6. Participants aged 15 to 24: overview of results

6.1 Key findings

Box 6.1: Overall findings for participants aged 15 to 24 who joined the Scheme between 1 July 2016 and 30 June 2017

- For participants entering the Scheme in 2016-17, the longitudinal analysis revealed significant improvements across a number of indicators, with the trend between baseline and first review generally continuing to the second review. Improvements were observed particularly in the areas of:

- Choice and control: 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 who choose who supports them increased by 2.8%, from 30.6% to 33.5%, and the percentage who make most decisions in their life also increased by 3.1%, from 25.5% to 28.6%. However, the percentage of participants who expressed a desire for greater choice and control increased by 14.9%, from 71.8% to 86.8%.

- Health and wellbeing: the percentage who did not have any difficulty accessing health services increased by 3%, from 70% to 74%, and the percentage who had been to hospital in the last 12 months decreased by 5%, from 27% to 22%.

- Work: The percentage of participants in a paid job increased by 9%, from 13% at baseline to 22% at second review.

- Community participation: The percentage participating in a community group in the last 12 months increased by 12.2%, from 31.1% at baseline to 43.3% at second review. There were also significant increases in the percentage who spend their free time doing activities that interest them (from 75.7% to 81.5%), the percentage who know people in their community (51.0% to 58.3%), and the percentage who have the opportunity to try new things and have new experiences (77.5% to 91.3%).

Box 6.2: Overall findings for participants aged 15 to 24 who joined the Scheme between 1 July 2017 and 30 June 2018

- For participants entering the Scheme in 2017-18, results of the longitudinal analysis were generally consistent with the findings for the cohort entering in 2016-17. Improvements over the first year in the Scheme were observed in the areas of:

- Choice and control: 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%. However, the percentage of participants who expressed a desire for greater choice and control increased by 4.6%, from 83.3% to 87.9%.

- Health and wellbeing: the percentage who had been to hospital in the last 12 months decreased by 5.0%, from 28.7% to 23.7%.

- Work: The percentage of participants in a paid job increased by 2.8%, from 17.6% at baseline to 20.4% at first review.

Box 6.2: Overall findings for participants aged 15 to 24 who joined the Scheme between 1 July 2017 and 30 June 2018 (continued)

- Lifelong learning: the percentage who get the opportunity to learn new things increased by 2.6%, from 59.6% to 62.1%.
- Community participation: 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%).

Box 6.3: Outcomes by key characteristics for participants aged 15 to 24

- Baseline and longitudinal outcomes vary with participant level of function. Participants with a 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 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, not being able to do things in the last 12 months, 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.

Box 6.4: Has the NDIS helped? – participants aged 15 to 24

- Opinions on whether the NDIS has helped vary considerably by domain for the young adult cohort at first review, being lowest for work (20.5% after one year in the Scheme, increasing to 21.4% after two years in the Scheme) and home (21.9% after one year in the Scheme, decreasing to 21.2% after two years in the Scheme), and highest for choice and control (61.2% after one year in the Scheme, increasing to 68.0% after two years in the Scheme) and daily activities (59.3% after one year in the Scheme, increasing to 67.0% after two years in the Scheme).

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

6.2 Results overview – participants aged 15 to 24

6.2.1 Outcomes framework questionnaire domains

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.

For participants aged 15 to 24, 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)

The LF contains a number of extra questions for participants aged 15 and over, across all domains, but particularly in the health and wellbeing domain.

6.2.2 Participant living arrangements

Overall, at baseline, 75.8% of young adult participants live with their parents. 3.9% live with other family members, 7.3% with people not related to them, 2.4% with a spouse/partner and/or children, and 4.0% live alone (Figure 6.1).

For participants who have been in the Scheme for two years or more at 30 June 2019, the percentage living with their parents has not changed significantly between baseline and second review. The percentage living with other family members has increased, as has the percentage living alone (offset by a reduction in the percentage who say they have “other” living arrangements).

At baseline, most participants (79.9%) are in a private home either owned or rented from a private landlord. 11.1% of participants live in a private home rented from a public authority. 4.2% are in supported accommodation, 1.1% in residential care or a hostel and a further 1.1% in a boarding house, short-term crisis accommodation, a temporary shelter, or a nursing home (Figure 6.2).

Looking at longitudinal change, for participants who have been in the Scheme for two years or more at 30 June 2019, there has been a reduction in the percentage living in a privately owned home, and slight increases in the percentages living in private or public rental properties. The percentage living in supported accommodation has also increased slightly, from 3.2% to 4.7% (Figure 6.2).

Figure 6.1 Participant living arrangements – combined baseline

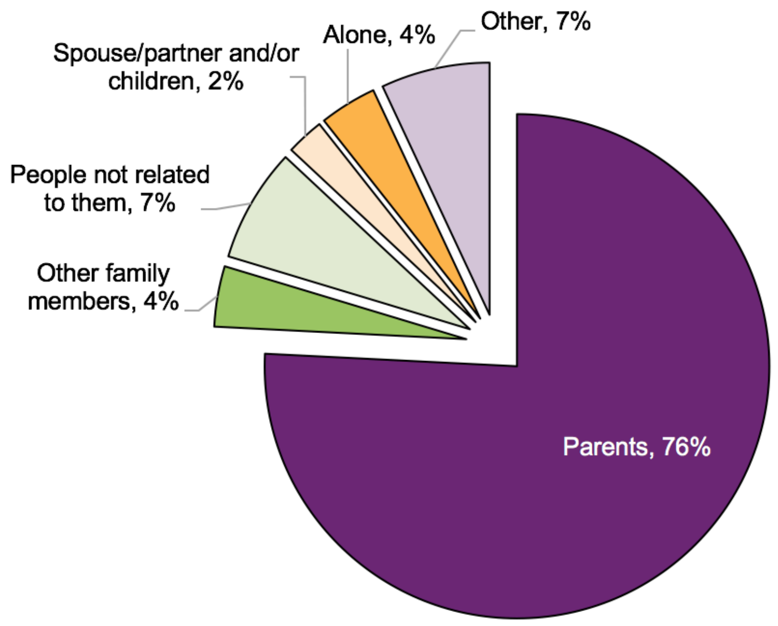
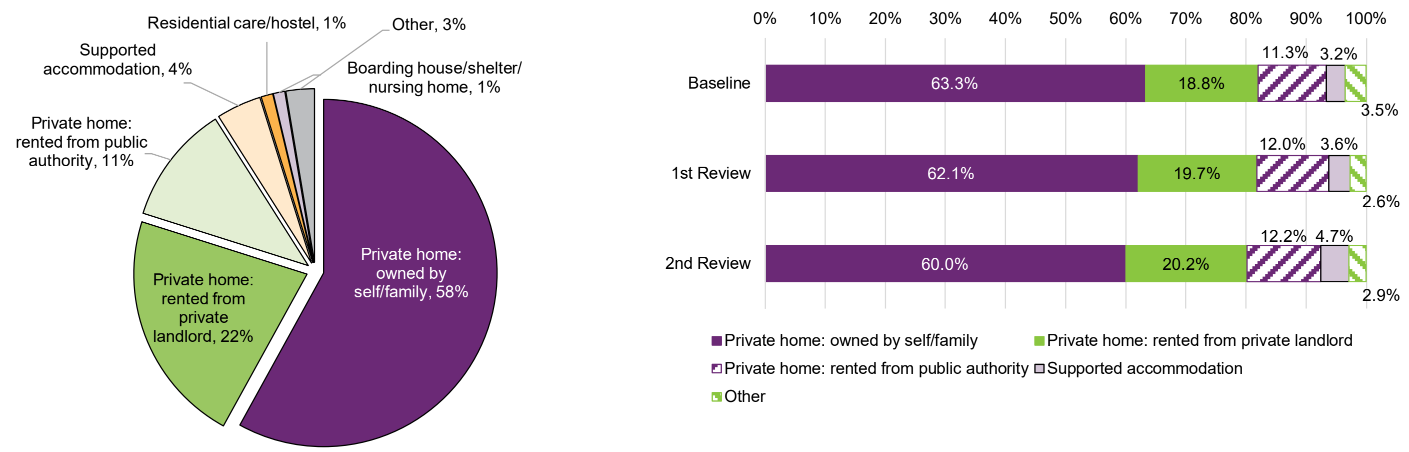


