



Participant outcomes

To 30 June 2019

National Disability Insurance Agency



Contents



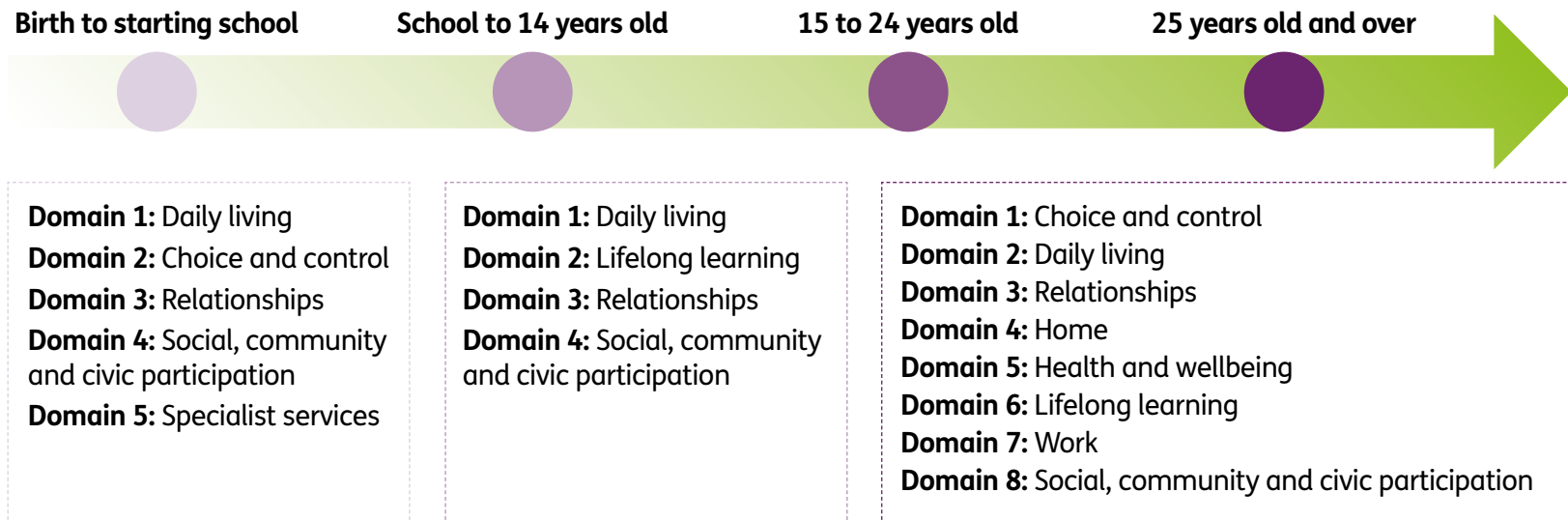
- Participant goals and outcomes, and the NDIS outcomes framework
- Baseline versus progress
- Summary of results for participants aged from:
 - Birth to before starting school
 - Starting school to 14
 - 15 to 24
 - 25 and over
- Results for each age cohort include:
 - Notable changes in indicators over one and two years in the Scheme
 - Factors associated with differences in baseline outcomes, and the likelihood of improvement/deterioration in outcomes over time
 - Perceptions of whether the NDIS has helped, factors associated with positive opinions, and with changes in opinions.

Outcomes framework questionnaires

Outcomes framework

A lifespan approach to measuring participants' goals and outcomes across main life domains has been used.

Lifespan approach: 4 age-based cohorts



While most domains overlap, goals and outcomes may differ depending on the age group.

This approach facilitates monitoring of participants' progress over time, as well as benchmarking to Australians without disability and to other OECD countries.

Baseline outcomes

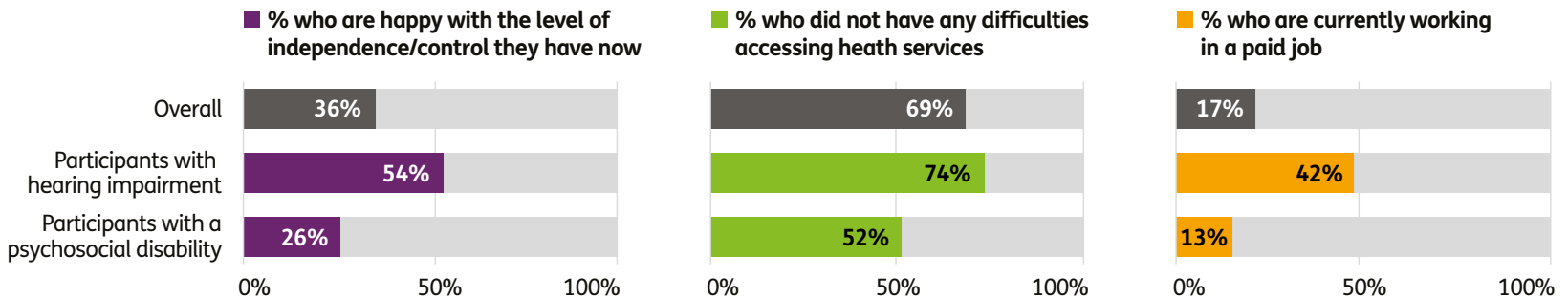
Participants do not enter the Scheme on an equal footing: baseline outcomes vary by a number of factors, including

- the nature and severity of a participant's disability
- the extent of support they receive from family and friends
- how inclusive their community is
- their health and other personal traits

Example:

Participants with a hearing impairment are more likely to experience better baseline outcomes, and those with a psychosocial disability are less likely.

Participants aged 15 to 24

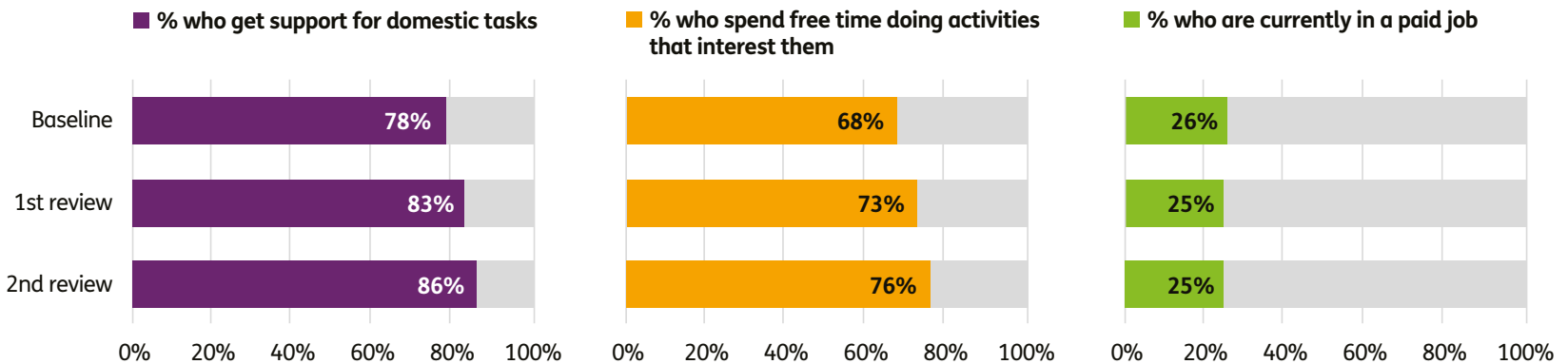


Progression towards better outcomes

Success should be measured on how far participants have come since entering the Scheme, acknowledging different starting points.

Whilst some outcomes should improve relatively quickly (for example, assistance with daily living), others are much more long-term in nature (for example, employment), and measurable progress may take some years to emerge.

Participants age 25+



Longitudinal cohorts



Longitudinal results for outcome indicators are considered separately for two cohorts of participants:

- Participants entering the Scheme in the first year of transition (1 July 2016 to 30 June 2017), for whom a record of outcomes is available at Scheme entry (baseline), and approximately two years after Scheme entry (second review). The large majority of these participants also responded at one year after Scheme entry (first review). This cohort is referred to as the “B,R1,R2” cohort.
- Participants entering the Scheme in the second year of transition (1 July 2017 to 30 June 2018), for whom a record of outcomes is available at Scheme entry (baseline), and approximately one year after Scheme entry (first review). This cohort is referred to as the “B,R1” cohort.

These two cohorts are distinct (that is, a participant contributing to the longitudinal analysis belongs to one cohort only).

Participants from birth to before starting school

Participants from birth to before starting school

For children in the birth to before starting school cohort, the outcomes framework seeks to measure the extent to which participants are:

Gaining functional, developmental and coping skills appropriate to their ability and circumstances (domain DL, daily living)

Showing evidence of autonomy in their everyday lives (domain CC, choice and control)

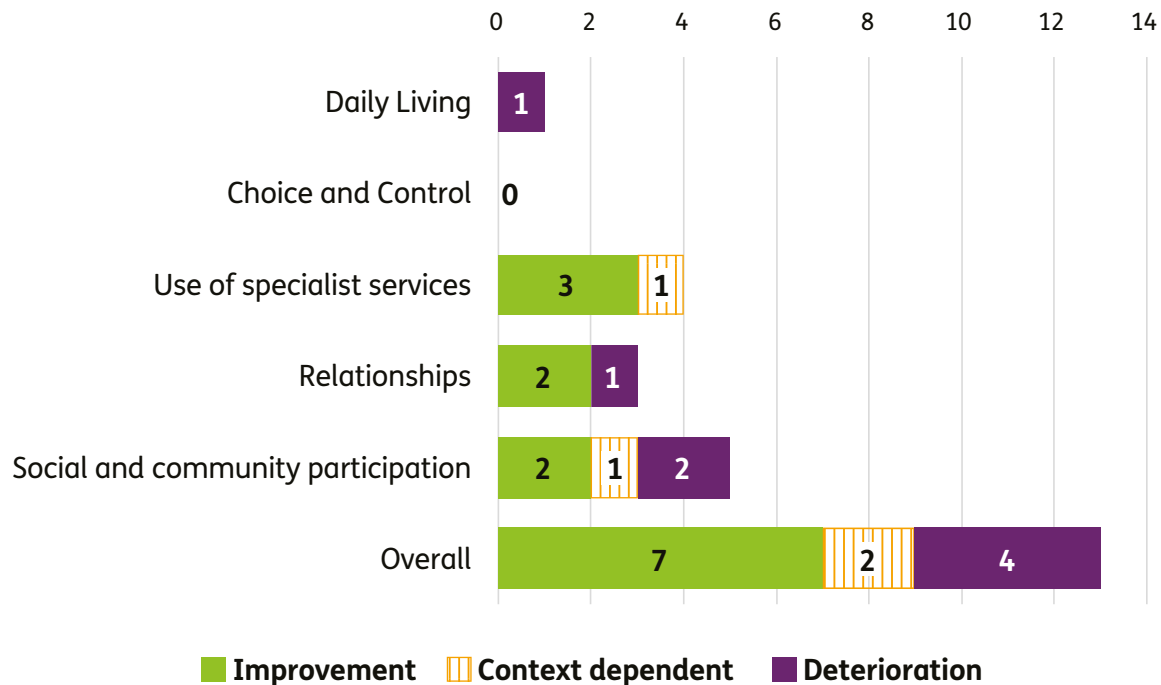
Using specialist services that assist them to be included in families and communities (domain SPL, use of specialist services)

Participating meaningfully in family life (domain REL, relationships)

Participating meaningfully in community life (domain S/CP, social, community and civic participation)

