8. Participants aged 25 and over: overview of results

8.1 Key findings

Box 8.1: Overall findings for participants aged 25 and over who joined the Scheme between 1 July 2016 and 30 June 2017

- For participants entering the Scheme in 2016-17, significant improvements were observed across a number of indicators, with improvements in the first year generally continuing into the second year of Scheme experience.
- The largest improvements were observed for the social, community and civic participation domain. The percentage participating in a community group in the last 12 months increased by 10.3% between baseline and second review, from 36.5% to 46.8%, the percentage who know people in their community increased by 7.4%, from 59.8% to 67.2%, and the percentage who spend their free time doing activities that interest them increased by 7.6%, from 68.3% to 75.9%.
- There were also some improvements in health and wellbeing outcomes for participants aged 25 and over. 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%. However, the percentage of participants who rated their health as excellent, very good or good declined by 4.3%, from 50.9% to 46.6%.
- Choice and control was a key concern of participants aged 25 and over, with the percentage of participants expressing a desire for greater choice and control increasing by 13.8% between baseline and second review, from 66.7% to 80.5%. The percentage of participants who felt able to advocate for themselves decreased by 4.3% between baseline and second review, from 50.9% to 46.6%.
- A higher percentage of participants wanted to see their friends and family more often after two years in the Scheme. The percentage who would like to see their friends more often increased by 5.7% between baseline and second review, from 48.9% to 54.6%, and the percentage who would like to see their family more often increased by 4.6%, from 35.2% to 39.8%.

Box 8.2: Overall findings for participants aged 25 and over who joined the Scheme between 1 July 2017 and 30 June 2018

- Participants who entered the Scheme in 2017-18 experienced similar improvements between baseline and first review to those who entered in 2016-17. In particular, improvements were observed in the areas of:
- Social, community and civic participation: the percentage of participants who have been 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%.
- Lifelong learning: the percentage of participants who got the opportunity to learn new things increased 3.1% between baseline and the first review, from 41.9% to 45.0%.
- Choice and control was also a concern for participants entering the Scheme in 2017-18. The percentage who wanted more choice and control in their life increased by 4.3% between baseline and first review, from 79.3% to 83.6%. There was also a 1.6% decline in the percentage who felt able to advocate for themselves, from 49.6% to 48.0%.

Box 8.3: Outcomes by key characteristics for participants aged 25 and over

- The impact of disability type on 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 also 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.

- 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 with respect to not being able to do things that they wanted to do in the last 12 months.

- 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).

Box 8.4: Health and wellbeing outcomes for participants aged 25 and over, compared to the Australian population

- NDIS participants tend to have poorer baseline health and wellbeing outcomes than Australians overall, and despite improvements on some indicators, outcomes generally remain poorer at first and second review.
- At baseline, 46.3% of participants 25 and over rated their health as good, very good or excellent, compared to 86.6% of Australians aged 25 to 64 overall[47]. As mentioned above, there have been slight declines for this indicator longitudinally, from 47.8% to 46.3% at first review for participants entering in 2017-18, and from 50.9% to 48.2% at first review and 46.6% at second review for participants entering in 2016-17.
- Participants also expressed lower overall life satisfaction than the general population. At baseline, 44.2% said they felt “delighted”, “pleased” or “mostly satisfied” with their life, compared to 77.2% of Australians aged 25 to 64 overall[48]. This indicator has improved over time for participants: by 7.3%-11.8% between baseline and review 1 and a further 5.4% between review 1 and review 2, but still remains substantially lower than for Australians overall, being 51.7% at review 2 for participants entering in 2016-17 and 58.4% at review 1 for participants entering in 2017-18.
- At baseline, 42.5% of participants said they had been to hospital in the last 12 months, compared to 11.6% of Australians aged 25 to 64[49]. This indicator has also improved over time, reducing to 34.8% over two years for 2016-17 entrants and to 36.8% over one year for 2017-18 entrants, but remains substantially above the percentage for Australians overall.
- From baseline reponses, 56.7% of those who had been to hospital had had multiple visits, compared to a population figure of 26.3% for Australians aged 25 to 64.[49] This percentage has not changed materially over time.
- At baseline, 34.5% of participants said they had experienced some difficulty in getting health services. This percentage has improved over time, reducing by 1.7%-1.9%% between baseline and review 1 and a further 1.2% between review 1 and review 2. The most common difficulty cited was access issues (9.7% at baseline), however 5.7% said it was because of the attitudes and/or expertise of health professionals.
- At baseline, 18.7% of participants said they currently smoked. This is comparable to a 2017-18 population figure of 17.2% for 25 to 64 year olds.[47] However, there is considerable variation in smoking rates by disability. The percentage of participants with a psychosocial disability who smoke is 51.2%, almost four times the percentage for other disabilities combined (13.5%). Conversely, none of the participants with Down syndrome say they smoke. Overall, the percentage who smoke has remained relatively stable over time.

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

[48] 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.

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

Box 8.5: Has the NDIS helped? – participants aged 25 and over

- 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 28.7% 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 between 1.1% and 8.6% between first and second review across all domains except work, where there was a 0.7% 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.

8.2 Results overview – participants aged 25 and over

8.2.1 Outcomes framework questionnaire domains

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

For participants aged 25 and over, 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 the adult cohorts, across all domains, but particularly in the health and wellbeing domain.

8.2.1 Participant living arrangements

By comparison with the younger adult cohort, participants aged 25 and over are more likely to live alone (24.1%), or with a spouse/partner and/or children (25.1%), or with people not related to them (20.0%). However 21.4% live with their parents and 4.5% live with other family members.

For participants who have been in the Scheme for two years or more at 30 June 2019, the percentage living with people not related to them has increased by about 2.8% between baseline and second review, and the percentage living alone has increased by 1.9%. The percentage living with their parents has decreased by 1.7%, and the percentage who say they have “other” living arrangements decreased by a similar amount.

For participants aged 25 and over at baseline, the percentage in a private home either owned or rented from a private landlord is 59.6%. 16.7% of participants live in a private home rented from a public authority. 12.2% are in supported accommodation, 4.2% in residential care or a hostel and a further 1.4% in a boarding house, short-term crisis accommodation, or a temporary shelter. 2.9% live in a nursing home.

Looking at longitudinal change, for participants who have been in the Scheme for two years or more at 30 June 2019, the percentage living in supported accommodation has increased by 2.5% between baseline and second review, from 12.7% to 15.2%. The percentage living in a nursing home/aged care facility has increased by 1.9%, and the percentage in public housing by 1.4%. Slight decreases were observed for the percentage living in a private home (owned or rented from a private landlord) and the percentage living in large or small residences.

The ABS Census of Population and Housing 2016 found that 3.6% of *households* were in public housing (rented from State/Territory governments) and 4.2% were in some form of social housing (including public housing supplied by the government, and community housing supplied by non-government organisations). Although not directly comparable to these household-based percentages, the percentages of participants who say they live in public housing (8.0%, 8.3%, 11.1% and 16.7% for the four age cohorts) appears higher than the general population.

