

NDIS Participant Outcomes

30 June 2019

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Executive summary

Background

Fundamentally, the National Disability Insurance Scheme (NDIS) was set up to allow people with disability to live “an ordinary life”: to fully realise their potential, to participate in and contribute to society, and to have a say in their own present and future – just as other members of Australian society do.

These aims are embedded in the legislation which established the Scheme, the National Disability Insurance Scheme Act 2013¹ (the NDIS Act), and included in the National Disability Insurance Agency (NDIA) Corporate Plan 2019-2023².

The NDIS Act underscores the Scheme objectives:

- To support the independence and social and economic participation of people with disability;
- To enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports;
- To maximise independent lifestyles and full inclusion in the community; and
- To facilitate greater community inclusion of people with disability.

The NDIS Outcomes Framework questionnaires

The NDIS Act further indicates that the Scheme adopts an insurance-based approach. An insurance-based approach considers the lifetime cost of participants (including early investment), and the outcomes achieved across participants’ lifetimes. Measurement of outcomes and costs (both to the NDIS and other mainstream service systems) is critical in understanding the success of the NDIS and is a legislative requirement.³

Measurement of outcomes encompasses a wide range of areas, ranging from participants’ progress towards achievement of their own individual goals, to the broad economic and societal benefits that are expected to emerge from the Scheme in the longer term.

The NDIS Outcomes Framework questionnaires have been developed to measure progress towards a common set of accepted goals for each participant, so that the results can be aggregated to provide a picture of how and where the Scheme is making a difference. In addition, a common set of goals allows benchmarking to Australians without disability and to other OECD countries.

This report is the second annual report on participant outcomes, and analyses:

- The results of the baseline outcomes framework questionnaires for people who entered the Scheme in 2016-17, 2017-18 and 2018-19 (referred to as “baseline” as the NDIS has not influenced the outcomes of participants at this point).

¹ <http://www.comlaw.gov.au/Details/C2019C00332/Download>

² <https://www.ndis.gov.au/about-us/publications/corporate-plan#corporate-plan-2019-2023>

³ Further, the National Disability Insurance Scheme forms part of the broader National Disability Strategy 2010-2020. The strategy is a commitment from all governments to a shared vision of an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens. In particular, the strategy emphasises the need for improved performance of mainstream services in delivering outcomes for people with disability.

- One year longitudinal changes in outcomes for people who entered in 2016-17 and 2017-18 (have been in the Scheme for at least one year).
- Two year longitudinal changes in outcomes for people who entered in 2016-17 (have been in the Scheme for two years).

This year's report adds a second year of longitudinal experience to the analysis, compared to last year's report. Two years is still not a lot of time to measure success – however, importantly this report builds on last year's analysis and continues the conversation on what factors are driving good outcomes, and indicates that the NDIS is continuing to improve many participants' lives.

Baseline versus progress

It is important to recognise that, with respect to how they are going in different areas of their lives, participants do not enter the Scheme on an equal footing. A whole range of individual and external factors will impact on the experiences of participants at baseline, including the nature and severity of their disability, the extent of support they receive from family and friends, how inclusive their community is, their general health, and even their own inherent resilience.

A stark example of this baseline variability is provided by young adult participants with a psychosocial disability. These participants were found to have consistently poorer baseline outcomes, across all life domains. On the other hand, participants with a hearing impairment generally experience better baseline outcomes.

Consequently, the success of the Scheme should be judged not on baseline outcomes, but on how far participants have come since they entered the Scheme, acknowledging their different starting points.

It is also important to note that whilst some of the benefits of the Scheme should be quick to emerge (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.

Finally, it should be recognised that some of the domains included in the outcomes framework (for example, home, education, and health) are not the primary responsibility of the NDIS, but are nevertheless included in order to provide a fuller picture of participants' circumstances.

A lifespan approach

Leveraging research conducted by the NDIS Independent Advisory Council (IAC), the outcomes framework takes a lifespan approach to the measurement of outcomes, recognising that different milestones are important for different age groups.

Reflecting this lifespan approach, the report is organised with a separate chapter for each participant age cohort⁴, synthesising analyses from all data sources⁵.

High level summaries of results for all questions are included in separate volumes of Appendices.

⁴ Participants from birth to before starting school, participants from starting school to age 14, participants aged 15 to 24, and participants aged 25 and over.

⁵ The Short Form (SF) outcomes framework and the Long Form (LF) outcomes framework, baseline and longitudinal information.

Participants from birth to before starting school

Outcome indicators for children in the birth to before starting school age group measure the extent to which participants are gaining functional, developmental and coping skills appropriate to their ability and circumstances; showing evidence of autonomy in their everyday lives; accessing early intervention specialist services; and participating meaningfully in family and community life.

Overall results

- In the longitudinal analysis, significant **improvements** were observed across a number of indicators, both from baseline to first review, and from baseline to second review, particularly in the areas of:
 - **Social, community and civic 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%. The improvement was slightly stronger on an age-adjusted basis (8.6%).
 - 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%.
 - **Specialist services:**
 - For participants entering in 2016-17, the use of specialist services increased by 23.3% between baseline and second review, from 73.6% to 96.9%. The percentage of parents/carers who say specialist services support them in assisting their child increased by 9.7%, from 86.7% to 97.1%. Furthermore, 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% (6.0% age adjusted) between baseline second review, from 86.8% to 97.9%.
 - For participants entering in 2017-18, use of specialist services increased by 15.0% in the year following Scheme entry. The percentage of parents/carers who say specialist services support them in assisting their child increased by 2.9%, from 94.2% to 97.0%, and 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%. Further, the percentage who say the services they use assist staff at their child's day care, pre-school, or community activities to support their child has increased by 15.7% over one year in the Scheme, from 52.9% to 68.6%.
 - **Participating in 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, from 67.1% to 74.2%. On an age-adjusted basis the improvement was slightly stronger (8.2%). In addition, the percentage who say that their child gets along with his or her brothers or sisters increased by 2.1% (7.7% on an age-adjusted basis), from 85.3% at baseline to 87.4% at second review.

- 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% between baseline and first review, from 68.5% to 73.1%. On an age-adjusted basis the improvement was slightly stronger (6.9%). In addition, the percentage who say that their child gets along with his or her brothers or sisters has increased by 2.3% (3.3% on an age-adjusted basis), from 80.9% to 83.2%.

