions about whether the NDIS had helped them know their rights and advocate effectively, help their family member be more independent and improve their health and wellbeing, showed a similar pattern, with Major Cities having a relatively higher positive response and Remote and Very Remote relatively lower.

¹ Data from Very Remote and Remote areas have been combined due to small numbers.

**Families and carers
of participants
aged 25 and over**

Families and carers of participants aged 25 and over

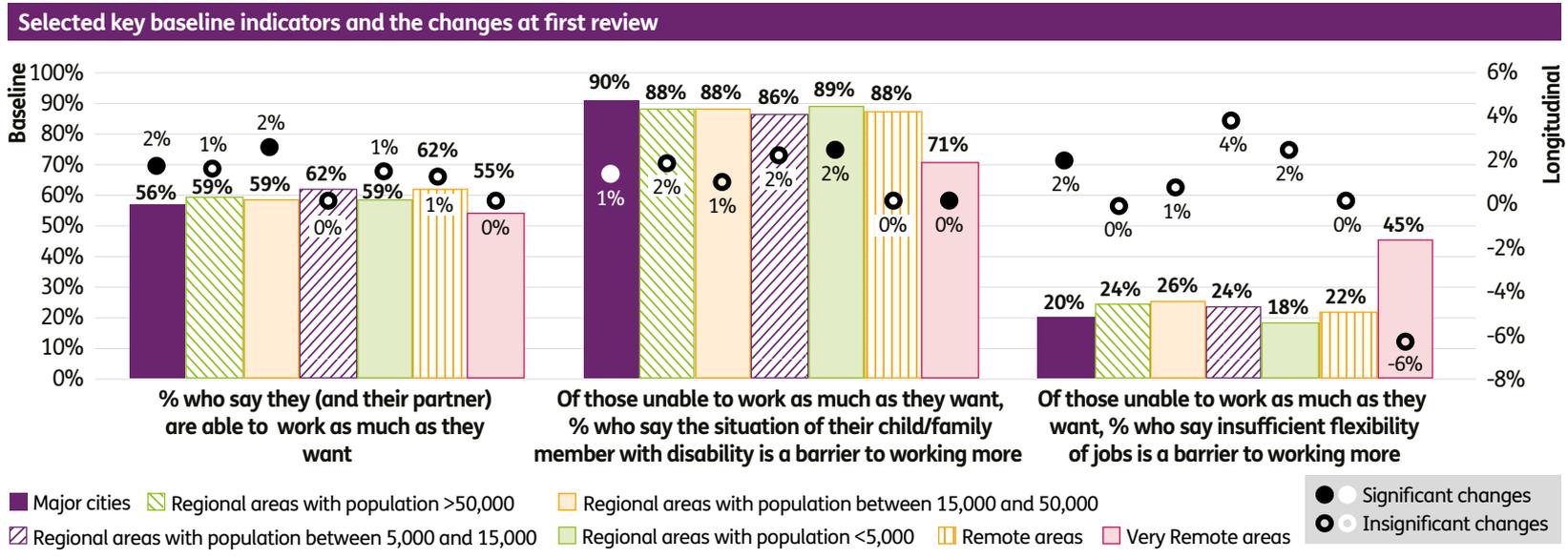
Outcomes



- At baseline, comparing parents and carers across areas of remoteness, while there is variation in the proportion in a paid job (31% to 37%) and of those, the proportion in permanent employment (73% to 77%), there was no clear trend associated with remoteness. Regional areas with population between 5,000 and 15,000 had the lowest proportion for both questions.