Figure 8.1 Participant living/housing arrangements – combined baseline

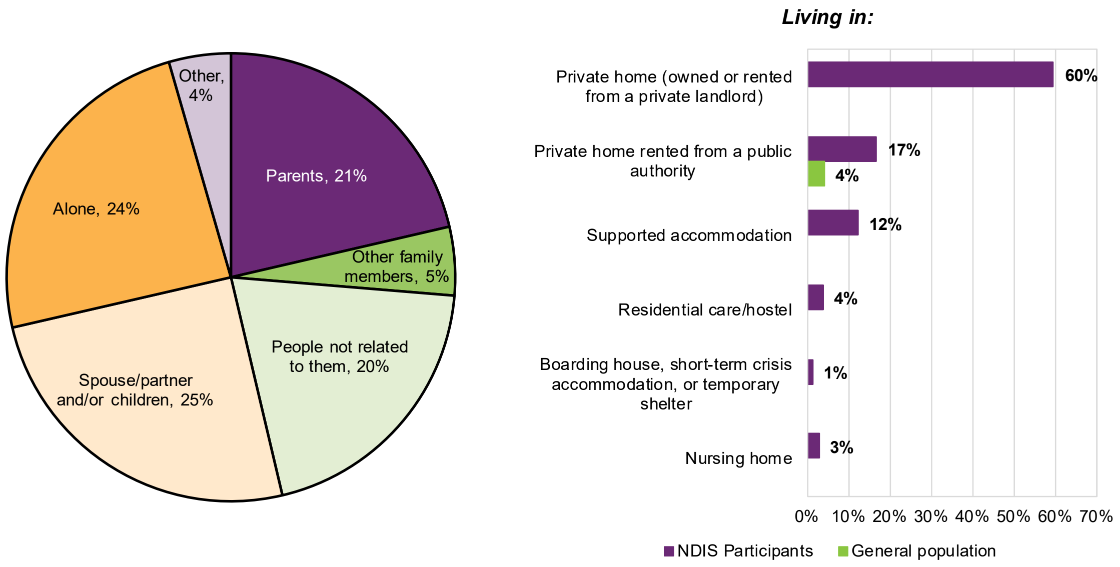
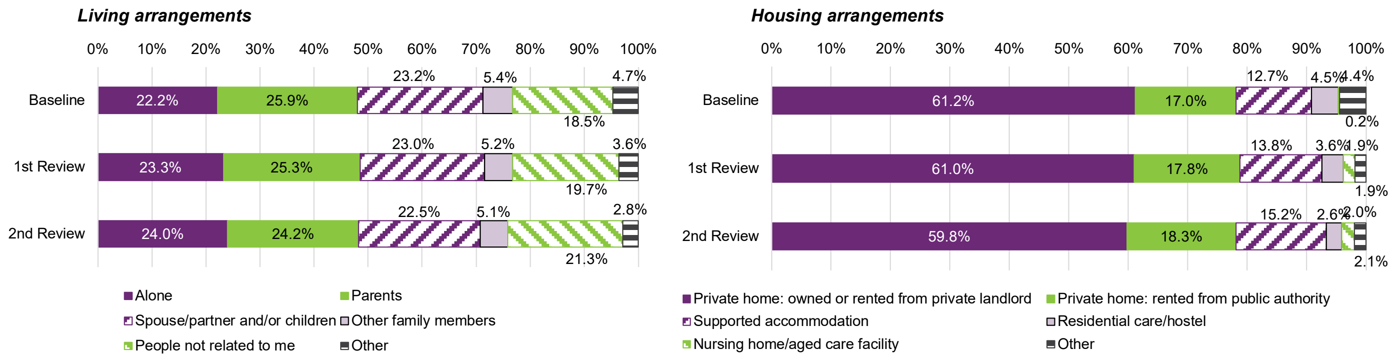


Figure 8.2 Participant living/housing arrangements – longitudinal change for participants who have been in the Scheme for two years or more



8.2.2 Baseline indicators – Across all participants

Choice and control

More participants chose, or had a say in, what they do each day (90.5%) and how they spend their free time (90.6%) than in who supports them (80.7%), where they live (75.4%) or who they live with (74.0%). The majority (58.4%) said they made most of the decisions about their lives, with 29.7% saying their family did, and 7.0% that their service providers did. 75.8% said they had someone who supports them to make decisions, with a further 19.8% saying they didn't need anyone. Overall, 77.1% said they would like more choice and control in their life.

Daily living

Support for daily living was most needed for domestic tasks (88.6%) and travel and transport (80.5%), and least needed for personal care (55.9%) and reading or writing (56.3%). Where support was needed, it was most often received for problem solving (92.7%) and finances/money (80.6%), and least often received for using technology (46.7%). For those receiving support, the percentage of participants who felt it met their needs was highest for problem solving (88.6%), followed by finances/money (69.7%). However, for other areas, generally low percentages (ranging from 27.9%, for getting out of the house, to 48.6%, for personal care) felt that it met their needs. 24.2% of participants needed support in all of the eight areas surveyed.

Relationships

Looking at relationships, 23.0% of participants said they had no-one outside their home to call on for practical support, 23.4% had no-one to call on for emotional support, and 20.8% 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 25 to 64 year olds who said they were unable to get support was 5.5% for the 2014 survey.

Whilst only 14.0% of respondents said they provided care for others, 73.8% of these said they needed help to continue caring, and only 16.0% said they received enough help.

28.8% of participants said they did not have any friends apart from family or paid staff. Overall, 75.3% were happy with their relationships with staff. 21.2% said they often feel lonely.

Home

73.5% of adult participants were happy with their current home, however 16.7% said they would not want to live there in five years’ time, with 8.7% saying this was because they wanted to choose their future home, 2.5% for reasons related to support needs, and 5.5% for another reason. 32.5% cited lack of support as a barrier to living in a home of their choice, with 28.5% citing lack of affordable housing. 74.0% 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[50], and this holds true for NDIS participants. 46.3% of participants 25 and over rated their health as good, very good or excellent, compared to 86.6% of Australians aged 25 to 64 overall[51]. 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”, 44.2% of participants responding to the LF said they felt either “delighted”, “pleased” or “mostly satisfied”, compared to 77.0% of Australians aged 25 to 64 overall[52].

NDIS participants are also more likely to go to hospital than Australians generally. 42.5% of participants 25 and over had been to hospital in the last 12 months, compared to 11.6% of Australians aged 25 to 64[53]. Moreover, 56.7% of those who had been to hospital had had multiple visits, compared to a population figure of 26.3% for Australians aged 25 to 64.[53]

34.5% of the adult cohort said they had experienced some difficulty in getting health services. The most common reason cited was access issues (9.7%), however 5.7% said it was because of the attitudes and/or expertise of health professionals.

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[50] Australian Institute of Health and Welfare (AIHW) (2018) Australia’s Health 2018.