Participants from birth to before starting school

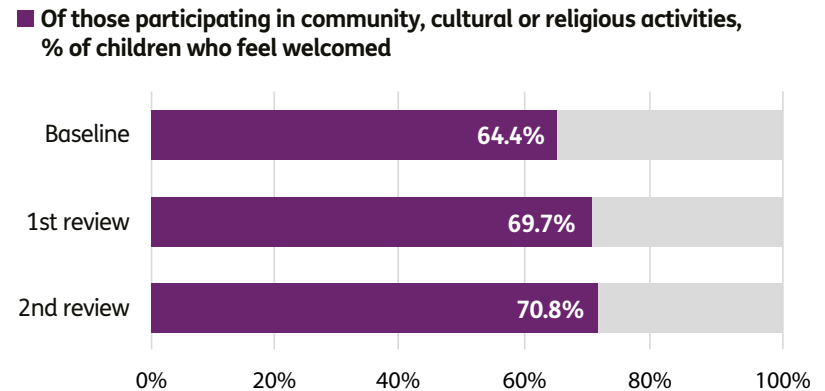
Number of indicators with significant and material overall change by domain¹



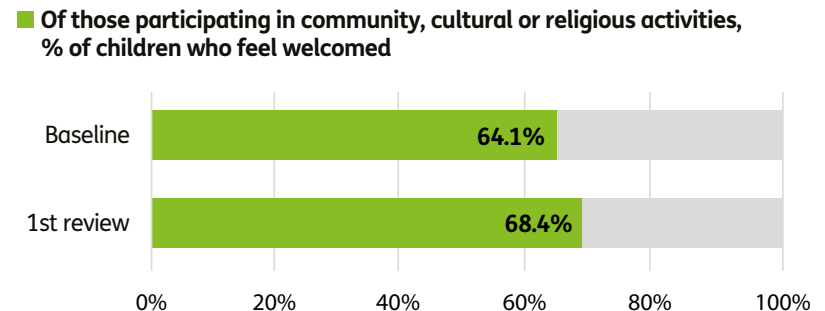
¹ McNemar test significant at the 5% level, absolute value of change greater than 0.02 after normal age-related development removed.

Participants from birth to before starting school: Social and community participation

For participants who joined the Scheme in 2016-17, the percentage of parents/carers who say their child feels welcomed or actively included when they participate in age appropriate community, cultural or religious activities increased by 6.4% between baseline and second review, from 64.4% to 70.8%.



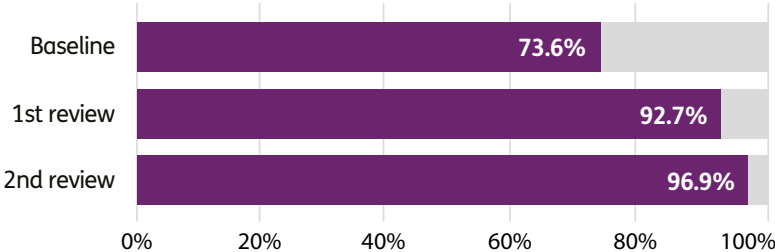
For participants entering in 2017-18, there was a one year improvement of 4.3% in the percentage of parents/carers who say their child feels welcomed or actively included when they participate in age appropriate community, cultural or religious activities, from 64.1% to 68.4%.



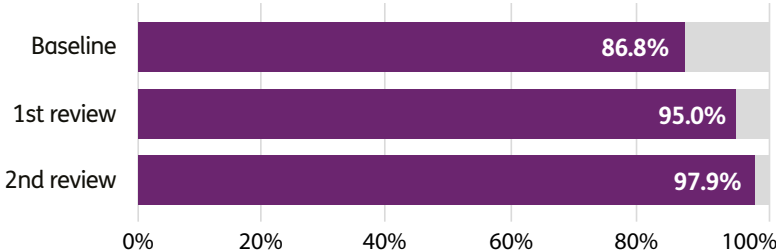
Participants from birth to before starting school: Specialist services

For participants entering in 2016-17, use of specialist services increased by 23.3% between baseline and second review. The percentage of parents/carers who say specialist services help their child gain the skills they need to participate in everyday life increased by 11.0%, from 86.8% to 97.9%.

■ My child uses specialist services

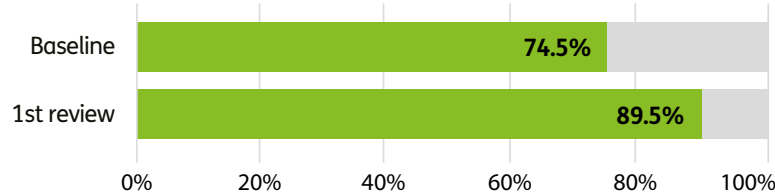


■ These services help my child gain the skills she/he needs to participate in everyday life

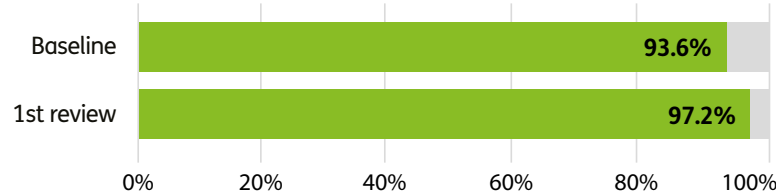


For participants entering in 2017-18, use of specialist services increased by 15.0% in the year following Scheme entry. The percentage who say specialist services help their child gain the skills they need to participate in everyday life increased by 3.6%, from 93.6% to 97.2%.

■ My child uses specialist services



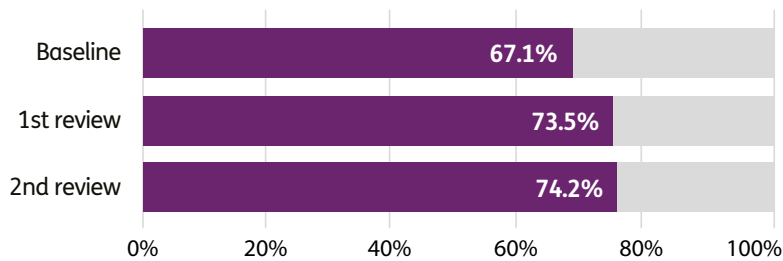
■ These services help my child gain the skills she/he needs to participate in everyday life



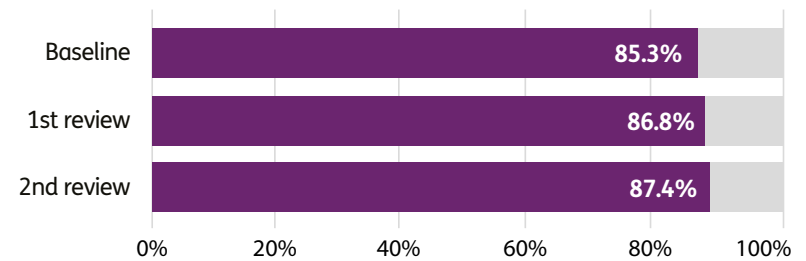
Participants from birth to before starting school: Family life

For participants entering in 2016-17, the percentage of parents/carers who say their child fits in with the everyday life of the family increased by 7.1% between baseline and second review. The percentage who say that their child gets along with his or her brothers or sisters increased by 2.1%.

■ My child fits in with the everyday life of the family

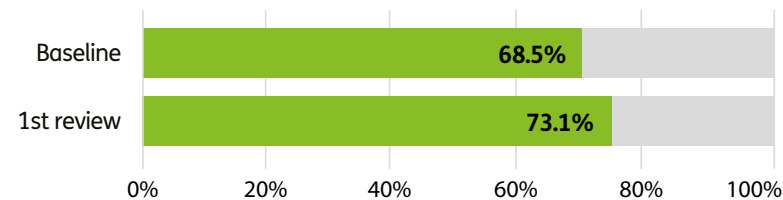


■ My child gets along with his/her brother(s)/sister(s)

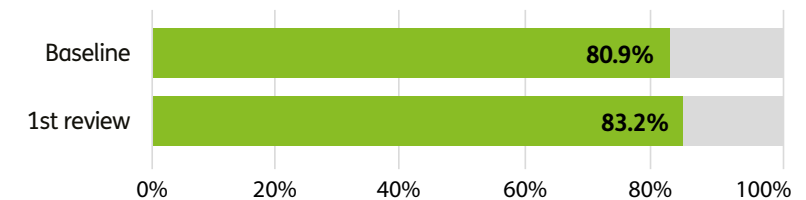


For participants entering in 2017-18, the percentage of parents/carers who say their child fits in with the everyday life of the family increased by 4.6% in the year following Scheme entry. the percentage who say that their child gets along with his or her brothers or sisters increased by 2.3%.

■ My child fits in with the everyday life of the family



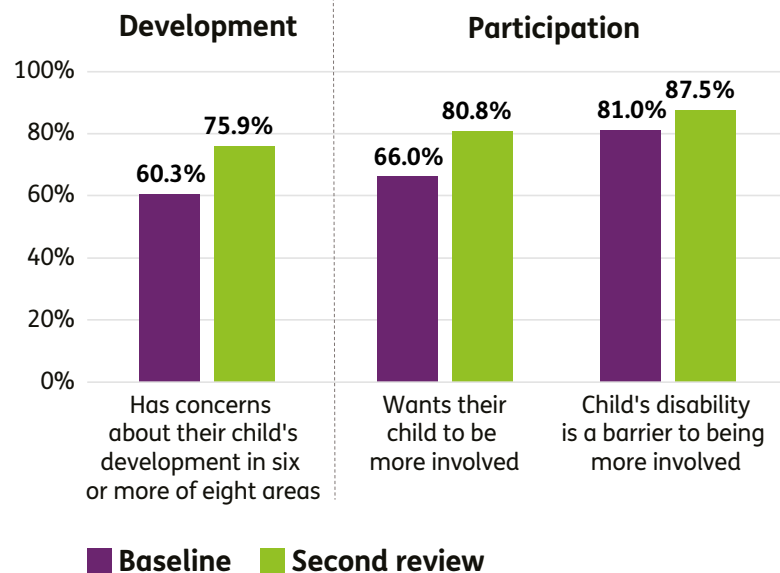
■ My child gets along with his/her brother(s)/sister(s)



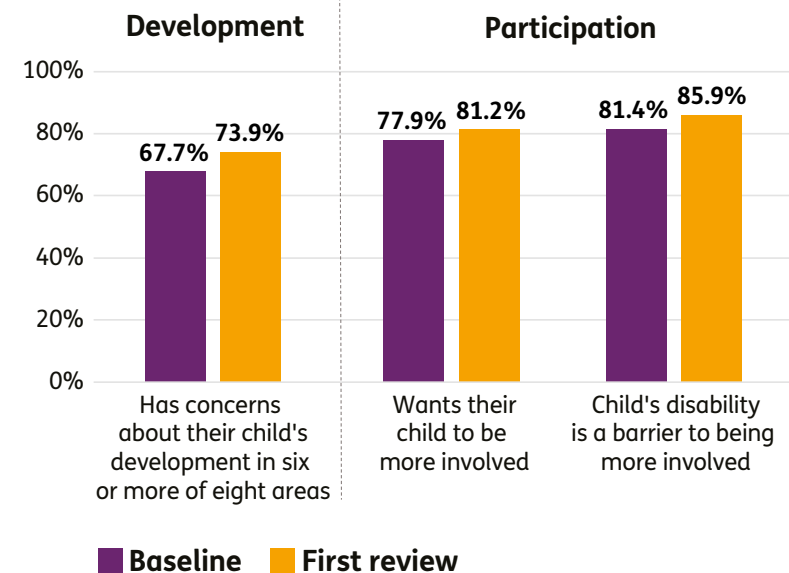
Participants from birth to before starting school: Concerns about development and involvement in community activities

For participants entering in both 2016-17 and 2017-18, there have been increases in the percentage of parents/carers expressing concern about their child's development in six or more of eight areas. The percentage who want their child to be more involved in community activities has also increased, and parents/carers are more likely to say that their child's disability is a barrier to greater involvement.