Figure 1 Changes in indicators over two years for birth to starting school participants who entered the Scheme in 2016-17

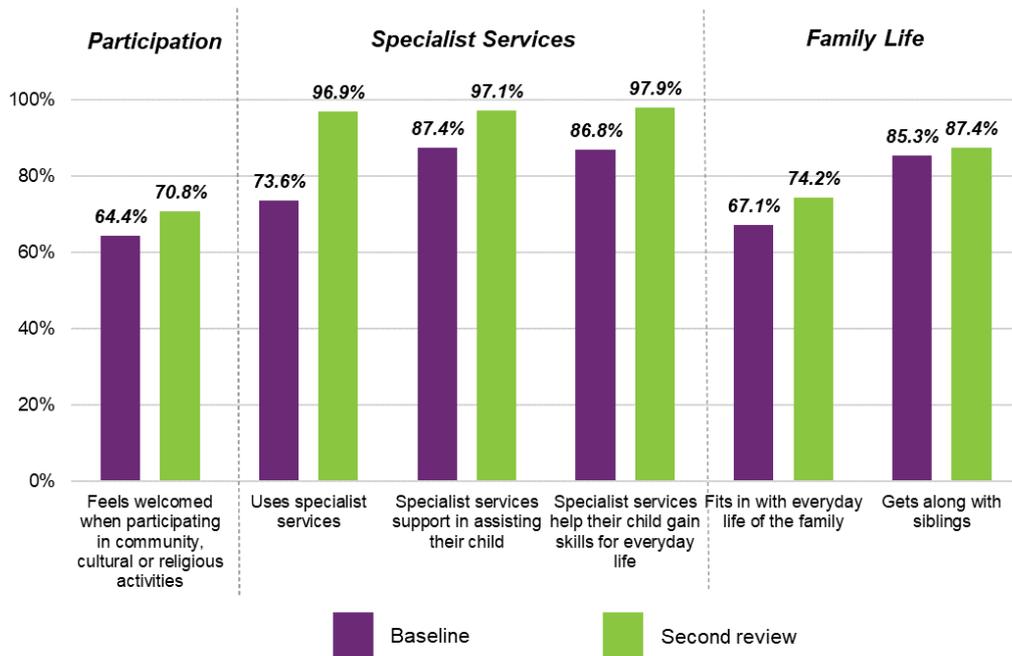
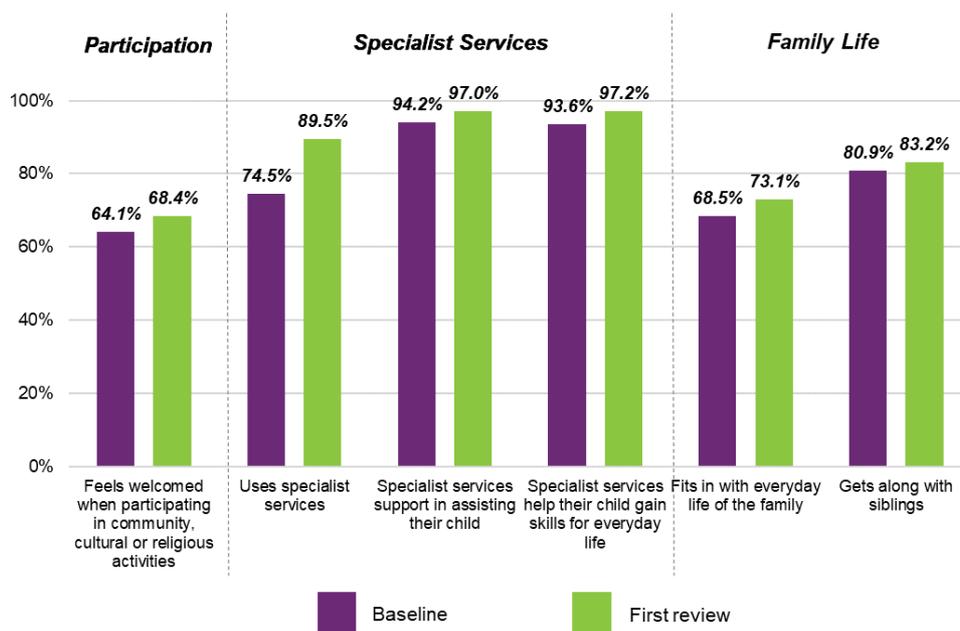
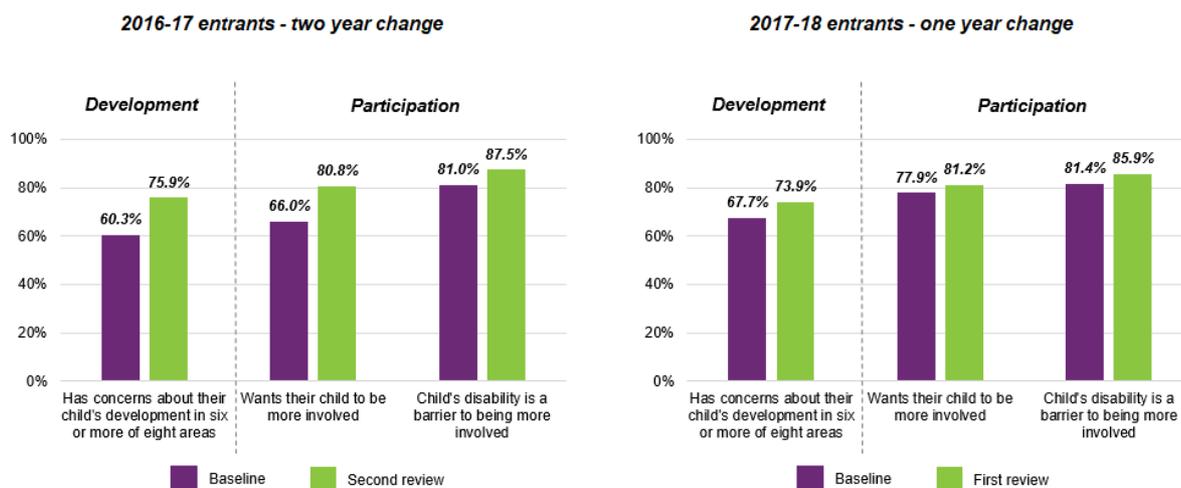


Figure 2 Changes in indicators over one year for birth to starting school participants who entered the Scheme in 2017-18



- Improved access to specialist services improves families' knowledge about their child's disability or developmental delay, which can lead to increased concerns and expectations for their child, particularly for families who have had little or no access to services prior to the Scheme.
 - Understandably, their **child's progress in major developmental areas** is a key concern of parents and carers. From the longitudinal analysis, the proportion of parents/carers expressing concern about their child's development in six or more of eight areas surveyed has increased:
 - For participants entering in 2016-17, by 15.6% between baseline and second review, from 60.3% to 75.9%. However, on an age-adjusted basis, the increase was lower (7.2%).
 - For participants entering in 2017-18, by 6.2% between baseline and first review, from 67.7% to 73.9%. However, on an age-adjusted basis, the increase was slightly lower (5.3%).
 - **Social inclusion and interaction** for children with a disability is another key concern, and the proportion of parents/carers who wanted their child to be more involved in community activities has increased:
 - For participants entering in 2016-17, by 14.7% between baseline and second review, from 66.0% to 80.8%. There was also a 6.4% increase in the percentage of parents/carers who say their child's disability is one of the barriers to being involved in community activities, from 81.0% at baseline to 87.5% at second review. On an age-adjusted basis, the increase was lower (5.7%).
 - For participants entering in 2017-18, by 3.3% between baseline and first review, from 77.9% to 81.2%. There was also a 4.4% increase in the percentage of parents/carers who say their child's disability is one of the barriers to being involved in community activities, from 81.4% at baseline to 85.9% at first review.