Figure 6.2 Participant housing arrangements – combined baseline and longitudinal



Combined baseline

Longitudinal change - participants in the Scheme for 2 or more years

6.2.3 Baseline indicators – across all participants[32]

Independence

The SF includes questions designed to investigate whether participants aged 15 to 24 exhibit growing independence and increased choice and control over their lives, as would be expected for young adults generally. More than half the participants had experienced increased independence/control over their life compared to two years ago[33], however 64.4% were still not happy with the level of independence/control they were currently experiencing. 55.7% said they made more decisions in their life than two years ago, however this includes

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[32] The combined baseline, including 2016-17, 2017-18, and 2018-19 entrants.

[33] Note that this is a cross-sectional, not a longitudinal measure. The question asks participants to think about the level of choice and control they had two years ago, and compare it to the level of choice and control they have at the time of interview.

33.7% who would like to make more decisions. Of those who had commenced planning for life post-school, 66.9% said they had at least some input into the decisions.

Choice and control

More participants chose, or had a say in, what they do each day (83.8%) and how they spend their free time (88.2%) than in who supports them (71.0%), where they live (51.1%) or who they live with (50.9%). The majority (64.9%) said their family makes most decisions in their life, although 28.3% said they made most decisions themselves. 91.2% said they had someone who supports them to make decisions. Overall, 81.0% said they would like more choice and control in their life.

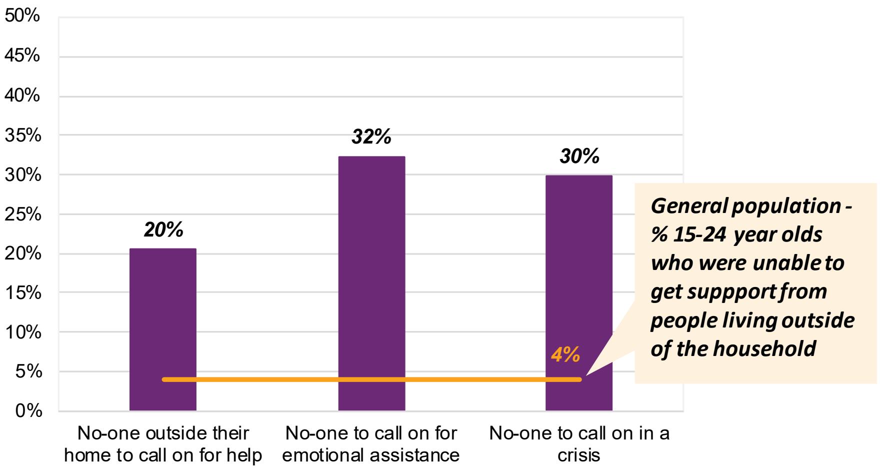
Daily living

Support for daily living was most needed for domestic tasks (87.2%) and travel and transport (84.5%), and least needed for personal care (57.0%) and using technology (45.2%). Where support was needed, it was most often received for personal care, domestic tasks, and finances/money (82.7%-85.3%), and least often received for communication (70.8%), reading and/or writing (71.1%) and using technology (61.4%). For those receiving support, generally low percentages (ranging from 27.6%, for getting out of the house, to 59.7%, for finances/money) felt that it met their needs. A little over one-quarter (27%) of participants needed support in all of the eight areas surveyed.

Relationships

Looking at relationships, 20.4% of participants said they had no-one outside their home to call on for help, 32.3% had no-one to call on for emotional assistance, and 29.8% had no-one to call on in a crisis. By comparison, the ABS General Social Survey (GSS) asks “Are you able to get support in times of crisis from persons living outside the household?”, and the proportion of 15 to 24 year olds who said they were unable to get support was 4% for the 2014 survey (Figure 6.3).

Figure 6.3 Ability to get assistance



Whilst only 3.5% of respondents said they provided care for others, 62.5% of these said they needed help to continue caring, and only 31.1% said they received enough help.

32.4% of participants said they did not have any friends apart from family or paid staff. 47.6% said they got to see their friends without family or paid staff present. Overall, 66.2% were happy with their relationships with staff. 24.7% said they often feel lonely.

Home

27.7% of participants were planning for a home of their own, with slightly more than half having some input into the planning. 80.4% were happy with their current home, however 34.2% said they would not want to live there in five years' time, mainly because they wanted to choose their future home. 37.3% cited lack of support as a barrier to living in a home of their choice, with 21.1% citing lack of affordable housing. 84.3% said they felt very safe or safe in their home.

Health and Wellbeing

People with disability generally rate their health as poorer than other Australians[34], and this holds true for NDIS participants. 68.2% of the young adult cohort rated their health as good, very good or excellent, compared to 91.9% of Australians aged 15 to 24 overall[35]. NDIS participants also express lower overall life satisfaction than the general population. When asked to think about their life now and in the future, on a seven-point scale from "delighted" to "terrible", 41.5% of young adult participants responding to the LF said they felt either "delighted", "pleased" or "mostly satisfied", compared to 78.3% of Australians aged 18 to 24 overall[36].

NDIS participants are also more likely to go to hospital than Australians generally. 28.7% of young adult participants had been to hospital in the last 12 months, compared to 7.9% of Australians aged 15 to 24[37]. Moreover, 51.3% of those who had been to hospital have had multiple visits, compared to a population figure of 21.8% for Australians aged 15 to 24[37].

31.0% of the young adult cohort said they had experienced some difficulty in getting health services. The most common reason cited was access issues (10.0%), however 6.4% said it was because of the attitudes and/or expertise of health professionals.

6.8% of the young adult cohort said they currently smoked, and this is lower than a 2017-18 population figure for 15 to 24 year olds of 12.6%[35].

Figure 6.4 illustrates these results.