2016-17 entrants – two year change

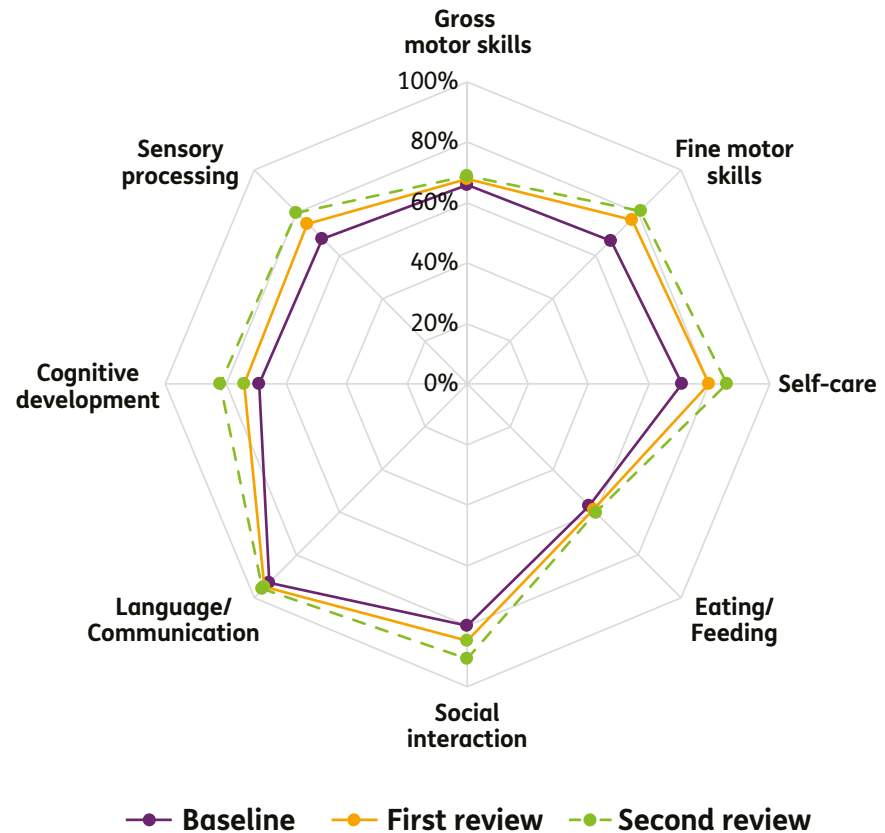


2017-18 entrants – one year change



Participants from birth to before starting school: Concerns about development

The percentage of parents/carers expressing concern about their child's development has increased in all eight areas surveyed. For participants entering in 2016-17, the chart shows that increases have been more pronounced in the areas of fine motor skills, self-care, social interaction, cognitive development, and sensory processing. Small changes were observed for gross motor skills, eating/feeding, and language/communication (where the level of concern was already 93% at baseline, increasing to 96% at second review).



Participants from birth to before starting school: Outcomes by participant characteristics

Participants' baseline and longitudinal outcomes vary significantly with their level of function, primary disability, geographic remoteness, and cultural background.

Level of function: Participants with higher level of function tend to have better baseline outcomes and exhibit higher rates of improvement than those with a lower level of function.

Disability: Participants with a hearing impairment generally experience better outcomes than those with other disabilities, both baseline and longitudinal.

Geography: Participants from regional and remote locations, compared to those from major cities, show more positive results on some indicators – both at baseline and for longitudinal change. For example, parents/carers of children in regional or remote areas are less likely to have concerns in six or more developmental areas, and are more likely to improve on this indicator, than children living in major cities.

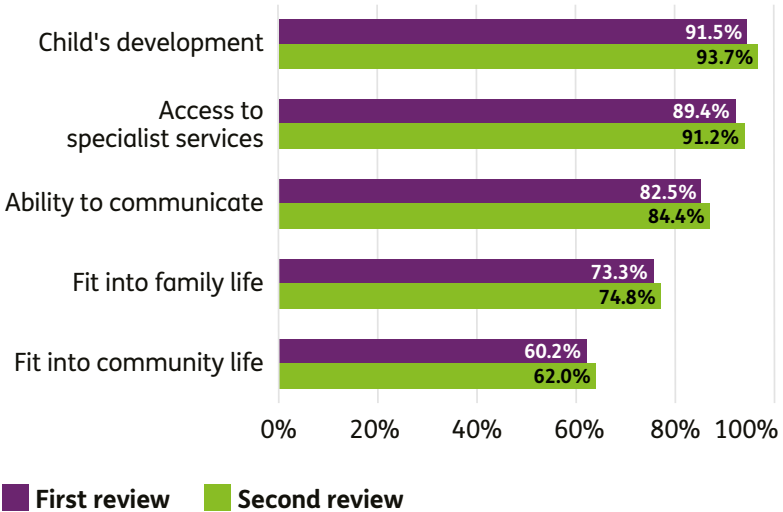
Indigenous status: Many baseline indicators are similar for Indigenous and non-Indigenous participants. For longitudinal change, Indigenous status was not identified as a significant predictor in multiple regression models for transitions from baseline (possibly due to small numbers).

CALD status: At baseline, children from a CALD background are less likely to be able to tell their parents what they want, and less likely to be welcomed or actively included when they participate in community, cultural or religious activities. However, CALD participants are more likely to live with their parents. For longitudinal change, CALD participants were less likely to improve in their ability to make friends outside the family but not significantly different from non-CALD participants on other indicators.

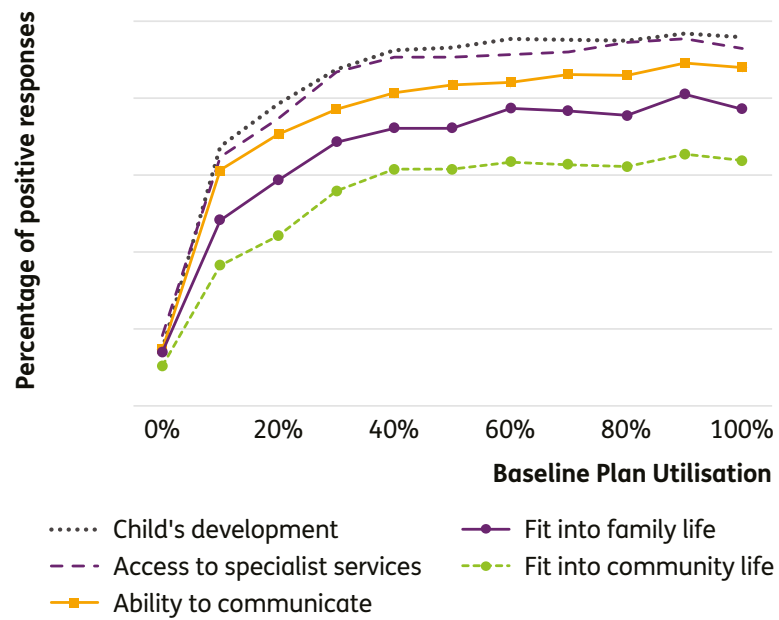
Participants from birth to before starting school: Has the NDIS helped?

Opinions on whether the NDIS has helped tend to be positive for this cohort, particularly in relation to the child's development (91.5% after one year in the Scheme, increasing to 93.7% after two years in the Scheme) and access to specialist services (89.4% after one year in the Scheme, increasing to 91.2% after two years in the Scheme). Opinions improved slightly between first and second reviews across all domains. Higher plan utilisation is strongly associated with a positive response after one year in the Scheme, and also after two years in the Scheme.

Percentage of positive responses



By plan utilisation rate, after one year



Participants from birth to before starting school: Has the NDIS helped?

Participants entering the Scheme for early intervention are more likely to think that the NDIS has helped after one year in the Scheme than those entering due to disability.¹

Change in responses between first and second review

The percentage who think that the NDIS has helped increased slightly (by 1.5-2.1%) between first and second review across all domains.

The likelihood of improvement/ deterioration varied by some participant characteristics:

- Participants with higher level of function and those living in higher socioeconomic areas were more likely to improve (change their answer from “No” to “Yes”)
- New participants (not previously receiving services from State/Territory or Commonwealth programs) were more likely to maintain a positive answer.
- There were some differences by State/Territory of residence: participants in the Northern Territory, Tasmania, Western Australia and the Australian Capital Territory (considered as a group) were less likely to improve in their response to whether the NDIS had helped in relation to their child fitting into family life, and participants in both New South Wales and Queensland were more likely to improve in their response to whether the NDIS had helped in relation to their child fitting into community life.
- Participants with a higher level of NDIA support are more likely to deteriorate in their response to whether the NDIS had helped in relation to their child fitting into community life.

¹ Participants accessing the Scheme under Section 25 of the NDIS Act 2013 enter the Scheme due to early intervention, whereas participants accessing the Scheme under Section 24 of the Act enter the Scheme due to disability.

Participants
**from starting
school to age 14**

Participants from starting school to age 14



From starting school to the early teenage years, the outcomes framework seeks to measure the extent to which participants:

Grow in independence (domain DL, daily living)

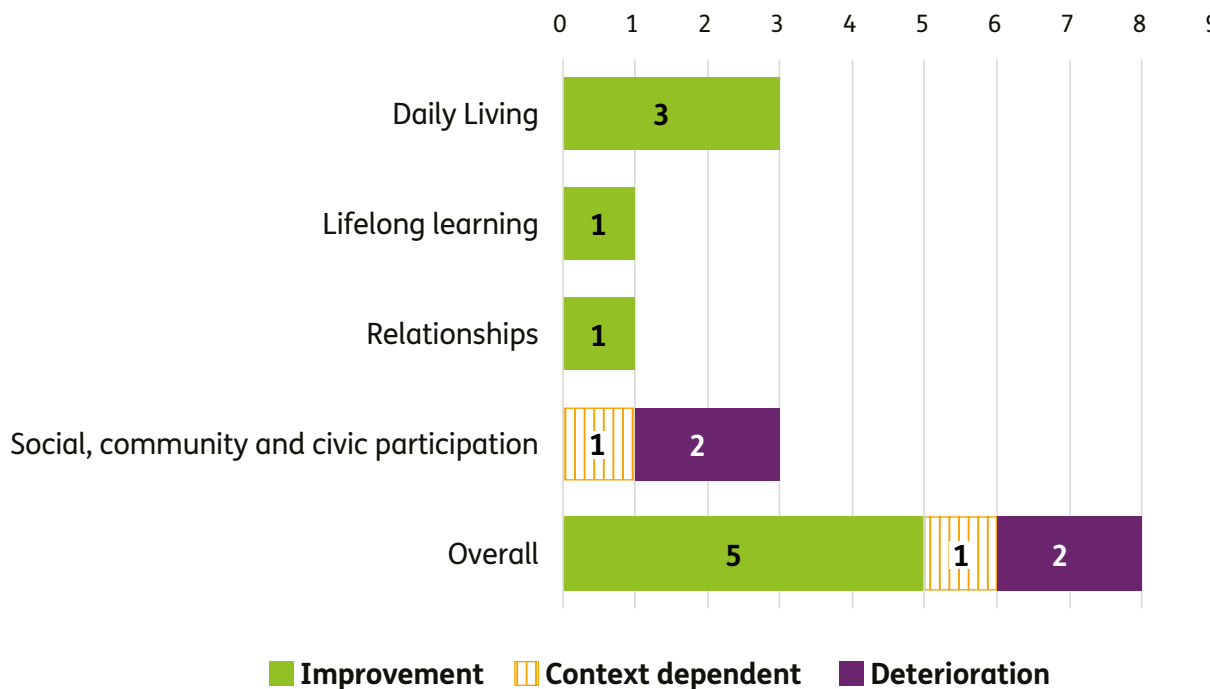
Are welcomed and educated in their local school (domain LL, lifelong learning)

Form friendships with peers and have positive relationships with family (domain REL, relationships)

Participate in local social and recreational activities (domain S/CP, social, community and civic participation)

Participants from starting school to age 14

Number of indicators with significant and material overall change by domain¹

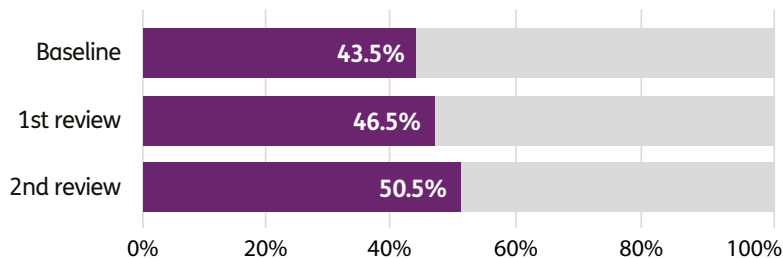


¹ McNemar test significant at the 5% level, absolute value of change greater than 0.02 after normal age-related development removed.