Figure 3 Changes in indicators for birth to starting school participants



- Participants' baseline and longitudinal outcomes vary significantly with their level of function, primary disability, geographic remoteness, cultural background and plan utilisation:
 - Baseline and longitudinal outcomes vary with participant 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.
 - Participants with a hearing impairment generally experience better outcomes than those with other disabilities, both baseline and longitudinal.
 - 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.
 - Many baseline indicators are similar for Indigenous participants compared to non-Indigenous participants. However, non-Indigenous participants are more likely to live with their parents than Indigenous children, and less likely to live in public housing. Non-indigenous participants are also more likely to use specialist services. One-way analyses suggest that Indigenous children are more likely to be able to make friends outside the family and to have friends they enjoy playing with, but less likely to participate in community, cultural or religious activities. 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).
 - Some baseline indicators tend to be better for participants from a non-CALD background compared to those who are from a CALD background. Children from a non-CALD background are more likely to be able to tell their parents what they want, and more likely to be welcomed or actively included when they participate in community, cultural or religious activities. Parents/carers of participants from a CALD background are more likely to want their children to become more involved 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.
- Opinions on whether the NDIS has helped are generally positive for this cohort:
 - There is widespread agreement that the NDIS has helped in areas related 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). Higher plan utilisation is strongly associated with a positive response after one year in the Scheme, and also after two years in the Scheme, across all five areas surveyed. Participants entering the Scheme for early intervention⁶ are more likely to think that the NDIS had helped after one year in the Scheme than those entering due to disability.

⁶ 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.

- 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”), and new participants (not previously receiving services from State/Territory or Commonwealth programs) were more likely to maintain a positive answer.

Participants from starting school to age 14

This age group includes children who are commencing school, up to the early teenage years. Typically these years of a child's life are characterised by increasing independence and development of relationships inside and outside the family.

Overall results

- In the longitudinal analysis, significant **improvements** were observed in the area of independence in the Daily Living and Relationships domains.
 - **Daily living:**
 - For participants who entered the Scheme in 2016-17, there has been a 7.0% increase in the percentage of families who say their child is becoming more independent, from 43.5% at baseline to 50.5% at second review. The improvement was stronger on an age-adjusted basis (13.2%). The percentage of children who spend time away from parents/carers other than at school increased in the year following Scheme entry by 2.3%, with a further increase of 1.2% for the second year in the Scheme.
 - 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, from 42.0% to 46.5%. The percentage of children who manage the demands of their world increased by 9.8%, from 41.0% at baseline to 50.8% at first review.⁷
 - **Relationships:**
 - 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 (4.6% on an age-adjusted basis), from 46.5% 48.9%.
 - 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%.

⁷ This is a long form indicator and numbers are too small to report the two year change for the 2016-17 cohort.

Figure 4 Changes in indicators for starting school to age 14 participants who entered the Scheme in 2016-17

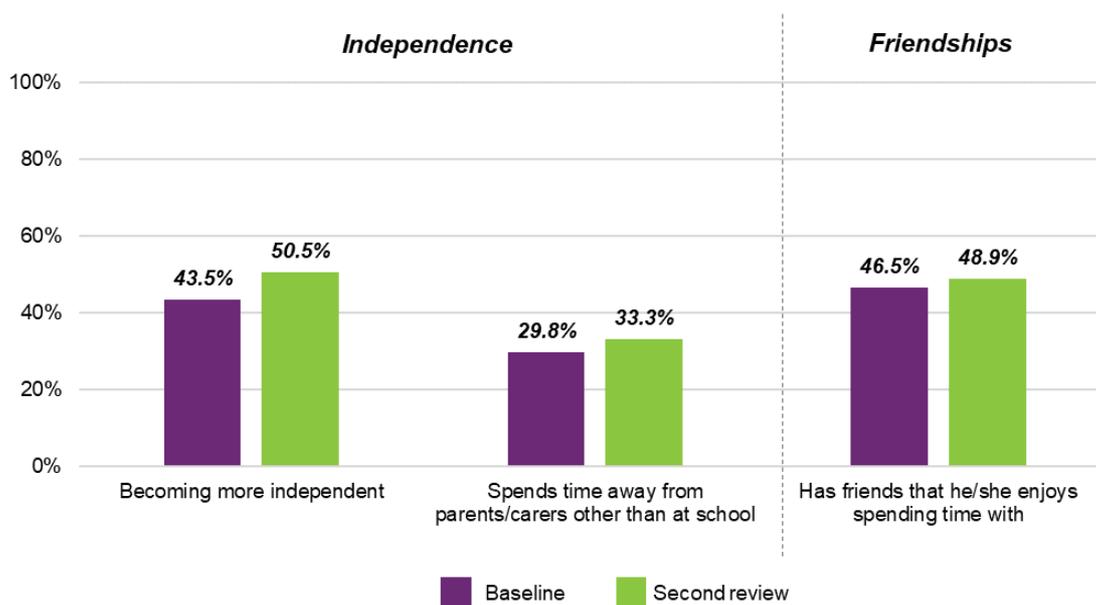
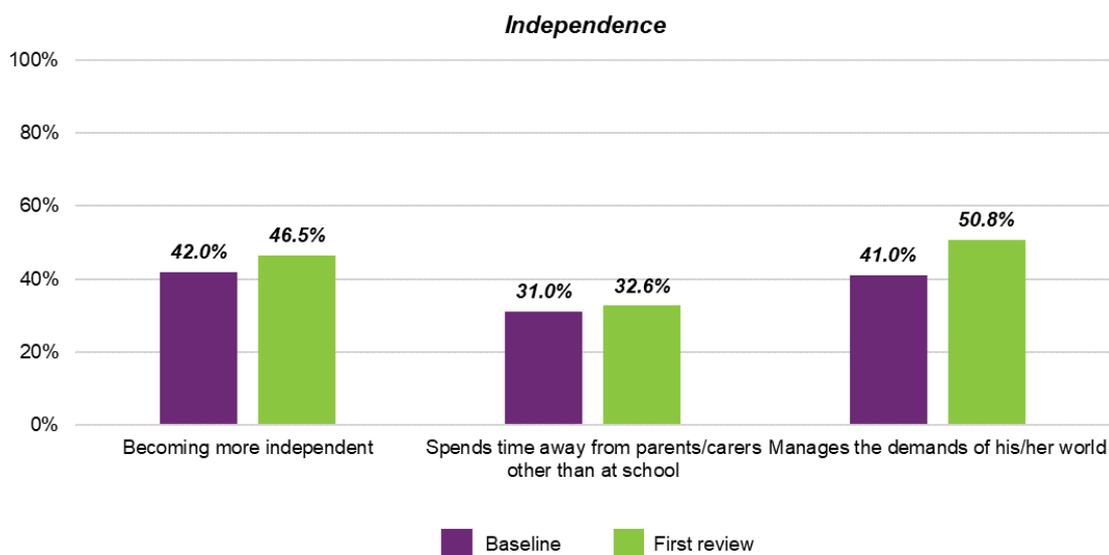