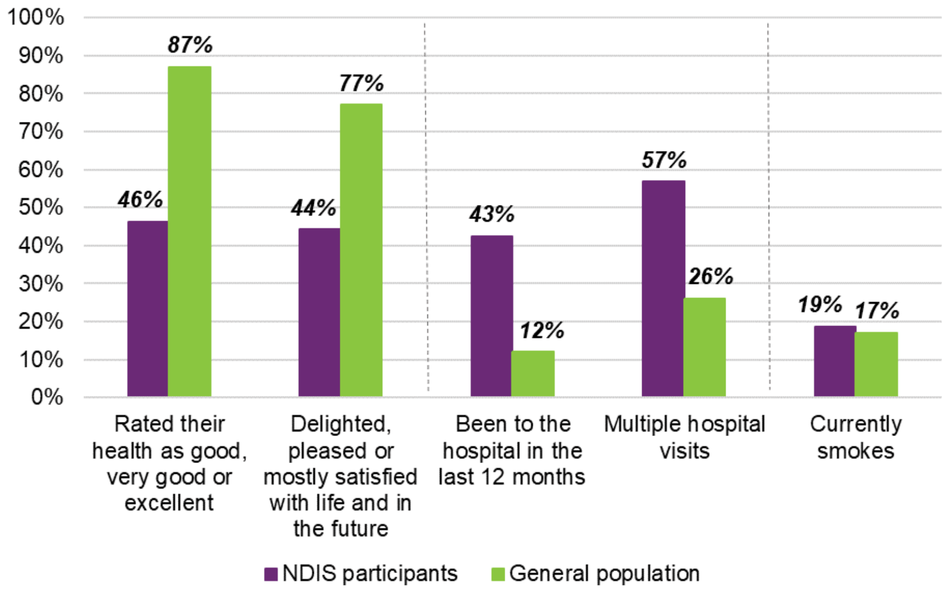
[51] ABS National Health Survey (NHS) 2017-18.

[52] 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.

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

18.7% of adult participants said they currently smoked, and this is similar to a 2017-18 population figure for 25 to 64 year olds of 17.2%.[51]

Figure 8.3 Health and wellbeing indicators for NDIS participants compared with the general population



Lifelong learning

40.0% of participants said they get opportunities to learn new things, however 41.5% said they did not get opportunities but would like to learn new things.

Only 11.7% of participants currently participate in education, training or skill development, with roughly half in a class for students with disability.

35.5% said there was a course or training they wanted to do but were unable to do in the last 12 months. Most of the time this was due to lack of support.

Work

6.4% said they were currently working in an unpaid job, whilst 23.3% were working in a paid job. Of those not currently working in a paid job, 30.4% said they would like one and 69.6% said they didn't want one. From the LF, 66.5% of adult participants said they had not had a job in the previous 12 months, 31.1% had had one job, and 2.5% more than one. 11.5% had done some casual work in the previous 12 months.

Also from the LF, 79.8% of participants currently in a paid job had held that job for more than two years and 5.7% for less than six months. 92.8% found their job suitable and 89.1% said they received the support needed to do their job. For those working in an ADE, 24.6% could see a pathway to open employment. For those not currently in a paid job, 87.6% had not applied for any jobs in the previous three months, 5.5% had applied for one or two jobs, and 6.9% for three or more.

From the SF, 14.7% of participants who do not have a job said they were being assisted to get a job.

The LF also attempts to uncover reasons why participants do not have a paid job, and the kinds of assistance that would help them find a job. 29.0% of participants specified lack of support (including lack of support to either get a job or stay in a job) as the main reason they did not currently have a job, with 11.2% saying they couldn't find a job, and 5.5% saying travel was difficult, however the majority (54.3%) chose the "other" response option. Only a small number of participants provided extra information as to what that other reason was, however those who did mainly cited poor health. Similarly, when asked what assistance would help them get a job, 41.0% said more support, 6.4% said help with travel, 7.4% having a mentor, 3.3% educating employers, and 6.2% getting work experience, however 35.7% chose the "other" response option. The small number who gave extra information mainly said that better health, or a mixture of some/all of the fixed category responses, would help them get a job.

Only 17.2% of adult participants responding to the LF said they had started planning for retirement, and regarding retirement planning, 78.2% of these said they made all of the decisions or made the important decisions with help from others.

Social, civic, community participation

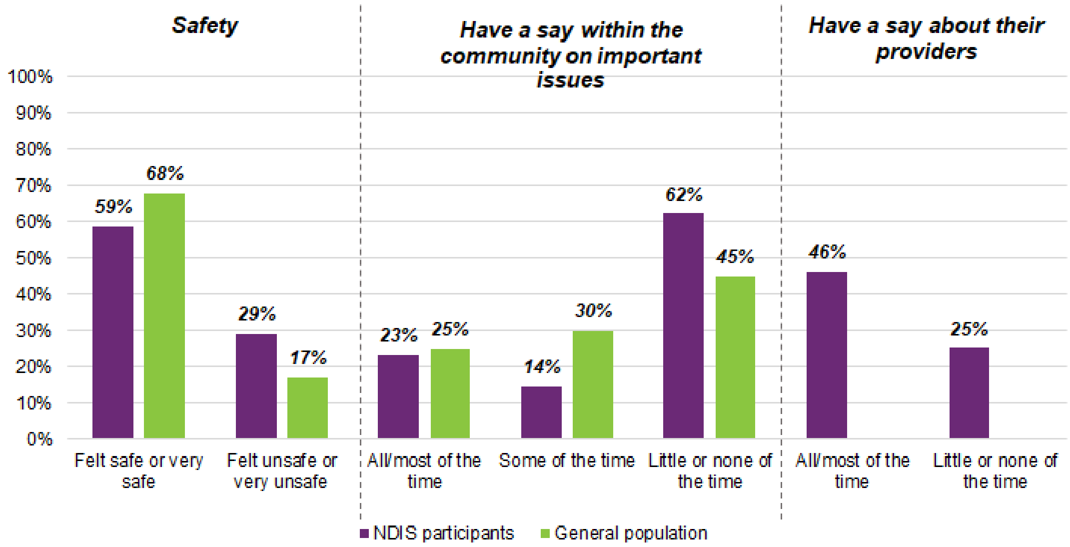
12.2% of participants said they currently volunteered, and a further 24.1% expressed an interest in volunteering. 37.0% had been involved in a community, cultural or religious group in the last 12 months, with 90.7% of LF respondents feeling a sense of belonging to the group. Also from the LF, 25.0% said they has 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 64.7% of respondents. Of those who do go out alone, 58.8% said they felt safe or very safe whereas 29.3% said they felt unsafe or very unsafe. From the 2014 GSS, the corresponding figures for 25 to 64 year olds were 68.5% and 16.7%.

NDIS participants were also less likely to feel able to have a say within the community on important issues: 23.3% of participants felt able to have a say all of the time or most of the time, 14% some of the time, and 62.2% a little of the time or none of the time. From the 2014 GSS, the corresponding figures for 25 to 64 year olds were 24.8%, 30.4% and 44.7%.

46.3% of participants felt able to have a say with their support providers either all of the time or most of the time, however 25.2% were only able to have a say a little of the time or not at all.

Figure 8.4 Social, community and civic participation indicators for NDIS participants compared with the general population



8.2.3 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 14 indicators, namely the percentage of participants who:

- 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
- Have no difficulties accessing health services
- Currently participate in education, training or skill development
- Wanted to do a course or training in the last 12 months, but could not
- Are currently working in a paid job
- Are currently a volunteer
- Have been actively involved in a community, cultural or religious group in the last 12 months.

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

- **Level of function**

  Across all domains, baseline outcomes tend to be better for participants with higher level of function, particularly in the areas of choice and control, health and wellbeing, and employment.