Families and carers of participants aged 25 and over

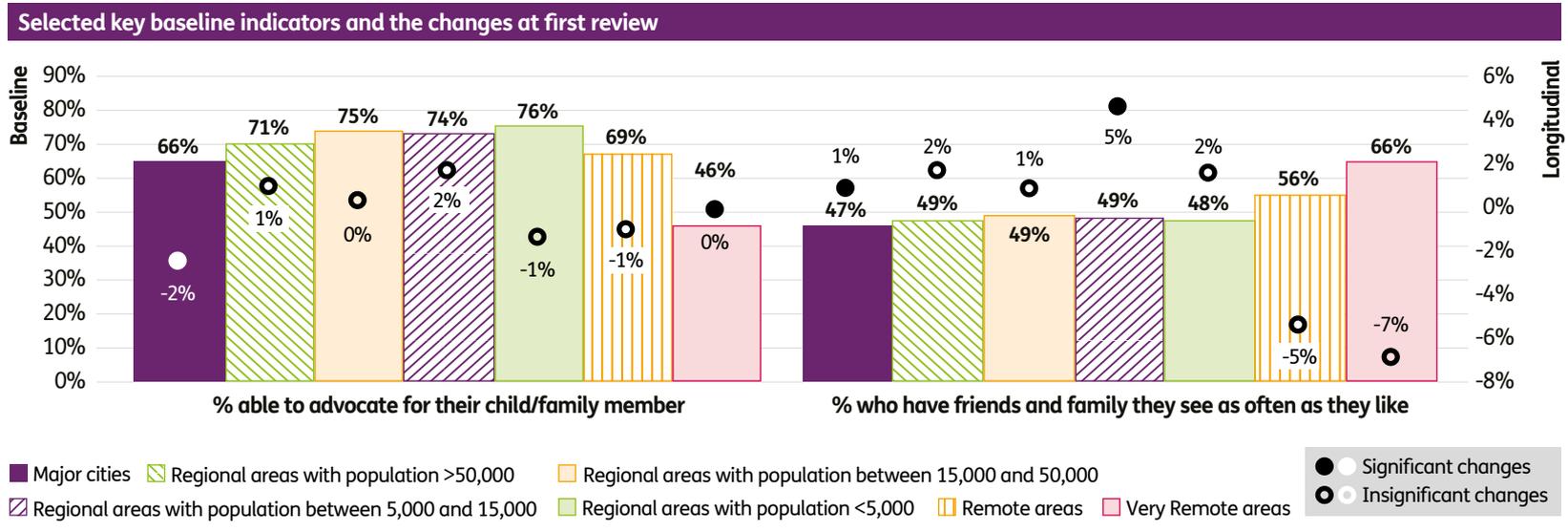
Outcomes



- At baseline, less parents and carers living in the Major Cities (56%) and Very Remote (55%) areas said they were able to work as much as they want. Other remoteness areas ranged from 59% to 62%.
- Also at baseline, for those who were not able to work as much as they want, 71% of parents and carers living in the Very Remote areas felt the barrier was the situation of their child/family members with disability, compared with 86% or higher for other remoteness areas. Notably more parents and carers in Very Remote areas said insufficient job flexibility was a barrier, at 45%, compared to 26% or lower otherwise.