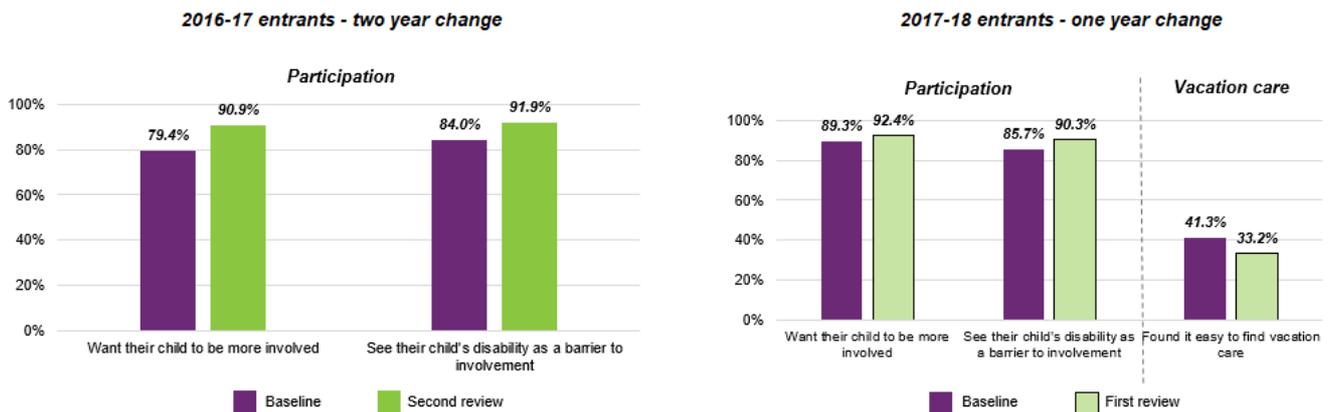
Figure 5 Changes in indicators for starting school to age 14 participants who entered the Scheme in 2017-18



- Children in this age group typically are developing a wider range of social skills and have moved from the home environment into school. For indicators of **social interaction and inclusion**, observed changes include:
 - For participants entering in 2016-17, there has been an 11.4% (8.4% age adjusted) increase in the percentage of parents/carers who said they would like their child to have more opportunity to be involved in activities with other children, from 79.4% at baseline to 90.9% at second review. Of the parents/carers who would like their child to have more involvement, the percentage who see their child's disability as a barrier increased by 7.9% (7.0% age adjusted) from 84.0% at baseline to 91.9% at second review.

- For participants entering in 2017-18, the percentage of parents/carers who say they would like their child to have more opportunities to be involved in activities with other children increased by 3.1% between baseline and first review, from 89.3% to 92.4%. Of those who would like their child to be more involved in activities with other children, the percentage who say their child's disability as a barrier increased by 4.6% between baseline and the first review, from 85.7% to 90.3%. Furthermore, 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.

Figure 6 Changes in indicators for starting school to age 14 participants



- Participants' baseline and longitudinal outcomes vary significantly with their level of function, primary disability, geographic remoteness and cultural background:
 - Participants with higher level of function tend to have better baseline outcomes and exhibit higher rates of improvement than those with lower level of function.
 - Participants with a sensory disability generally experience better outcomes than those with other disabilities, both baseline and longitudinal.
 - 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.
 - 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.
 - Differences between baseline outcomes for Indigenous and non-Indigenous participants tend to be smaller than for CALD versus non-CALD participants, 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). As for the younger cohort, Indigenous children are less likely to live with their parents, and more likely to live in public housing.
- 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 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 a strong predictor of a positive response across all four areas surveyed, after both one and two years in the Scheme. The fact that utilisation tends to be lowest for the starting school to 14 cohort may contribute to the observed lower levels of satisfaction across all domains, compared to participants in other age groups.
- 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.
- The percentage who think that the NDIS has helped increased slightly (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 QLD.

Participants aged 15 to 24

Participants aged 15 to 24, the young adult cohort, are characterised by increasing levels of independence and participation in community. They are also likely to be impacted by major life events such as moving out of the family home, and transitioning from school to employment or further study.

Overall results

- Overall, significant **improvements** were observed across a number of indicators, particularly in the areas of Choice and Control, Work, and Social, Community and Civic Participation.
 - **Choice and control:**
 - 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%, from 57.2% at baseline to 63.7% at second review. The percentage of participants who choose how they spend their free time also increased between baseline and second review, by 11.3%.
 - 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%, from 57.2% at baseline to 60.9% at first review. The percentage who choose how they spend their free time increased by 12.4%, from 50.4% to 62.8%.
 - **Work:**
 - For participants entering the Scheme in 2016-17, the percentage of participants in a paid job increased by 8.7%, from 13.3% at baseline to 22.0% at second review.
 - For participants entering in 2017-18, the percentage of participants in a paid job increased by 2.8%, from 17.6% at baseline to 20.4% at first review.
 - **Lifelong learning:**
 - For participants entering the Scheme in 2016-17, the percentage who get opportunities to learn new things increased by 2.3%, from 62.5% at baseline to 64.7% at second review.
 - For participants entering in 2017-18, the percentage who get opportunities to learn new things increased by 2.6%, from 59.6% at baseline to 62.1% at first review.
 - **Social, community and civic participation:**
 - 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%, from 31.1% at baseline to 43.3% at second review. The percentage of participants who get opportunities to try new things increased by 13.8%, from 77.5% at baseline to 91.3% at second review.
 - For participants entering in 2017-18, the percentage participating in a community group in the last 12 months increased by 6.3%, from 32.8% at baseline to 39.1% at first review. There were also significant increases in the percentage who spend their free time doing activities that interest them (from 75.8% to 79.5%), the percentage who know people in their community (57.2% to 59.9%), and the percentage who have the opportunity to try new things and have new experiences (77.6% to 84.4%).