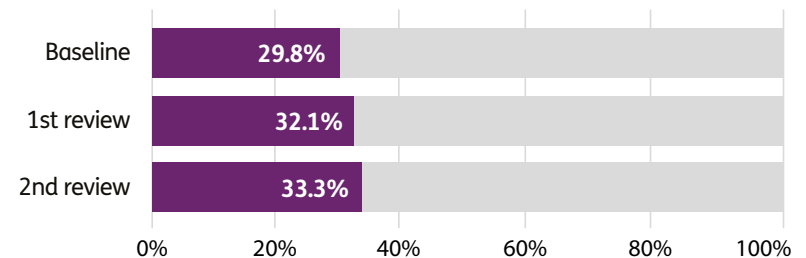
Participants from starting school to age 14: Daily living (independence)

For participants entering in 2016-17, there has been a 7.0% increase over two years in the percentage of families who say their child is becoming more independent. The percentage of children who spend time away from parents/carers other than at school increased by 3.5%.

■ My child is becoming more independent

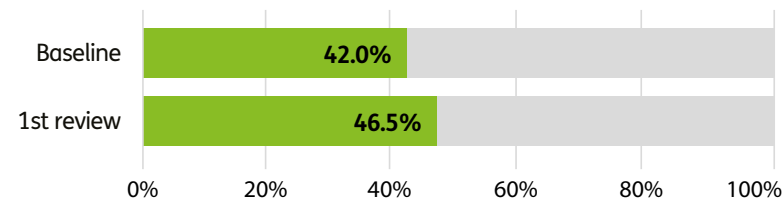


■ My child spends time away from us other than at school

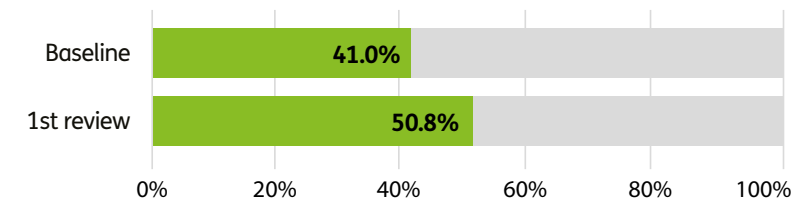


For participants entering in 2017-18, the percentage of parents/carers who say their child is becoming more independent increased by 4.6% between baseline and first review. The percentage of children who manage the demands of their world increased by 9.8%.

■ My child is becoming more independent



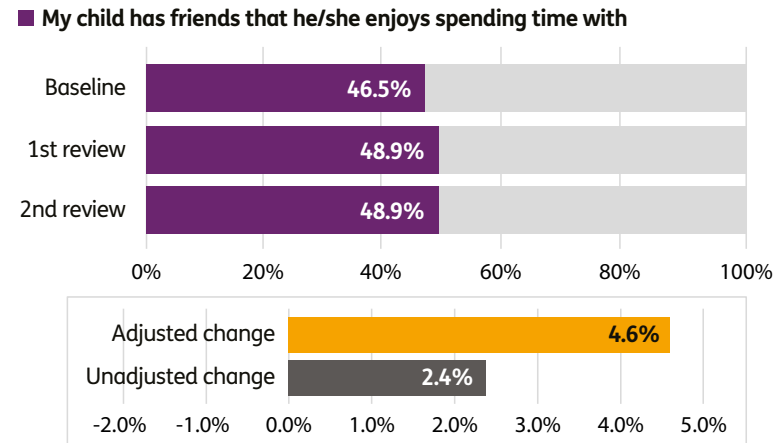
■ Most of the time my child manages the demands of his/her world



Participants from starting school to age 14: Friendships

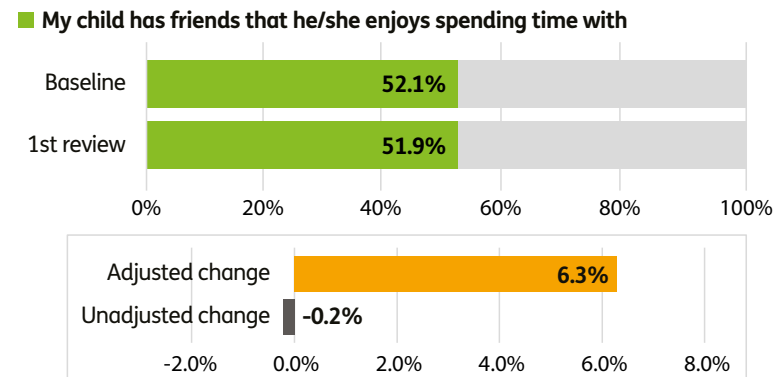
For participants entering in 2016-17, the percentage of children who have friends they enjoy spending time with has increased by 2.4% between baseline and second review, from 46.5% to 48.9%.

After adjusting for age, there was an improvement of 4.6%.



For participants entering in 2017-18, there was no material change in the percentage who have friends they enjoy spending time with over one year, on an unadjusted basis.

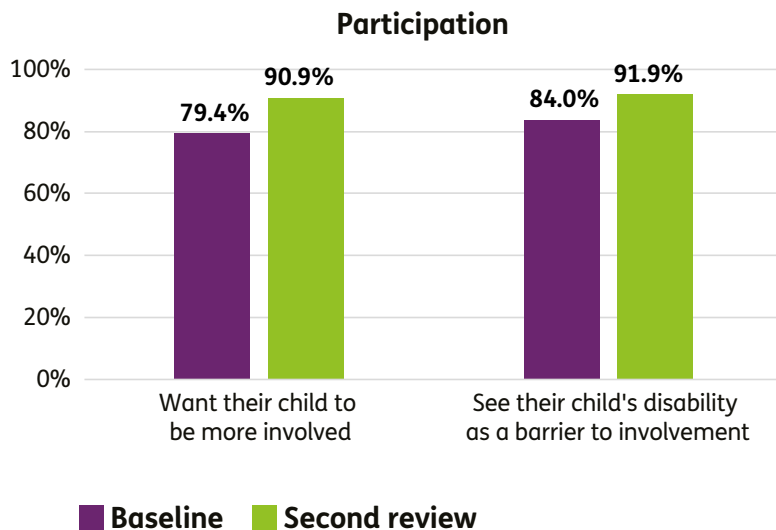
However, after adjusting for age, there was an improvement of 6.3%.



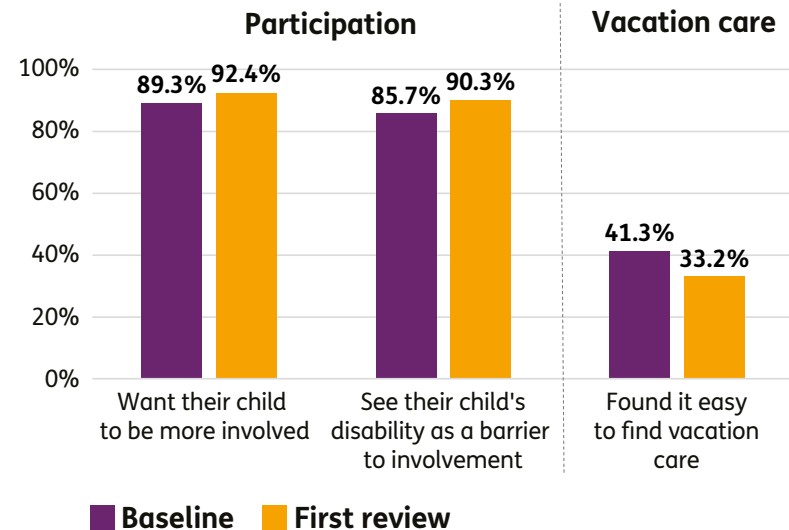
Participants from starting school to age 14: Community participation and vacation care

For participants entering in both 2016-17 and 2017-18, the percentage of parents/carers who want their child to have more opportunity to be involved in activities with other children has increased, and parents/carers are more likely to say that their child's disability is a barrier to greater involvement. For participants entering in 2017-18, the percentage of parents/carers who found it easy to find vacation care decreased by 8.0%, from 41.3% at baseline to 33.2% at first review.

2016-17 entrants – two year change



2017-18 entrants – one year change



Participants from starting school to age 14:

Outcomes by participant characteristics

Participants' baseline and longitudinal outcomes vary significantly with their level of function, primary disability, geographic remoteness, and cultural background.

Level of function: Participants with higher level of function tend to have better baseline outcomes and exhibit higher rates of improvement than those with a lower level of function.

Disability: Participants with a sensory disability generally experience better outcomes than those with other disabilities, both baseline and longitudinal.

Geography: Participants from regional and remote locations, compared to those from major cities, show more positive results on some indicators – both at baseline and for longitudinal change. For example, they are more likely to be gaining in independence, and are less likely to move out of a mainstream class.

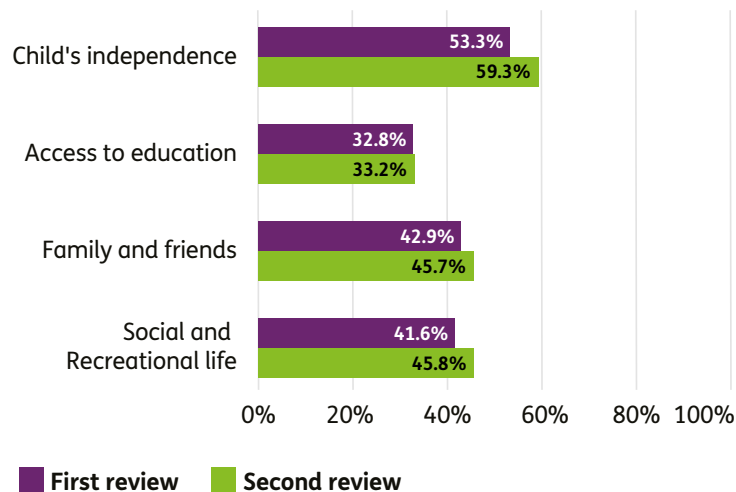
Indigenous status: Differences between baseline outcomes for Indigenous and non-Indigenous participants tend to be small, and results are mixed. Indigenous children are more likely to spend time with friends without an adult present, but are less likely to be becoming more independent (and are more likely to deteriorate on this indicator, longitudinally).

CALD status: Children from a CALD background have worse outcomes on most baseline indicators. Longitudinally, CALD participants are less likely to improve with regard to having a genuine say in decisions about themselves, making friends outside the family, and having friends they enjoy playing with, but are not significantly different on other outcomes.