  Level of function was a significant predictor in all 14 multiple regression models considered for baseline indicators. Controlling for other variables, participants with a higher level of function:

  - Are much more likely to choose who supports them (on a one-way basis, 81.3%, 60.7% and 37.4% for participants with high, medium and low level of function, respectively) and are less likely to want more choice and control in their lives. Participants with a higher level of function are also more likely to choose what they do each day.
  - Are more likely to rate their health as excellent, very good or good (63.4%, 48.3% and 37.1% for participants with high, medium and low level of function, respectively).
  - Are significantly more likely to have a paid job and significantly less likely to be a volunteer.
  - Are more likely to have friends other than family or paid staff, and are more likely to be involved in a community, cultural or religious group.

  Other indicators with large differences in one-way analyses include the percentage of participants who:

  - Make most of the decisions in their life (84.5%, 65.1% and 39.4% for participants with high, medium and low level of function, respectively)
  - Want to see their family more often (31.9%, 39.4% and 47.8%)

- Know people in their community (72.1%, 61.4% and 50.2%)
- Feel they are able to have a say with their support services (64.7%, 50.2% and 34.0%).

LF indicators also show differences, the largest being the percentage of participants who:

- Choose how they spend their free time (88.3%, 78.0% and 55.5%)
- Choose where they live (83.7%, 69.0% and 47.1%) and who they live with (85.4%, 72.0% and 49.0%)
- Often felt lonely (12.5%, 22.3% and 22.8%)
- Feel safe or very safe walking alone in their local area after dark (34.2%, 25.0% and 9.2%).

- **Disability**

Baseline indicators differ significantly by disability type, and generally participants with a hearing or visual impairment experience better outcomes across most domains.

Like level of function, disability type was a significant predictor in all 14 regression models, and controlling for other factors:

- Participants with Down syndrome are the least likely to choose who supports them and what they do each day, followed by participants with an intellectual disability, whereas participants with spinal cord injury, another physical disability or multiple sclerosis are the most likely. However, participants with Down syndrome or an intellectual disability, as well as those with autism or neurological disability, are the least likely to say they want more choice and control in their life. Conversely, participants with stroke, a visual impairment, spinal cord injury, or a psychosocial disability are more likely to want more choice and control in their life.
- Participants who have had a stroke, have a psychosocial disability or have an acquired brain injury are the least likely to have a paid job, while participants with a hearing impairment are the most likely.
- Participants with autism or a psychosocial disability are the most likely to have no friends other than family or paid staff.
- Participants with a hearing impairment, a visual impairment, or a psychosocial disability, are the least likely to feel safe or very safe in their home, whereas those with Down syndrome, an intellectual disability, cerebral palsy or autism are the most likely to feel safe.
- Participants with autism, Down syndrome or an intellectual disability are the most likely to have been actively involved in a community, cultural or religious group.

From the one-way analyses of SF indications, the largest differences are observed for the following indicators:

- Overall, 14.0% of participants provide care for others, but this percentage is much higher for participants with a hearing impairment or another sensory/speech disability (37.7%), multiple sclerosis (28.5%), or a visual impairment (27.9%).
- Participants with a sensory disability and those with multiple sclerosis are more likely to feel able to have a say with support services, whereas those with autism or an intellectual disability or Down syndrome are the least likely.

From the LF:

- 18.7% of adult participants smoke, however this varies considerably by disability. At 51.2%, the percentage of participants with a psychosocial disability who smoke is almost four times the percentage for other disabilities combined (13.5%). At the other extreme, none of the participants with Down syndrome say they smoke. Age differences do not appear large enough to explain the difference, since the average age for participants with a psychosocial disability is 46 and for those with Down syndrome is 42 (compared to 47 overall).
- Participants with a sensory disability are least likely to feel happy about their relationship with staff (62.7% compared to 78.9% overall).

- **Culturally and linguistically diverse backgrounds**

Participants from a non-CALD background tend to have better baseline outcomes for most indicators.
CALD status is a significant predictor in 12 out of 14 regression models. Controlling for other factors:

- CALD participants are less likely to choose who supports them, less likely to choose what they do each day, and are more likely to want more choice and control in their lives.
- CALD participants are less likely to be happy with their home and less likely to feel safe there.
- CALD participants have poorer self-rated health and are more likely to have difficulty accessing health services (43.2% compared to 33.9% for non-CALD participants, on a one-way basis).
- CALD participants are less likely to have friends other than family or paid staff (64.4% compared to 71.1%, on a one-way basis).
- CALD participants are less likely to have a paid job and less likely to volunteer.
- However, CALD participants are more likely to have been involved in a community, cultural or religious group in the last 12 months.

From the one-way analyses, CALD participants are more likely to provide care for others (19.2% compared to 13.3% for non-CALD participants).

From the LF, compared to non-CALD participants, CALD participants:

- Are less likely to smoke (14.4% compared to 19.0%).
- Are less likely to feel delighted, please or satisfied about their life (38.4% compared to 44.7%).
- Are equally likely to feel happy with their relationship with staff (78.5% for CALD participants compared to 78.8% for non-CALD participants).

- **Indigenous**

Baseline outcomes for Indigenous participants tend to be slightly worse or similar to outcomes for non-Indigenous participants, but this varies by indicator and outcome domain. In particular, health and wellbeing and work outcomes tend to be worse for Indigenous participants at baseline.

Indigenous status is a significant predictor in nine of the 14 regression models, and is negatively associated with outcomes in all nine models. Controlling for other factors, Indigenous participants:

- Are less likely to choose what they do each day, and are more likely to want more choice and control in their lives.
- Are less likely to be happy with their current home, and less likely to feel safe there.
- Have poorer self-rated health and are more likely to have difficulties accessing health services.
- Are less likely to participate in education, training and skill development, to have a paid job or to be a volunteer.

However there are some positive associations from one-way analyses:

- Indigenous participants are more likely to choose how they spend their free time, where they live, and who they live with.
- Indigenous participants are more likely to have someone outside their home to call on for practical support (86.6% versus 77.0%) and someone to call on in a crisis (86.6% versus 79.8%).
- For those who are working, a higher percentage say they get the support they need to do their job, and for those involved in a community, cultural or religious group, a higher percentage say they feel like they belong to the group.
- Indigenous participants are also more likely to know people in their community (64.3% versus 58.1% for non-Indigenous participants).

Conversely:

- Indigenous participants are less likely to get opportunities to learn new things (30.9% compared to 40.3% for non-Indigenous participants).
- Indigenous participants are more likely to smoke (30.9% compared to 19.7% for non-Indigenous participants.
- Indigenous participants are less likely to have seen a dentist in the last 12 months (41.5% compared to 52.4% for non-Indigenous participants – these percentages compare to an overall population figure of 47.8% for Australians aged 25 to 64).[54]

Remoteness may be contributing to some of these differences. For example, population data on visits to the dentist indicate that for people aged 15 and over, those living in major cities (51.0%) were more likely to see a dentist in the last 12 months than those living in outer regional, remote or very remote areas (40.8%).[54]

- **Age**

For participants aged 25 and over, baseline outcomes differ considerably by age. Older participants tend to have better choice and control outcomes, but worse health and wellbeing, community participation, and lifelong learning outcomes.
Entry age was a significant predictor in 13 of 14 regression models considered.
Controlling for other factors:

- Older participants are more likely to choose who supports them and to choose what they do each day, and are less likely to want more choice and control in their lives.
- The percentage of participants working in a paid job decreases with age (as participants approach retirement).