Figure 7 Changes in indicators over two years for participants aged 15-24 who entered the Scheme in 2016-17

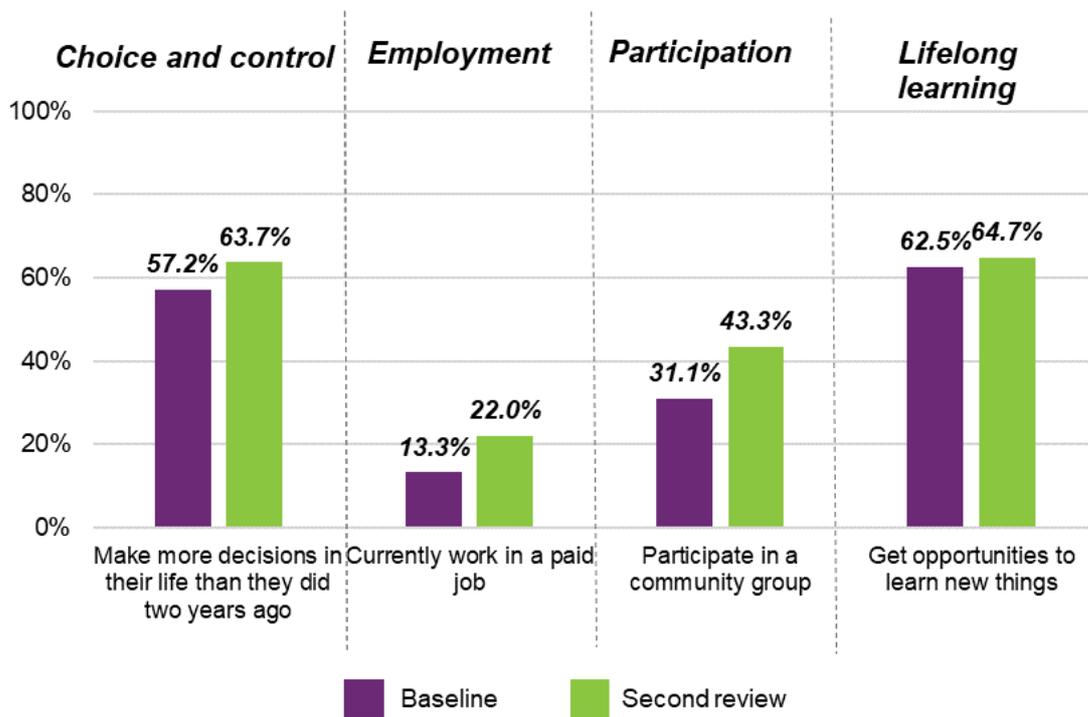
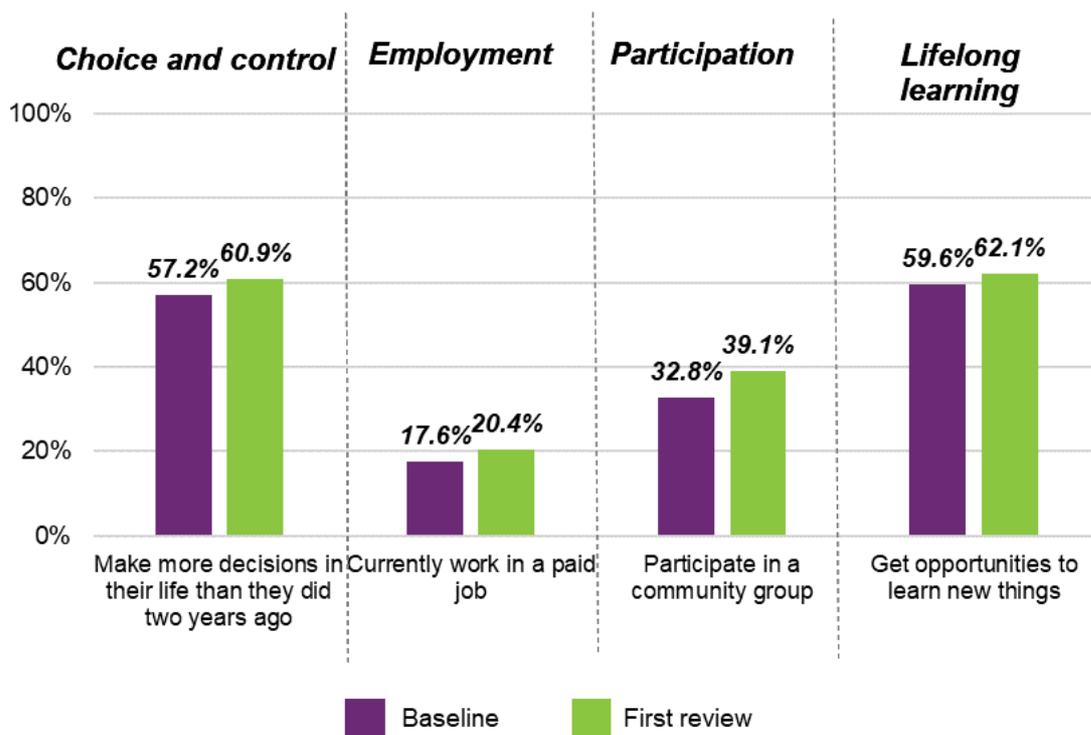


Figure 8 Changes in indicators over one year for participants aged 15-24 who entered the Scheme in 2017-18



- **Other significant changes** have been observed for some indicators in the Choice and Control, Home, Health and Wellbeing and Lifelong Learning domains.
 - **Choice and control:** While improvements were observed for some choice and control indicators, more participants also expressed a desire for greater choice and control, with the percentage seeking more choice and control increasing:
 - By 14.9% over two years for participants entering in 2016-17, from 71.8% at baseline to 86.8% at second review.
 - By 4.6% over one year for participants entering in 2017-18, from 83.3% at baseline to 87.9% at second review.
 - **Home:** There have been small but significant reductions in the percentages of participants who are happy with their home and who felt safe or very safe in their home:
 - For participants entering in 2016-17, the percentage happy with their home decreased by 3.1%, from 85.0% to 82.0% over two years. The percentage feeling safe or very safe in their home decreased by 2.5%, by 87.9% to 85.4%.
 - For participants entering in 2017-18, reductions over one year were smaller: a 0.9% decrease for the percentage happy with their home, and a 0.6% decrease for the percentage feeling safe or very safe in their home.
 - **Health and wellbeing:** The percentage of participants who rated their health as excellent, very good or good has declined:
 - For participants entering in 2016-17, by 2.9% between baseline (71.0%) and second review (68.0%).
 - For participants entering in 2017-18, by 1.3% between baseline (67.8%) and second review (66.4%).
 - **Lifelong learning:** There has been a reduction in the percentage of participants who participate in education, training or skill development, possibly reflecting the transition from study to work:
 - For participants entering in 2016-17, a decrease of 5.6% was observed, from 46.8% at baseline to 41.2% at second review.
 - For participants entering in 2017-18, a decrease of 2.3% was observed, from 45.0% at baseline to 42.7% at first review.