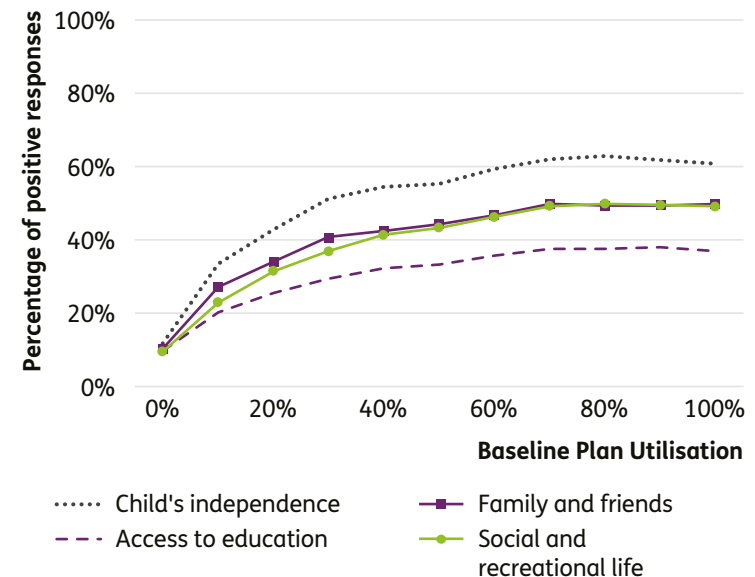
Participants from starting school to age 14: Has the NDIS helped?

Opinions on whether the NDIS has helped vary by domain for the starting school to 14 cohort. The percentage responding positively was lowest for access to education (32.8% after one year in the Scheme and essentially unchanged after two years in the Scheme) and highest for independence (53.3% after one year in the Scheme, increasing to 59.3% after two years in the Scheme). For education, however, the mainstream education system has a much bigger role in ensuring successful outcomes than the NDIS. Higher plan utilisation is strongly associated with a positive response after one year in the Scheme, and also after two years in the Scheme.

Percentage of positive responses



By plan utilisation rate, after one year



Participants from starting school to age 14: Has the NDIS helped?

Self-managing (either fully or partly) also tends to be associated with more positive responses.

Participants entering the Scheme for early intervention are more likely to think that the NDIS has helped than those entering due to disability, across all domains.¹

Change in responses between first and second review

The percentage who think that the NDIS has helped increased by 3-7% between first and second review across all domains except for access to education, where there was no change.

The likelihood of improvement/deterioration varied by some participant characteristics, with improvement being more likely for participants who self-manage, younger participants, and those living in Queensland.

¹ Participants accessing the Scheme under Section 25 of the NDIS Act 2013 enter the Scheme due to early intervention, whereas participants accessing the Scheme under Section 24 of the Act enter the Scheme due to disability.

Participants aged 15 to 24

Participants aged 15 to 24



Typically the young adult (15 to 24) cohort is characterised by increasing levels of independence and participation in community, with some individuals moving out of the family home, and transitioning from school to employment or further study.

The eight outcome domains are:

Choice and control (CC)

Daily living (DL)

Relationships (REL)

Home (HM)

Health and wellbeing (HW)

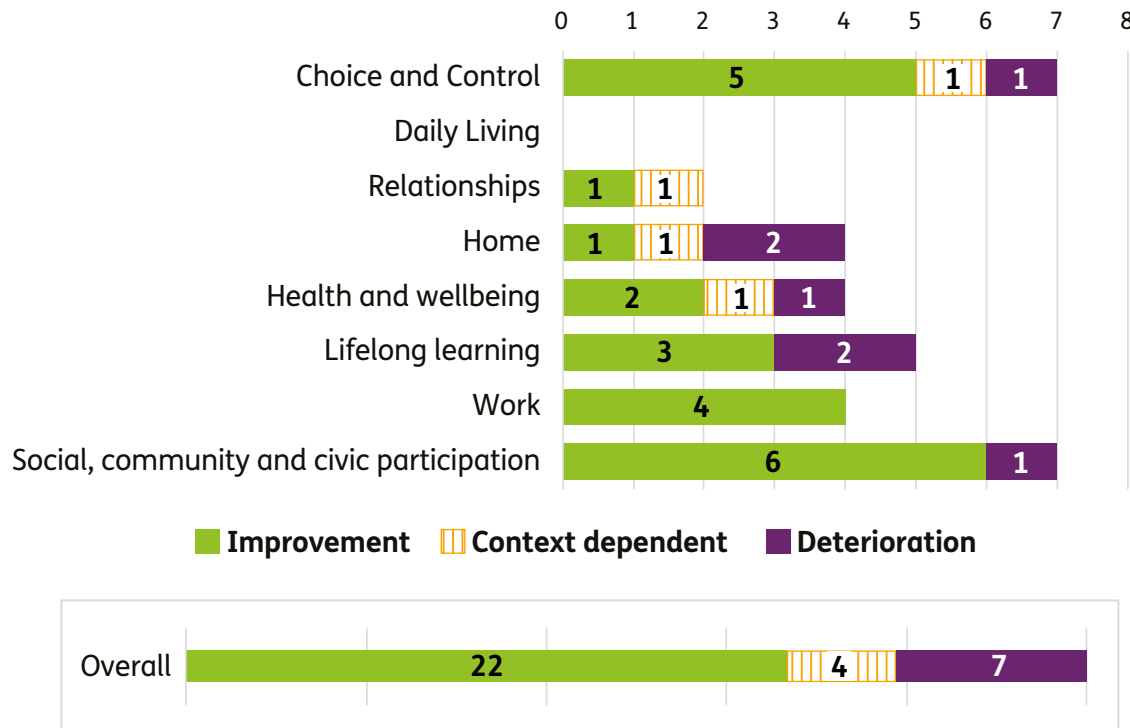
Lifelong learning (LL)

Work (WK)

Social, community and civic participation (S/CP)

Participants aged 15 to 24

Number of indicators with significant and material overall change by domain¹

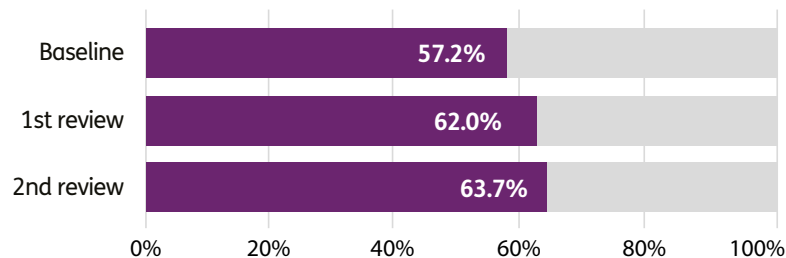


¹ McNemar test significant at the 5% level, absolute value of change greater than 0.02.

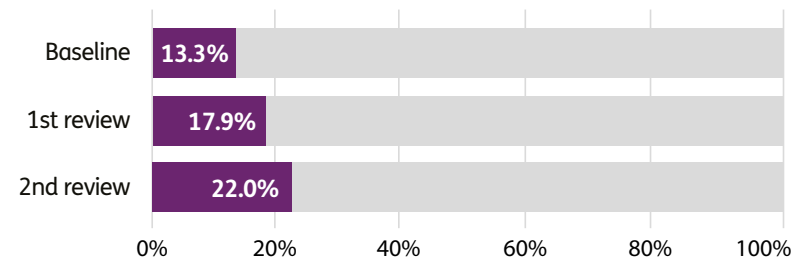
Participants aged 15 to 24: Choice and control and employment

For participants entering the Scheme in 2016-17, the percentage of participants who make more decisions in their life than they did 2 years ago increased by 6.4% between baseline and second review. The percentage of participants in a paid job increased by 8.7%.

■ Do you make more decisions in your life than you did 2 years ago?

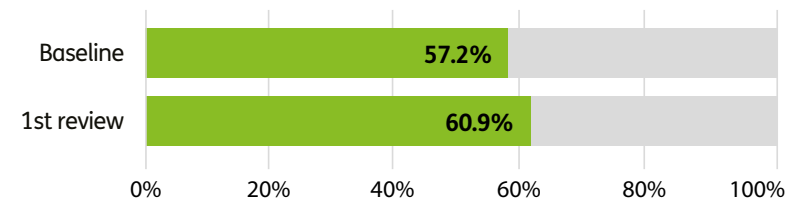


■ Are you currently working in a paid job?

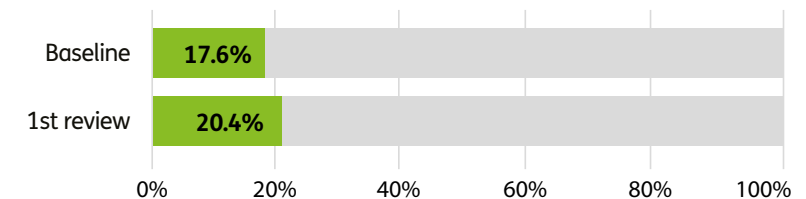


For participants entering in 2017-18, the percentage of participants who make more decisions in their life than they did 2 years ago increased by 3.8% between baseline and first review. The percentage of participants in a paid job increased by 2.8%.

■ Do you make more decisions in your life than you did 2 years ago?



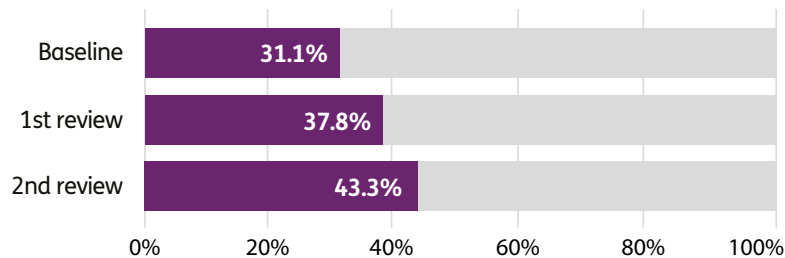
■ Are you currently working in a paid job?



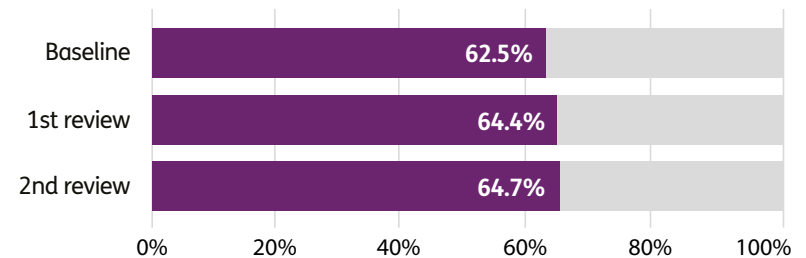
Participants aged 15 to 24: Participation and lifelong learning

For participants entering in 2016-17, the percentage actively involved in a community, cultural or religious group in the previous 12 months increased by 12.2% between baseline and second review. The percentage who get opportunities to learn new things increased by 2.3%.

■ Have you been actively involved in a community, cultural or religious group in the last 12 months?

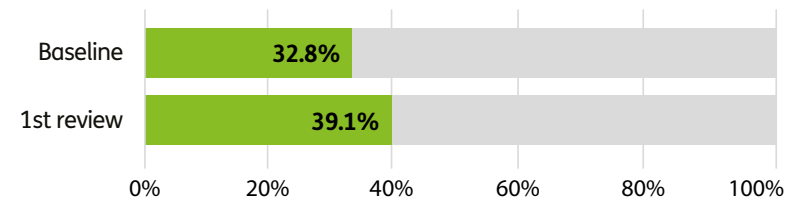


■ Do you get opportunities to learn new things?

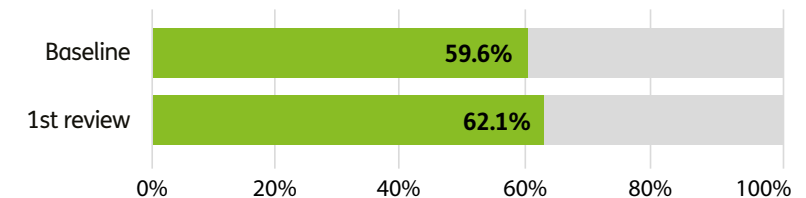


For participants entering in 2017-18, the percentage participating in a community group in the last 12 months increased by 6.3% between baseline and first review. The percentage who get opportunities to learn new things increased by 2.6%.