Families and carers of participants aged 25 and over

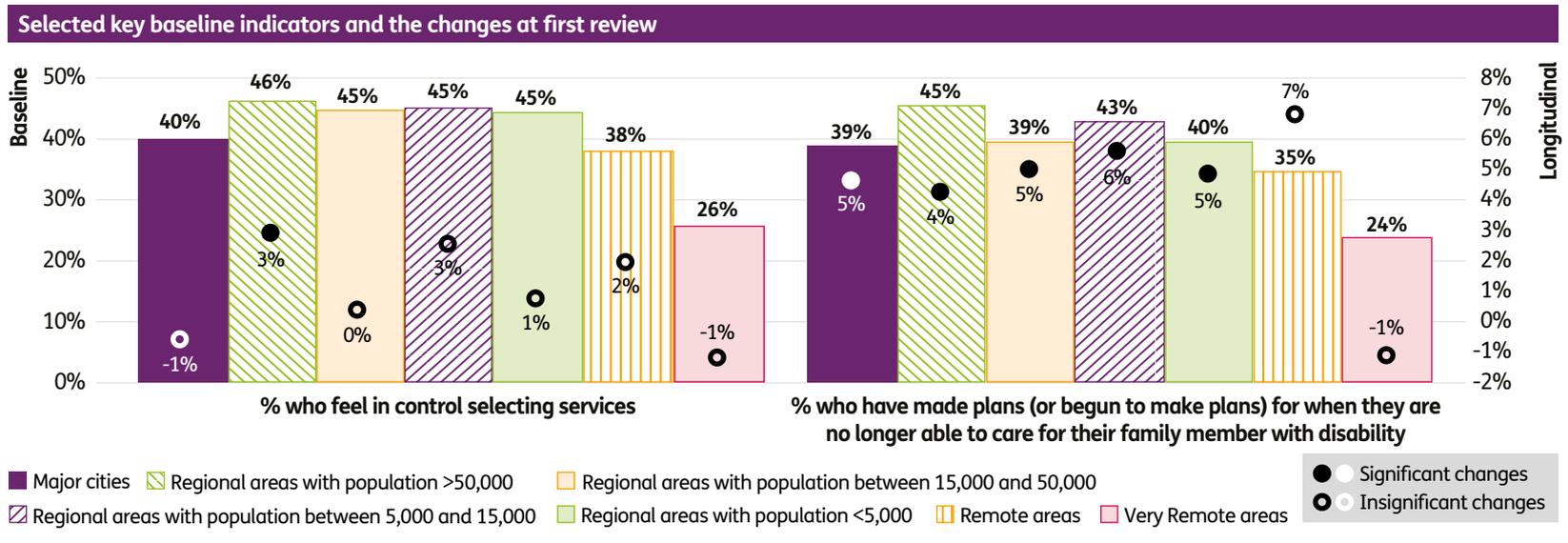
Outcomes



- At baseline, parents and carers from the Very Remote areas exhibit the lowest proportion compared to other areas of remoteness to say they were able to advocate for their child/family at 46%, compared to 66% in Major Cities, 69% in Remote areas and 71% to 76% in regional areas.
- Also at baseline, parents and carers living in the Remote and Very Remote areas are significantly more likely to have friends and family they see as often as they liked, at 56% and 66%, respectively. Major Cities and regional areas ranged between 47% and 49%.
- At first plan review, the largest change was a five per cent statistically significant increase in participants living in regional areas between 15,000 and 50,000 that have friends and family they see as often as they like.

Families and carers of participants aged 25 and over

Outcomes

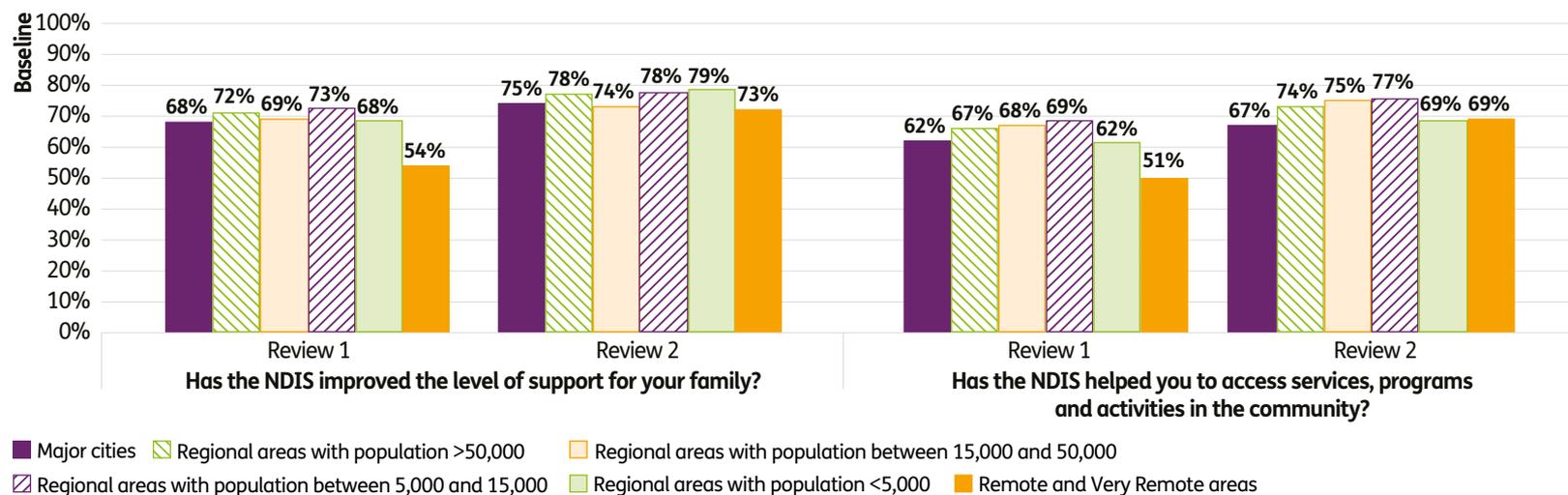


- At baseline, parents and carers living in the Very Remote areas were least likely to feel in control in selecting services (26%, compared to 38% in Remote areas and 40-46% otherwise) and least likely to have made or begun to make care plans for their family member with disability (24%, compared to 35% for Remote areas and 39-45% otherwise).
- At first plan review, there are statistically significant increases of up to six percent in Major Cities and regional areas in the proportion of parents and carers who have made plans or begun to make plans for when they are no longer able to care for their family member with disability.