Figure 9 Changes in indicators over two years for participants aged 15-24 who entered the Scheme in 2016-17

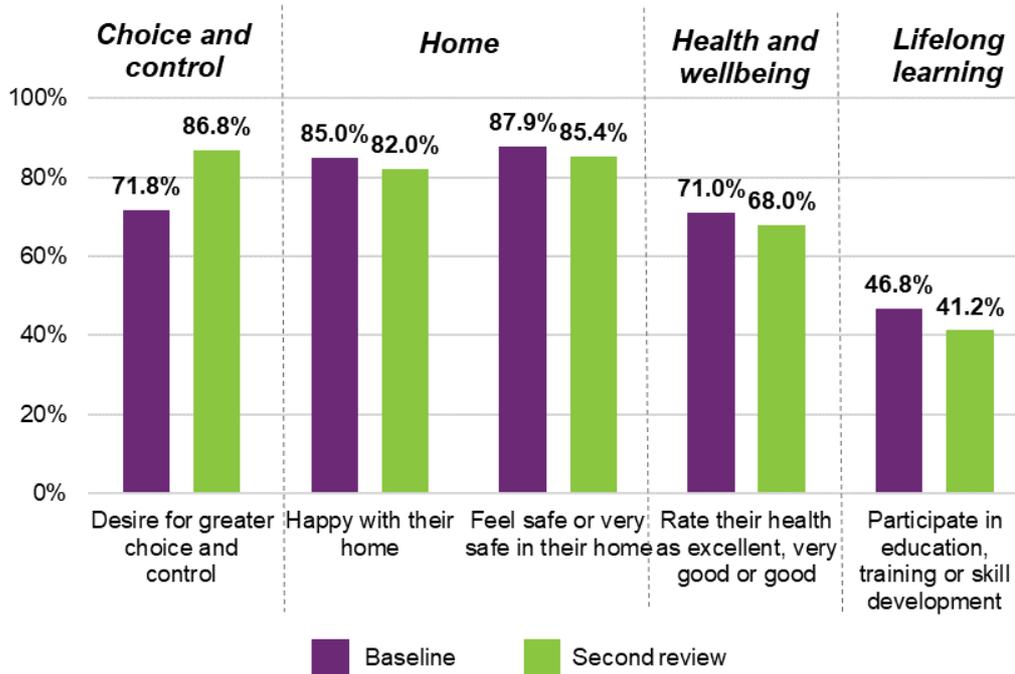
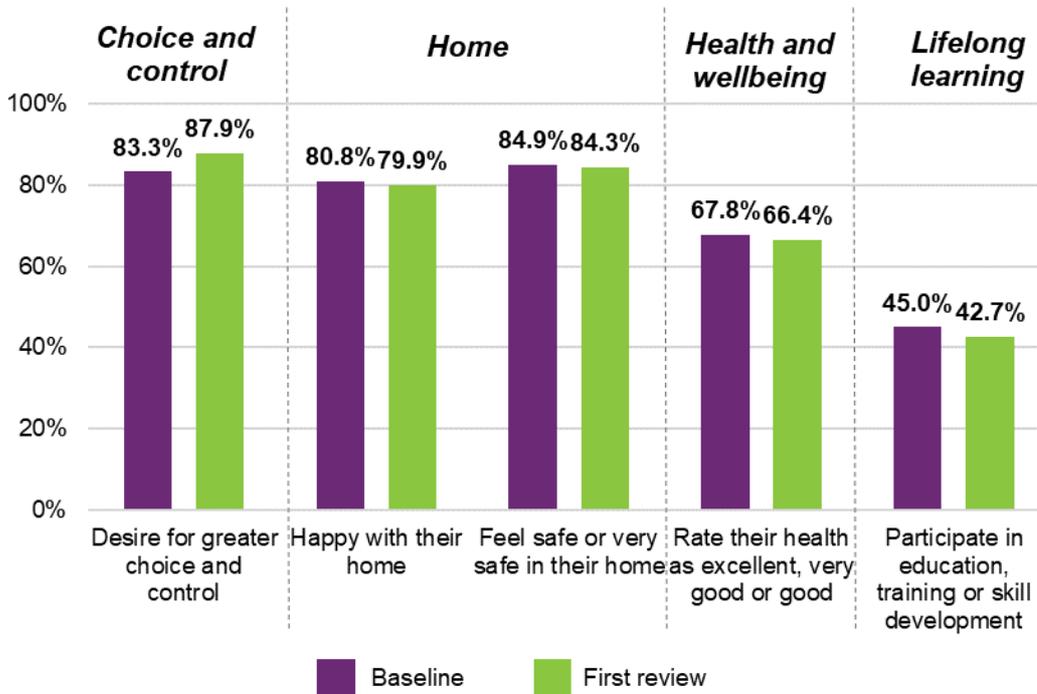


Figure 10 Changes in indicators over one year for participants aged 15-24 who entered the Scheme in 2017-18



- Outcomes for the 15 to 24 age group, both baseline and longitudinal, vary significantly with participants' level of function, primary disability, geographic remoteness, and cultural background:

- Baseline and longitudinal outcomes vary with participant level of function. Participants with a higher level of function tend to have better baseline outcomes and also exhibit higher rates of improvement than those with a lower level of function.
- Participants with a sensory disability generally experience better outcomes. At baseline, participants with a psychosocial disability do not do as well as participants with other disabilities, and this is observed across all domains. In longitudinal analyses, participants with a psychosocial disability 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. Controlling for other factors, participants with ABI/stroke are more likely to volunteer and those with a psychosocial disability are less likely. Also of note is the considerable variation in smoking rates by disability, ranging from 0% for participants with Down syndrome to 46.4% for participants with a psychosocial disability (the overall rate is 6.8%).
- Participants from regional and remote locations tend to experience higher levels of choice and control. They 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.
- 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.
- 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.
- 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). Higher plan utilisation is strongly associated with a positive response across all eight domains, after both one and two years in the Scheme. Perceptions also tended to improve with increasing plan budget. Participants from WA tended to be more positive, and those from TAS less positive.
 - 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 QLD 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.
- SIL participants 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