■ Have you been actively involved in a community, cultural or religious group in the last 12 months?



■ Do you get opportunities to learn new things?

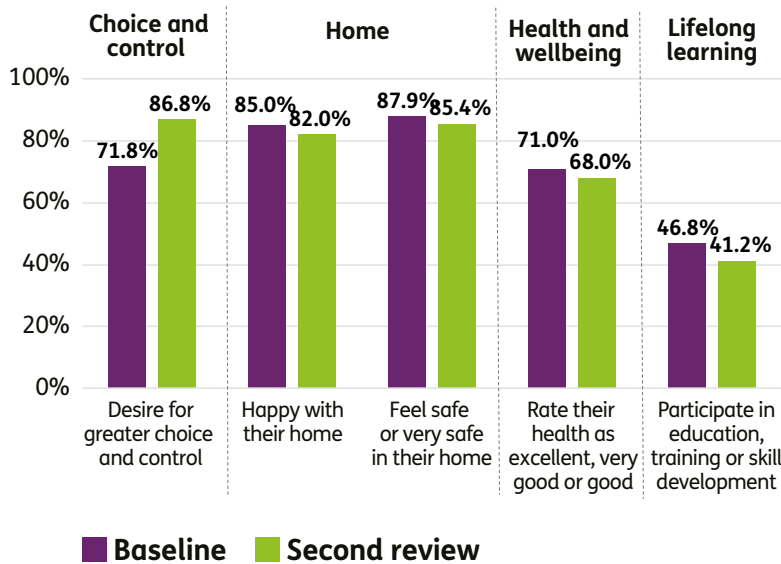


Participants aged 15 to 24:

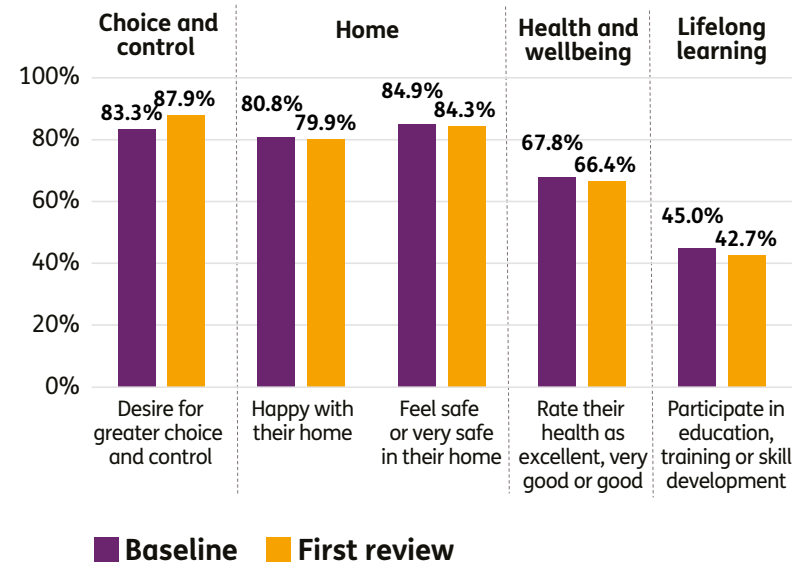
Choice and control, home, health and wellbeing, and lifelong learning

The percentage of participants who want greater choice and control has increased. The percentages who are happy with their home and who feel safe or very safe in their home have reduced slightly. The percentage who rate their health as excellent, very good or good has declined, as has the percentage who participate in education, training or skill development, possibly reflecting the transition from study to work.

2016-17 entrants – two year change



2017-18 entrants – one year change



Participants aged 15 to 24:

Outcomes by participant characteristics

Participants' baseline and longitudinal outcomes vary significantly with their level of function, primary disability, geographic remoteness, and cultural background.

Level of function: Participants with higher level of function tend to have better baseline outcomes and exhibit higher rates of improvement than those with a lower level of function.

Disability: Participants with a sensory disability generally experience better outcomes. Participants with a psychosocial disability have worse baseline outcomes, and in longitudinal analyses, are more likely to deteriorate with regard to seeing a regular doctor, saying that there were certain things they wanted to do in the last 12 months but could not, and knowing people in their community, but not significantly different on other indicators.

Geography: Participants from regional and remote locations are much more likely to know people in their community than those living in major cities at baseline, and more likely to improve over time. However they are less likely to have a regular doctor and more likely to have difficulty accessing health services. They are also less likely to be happy with their home.

Indigenous status: At baseline, Indigenous participants have slightly higher levels of choice and control than non-Indigenous participants. However, Indigenous participants were almost twice as likely to say they often felt lonely, were less happy with their home, and had poorer health outcomes. Indigenous participants were almost three times as likely to smoke (16.3% compared to 5.5% for non-Indigenous participants). In longitudinal analyses, Indigenous participants were more likely to start wanting more choice and control, and more likely to improve with respect to knowing people in their community.

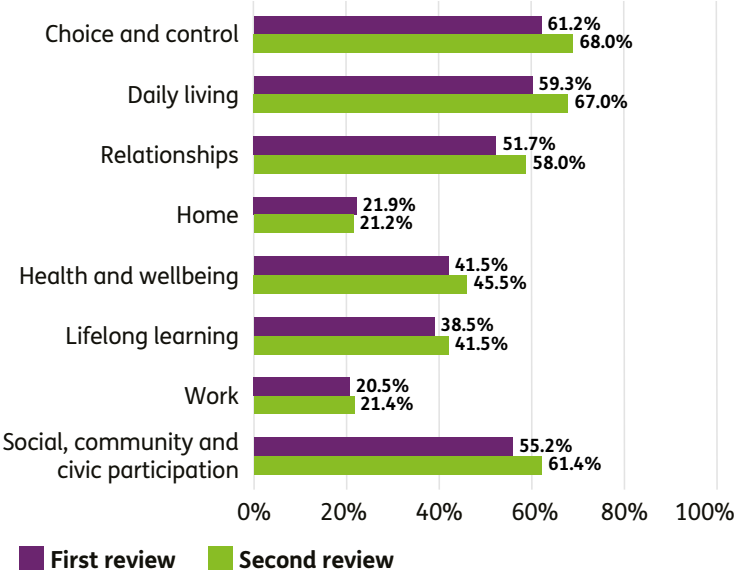
CALD status: Participants from a CALD background tend to have lower baseline levels of choice and control. In longitudinal analyses, they are more likely to deteriorate over time with respect to knowing people in their community, but not significantly different on other indicators.

Participants aged 15 to 24: Has the NDIS helped?

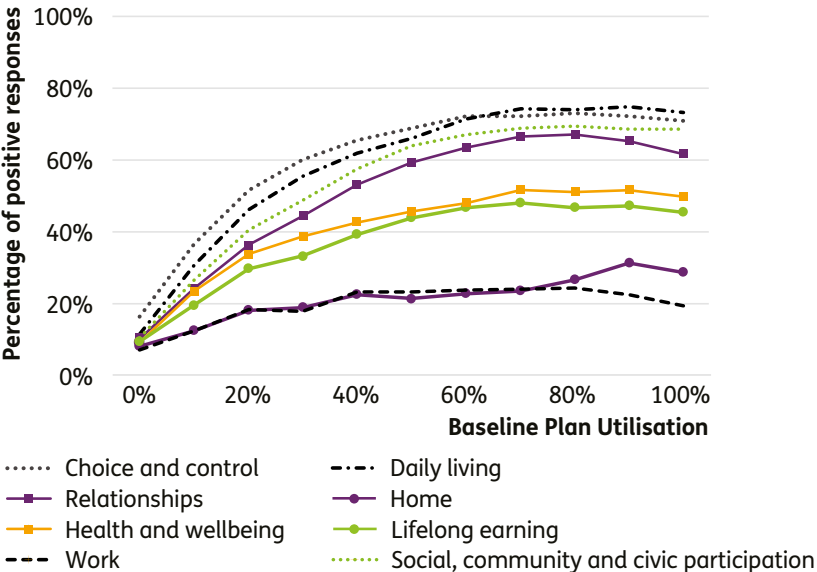
Opinions on whether the NDIS has helped vary considerably by domain for the young adult cohort. The percentage who think that the NDIS has helped is lowest for work (20.5% after one year in the Scheme, increasing slightly to 21.4% after two years in the Scheme) and home (21.9% after one year decreasing slightly to 21.2% after two years), and highest for choice and control (61.2% after one year increasing to 68.0% after two years) and daily activities (59.3% after one year increasing to 67.0% after two years).

For home, support is also needed from social housing systems, and for work, support also needs to come from other government areas and from employers.

Percentage of positive responses



By plan utilisation rate, after one year



Participants aged 15 to 24: Has the NDIS helped?

Participants from Western Australia tended to be more positive, and those from Tasmania less positive.

Change in responses between first and second review

The percentage who think that the NDIS has helped increased between first and second review across all domains except home. The likelihood of improvement/ deterioration varied by participant characteristics:

- Participants from Queensland tended to be more likely to improve.
- Female participants were more likely to improve in the relationships, health and wellbeing, and lifelong learning domains.
- For daily living, larger increases in plan utilisation over the period, and higher annualised plan budget at the start of the period, were associated with a higher likelihood of improvement.
- Participants in supported independent living were more likely to improve in the home, health and wellbeing, lifelong learning, and community participation domains, but more likely to deteriorate with regard to relationships.
- Participants with more complex needs (lower level of function, higher annualised plan budget, higher level of NDIA support through the participant pathway) tended to be more likely to improve and/or less likely to deteriorate in their opinions about whether the NDIS had helped. However for the work domain, participants with lower level of function were less likely to improve, and for lifelong learning, participants with lower level of NDIA support were more likely to improve.

Participants aged 25 and over

Participants aged 25 and over



Employment is an important area for the older adult (25 and over) cohort, with the older members of this cohort also starting to transition to retirement. For both young and older adults, choice and control is a normal part of everyday life.