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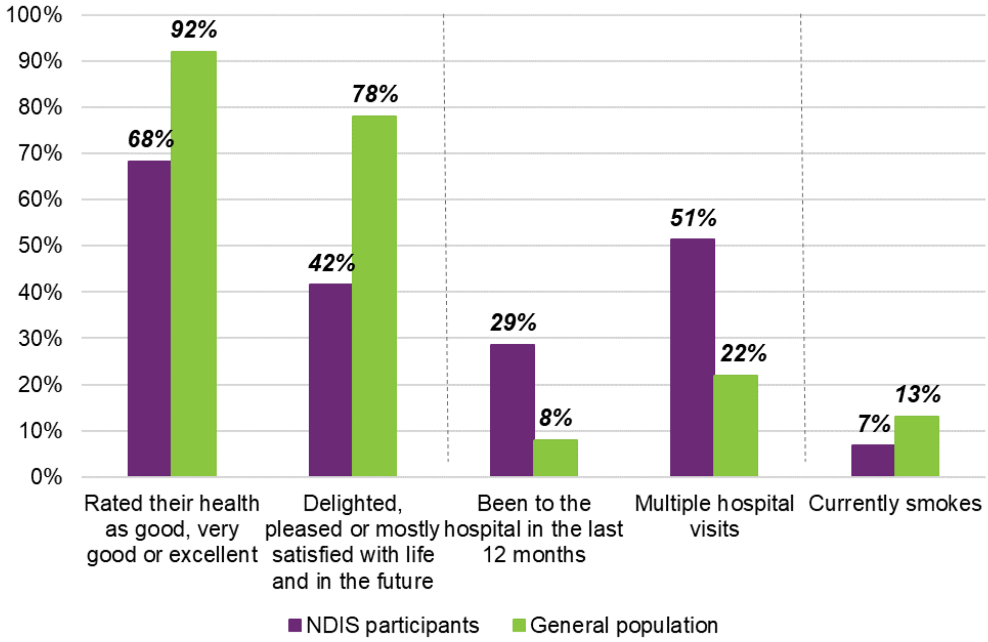
[34] Australian Institute of Health and Welfare (AIHW) (2018) Australia's Health 2018.

[35] ABS National Health Survey (NHS) 2017-18.

[36] ABS General Social Survey (GSS) 2010. For GSS 2014 the question changed from using seven descriptive categories to a rating on a 0 to 10 scale.

[37] ABS Patient Experience Survey (PES) 2018-19.

Figure 6.4 Health and wellbeing indicators of participants compared with the general population



Lifelong learning

Regarding education and training, 29.7% of the cohort said their schooling was (or had been) in a mainstream class. While 58.2% said they had opportunities to learn new things, 36.4% said they did not but would like to. 40.3% said there was a course or training they wanted to do but were unable to do in the last 12 months.

Work

8.4% said they were currently working in an unpaid job, whilst 17.3% were working in a paid job. Of those not currently working in a paid job, 59.6% said they would like one and 40.4% said they didn't want one.

Social, civic, community participation

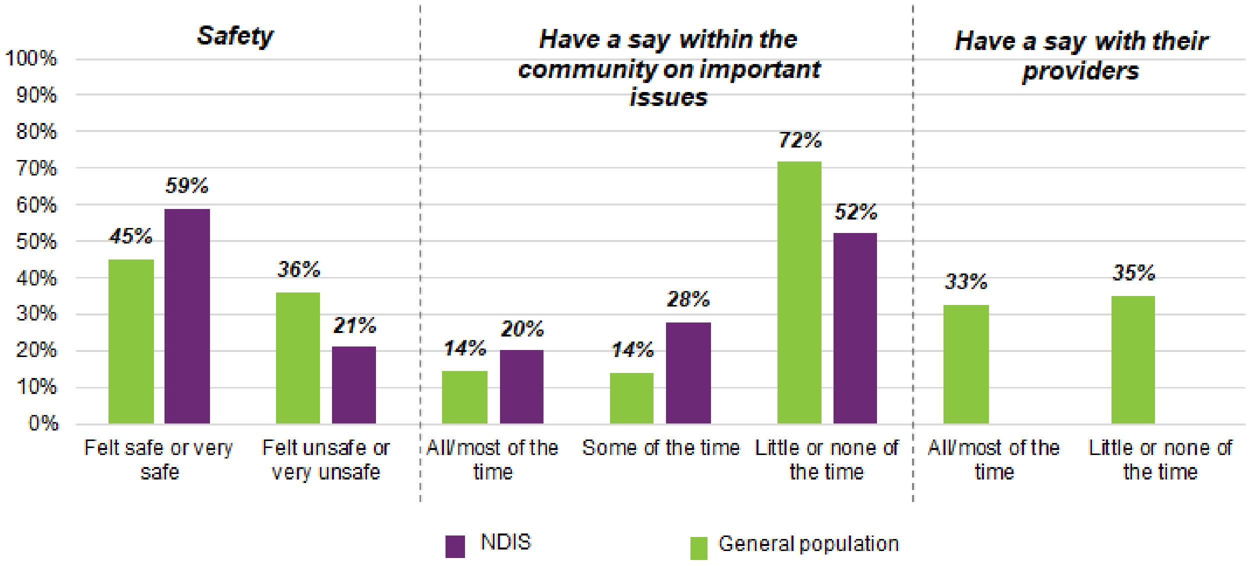
12.5% of participants said they currently volunteered, and a further 27.7% expressed an interest in volunteering. 33.7% had been involved in a community, cultural or religious group in the last 12 months, with 81.5% of LF respondents feeling a sense of belonging to the group. Also from the LF, 30.0% said they had had negative experiences in their community in the past 12 months.

The GSS asks "How safe or unsafe do you feel walking alone in your local area after dark?", with responses on a five-point scale from "Very safe" to "Very unsafe". The LF also asks this question, however with an additional response option "I never go out alone", which was chosen by 71.4% of respondents. Of those who do go out alone, 45.1% said they felt safe or very safe whereas 36.0% said they felt unsafe or very unsafe. From the 2014 GSS, the corresponding figures for 15 to 24 year olds were 59% and 21%.

NDIS participants were also less likely to feel able to have a say within the community on important issues: 14.3% of participants felt able to have a say all of the time or most of the time, 14.0% some of the time, and 71.7% a little of the time or none of the time. From the 2014 GSS, the corresponding figures for 15 to 24 year olds were 20%, 28% and 52%.

32.6% of participants felt able to have a say with their support providers either all of the time or most of the time, however 34.9% were only able to have a say a little of the time or not at all.

Figure 6.5 Social, civic and community participation indicators, NDIS participants compared with the general population



6.2.4 Baseline indicators – participant characteristics

Baseline indicators have been analysed by participant characteristics using one-way analyses and multiple regression modelling. Multiple regression modelling was performed for twelve indicators, namely the percentage of participants who:

- Are happy with the level of independence/control they have now
- Choose who supports them
- Choose what they do each day
- Have been given the opportunity to participate in a self-advocacy group meeting, conference, or event
- Want more choice and control in their life
- Have no friends other than family or paid staff
- Are happy with the home they live in
- Feel safe or very safe in their home
- Rate their health as excellent, very good or good
- Currently attend or previously attended school in a mainstream class
- Are currently working in a paid job
- Are currently a volunteer.

Key findings from the one-way analyses and regression modelling include:

- **Level of function**
  Baseline indicators are generally better for participants with a higher level of function. The participant's level of function was a significant predictor in models for eleven indicators, and higher level of function was associated with better outcomes in ten of them. After controlling for other factors, participants with higher level of function were more likely to:
    - Be happy with the level of independence/control that they have now (48.0% compared to 37.0% and 26.1% for those with medium and low levels of

function respectively, on a one-way basis). Despite this, participants with higher level of function were also more likely to want *more* choice and control in their life.