Overall results

- In the longitudinal analysis, significant **improvements** have been observed for indicators across the relationships, health and wellbeing, lifelong learning, and social, community and civic participation domains.
 - **Social, community and civic participation:**
 - For participants entering the Scheme in 2016-17, the percentage actively involved in a community, cultural or religious group in the last 12 months increased by 10.3% between baseline and second review, from 36.5% to 46.8%. The percentage of participants who spend their free time doing activities that interest them increased by 7.5%, from 68.3% at baseline to 76.8% in second review, and the percentage who know people in their community increased by 7.3%, from 51.0% to 58.3%.
 - For participants entering in 2017-18, the percentage actively involved in a community, cultural or religious group in the last 12 months increased by 5.2% between baseline and the first review, from 36.2% to 41.4%. Further, the percentage of participants who spend their free time doing activities that interest them increased by 4.0% between baseline and the first review, from 66.2% to 70.2%.
 - **Health and wellbeing:** health indicators suggest an improvement in accessing care, lower rates of hospitalisation, and a more positive outlook on life:
 - For participants entering in 2016-17, the percentage of participants who had been to the hospital in the last 12 months decreased by 5.8% between baseline and the second review, from 40.6% to 34.8%, the percentage who had no difficulties accessing health services increased by 3.1%, from 68.5% to 71.6%, and the percentage who have a doctor they see on a regular basis increased by 6.8%, from 87.9% to 94.7%. The percentage who feel delighted, pleased, or mostly satisfied with their life increased by 12.8% between baseline and second review, from 38.9% to 51.7%.
 - For participants entering in 2017-18, improvements over one year were also observed for these indicators: hospitalisations declined by 4.0%, the percentage who had no difficulties accessing health services increased by 1.7%, the percentage with a regular doctor increased by 2.6%, and the percentage who feel delighted, pleased, or mostly satisfied with their life increased by 11.8%.
 - **Relationships:** More participants said they have someone outside their home to call on for practical help:
 - For participants entering in 2016-17, an increase of 8.7% was observed between baseline (81.2%) and second review (89.9%).
 - For participants entering in 2017-18, an increase of 6.1% was observed between baseline (76.1%) and first review (82.2%).
 - **Lifelong Learning:** More participants are getting opportunities to learn new things, with increases of 4.6% between baseline (46.6%) and second review (51.2%) for the cohort entering in 2016-17; and 3.0% between baseline (41.9%) and first review (45.0%) for those entering in 2017-18.

Figure 11 Changes in indicators over two years for participants aged 25 and over entering in 2016-17

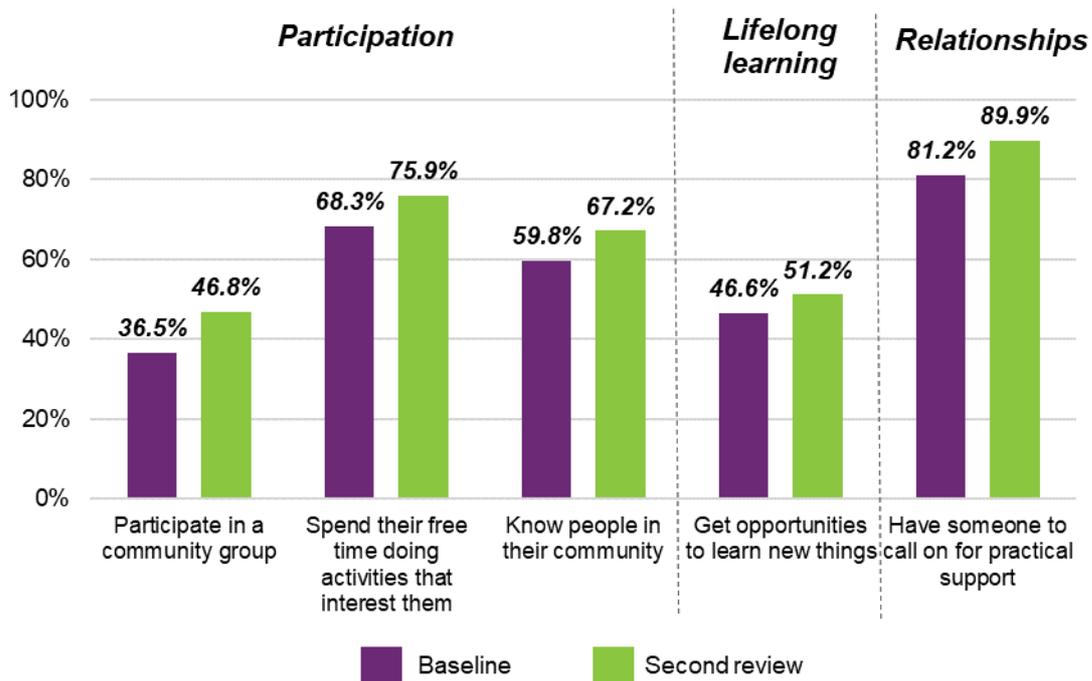


Figure 12 Changes in indicators over one year for participants aged 25 and over entering in 2017-18

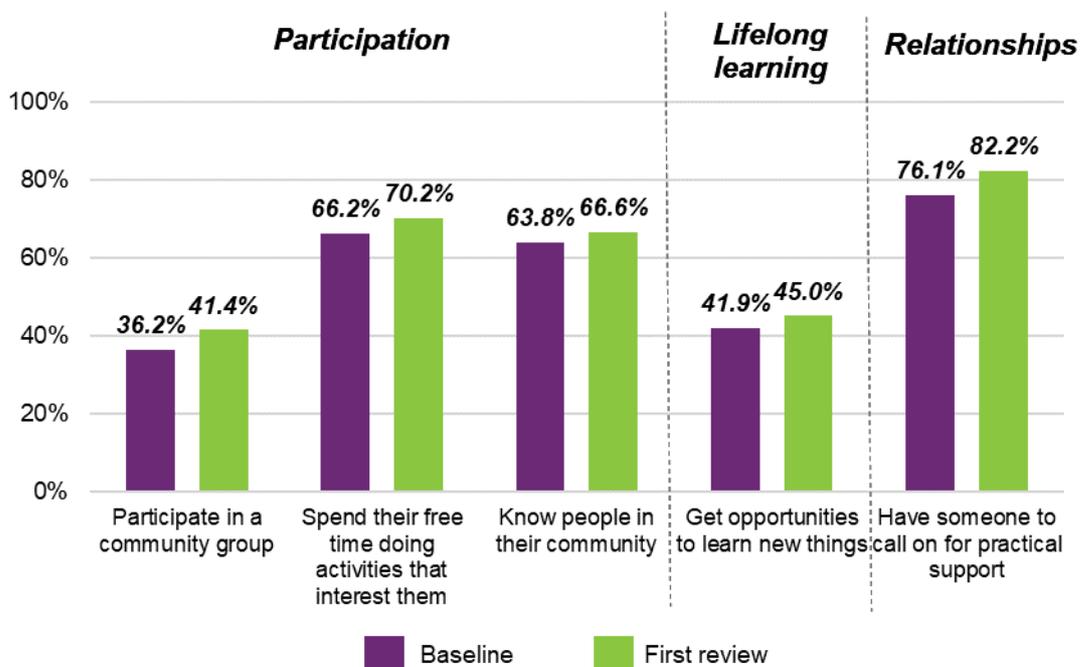
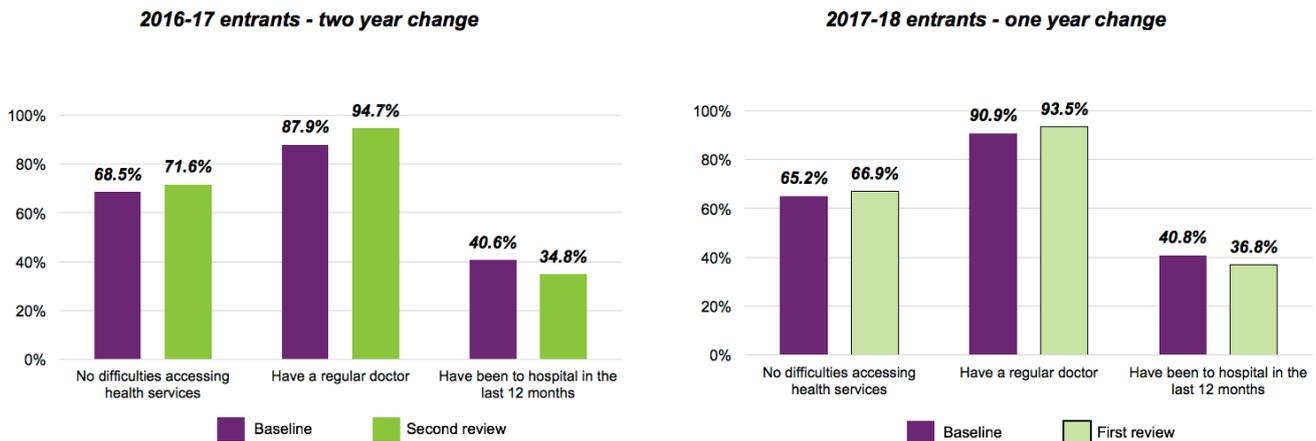