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

- A higher percentage of older participants have friends apart from family and paid staff.
- Older participants are more likely to be happy with their home.
- Self-rated health deteriorates with age.
- Older participants are more likely to be actively involved in a community, cultural or religious group.
- The percentage of participants who wanted to do a course or training in the last 12 months, but could not, decreases with age.

Significant age-related differences exist for other SF indicators, and the one-way analyses show the following:

- The percentage of participants who would like to see their family more often increases with age, from 30.5% for those aged under 35 to 48.5% for those 55 or over.
- The percentage who say they will want to live in their current home in 5 years' time increases with age (from 71.6% for participants aged under 35, steadily increasing with age to 89.7% for participants aged 55 and over).
- Older participants are more likely to have been to hospital in the last 12 months.

From the LF, older participants are less likely to have the opportunity to try new things (74.4% for participants aged under 35, decreasing to 59.9% for participants aged 55 and over). Participation in education or training also becomes less widespread with age.

- **Geography**

Baseline results by remoteness are mixed.

Remoteness was a significant predictor in seven of the 14 regression models considered. Controlling for other factors:

- Participants living in more remote areas are more likely to have friends other than family or paid staff.
- Participants living in more remote areas are more likely to have difficulties accessing health services (41.8% compared to 33.9% for participants living in major cities, on a one-way basis).
- Participants living in more remote areas are more likely to volunteer.
- Participants living in more remote areas are more likely to choose what they do each day, and to have been given the opportunity to participate in a self-advocacy meeting or event.

From the one-way analyses:

- Participants living in major cities are less likely to know people in their community (54.2% compared to 61.1-72.0% for participants from regional areas, and 81.0% for participants living in remote and very remote areas).
- From the LF, participants from major cities were less likely to feel happy with relationships with staff (75.9% compared to greater than 80% for more remote areas).

- **Plan management type**

  Self-management is consistently associated with better outcomes[55], particularly in the domain of choice and control. Plan management type was a significant predictor in all 14 regression models. Controlling for other factors:
  - Participants who self-manage their plans are more likely to choose who supports them and what they do each day, and are less likely to want more choice and control in their lives.
  - Self-managed participants are more likely to have a paid job, actively participate in a community, cultural or religious group, to volunteer, and are more likely to have friends other than family or paid staff.

  Other large differences observed from the one-way analyses of SF indicators are as follows:

  - Participants who self-manage are more likely to know people in their community (73.5% compared to 58.8% overall).
  - Participants who self-manage are more likely to get opportunities to learn new things (55.3% compared to 40.0% overall).

  From the LF, a smaller percentage of participants who fully self-manage feel happy with their relationship with staff (70.3% compared to 78.9% overall).

- **Gender**

  Many baseline indicators differ by gender, and female participants tend to have better choice and control and relationship outcomes, but worse home and health and wellbeing outcomes.
  Gender is a significant predictor in 13 of the 14 regression models considered. Controlling for other factors:
  - Female participants are more likely to choose who supports them and to choose what they do each day. However, they are also more likely to want more choice and control in their lives.
  - Female participants are less likely to be working in a paid job, but more likely to volunteer.
  - Female participants are more likely to have friends other than family or paid staff, and are more likely to be actively involved in a community, cultural or religious group.
  - Female participants are less likely to be happy with their home, and to feel sale or very safe in their home (71.0% compared to 76.5% of male participants, on a one-way basis).
  - Female participants are less likely to rate their health as excellent, very good or good (41.7% compared to 50.2% of male participants).

  From the one-way analyses of indicators, other large observed differences are as follows:
  - Female participants are almost twice as likely to provide care for others (19.0%, compared to 9.8% of male participants), and of those who provide care for others, are less likely to receive enough assistance (18.7% compared to 27.1% of male participants).

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[55] 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).

- Female participants are less likely to feel safe getting out and about in their community (38.8% compared to 47.5% of male participants).

8.2.4 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 8.1 summarises changes for selected indicators across different time periods. In Table 8.1, cohort "B,R1,R2" includes participants responding at baseline, first review and second review.[56] 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[57] and had an absolute magnitude greater than 0.02[58].

Table 8.1 Selected longitudinal indicators for participants aged 25 and over

Domain (Form)	Indicator	Cohort	Baseline	Review 1	Review 2	Change B R1	Change R1 R2	Change B R2	Improvement/ Deterioration
REL (SF)	Of those who provide care for others and need help to continue, % who do not receive enough assistance	B,R1,R2	82.0%	80.6%	78.9%	-1.3%	-1.7%	-3.0%	**Improvement**
		B,R1	78.5%	77.5%		-0.9%			
REL (LF)	% who have someone outside their home to call on for practical support	B,R1,R2	81.2%	85.7%	89.9%	4.5%	4.2%	8.7%	**Improvement**
		B,R1	76.1%	82.2%		6.1%			
REL (LF)	% who have someone to call on in a crisis (for example, if they are sick)	B,R1,R2	85.9%	94.0%	89.9%	-0.2%	8.2%	8.1%	**Improvement**
		B,R1	77.9%	81.0%		3.1%			

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[56] A small number may be missing a response at the first review.
[57] McNemar's test at the 0.05 level.
[58] 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
REL (LF)	% who feel happy with their relationships with staff	B,R1,R2	69.4%	83.4%	87.1%	14.1%	3.6%	17.7%	**Improvement**
		B,R1	85.8%	90.2%		4.4%			
HW (SF)	% who did not have any difficulties accessing health services	B,R1,R2	68.5%	70.4%	71.6%	1.9%	1.2%	3.1%	**Improvement**
		B,R1	65.2%	66.9%		1.7%			
HW (SF)	% who have been to the hospital in the last 12 months	B,R1,R2	40.6%	36.6%	34.8%	-4.0%	-1.8%	-5.8%	**Improvement**
		B,R1	40.8%	36.8%		-4.0%			
HW (LF)	% who felt delighted, pleased or mostly satisfied about their life in general, now and in the future	B,R1,R2	38.9%	46.3%	51.7%	7.3%	5.4%	12.8%	**Improvement**
		B,R1	46.6%	58.4%		11.8%			
HW (LF)	% who have been subjected to restrictive practices in the past 12 months	B,R1,R2	6.8%	4.8%	2.0%	-2.0%	-2.8%	-4.7%	**Improvement**
		B,R1	8.1%	5.6%		-2.6%			
HW (LF)	% who have had a flu vaccination in the last 12 months	B,R1,R2	49.7%	54.4%	61.1%	4.8%	6.7%	11.4%	**Improvement**
		B,R1	64.6%	67.1%		2.5%			
LL (SF)	% who get opportunities to learn new things	B,R1,R2	46.6%	49.6%	51.2%	3.0%	1.6%	4.6%	**Improvement**
		B,R1	41.9%	45.0%		3.0%			
LL (SF)	% who currently participate in education, training or skill development,	B,R1,R2	14.2%	16.5%	16.2%	2.4%	-0.3%	2.1%	**Improvement**
		B,R1	13.6%	14.6%		0.9%			