- Choose what they do each day (65.1% compared to 49.3% and 21.7% for those with medium and low levels of function respectively, on a one-way basis) and who supports them (55.0%, 38.0% and 17.2%).
- Attend (or have previously attended) school in a mainstream class (52.3% compared to 30.9% and 14.6% for those with medium and low levels of function respectively, on a one-way basis).

Differences by level of function were not as apparent for the percentage who are happy with their home, and level of function was not a significant predictor in the regression model for this indicator, after controlling for other factors. However, annualised plan budget, which is correlated with level of function, was a significant predictor in the model for the probability of a participant being happy with their home.

There was also a large difference by level of function in the percentage of participants who are not working and not looking for work. 38.9% of participants with a high level of function stated they are not working and not looking for work, compared to 48.6% for participants with medium level of function and 79.0% for those with low level of function.

- **Culturally and linguistically diverse backgrounds**

Baseline indicators are generally worse for participants who are from a CALD background.
CALD background was a significant predictor in models for eight indicators, and in seven cases the relationship with baseline outcomes was negative.
After controlling for other factors, participants from a CALD background were:

- More likely to have no friends other than family or paid staff (42.9% compared to 31.7% for those who are not from a CALD background, on a one-way basis).
- Less likely to choose what they do each day (35.6% compared to 44.0%) and who supports them (28.1% compared to 34.7%).
- Less likely to be happy with the level of independence and control they currently have (29.3% compared to 35.7%).
- Less likely to have a paid job (13.1% compared to 17.5% for non-CALD participants).

However, CALD participants were more likely to be happy with their current home (82.6% compared to 80.0%).

On a one-way basis, CALD participants were less likely to feel able to have a say with support services most of the time or all of the time (25.2% compared to 32.6% for non-CALD participants).

- **Indigenous**

Baseline indicators are generally poorer for Indigenous participants.
Indigenous status was a significant predictor in models for six indicators, and in five cases the relationship with baseline outcomes was negative. After controlling for other factors, Indigenous participants were:

- Less likely to be happy in the home they live in (69.6% compared to 81.1% for non-Indigenous participants, on a one-way basis) and to feel safe there (76.9% compared to 84.8%).

- Less likely to rate their health as excellent, very good or good (65.0% compared to 68.3%).
- Less likely to be working in a paid job (10.4% compared to 18.1% for non-Indigenous participants).
- Less likely to volunteer (8.8% compared to 12.8%).

However, Indigenous participants were more likely to choose what they do each day (48.4% compared to 42.7% for non-Indigenous participants). One-way analyses also suggest that Indigenous participants achieve slightly better outcomes than non-Indigenous participants for most of the choice and control indicators.

Also from the one-way analyses:

- Indigenous participants are more likely to want to see their family more often, but less likely to want to see their friends more often. Indigenous participants are more likely to provide care for others (5.7% compared to 3.2% for non-Indigenous participants). Although based on smaller numbers in the LF, Indigenous participants are more likely to say they often felt lonely (41.9% compared to 24.0% for non-Indigenous participants).
- Indigenous participants are more likely to experience difficulties accessing health services, and to have been to hospital in the last year.
- Based on the LF, Indigenous participants were almost three times as likely to smoke (16.3% compared to 5.5% for non-Indigenous participants).
- Indigenous participants are less likely to receive opportunities to learn new things (48.5% compared to 58.7% for non-Indigenous participants) or to participate in education, training and skill development.
- Indigenous participants were slightly more likely to know people in their community (57.9% compared to 51.6% for non-Indigenous participants).

- **Age**
  Baseline indicators generally improve with age.
  Age at entry to the scheme was a significant predictor in all twelve modelled indicators, and had a positive effect on outcomes in nine of them. After controlling for other factors, older participants are more likely to:
  - Choose what they do each day (26.0% for 15 year olds, increasing to 51.8% for 24 year olds) and who supports them (21.7% for 15 year olds, increasing to 41.0% for 24 year olds)
  - Have friends other than family or paid staff (68.6% for those aged 22 or older, compared to 65.3% for those aged 17 or younger)
  - Be working in a paid job (4.0% for 15 year olds, increasing to 25.0% for 24 year olds).

However, older participants tended to be less happy with the home they live in. 88.7% of participants aged 15 years were happy with their home, decreasing approximately linearly to 72.6% for participants aged 24. Older participants are also less likely to feel safe in their home. However from the one-way analyses, older participants are more likely to feel safe getting out and about in the community.

Also from the one-way analyses:

- The level of choice and control tends to increase with age, and many of the participation indicators also improve with age.

- Some relationship indicators improve with age, including the percentage with someone outside their home to call when they need help. The proportion of participants who would like to see their family more often increases with age.
- The LF suggests that overall life satisfaction increases with age for the young adult cohort.
- There is a sharp reduction in the percentage participating in education, training, or skill development, from 65.0% for those aged 17 or younger (many of whom would still be in school), to 37.9% for those aged 18 to 21, and 23.3% for those aged 22 or older.
- Opportunities to learn new things also become less widespread with age. The percentage of participants who get opportunities decreased from 68.9% for those aged 17 or younger to 50.8% for those 22 or older.

- **Disability**

The participant's disability is a significant predictor in all of the multiple regression models. These models show that controlling for other factors:

- Participants with Down syndrome and those with an intellectual disability are much less likely to choose who supports them, and to choose what they do each day.
- Participants with a psychosocial disability, and those with a visual impairment, are much less likely to be happy with their current level of independence, whereas those with a hearing impairment are much more likely to be happy. Participants with a psychosocial disability are also more likely to want more choice and control in their lives, and those with a hearing impairment are less likely.
- Participants with autism, and those with a psychosocial disability, are more likely to have no friends other than family or paid staff (40.0% and 39.0%, respectively, compared to 32.4% overall, on a one-way basis).
- Participants with Down syndrome are more likely to be happy with their home, and those with a psychosocial disability, other physical disability, cerebral palsy, or visual impairment are less likely to be happy.
- Participants with Down syndrome are also more likely to feel safe or very safe in their home, and those with a hearing impairment, psychosocial disability, a visual impairment or other physical disability are less likely to be happy.
- Participants with a hearing impairment have better self-rated health, followed by participants with an intellectual disability. However, participants with Down syndrome (and those with all other disabilities apart from hearing) have significantly worse self-rated health than those with an intellectual disability. This is particularly the case for participants with psychosocial disability, other neurological or other physical disability, or ABI/stroke.
- Participants with Down syndrome and those with an intellectual disability are much less likely to attend (or to have attended) school in a mainstream class (6.5% and 13.3%, respectively, on a one-way basis, compared with 41.3% for other disabilities combined).
- Compared to participants with an intellectual disability, participants with a hearing impairment or other physical disability are significantly more likely to have a paid job, and those with a psychosocial disability, cerebral palsy, another neurological disorder, autism, or visual impairment are significantly less likely.
- Participants with ABI/stroke are more likely to volunteer, and those with a psychosocial disability less likely.