Families and carers of participants aged 25 and over

Has the NDIS helped?

Proportion of participants who responded 'yes' to the 'Has the NDIS helped?' questions¹



- Between 68% and 73% of parents and carers thought the NDIS had improved the level of support for their family at the first review, except for Remote and Very Remote areas which only had a 54% positive response. At the second review, the gap between Remote and Very Remote and other areas was largely closed, with positive responses between 73% and 78%.
- Between 62% and 69% of parents and carers thought the NDIS had helped access to services, programs and activities at the first review, except for Remote and Very Remote areas which only had a 51% positive response. At the second review, the gap between Remote and Very Remote and other areas was largely closed, with positive responses between 69% and 77%.
- In addition to the questions shown, questions about whether the NDIS had helped them know their rights and advocate effectively, preparing for the future support of their family member and improve their health and wellbeing, showed a similar pattern, with Very Remote relatively lower, followed by Major Cities. Regional areas had relatively higher positive responses.

¹ Data from Very Remote and Remote areas have been combined due to small numbers.

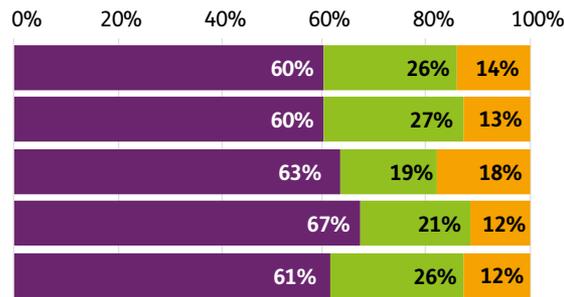
Participant Satisfaction Survey FY 2019-20

Participant Satisfaction Survey FY 2019-20

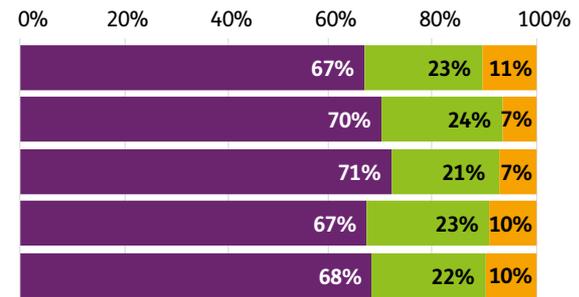
Rating based responses



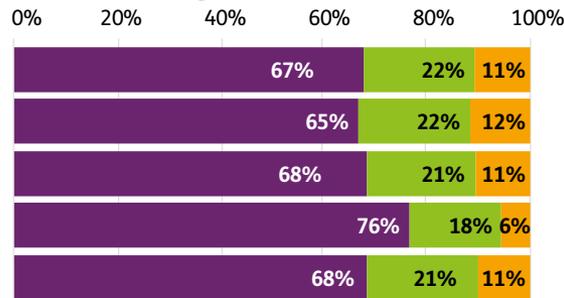
The Access Process



The Pre-Planning Process

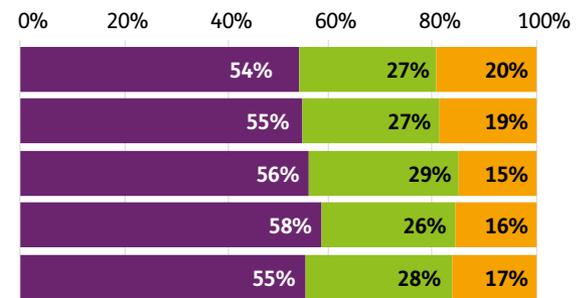


The Planning Process



Very Good / Good Neutral Poor / Very Poor

The Review Process



- Across all remoteness areas, more participants rated the Pre-planning process Very Good/Good, followed by the Planning process and the Access Process. Least participants rated the Review Process Very Good/Good.
- For the Access Process and Review Process, more participants living in the Major Cities and large regional areas with population > 50,000 rated their satisfaction as Poor/Very Poor.



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