The eight outcome domains are the same as for younger adults:

Choice and control (CC)

Daily living (DL)

Relationships (REL)

Home (HM)

Health and wellbeing (HW)

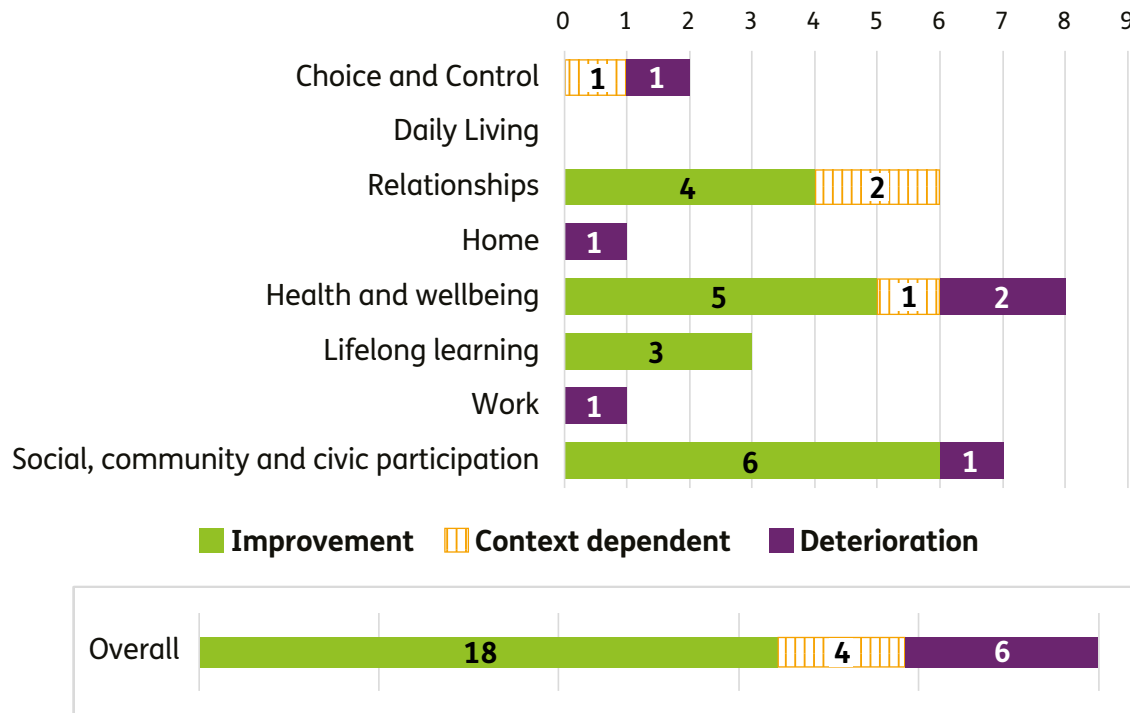
Lifelong learning (LL)

Work (WK)

Social, community and civic participation (S/CP)

Participants aged 25 and over

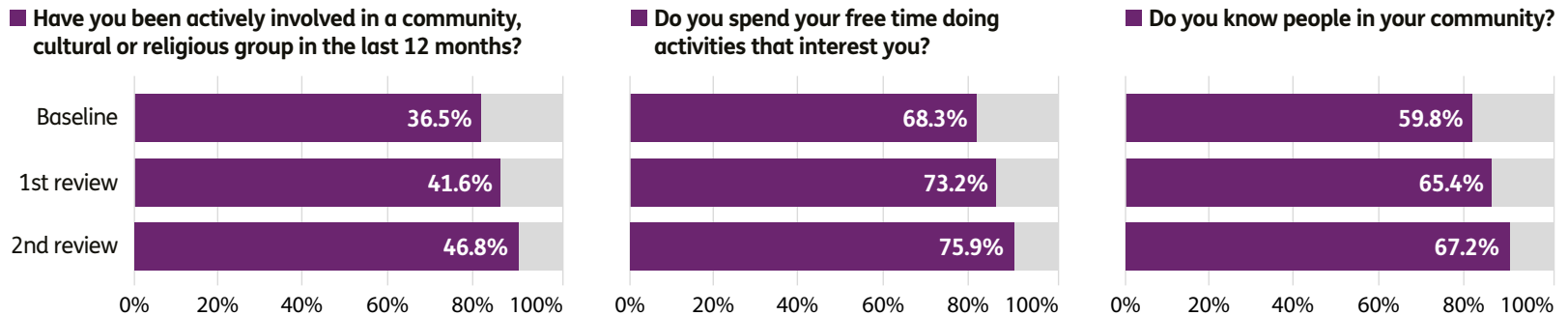
Number of indicators with significant and material overall change by domain¹



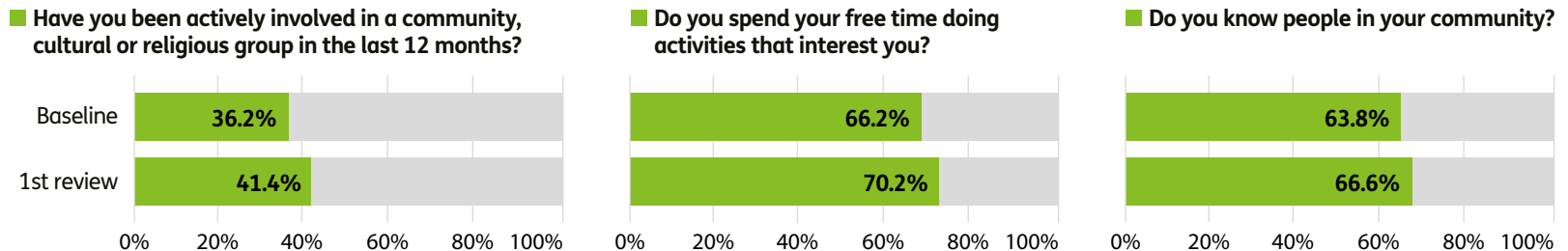
¹ McNemar test significant at the 5% level, absolute value of change greater than 0.02.

Participants aged 25 and over: Social, community and civic participation

For 2016-17 entrants, there have been increases over two years in the percentages who: are actively involved in a community, cultural or religious group in the last 12 months (10.3%); spend their free time doing activities that interest them (7.5%); know people in their community (7.3%).



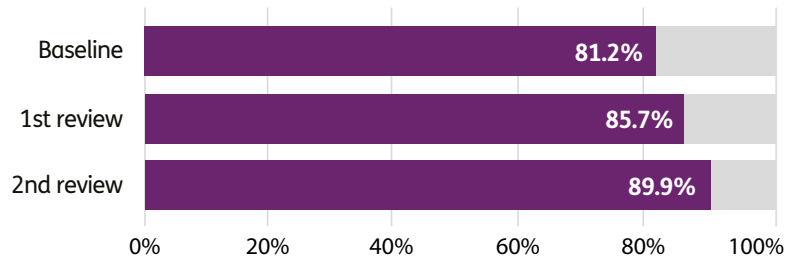
For 2017-18 entrants, there have been increases over one year in the percentages who: are actively involved in a community, cultural or religious group in the last 12 months (5.2%); spend their free time doing activities that interest them (4.0%); know people in their community (2.8%).



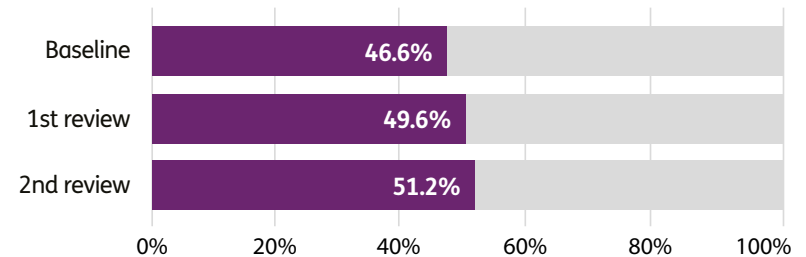
Participants aged 25 and over: Relationships and lifelong learning

For participants entering in 2016-17, the percentage who have someone to call on for practical assistance increased by 8.7% over two years. The percentage who get opportunities to learn new things increased by 4.6%.

■ Do you have someone outside your home to call on for practical assistance?

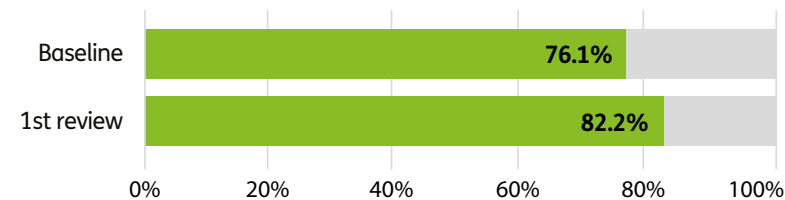


■ Do you get opportunities to learn new things?

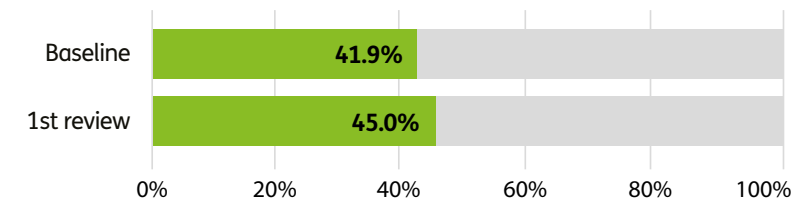


For participants entering in 2017-18, the percentage who have someone to call on for practical assistance increased by 6.1% over one year. The percentage who get opportunities to learn new things increased by 3.0%.

■ Do you have someone outside your home to call on for practical assistance?



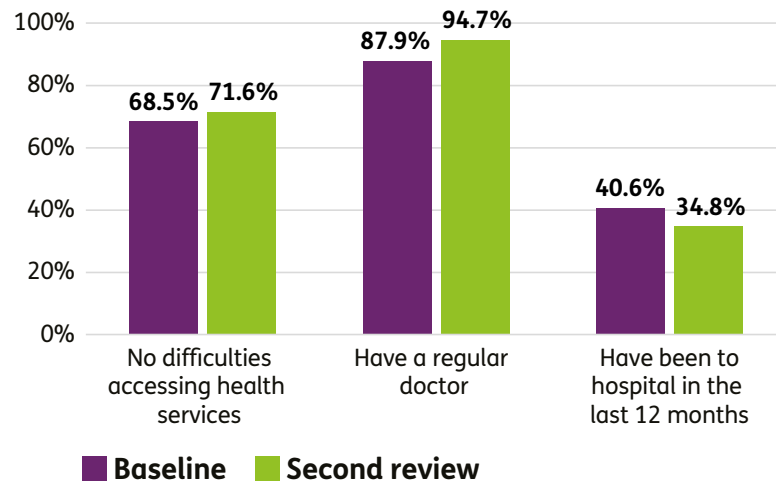
■ Do you get opportunities to learn new things?



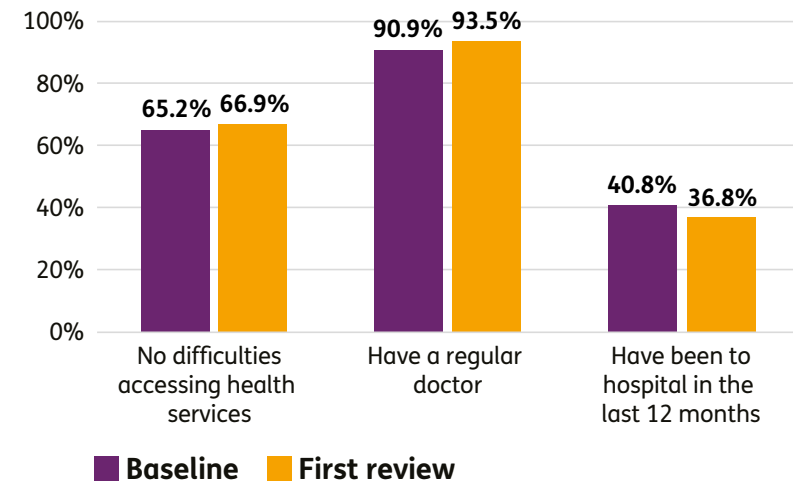
Participants aged 25 and over: Improvements in health and wellbeing indicators

Health indicators suggest an improvement in accessing health services and lower rates of hospitalisation. More participants say they have a regular doctor.