Other large differences occurring in the one-way analyses include:

- Compared to an overall rate of 31.0%, participants with a psychosocial disability (48.4%), cerebral palsy/another neurological disability (38.7%), or a physical disability (37.0%) are the most likely to have experienced difficulties accessing health services, and those with a sensory disability (26.0%) or an intellectual disability/Down syndrome (27.6%) the least likely.
- Participants with a psychosocial disability also tend to have worse outcomes for lifelong learning, being less likely to have opportunities to learn new things and to participate in education and training, and more likely to have been unable to do a course or training they wanted to do in the last 12 months. Better lifelong learning outcomes are observed for participants with a sensory disability.
- Participants with a sensory disability are more likely to participate and to know people in their community, and more likely to feel able to have a say with their service providers. Participation in the community is lower for participants with autism or a psychosocial disability, whilst those with autism or an intellectual disability are the least likely to feel able to have a say with their service providers.
- From the LF, 6.8% of young adult participants smoke, but this varies considerably by disability. Although based on small numbers, 46.4% of participants with a psychosocial disability smoke, whereas none of the participants with Down syndrome or a sensory disability say they smoke.

- **Geography**

  Baseline indicators generally improve with increasing remoteness of the participant's area of residence.

  Remoteness was a significant predictor in six of the multiple regression models, and had a positive effect on outcomes in five of them. After controlling for other factors, participants from more remote areas were more likely to:

  - Be happy with the level of independence and control they currently have (33.2% for participants in major cities compared to approximately 40% in regional and remote areas, on a one-way basis)
  - Rate their health as excellent, very good or good (67.4% for participants in major cities compared to approximately 70% in regional and remote areas, on a one-way basis)
  - Volunteer (11.4% for participants in major cities compared to approximately 15% in regional and remote areas).
  - Attend (or have previously attended) school in a mainstream class, and have a paid job (although the magnitude of the difference is slight).

  However, participants from more remote areas were less likely to be happy with the home they current lived in. 81.7% of participants from major cities were happy with their current home, compared to approximately 78% from regional areas and 74.2% from remote/very remote areas.

  Other large differences occurring in the one-way analyses include:

  - Participants living in major cities are more likely to have a regular doctor and less likely to have difficulty accessing health services compared to those living in remote/very remote areas.
  - Participants from remove/very remote areas were much more likely to know people in their community (76.9% compared to 46.9% for those living in major cities).

  - Participants from major cities were the least likely to feel safe getting out and about in their community (38.5% versus 52.5% for those living in remote/very remote areas).

- **Self-management**

  Self-managing (either partially or fully) is generally associated with better outcomes at baseline.[38]

  Self-management was a significant predictor in models for eight indicators, and had a positive effect on outcomes in five of them. After controlling for other factors, self-management is associated with a higher likelihood of a participant:

  - Choosing who supports them (38.5% for fully self-managing participants compared to 35.2% for those with agency-managed plans, on a one-way basis).
  - Being happy with their current home (87.6% for fully self-managed participants compared to 80.4% for agency managed)
  - Feeling safe or very safe in their home (89.3% for fully self-managed participants compared to 84.6% for agency managed)
  - Attending school in a mainstream class (44.2% for full self-managed, 34.3% for partly self-managed, and 27.1% for agency managed).

  However, self-managing participants were less likely to be happy with their current level of independence and control (approximately 33% for participants who self-manage compared to 39.5% for those with agency-managed plans).

  On a one-way basis, self-managing participants were more likely to get opportunities to learn new things, to have a paid job, to volunteer, to participate and know people in their community, and to have a say with service providers.

- **Gender**

  Baseline results by gender are mixed.

  In multiple regression models, gender was a significant predictor for eight of the indicators. In four cases, outcomes were more positive for females compared to males. After controlling for other factors, female participants were:

  - More likely to choose who supports them but less likely to be happy with their current level of independence
  - More likely to have friends other than family or paid staff
  - Less likely to feel safe or very safe in their home
  - Less likely to rate their health as excellent, very good or good (63.3% compared to 71.1% for males, on a one-way basis)
  - More likely to attend (or to have attended) school in a mainstream class
  - Less likely to be working in a paid job (16.3% compared to 18.0% for males) but more likely to volunteer (14.6% versus 11.4%).

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[38] At baseline, participants will only just have received their first plan, and so these results do not reflect the effect of self-managing *per se*. Rather, self-management is serving here as a proxy for other characteristics with which it is associated (such as a higher level of self-determination).

6.2.5 Longitudinal indicators – across all participants

Longitudinal analysis describes how outcomes have changed for participants during the time they have been in the Scheme. Included here are participants who entered the Scheme between 1 July 2016 and 30 June 2018, for whom a record of outcomes is available at scheme entry (baseline) and at one or more of the two time points: approximately one year following scheme entry (first review), and approximately two years following scheme entry (second review). The analysis considers how outcomes have changed between baseline and first review, between baseline and second review and between first review and second review.

There have been a number of improvements across all domains for the three periods being considered. The greatest changes occurred when considering a participant's responses from baseline to their second review.

Table 6.1 summarises changes for selected indicators across different time periods. In Table 6.1, cohort "B,R1,R2" includes participants responding at baseline, first review and second review.[39] Cohort "B,R1" includes participants responding at both baseline and first review (but not at second review, so the cohorts do not overlap). Indicators were selected for the tables if the change was statistically significant[40] and had an absolute magnitude greater than 0.02[41].

Table 6.1 Selected longitudinal indicators for participants aged 15 to 24

Domain (Form)	Indicator	Cohort	Baseline	Review 1	Review 2	Change B-R1	Change R1-R2	Change B-R2	Improvement/ Deterioration
CC (SF)	% who make more decisions in their life than they did 2 years ago	B,R1,R2	57.2%	62.0%	63.7%	4.8%	1.6%	6.4%	**Improvement**
		B,R1	57.2%	60.9%		3.8%			
CC (SF)	% who choose who supports them	B,R1,R2	30.6%	32.2%	33.5%	1.5%	1.3%	2.8%	**Improvement**
		B,R1	34.2%	35.1%		0.9%			
CC (SF)	% who choose what they do each day	B,R1,R2	40.6%	42.3%	43.1%	1.7%	0.7%	2.5%	**Improvement**
		B,R1	43.4%	43.9%		0.4%			

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[39] A small number may be missing a response at the first review.

[40] McNemar's test at the 0.05 level.

[41] Between baseline and second review for the "B,R1,R2" cohort, and between baseline and first review for the "B,R1" cohort.