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 mainstream class, % who prefer their current study arrangement	B,R1,R2	51.3%	56.2%	59.2%	4.9%	3.1%	8.0%	**Improvement**
		B,R1	67.0%	69.2%		2.2%			
S/CP (SF)	% who spend their free time doing activities that interest them	B,R1,R2	68.3%	73.2%	75.9%	4.9%	2.6%	7.5%	**Improvement**
		B,R1	66.2%	70.2%		4.0%			
S/CP (SF)	% who have been actively involved in a community, cultural or religious group in the last 12 months	B,R1,R2	36.5%	41.6%	46.8%	5.1%	5.2%	10.3%	**Improvement**
		B,R1	36.2%	41.4%		5.2%			
S/CP (SF)	% who know people in their community	B,R1,R2	59.8%	65.4%	67.2%	5.6%	1.8%	7.3%	**Improvement**
		B,R1	63.8%	66.6%		2.8%			
S/CP (LF)	% who currently have interests (for example, hobbies, favourite things to do)	B,R1,R2	79.2%	85.0%	89.3%	5.8%	4.2%	10.1%	**Improvement**
		B,R1	84.7%	89.1		4.4%			
S/CP (LF)	% who have the opportunity to try new things and have new experiences	B,R1,R2	57.7%	70.1%	73.8%	12.3%	3.8%	16.1%	**Improvement**
		B,R1	69.8%	75.6		5.8%			
S/CP (LF)	For those who have taken part in leisure activities in the past 12 months, % who felt those activities enabled them to spend time with people they liked	B,R1,R2	88.0%	89.0%	97.7%	1.0%	8.8%	9.8%	**Improvement**
		B,R1	93.8%	95.4		1.6%			
CC (SF)	% who want more choice and control in their life	B,R1,R2	66.7%	75.7%	80.5%	9.0%	4.7%	13.8%	**Context Dependent**
		B,R1	79.3%	83.6%		4.3%			

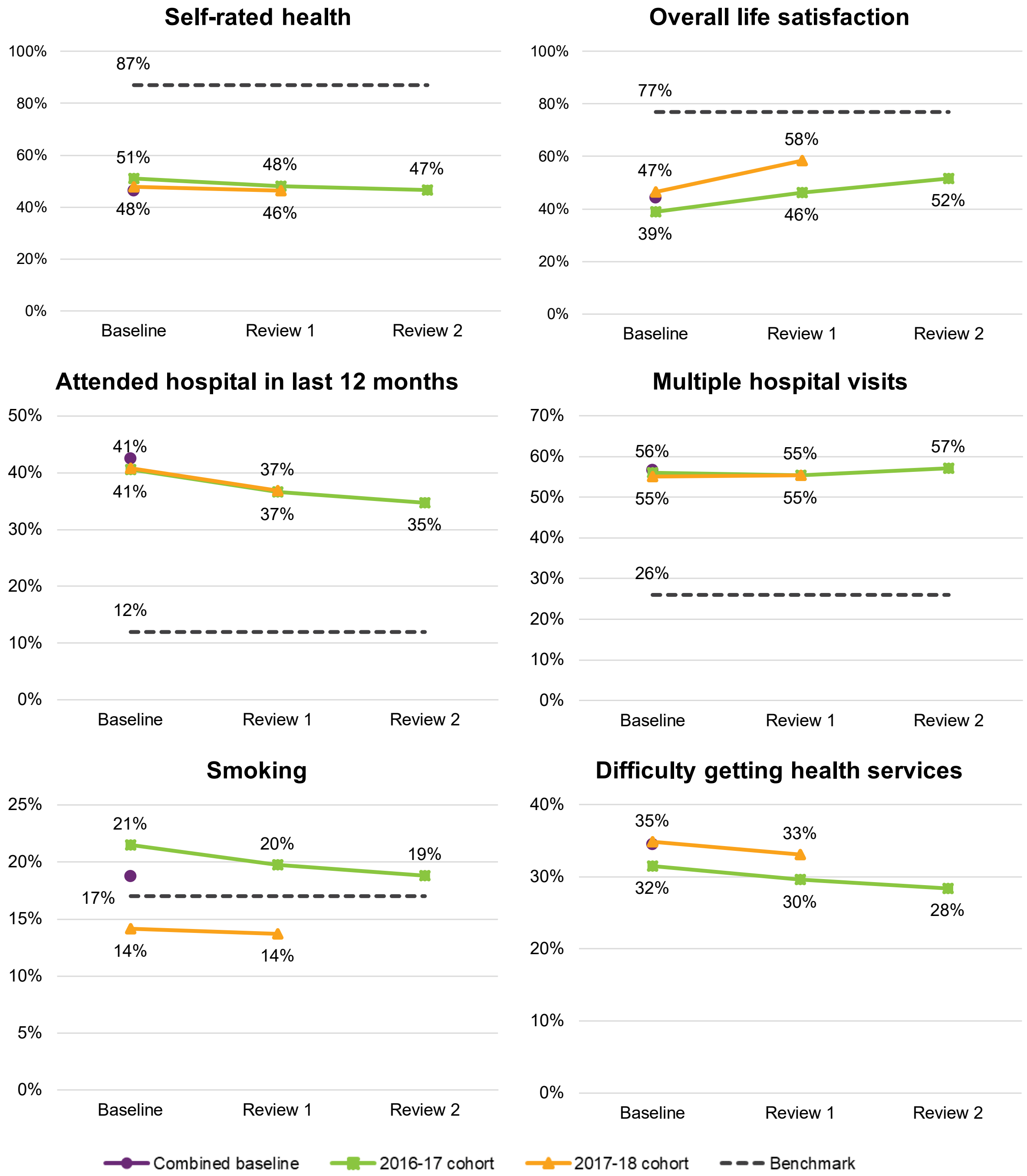
Domain (Form)	Indicator	Cohort	Baseline	Review 1	Review 2	Change B R1	Change R1 R2	Change B R2	Improvement/ Deterioration
REL (SF)	% who would like to see their family more often	B,R1,R2	35.2%	37.3%	39.8%	2.0%	2.5%	4.5%	**Context Dependent**
		B,R1	40.5%	41.6%		1.2%			
REL (SF)	% who would like to see their friends more often	B,R1,R2	48.9%	51.4%	54.6%	2.5%	3.2%	5.7%	**Context Dependent**
		B,R1	55.1%	56.9%		1.8%			
HW (SF)	% who have a doctor they see on a regular basis	B,R1,R2	87.9%	92.5%	94.7%	4.6%	2.2%	6.8%	**Context Dependent**
		B,R1	90.9%	93.5%		2.6%			
CC (SF)	% who feel able to advocate (stand up) for themselves	B,R1,R2	50.7%	48.4%	46.6%	-2.3%	-1.8%	-4.1%	**Deterioration**
		B,R1	49.6%	48.0%		-1.6%			
HM (SF)	% who feel safe or very safe in their home	B,R1,R2	77.9%	76.5%	75.7%	-1.4%	-0.8%	-2.3%	**Deterioration**
		B,R1	75.7%	74.7%		-1.0%			
HW (SF)	% who rate their health as excellent, very good or good	B,R1,R2	50.9%	48.2%	46.6%	-2.8%	-1.6%	-4.4%	**Deterioration**
		B,R1	47.8%	46.3%		-1.5%			
HW (SF)	% who feel safe getting out and about in their community	B,R1,R2	48.9%	48.2%	46.8%	-0.7%	-1.4%	-2.1%	**Deterioration**
		B,R1	48.3%	47.0%		-1.2%			
WK (LF)	% who have had one or more jobs in the past 12 months	B,R1,R2	37.6%	33.3%	32.9%	-4.3%	-0.4%	-4.7%	**Deterioration**
		B,R1	37.2%	34.5%		-2.7%			