Figure 13 Changes in health outcome indicators for participants aged 25 and over



- **Other significant changes** have been observed in some indicators across choice and control, home, health and wellbeing, and social, community and civic participation domains.

- **Choice and control:**

- For participants entering the Scheme in 2016-17, the percentage wanting more choice and control in their life has increased by 13.8% between baseline and second review, from 66.7% to 80.5%.
- For participants entering in 2017-18, the percentage wanting more choice and control in their life has increased by 4.3% between baseline and first review, from 79.3% to 83.6%.

- **Home:**

- For participants entering the Scheme in 2016-17, the percentage who feel safe or very safe at home has reduced by 2.3% from 77.9% at baseline to 75.7% at second review.
- For participants entering in 2017-18, the percentage who feel safe or very safe at home has reduced by 1.0% from 75.7% at baseline to 74.7% at first review.

- **Health and wellbeing:** Fewer participants rated their health as excellent, very good or good:

- For the cohort entering in 2016-17, the percentage reduced by 4.4%, from 50.9% at baseline to 46.6% at second review.
- For the cohort entering in 2017-18, the percentage reduced by 1.5%, from 47.8% at baseline to 46.3% at first review.

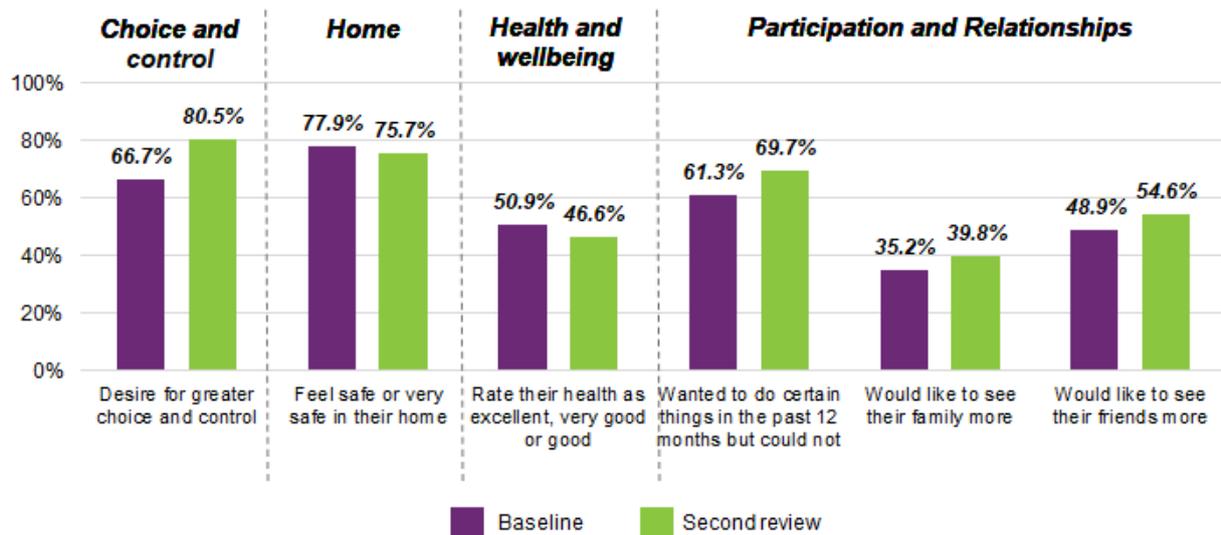
- **Social, community and civic participation:**

- For participants entering in 2016-17, there was an increase of 8.4% in the percentage of participants who wanted to do certain things in the last 12 months but could not. There was also a 4.5% increase in the percentage of participants who would like to see their family more, from 35.2% at baseline to 39.8% at second review, and an increase of 5.7% in the percentage of participants who

would like to see their friends more, from 48.9% at baseline to 54.6% at second review.

- For participants entering in 2017-18, there was a one year increase of 2.9% in the percentage of participants who wanted to do certain things in the last 12 months but could not. There were also slight increases in the percentage who would like to see their family (1.2%) and friends (1.8%).

Figure 14 Changes in indicators over two years for participants aged 25 and over entering in 2016-17



- Baseline and longitudinal changes in outcomes vary significantly with participants' level of function, primary disability, geographic remoteness and cultural background:
 - The impact of disability type on other outcomes varies by domain. 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. Controlling for other factors, participants with cerebral palsy, another physical disability, or a visual impairment are more likely to volunteer, whereas those with a psychosocial disability or stroke are less likely to volunteer. In longitudinal analyses, participants with a psychosocial disability were less likely to improve and more likely to deteriorate with regard to knowing people in their community.
 - Baseline and longitudinal outcomes vary with participant level of function. Participants with higher level of function tend to have better baseline outcomes and exhibit higher rates of improvement than those with lower level of function.
 - Results by remoteness were mixed. Levels of volunteering were higher in more remote areas. 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.
 - Results by CALD status were also mixed, being slightly better for some baseline choice and control indicators but poorer on some health and wellbeing indicators. CALD participants were less likely to smoke. 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.

- At baseline, SF choice and control indicators for Indigenous participants tend to be slightly worse than non-Indigenous participants. Indigenous participants are slightly less likely to have someone outside their home to call on for help. Indigenous participants were less happy with their home, less likely to feel safe at home and in their community, and had poorer health outcomes. Indigenous participants were more likely to smoke (30.9% compared to 18.7% overall).
- Opinions on whether the NDIS has helped tend to be slightly more optimistic than 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).
 - Higher plan utilisation is strongly associated with a positive response across all eight domains, after both one and two years in the Scheme. Perceptions also tended to improve with plan budget. Participants from WA tended to be more positive, and those from VIC less positive.
 - 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:
 - SIL participants 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.