Domain (Form)	Indicator	Cohort	Baseline	Review 1	Review 2	Change B-R1	Change R1-R2	Change B-R2	Improvement/ Deterioration
CC (SF)	% who make most decisions in their life	B,R1,R2	25.5%	26.2%	28.6%	0.7%	2.4%	3.1%	**Improvement**
		B,R1	27.5%	28.5%		1.0%			
CC (LF)	% who choose how they spent their free time	B,R1,R2	61.3%	52.5%	72.5%	-8.8%	20.0%	11.3%	**Improvement**
		B,R1	50.4%	62.8%		12.4%			
REL (LF)	% who feel happy with their relationships with staff	B,R1,R2	57.7%	89.7%	88.5%	32.1%	-1.3%	30.8%	**Improvement**
		B,R1	76.4%	84.0%		7.6%			
HM (LF)	% who make decisions in planning for a home of their own (with or without the help of others)	B,R1,R2	11.3%	12.5%	23.8%	1.3%	11.3%	12.5%	**Improvement**
		B,R1	15.2%	20.0%		4.8%			
HW (SF)	% who did not have any difficulties accessing health services	B,R1,R2	70.4%	72.5%	73.6%	2.1%	1.1%	3.2%	**Improvement**
		B,R1	66.4%	68.0%		1.7%			
HW (SF)	% who have been to the hospital in the last 12 months	B,R1,R2	26.8%	23.2%	22.1%	-3.7%	-1.0%	-4.7%	**Improvement**
		B,R1	28.7%	23.7%		-5.0%			
LL (SF)	% who get opportunities to learn new things	B,R1,R2	62.5%	64.4%	64.7%	1.9%	0.4%	2.3%	**Improvement**
		B,R1	59.6%	62.1%		2.6%			
LL (SF)	Of those who currently participate in education, training or skill development in a mainstream class, % who say it's what they want	B,R1,R2	65.4%	71.7%	74.1%	6.3%	2.4%	8.7%	**Improvement**
		B,R1	77.9%	81.5%		3.6%			

Domain (Form)	Indicator	Cohort	Baseline	Review 1	Review 2	Change B R1	Change R1 R2	Change B R2	Improvement/ Deterioration
LL (SF)	Of those who currently participate in education, training or skill development in a class for students with disability, % who say it's what they want	B,R1,R2	80.1%	82.9%	84.5%	2.8%	1.5%	4.3%	**Improvement**
		B,R1	84.6%	85.3%		0.7%			
WK (SF)	% who are currently working in an unpaid job	B,R1,R2	7.7%	9.5%	9.8%	1.8%	0.3%	2.1%	**Improvement**
		B,R1	8.6%	9.2%		0.6%			
WK (SF)	% who are currently working in a paid job	B,R1,R2	13.3%	17.9%	22.0%	4.6%	4.1%	8.7%	**Improvement**
		B,R1	17.6%	20.4%		2.8%			
WK (LF)	% who have had at least one job in the past 12 months	B,R1,R2	13.8%	15.0%	26.3%	1.3%	11.3%	12.5%	**Improvement**
		B,R1	31.2%	32.4%		1.2%			
WK (SF)	% who have worked in a casual job in the past year	B,R1,R2	12.5%	17.5%	26.3%	5.0%	8.8%	13.8%	**Improvement**
		B,R1	13.2%	14.8%		1.6%			
S/CP (SF)	% who spend their free time doing activities that interest them	B,R1,R2	75.7%	80.2%	81.5%	4.5%	1.3%	5.8%	**Improvement**
		B,R1	75.8%	79.5%		3.6%			
S/CP (SF)	% who are currently a volunteer	B,R1,R2	12.0%	13.8%	14.7%	1.9%	0.8%	2.7%	**Improvement**
		B,R1	13.2%	13.9%		0.7%			
S/CP (SF)	% who have been actively involved in a community, cultural or religious group in the last 12 months	B,R1,R2	31.1%	37.8%	43.3%	6.7%	5.5%	12.2%	**Improvement**
		B,R1	32.8%	39.1%		6.3%			

Domain (Form)	Indicator	Cohort	Baseline	Review 1	Review 2	Change B R1	Change R1 R2	Change B R2	Improvement/ Deterioration
S/CP (SF)	% who know people in their community	B,R1,R2	51.0%	56.8%	58.3%	5.8%	1.5%	7.3%	**Improvement**
		B,R1	57.2%	59.9%		2.7%			
S/CP (LF)	% who have the opportunity to try new things and have new experiences	B,R1,R2	77.5%	86.3%	91.3%	8.8%	5.0%	13.8%	**Improvement**
		B,R1	77.6%	84.4%		6.8%			
S/CP (LF)	% who feel safe or very safe when walking alone in their local area after dark	B,R1,R2	7.6%	16.5%	15.2%	8.9%	-1.3%	7.6%	**Improvement**
		B,R1	10.8%	16.4%		5.6%			
CC (SF)	% who want more choice and control in their life	B,R1,R2	71.8%	81.8%	86.8%	10.0%	4.9%	14.9%	**Context Dependent**
		B,R1	83.3%	87.9%		4.6%			
REL (SF)	% who would like to see their friends more often	B,R1,R2	56.6%	59.4%	62.4%	2.8%	3.0%	5.8%	**Context Dependent**
		B,R1	60.9%	63.2%		2.3%			
HM (SF)	Of those who are happy with their current home, % who would like to live there in 5 years time	B,R1,R2	66.4%	62.7%	60.0%	-3.7%	-2.7%	-6.3%	**Context Dependent**
		B,R1	58.1%	56.4%		-1.7%			
HW (SF)	% who have a doctor they see on a regular basis	B,R1,R2	78.5%	84.8%	88.4%	6.3%	3.61%	9.9%	**Context Dependent**
		B,R1	82.2%	86.2%		4.0%			
CC (SF)	% who feel able to advocate (stand up) for themselves	B,R1,R2	32.3%	29.6%	27.1%	-2.7%	-2.5%	-5.2%	**Deterioration**
		B,R1	30.9%	28.6%		-2.2%			

Domain (Form)	Indicator	Cohort	Baseline	Review 1	Review 2	Change B R1	Change R1 R2	Change B R2	Improvement/ Deterioration
HM (SF)	% who are happy with the home they live in	B,R1,R2	85.0%	84.2%	82.0%	-0.8%	-2.3%	-3.1%	**Deterioration**
		B,R1	80.8%	79.9%		-0.9%			
HM (SF)	% who feel safe or very safe in their home	B,R1,R2	87.9%	87.4%	85.4%	-0.5%	-2.0%	-2.5%	**Deterioration**
		B,R1	84.9%	84.3%		-0.6%			
HW (SF)	% who rate their health as excellent, very good or good	B,R1,R2	71.0%	68.8%	68.0%	-2.2%	-0.8%	-2.9%	**Deterioration**
		B,R1	67.8%	66.4%		-1.3%			
LL (SF)	% who currently attend or previously attended school in a mainstream class[42]	B,R1,R2	26.0%	24.0%	23.6%	-1.9%	-0.4%	-2.4%	**Deterioration**
		B,R1	29.2%	27.9%		-1.3%			
LL (SF)	% who currently participate in education, training or skill development	B,R1,R2	46.8%	47.6%	41.2%	0.8%	-6.5%	-5.6%	**Deterioration**
		B,R1	45.0%	42.7%		-2.3%			
S/CP (SF)	% who wanted to do certain things in the last 12 months, but could not	B,R1,R2	55.9%	62.7%	65.7%	6.9%	3.0%	9.8%	**Deterioration**
		B,R1	64.7%	68.3%		3.6%			

Key findings from Table 6.1 include:

- There have been considerable improvements in the social, community and civic participation domain. Participants are more involved in their community, with an increase in the percentage of participants who have been actively involved in a community, cultural or religious group in the last 12 months (by 12.2% over two years in the Scheme). The percentage of participants who know people in their community has continued to increase (by 7.3% over two years), as has the percentage of participants who have opportunities to try new things and have new experiences (by 13.8% over two years).