Domain (Form)	Indicator	Cohort	Baseline	Review 1	Review 2	Change B R1	Change R1 R2	Change B R2	Improvement/ Deterioration
S/CP (SF)	% who wanted to do certain things in the last 12 months, but could not	B,R1,R2	61.3%	67.0%	69.7%	5.8%	2.7%	8.4%	**Deterioration**
		B,R1	67.9%	70.8%		2.9%			

Key findings from Table 8.1 include:

- Improvements were observed for 19 of the 29 indicators (about two-thirds) where a change has been noted.
- There is considerable overlap with the 15 to 24 age group, with all 15 indicators common to the tables for both age groups exhibiting changes in the same direction.
- There were large improvements in community participation – particularly with regard to participants knowing people in their community, being actively involved in a community, cultural or religious group over the last 12 months, having interests and the having opportunity to try new things and have new experiences.
- In the relationships domain, more participants say they have someone outside their home to call on for practical assistance, and someone to call on in a crisis.
- There was further deterioration over the second year in the Scheme in the number of participants who wanted to do certain things in the last 12 months but couldn’t.
- There have been some improvements in the health and wellbeing domain. More participants have a doctor they see on a regular basis, more have had a flu vaccination in the last 12 months, and fewer have had difficulties accessing health services. The percentage who felt delighted, pleased or mostly satisfied with their life has increased, however self-rated health has continued to decline (possibly partly age-related). Figure 8.5 illustrates longitudinal results for the health domain, compared to the Australian population where possible.
- More participants say they get the opportunity to learn new things.

Figure 8.5 Longitudinal health and wellbeing indicators for NDIS participants compared with the general population



8.2.5 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.[59]

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.

I want more choice and control in my life

The percentage of participants wanting more choice and control increased by 5.6% between baseline and first review and by 13.8% between baseline and second review. This was a result of transitions from "No" to "Yes" and from "Yes" to "No" as set out in Table 8.2 below.

Table 8.2 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	Yes	Number	%	Number	%	
Baseline to Review 1	11,507	35,805	3,320	28.9%	664	1.9%	+5.6%
Baseline to Review 2	4,795	9,611	2,272	47.4%	290	3.0%	+13.8%

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of transitions are set out in **Table 8.3** below.

Table 8.3 Key drivers of likelihood of transitions in *"I want more choice and control in my life"* response[60]

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	⬆	⇧	⬆	⇧

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[59] 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.

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

	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 lives in South Australia	⇩	⇧		
Participant lives in NT, TAS, WA or ACT		⇧	⇩	⇧
Disability is cerebral palsy	⇩	⇧		
Disability is autism		⇧		
Disability is acquired brain injury			⬆	
Disability is a neurological disability			⇩	
Disability is a physical disability	⇩			
Disability is a visual impairment		⬇		
Participant is female	⬆	⇧	⬆	
Participant is CALD		⬇		⬇
Participant is Indigenous		⬇		
Participant is older	⇩	⇧	⇩	
Participant entered the Scheme in 2016/17	⬆	⇧		
Lower level of function	⬆	⬇		
Participant has SIL supports in their plan	⇩		⇩	
Participant lives in a more remote area	⬆			⬇
30-60% of supports are capacity building supports	⬆			
Plan is fully self-managed	⇩			
Plan is partly self-managed		⬇		

	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
Plan is plan-managed/Agency managed	⬆	⬇	⬆	
Higher level of NDIA support	⇩	⬇	⇩	
Higher Index of Economic Resources (IER)	⇩			
Higher Index of Economic Opportunity (IEO)	⬆		⬆	

Key findings from Table 8.3 include:

- Participants from QLD were more likely to transition from either “No” to “Yes” or “Yes” to “No”.
- Older participants were less likely to change from not wanting more choice and control to wanting more choice and control, between baseline and either first or second review.
- Female participants were more likely to start wanting more choice and control, and less likely to stop wanting it.
- For participants who answered ‘No’ at baseline, those with SIL supports were less likely than those without SIL to answer ‘Yes’ at first or second review.
- Participants with higher levels of NDIA support through the pathway were less likely to change their response after spending time in the Scheme.

I would like to see my friends more often

The percentage of participants who would like to see their friends more often increased by 2.0% between baseline and first review and by 5.7% between baseline and second review, as set out in Table 8.4 below.

Table 8.4 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	Yes	Number	%	Number	%	
Baseline to Review 1	20,697	23,696	2,377	11.5%	1,477	6.2%	+2.0%
Baseline to Review 2	6,637	6,359	1,393	21.0%	652	10.3%	+5.7%

Participant characteristics that had a statistically significant effect (p<0.05) on the likelihood of change in the outcome are set out in Table 8.5 below.

Table 8.5 Key drivers of likelihood of transitions of *“I would like to see my friends more often”* response

	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 lives in Victoria	⇩	⬇	⇩	
Participant lives in Queensland	⬆	⇧	⬆	⇧
Participant lives in South Australia	⇩	⇧		
Disability is spinal cord injury	⇩			
Disability is Down syndrome	⬆			
Disability is Autism				⬇
Disability is hearing impairment			⇩	⬇
Disability is caused by a stroke	⬆		⬆	⬇
Disability is visual impairment	⬆		⬆	⬇
Participant is female	⬆		⬆	
Participant is CALD		⬇		
Participant is older		⬇		
Entered the Scheme in 2016/17		⇧		
Lower level of function	⬆	⬇	⬆	⬇
Participant has SIL supports in their plan	⇩		⇩	
Higher annualised plan budget				⬇
Between 15-30% of supports are capacity building supports	⬆		⬆	⬇
Between 30-60% of supports are capacity building supports	⬆			

Variable	**Baseline to First Review** **Relationship with likelihood of** **No to Yes**	 **Yes to No**	**Baseline to Second Review** **Relationship with likelihood of** **No to Yes**	 **Yes to No**
Plan is plan-managed/agency managed	⬆		⬆	
Lower level of NDIA support	⇩			
Higher level of NDIA support	⇩	⬇	⇩	
Higher Index of Economic Opportunity (IEO)	⬆	⇧		

Key findings from Table 8.5 include:

- Participants living in QLD were more likely to change their response between baseline and subsequent reviews.
- Participants with SIL supports were less likely to change their response from ‘No’ at baseline to ‘Yes’ at first review.
- Female participants and participants who use a plan manager were more likely to change from ‘No’ at baseline to ‘Yes’ at first review.
- Participants with lower level of function were more likely to either start wanting to see friends more often, or to keep wanting to see friends more often, at first and second review.
- Participants with a visual impairment or stroke were more likely to start wanting to see friends more often, between baseline and first or second review.