2016-17 entrants – two year change

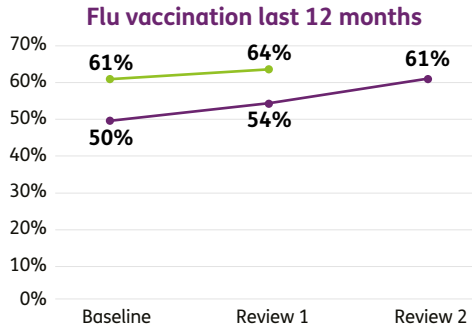
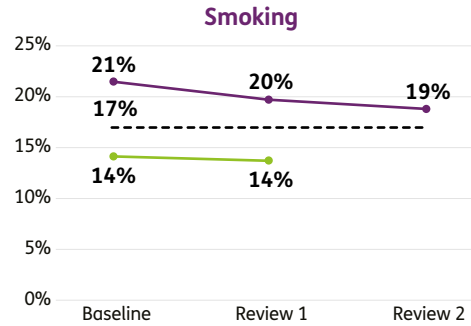
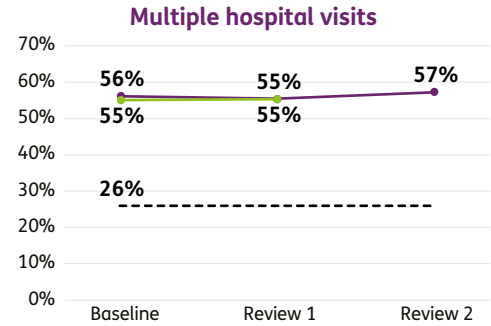
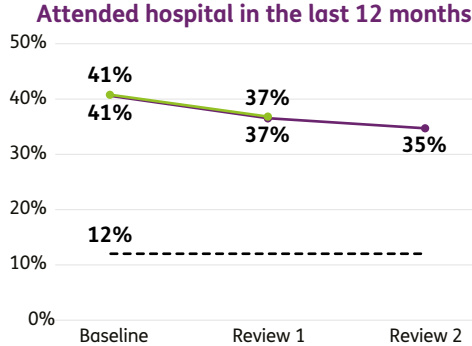
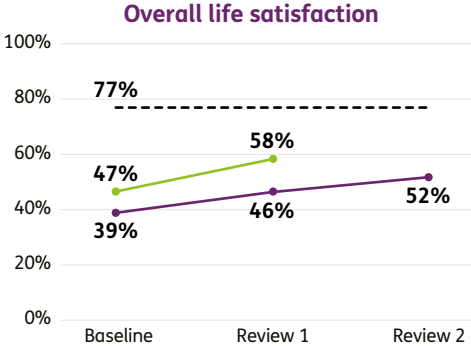
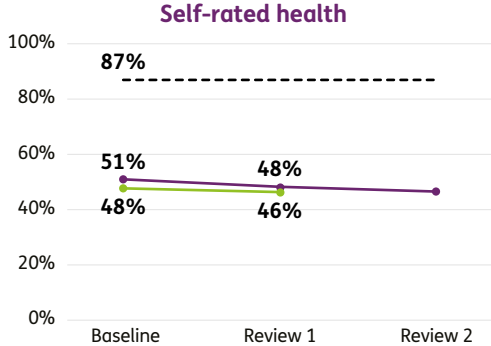


2017-18 entrants – one year change



Participants aged 25 and over: Health and wellbeing

Despite improvements on some indicators, participants' health and wellbeing is generally poorer than for the Australian population.



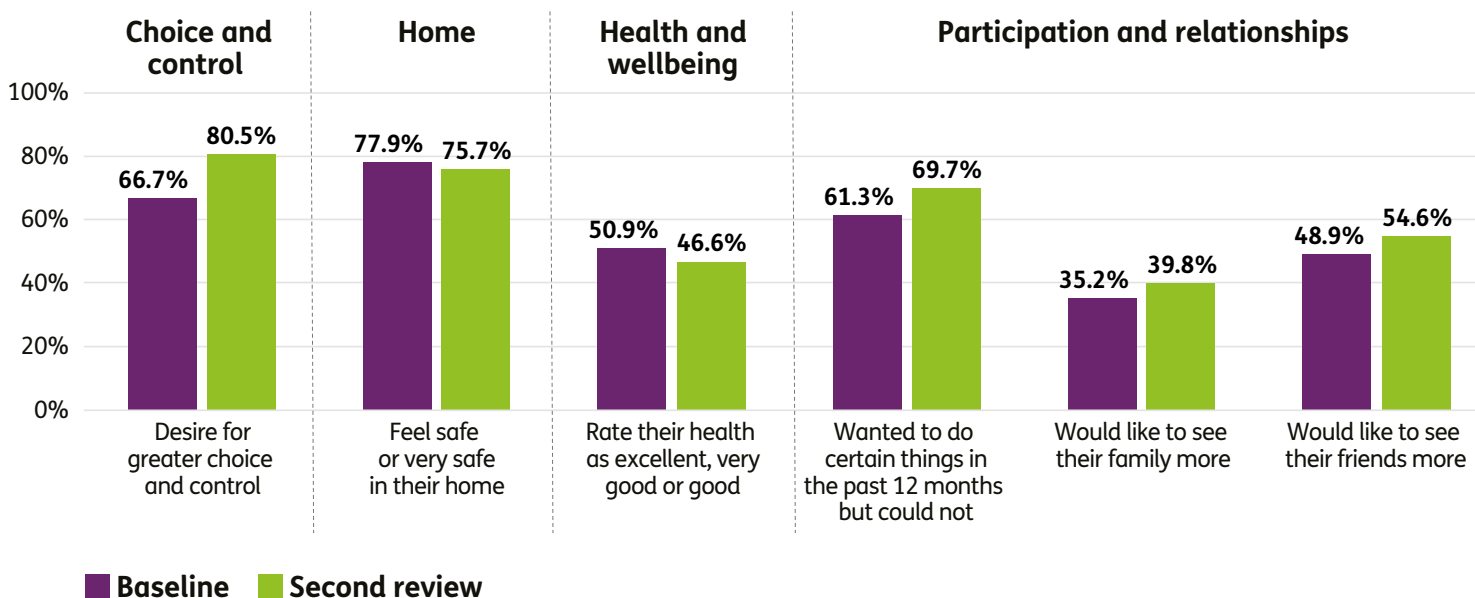
—●— 2016-17 cohort —●— 2017-18 cohort --- Benchmark

Participants aged 25 and over:

Choice and control, home, health and wellbeing, participation and relationships

The percentage of participants who want greater choice and control has increased. The percentage who feel safe or very safe in their home has reduced slightly. The percentage who rate their health as excellent, very good or good has declined. Participants expressed an increasing desire to see family and friends more often, and there has been an increase in the percentage who wanted to do certain things in the past 12 months but could not.

2016-17 entrants – two year change



Participants aged 25 and over:

Outcomes by participant characteristics

Participants' baseline and longitudinal outcomes vary significantly with their level of function, primary disability, geographic remoteness, and cultural background.

Level of function: Participants with higher level of function tend to have better baseline outcomes and exhibit higher rates of improvement than those with a lower level of function.

Disability: At baseline, participants with intellectual disability or autism experience lower levels of choice and control, and those with a sensory disability or multiple sclerosis experience higher levels. However, participants with multiple sclerosis have the poorest self-rated health and are more likely to go to hospital. In longitudinal analyses, participants with a psychosocial disability are more likely to start seeing a regular doctor, are less likely to improve and more likely to deteriorate with regard to knowing people in their community, and not significantly different on most other indicators.

Geography: The likelihood of knowing people in the community was higher at baseline for participants in more remote areas, and also improved more over time. However, difficulties in accessing health services tended to increase with remoteness, and participants in major cities were more likely to have a paid job.

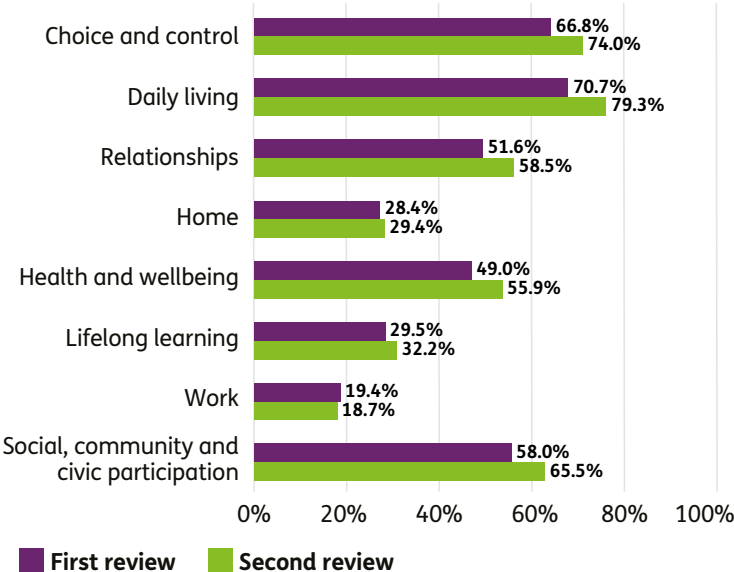
Indigenous status: Indigenous participants were less happy with their home, less likely to feel safe at home and in their community, and had poorer health outcomes, but were similar to non-Indigenous participants on some other indicators. Indigenous participants were more likely to smoke (30.9% compared to 18.7% overall).

CALD status: outcomes were slightly better for some baseline choice and control indicators but poorer on some health and wellbeing indicators. In longitudinal analyses, CALD participants were more likely to improve and less likely to deteriorate when asked whether there were certain things they wanted to do in the last 12 months, but could not, and not significantly different on most other indicators.

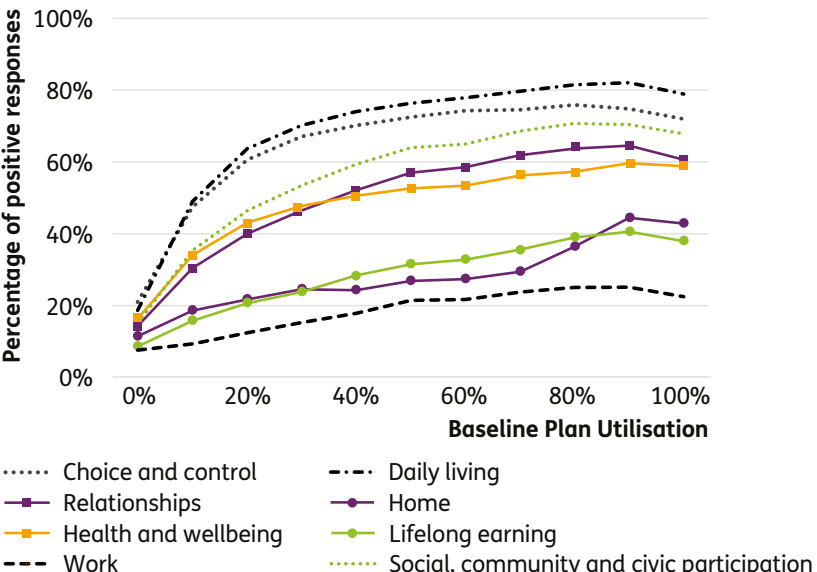
Participants aged 25 and over: Has the NDIS helped?

Opinions on whether the NDIS has helped tend to be slightly more optimistic than for the young adult cohort, but generally reflect a similar pattern by domain (apart from lifelong learning and work). The percentage who think the NDIS has helped is highest for daily activities (70.7% after one year in the Scheme, increasing to 79.3% after two years in the Scheme), followed by choice and control (66.8% after one year in the Scheme, increasing to 74.0% after two years in the Scheme). Percentages are lowest for home (28.4% after one year and 29.4% after two years) and work (19.4% after one year and 18.7% after two years). For home, support is also needed from social housing systems, and for work, support also needs to come from other government areas and from employers.

Percentage of positive responses



By plan utilisation rate, after one year



Participants aged 25 and over: Has the NDIS helped?

Participants from WA tended to be more positive, and those from VIC less positive.

Change in responses between first and second review

The percentage who think that the NDIS has helped increased by 1% to 9% between first and second review across all domains except work, where there was a 1% decrease. The likelihood of improvement/ deterioration varied by some participant characteristics:

- Participants in supported independent living were more likely to improve and less likely to deteriorate across all domains.
- Female participants were more likely to improve in the choice and control and daily living domains.
- Participants who self-manage were more likely to improve and/or less likely to deteriorate in the choice and control, daily living, and health and wellbeing domains.
- Older participants were less likely to deteriorate for daily living, home, health and wellbeing, but less likely to improve for lifelong learning and work (possibly reflecting older participants attaching less importance to these domains).
- CALD participants were more likely to deteriorate for health and wellbeing and community participation.



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