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[42] This indicator can only change over time for participants who have not yet finished school. The percentages shown are for all participants, whether they have finished school or not.

- Choice and control indicators have also improved. More participants are able to choose who supports them and to choose what they do each day. Participants are more likely to make most decisions in their life (up 3.1% over two years) and are also more likely to be able to choose how they spend their free time (up 11.3%). The percentage who make more decisions than two years ago has increased by 6.4% over two years (possibly partly reflect increasing age).
- The desire for greater choice and control has also continued to increase. For those who have been in the Scheme for two years, a 10% increase in the first year has been followed by a further 5% increase in the second year. Whether this is a positive or a negative change depends on the reasons (for example, it could reflect increasing awareness that choice and control is possible).
- There has been a considerable increase in the percentage who are happy with their relationships with staff[43] over the first year in the Scheme. However, little change in the percentage is observed over the second year.
- For those participants currently involved in education, training or skill development, the percentage who say it's what they want has increased, with a greater increase for those in a mainstream class compared to those in a class for students with disability. Additionally, more participants are getting the opportunity to learn new things.
- The percentage of participants working in an unpaid or paid job has increased, as well as the percentage of participants who volunteer.
- Whilst self-rated health has deteriorated, health services have become more accessible, with the percentage of participants reporting no difficulty in accessing health services increasing by 3.2% between baseline and second review. Additionally, the percentage of participants who say they have a regular doctor has increased by 9.9% between baseline and second review.
- There has been a further decrease in the percentage of participants who feel they are able to advocate for themselves, over the second year in the Scheme.

6.2.6 Longitudinal indicators – participant characteristics

Analysis by participant characteristics has been examined in two ways:

1. A simple comparison of the percentage meeting the indicator at first or second review with the percentage meeting the indicator at baseline. The difference (review-baseline) is compared for different subgroups.
2. Multiple regression analyses with separate models for improvement and deterioration in the indicator. That is, for the subset without/with the indicator at baseline, the probability of meeting/not meeting the indicator at first or second review is modelled as a function of participant characteristics.[44]

It should be noted that these two analyses can produce different results, particularly where there is a large difference in the indicator at baseline between subgroups.

Some key features of the analyses for selected indicators are summarised below.

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[43] This may partly reflect participants without staff at baseline responding "no" at baseline then subsequently changing their answer to "yes" once they have staff and are happy with them, at review. For future collections, an option "I don't have any staff" has been added.

[44] Modelling of baseline to second review transitions is based on a smaller amount of data, hence these models tend to identify a smaller number of significant predictors.

I want more choice and control in my life

The percentage of participants who want more choice and control increased by 6.3% between baseline and first review and by 14.9% between baseline and second review, as set out in Table 6.2 below.

Table 6.2 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Context dependent: No to Yes		Context dependent: Yes to No		Net Movement (No to Yes)
	No	Yes	Number	%	Number	%	
Baseline to Review 1	3,188	12,540	1,215	38.1%	231	1.8%	+6.3%
Baseline to Review 2	1,448	3,690	881	60.8%	113	3.1%	+14.9%

[1]The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of transitioning are set out in Table 6.3 below.

Table 6.3 Key drivers of likelihood of transitions in *"I want more choice and control in my life"* response[45]

Variable	Baseline to First Review Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of	
	No to Yes	Yes to No	No to Yes	Yes to No
Participant lives in Queensland	⬆	⇧		
Participant lives in South Australia				⇧
Participant is Indigenous			⬆	
Participant is older	⇩		⇩	
Lower level of function	⇩		⇩	
Plan is agency-managed		⬇		
Participant received services from State/Territory programs before entering the NDIS	⬆			
Higher level of NDIA support	⇩	⬇	⇩	

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[45] See Table 2.2 for definition of arrow symbols in this and similar tables.

Key findings from Table 6.3 include:

- In general, participants who live in QLD, are Indigenous, or entered the NDIS after having previously received services from State/Territory governments are more likely to start wanting more choice and control (either at first or second review).
- In general, participants who are older, have a lower level of function or higher level of NDIA support through the pathway, are less likely to start wanting more choice and control.
- Participants from Queensland were also more likely to stop wanting more choice and control after one year.
- Participants with a higher level of NDIA support were also less likely to stop wanting more choice and control after one year.

I would like to see my friends more often

The percentage of participants who would like to see their friends more often increased by 2.5% between baseline and first review and by 5.8% between baseline and second review, as set out in Table 6.4 below.

Table 6.4 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Context dependent: No to Yes		Context dependent: Yes to No		Net Movement (No to Yes)
	No	Yes	Number	%	Number	%	
Baseline to Review 1	5,954	8,777	1,028	17.3%	659	7.5%	+2.5%
Baseline to Review 2	2,006	2,620	591	29.5%	324	12.4%	+5.8%

[1] The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of transitioning are set out in Table 6.5 below.

Table 6.5 Key drivers of likelihood of transitions of *"I would like to see my friends more often"* response

Variable	Baseline to First Review Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of	
	No to Yes	Yes to No	No to Yes	Yes to No
Participant lives in Victoria	⇩	⬇	⇩	
Participant lives in Queensland	⬆	⇧		
Disability is autism or a visual impairment			⬆	
Disability is another physical disability			⇩	

	Baseline to First Review		Baseline to Second Review	
	Relationship with likelihood of		Relationship with likelihood of	
Variable	**No to Yes**	**Yes to No**	**No to Yes**	**Yes to No**
Participant is CALD				⬇
Lower level of function	⬆	⬇	⬆	⬇
Participant has SIL supports in their plan			⇩	
Participant lives in a more remote area	⇩			
Between 75% and 95% of supports are capacity building supports	⬆			
More than 5% of supports and capital supports	⇩			
Plan is self managed		⬇		
Plan is plan-managed/ agency managed	⬆			
Participant received services from Commonwealth programs before entering the NDIS	⇩			
Higher level of NDIA support	⇩	⬇		
Higher Index of Economic Opportunity (IEO)	⬆			⬇

Key findings from Table 6.5 include:

- For participants who said they would like to see their friends more often when they entered the Scheme, those living in Victoria, and those with higher levels of NDIA support, were more likely to continue to want to see their friends more often after one or two years in the Scheme. Conversely, for participants who were happy with how often they see their friends at baseline, those living in Victoria, and those with higher levels of NDIA support, were more likely to remain happy with how often they see their friends after one or two years in the Scheme.
- For participants who said they would like to see their friends more often when they entered the Scheme, those with a lower level of function were more likely to continue to want to see their friends more often after one or two years in the Scheme. For participants who were happy with how often they see their friends at baseline, those with a lower level of function were more likely to start saying they wanted to see their friends more often after one or two years in the Scheme.

I have a doctor I see on a regular basis

The percentage of participants who have a doctor they see on a regular basis increased by 4.7% between baseline and first review and by 9.9% between baseline and second review, as set out in Table 6.6 below.