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 3.2% between baseline and first review and by 6.8% between baseline and second review, as set out in Table 8.6 below.

Table 8.6 Breakdown of net movement in longitudinal responses

Longitudinal Period	**Number of Baseline Responses in cohort** No	 Yes	**Context dependent: No to Yes** Number	 %	**Context dependent: Yes to No** Number	 %	**Net Movement**
Baseline to Review 1	4,736	42,912	1,917	40.5%	409	1.0%	+3.2%
Baseline to Review 2	1,746	12,661	1,139	65.2%	161	1.3%	+6.8%

Participant characteristics that had a statistically significant effect (p<0.05) on the likelihood of change in the outcome are set out in Table 8.7 below.

Table 8.7 Key drivers of likelihood of transitions of *"I have a doctor I see on a regular basis"* response

	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 lives in Victoria	⇩			
Participant lives in Queensland	⬆	⇧	⬆	
Participant lives in South Australia	⇩			
Participant lives in NT, TAS, WA or ACT	⬆			
Disability is an acquired brain injury	⬆	⬇		
Disability is Down syndrome		⬇		
Disability is a hearing impairment	⇩			
Disability is multiple sclerosis		⬇		
Disability is a physical disability		⬇		
Disability is a psychosocial disability	⬆			
Disability is caused by a stroke	⬆			
Disability is visual impairment	⇩	⬇		
Participant is female	⬆		⬆	
Participant is older	⬆		⬆	
Entered the Scheme in 2016/17	⬆	⇧		
Participant has a lower level of function			⬆	
Participant has SIL supports in their plan		⬇		
Participant lives in a more remote area		⬇	⬆	

	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
Between 30% and 60% of supports are capacity building supports		⇧		
More than 60% of supports are capacity building supports		⇧		
More than 5% of supports are capital supports		⇧		
Higher level of NDIA support	⇩			

Key findings from Table 8.7 include:

- Older participants without a regular doctor at baseline were more likely to have one at first or second review, compared to younger participants.
- Females were more likely to start seeing a regular doctor between baseline and first review.
- Participants living in Queensland were more likely to change their response between baseline and subsequent reviews.
- Participants with an acquired brain injury, Down syndrome, multiple sclerosis, a visual impairment, or other physical disability were more likely to continue seeing their doctor on a regular basis.

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 3.8% between baseline and first review and by 8.4% between baseline and second review. This was a result of deteriorations partially offset by improvements as set out in Table 8.8 below.

Table 8.8 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	Yes	Number	%	Number	%	
Baseline to Review 1	16,199	31,395	1,821	5.8%	3,613	22.3%	+3.8%
Baseline to Review 2	5,582	8,825	846	9.6%	2,061	36.9%	+8.4%

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 8.9 below.

Table 8.9 Key drivers of likelihood of transitions of *"I wanted to do certain things in the last 12 months but could not"* 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	⬆	⬆	⬆	⬆
Participant lives in South Australia		⬇		
Participant has an intellectual disability/Down syndrome	⬆	⬇	⬆	
Disability is autism	⬆	⬇		
Disability is acquired brain injury				⬆
Disability is hearing impairment	⬇		⬇	⬇
Disability is multiple sclerosis	⬇		⬇	
Disability is a neurological disability	⬇	⬆		
Disability is a physical disability	⬇		⬇	⬆
Disability is psychosocial disability, visual impairment or stroke	⬇	⬆	⬇	⬆
Disability is a spinal cord injury	⬇	⬆	⬇	
Participant is female		⬆		
Participant is CALD	⬆	⬇		
Participant is older		⬇		⬇
Entered the Scheme in 2016/17	⬆	⬆		
Lower level of function	⬇	⬆	⬇	⬆
Participant has SIL supports in their plan		⬇		

	Baseline to First Review		Baseline to Second Review	
	Relationship with likelihood of		Relationship with likelihood of	
Variable	**Improvement**	**Deterioration**	**Improvement**	**Deterioration**
Between 15-30% of supports are capacity building supports	⬇	⬆		
Between 30-60% of supports are capacity building supports		⬆		
More than 5% of supports are capital supports	⬇			
Plan is plan-managed/agency-managed	⬇	⬆		⬆
Higher level of NDIA support	⬇	⬇		⬇
Access type is early intervention	⬇	⬆		⬆
Higher Index of Economic Opportunity (IEO)	⬇	⬆	⬇	

Key findings from Table 8.9 include:

- The likelihood of changing responses varies by disability. In general, participants with an intellectual disability or Down syndrome were more likely to improve and less likely to deteriorate, whereas those with a psychosocial disability, visual impairment or stroke were less likely to improve and more likely to deteriorate.
- Participants with a lower level of function are more likely to deteriorate and less likely to improve between baseline and follow-up reviews.
- CALD participants are more likely to improve and less likely to deteriorate between baseline and first review.
- Participants living in Queensland have a higher chance of changing their response between baseline and follow-up reviews.

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 partially offset by deteriorations as set out in Table 8.10 below.

Table 8.10 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	17,696	29,712	3,071	17.4%	1,380	4.6%	3.6%
Baseline to Review 2	5,789	8,618	1,779	30.7%	722	8.4%	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 8.11 below.

Table 8.11 Key drivers of likelihood of transitions of *"I know people in my community"* 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 Victoria	↓		↓	
Participant lives in Queensland	↑	↑	↑	
Disability is autism		↑		↑
Disability is cerebral palsy		↓		
Disability is Down syndrome	↑			
Disability is multiple sclerosis		↓		
Disability is a neurological disability		↓		
Disability is a physical disability		↓	↑	
Disability is a psychosocial disability	↓	↑	↓	↑
Disability is spinal cord injury		↓	↑	↓
Disability is caused by a stroke			↓	
Disability is visual impairment	↓			↑
Entered the Scheme in 2016/17	↑	↑		
Lower level of function	↓	↑	↓	↑
Participant lives in a more remote area	↑	↓	↑	↓
Higher annualised plan budget			↓	
More than 60% of supports are capacity building supports		↑		

Variable	Baseline to First Review Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of	
	Improvement	Deterioration	Improvement	Deterioration
More than 5% of supports are capital supports				↓
Plan is fully self-managed	↑	↓	↑	↓
Plan is partly self-managed		↓		↓
Plan is plan-managed/agency managed	↑	↓		
Participant received services from Commonwealth systems before entering the NDIS	↓			
Participant has not received services from Commonwealth or state systems before entering the NDIS		↑		↑
Lower level of NDIA support		↓		
Higher level of NDIA support	↓	↓	↓	
Access type is early intervention				↑
Higher Index of Economic Opportunity (IEO)			↑	

Key findings from Table 8.11 include:

- Participants with lower level of function had higher rates of deterioration between baseline and follow-up reviews, and lower levels of improvement.
- Participants in remote areas and those with fully self-managed plans were more likely to improve and less likely to deteriorate with regard to knowing people in their community.
- Participants from Victoria had lower rates of improvement between baseline and follow-up reviews. Conversely, participants from Queensland had higher rates of improvement.
- Participants with a spinal cord injury were more likely to improve and less likely to deteriorate with regard to knowing people in their community. However, participants with a psychosocial disability were less likely to improve and more likely to deteriorate.