Table 6.6 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort		Context dependent: No to Yes		Context dependent: Yes to No		Net Movement (No to Yes)
	No	Yes	Number	%	Number	%	
Baseline to Review 1	2,983	12,813	1,078	36.1%	341	3%	+4.7%
Baseline to Review 2	1,105	4,034	656	59.4%	147	4%	+9.9%

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of transitioning are set out in Table 6.7 below.

Table 6.7 Key drivers of likelihood of transitions of *"I have a doctor I see on a regular basis"* response

Variable	Baseline to First Review		Baseline to Second Review	
	Relationship with likelihood of		Relationship with likelihood of	
	No to Yes	Yes to No	No to Yes	Yes to No
Participant lives in Victoria	⇩	⬇		
Participant lives in Queensland	⬆		⬆	
Participant lives in a more remote area		⇧		
Participant lives in South Australia		⇧		
Disability is a neurological disability		⬇		
Disability is a psychosocial disability		⇧		
Participant is female	⬆	⬇		
Participant is older			⇩	
Entered the Scheme in 2016/17		⇧		
Lower level of function	⬆	⬇	⬆	

	Baseline to First Review		Baseline to Second Review	
	Relationship with likelihood of		Relationship with likelihood of	
Variable	No to Yes	Yes to No	No to Yes	Yes to No
Higher annualised plan budget	⬆	⬇		⬇
Higher level of NDIA support	⇩		⇩	
Higher Index of Economic Resources (IER)		⬇		
Higher Index of Economic Opportunity (IEO)				⬇

Key findings from Table 6.7 include:

- Female participants who didn't have a doctor they saw regularly at baseline were more likely to have one at the first review, compared to male participants. Additionally, of those who had a doctor they saw regularly at baseline, female participants were less likely to not have a doctor they saw regularly at the first review.
- Of the participants who did not have a regular doctor at baseline, participants living in Queensland were more likely to subsequently have a regular doctor at both the first and second reviews.
- Participants with a lower level of function and participants with a higher annualised plan budget were more likely to go from not having a regular doctor to having a regular doctor after spending time in the Scheme, and were less likely to go from having a regular doctor to not having one.
- Participants in higher socioeconomic areas were more likely to stay with a regular doctor, between baseline and first review and between baseline and second review.

I wanted to do certain things in the last 12 months but could not

The percentage of participants who wanted to do certain things in the last 12 months but could not increased by 4.6% between baseline and first review and by 9.8% between baseline and second review. This was a result of improvements offset by deteriorations as set out in Table 6.8 below.

Table 6.8 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: Yes to No		Deteriorations: No to Yes		Net Movement (No to Yes)
	No	Yes	Number	%	Number	%	
Baseline to Review 1	6,016	9,783	711	7.3%	1,444	24.0%	+4.6%
Baseline to Review 2	2,268	2,871	337	11.7%	843	37.2%	+9.8%

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 6.9 below.

Table 6.9 Key drivers of likelihood of transitions of *“I wanted to do certain things in the last 12 months but could not”* response

	Baseline to First Review		Baseline to Second Review	
	Relationship with likelihood of		Relationship with likelihood of	
Variable	Improvement	Deterioration	Improvement	Deterioration
Participant lives in Queensland or South Australia	⬆	⬆	⬆	
Participant lives in South Australia	⬆		⬆	
Participant lives in NT, TAS, WA or ACT		⬇		
Disability is an acquired brain injury, a psychosocial disability or a disability caused by a stroke		⬆		
Participant is older		⬇		
Entered the Scheme in 2016/17	⬆			
Access type is early intervention				⬆
Lower level of function	⬇		⬇	
Participant lives in a more remote area		⬆		⬆
Higher annualised plan budget		⬆		
Between 75% and 95% of supports are capacity building supports	⬆	⬇	⬆	
More than 5% of supports are capital supports		⬇		
Plan is agency managed				⬆
Participant has not received services from Commonwealth or State systems before entering the NDIS		⬇		
Higher level of NDIA support	⬇	⬇		⬇
Higher Index of Economic Opportunity (IEO)		⬆		⬆

Key findings from Table 6.9 include:

- Participants with a lower level of function were less likely to improve (those who responded that they wanted to do certain things in the last 12 months and could not at baseline were more likely to continue to respond that they wanted to do certain thing in the 12 months and could not at first and second reviews).
- Participants living in Queensland and South Australia were more likely to improve compared to participants living in other States/Territories. Participants with more than 75% of their plan consisting of capacity building supports were also more likely to improve, and were less likely to deteriorate between baseline and the first review.
- Participants with higher levels of NDIA support were less likely to change their response after spending time in the Scheme (that is, they were less likely to improve but also less likely to deteriorate).
- Participants living in more remote areas and participants living in areas with a higher Index of Economic Opportunity (IEO) were more likely to deteriorate.

I know people in my community

The percentage of participants who know people in their community increased by 3.6% between baseline and first review and by 7.3% between baseline and second review. This was a result of improvements offset by deteriorations as set out in Table 6.10 below.

Table 6.10 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	7,028	8,722	1,158	16.5%	593	6.8%	+3.6%
Baseline to Review 2	2,516	2,623	697	27.7%	322	12.3%	+7.3%

Participant characteristics that had a statistically significant effect (p<0.05) on the likelihood of improvement or deterioration in the outcome are set out in Table 6.11 below.

Table 6.11 Key drivers of likelihood of transitions of *"I know people in my community"* response

Variable	Baseline to First Review Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of	
	Improvement	Deterioration	Improvement	Deterioration
Participant lives in Victoria	⬇			
Participant lives in Queensland	⬆	⬆		
Disability is autism		⬆		⬆
Disability is cerebral palsy	⬆	⬇		⬇

	Baseline to First Review		Baseline to Second Review	
	Relationship with likelihood of		Relationship with likelihood of	
Variable	**Improvement**	**Deterioration**	**Improvement**	**Deterioration**
Disability is Down syndrome or a neurological disability	⬆		⬆	
Disability is a hearing impairment or an intellectual disability	⬆			
Disability is a physical disability		⬇	⬆	
Disability is a psychosocial disability		⬆		
Participant is CALD	⬇			
Participant is Indigenous			⬆	
Participant is older		⬇		
Entered the Scheme in 2016/17	⬆	⬆		
Lower level of function	⬇	⬆	⬇	⬆
Participant lives in a more remote area	⬆	⬇	⬆	⬇
Participant has not received services from Commonwealth or State systems before entering the NDIS			⬇	
Higher level of NDIA support	⬇	⬇	⬇	
Access type is early intervention	⬇			
Higher Index of Economic Resources (IER)		⬇		

Key findings from Table 6.11 include:

- Similar to other indicators, participants with higher levels of NDIA support were less likely to change their response to the indicator '*I know people in my community'* after spending time in the Scheme. Participants living in Queensland and participants who entered the Scheme in 2016/17 were more likely to change their response.
- Participants with autism were more likely to deteriorate, while those with cerebral palsy, Down syndrome or a neurological disability were more likely to improve.
- CALD participants were less likely to improve compared to non-CALD participants.

- Indigenous participants were more likely to improve between baseline and second review, compared to non-Indigenous participants.
- Participants with a lower level of function were less likely to improve and more likely to deteriorate while participants living in more remote areas were more likely to improve and less likely to deteriorate.