



# Participant outcomes | Executive summary

To 30 June 2020

National Disability Insurance Agency

ndis

# Contents



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

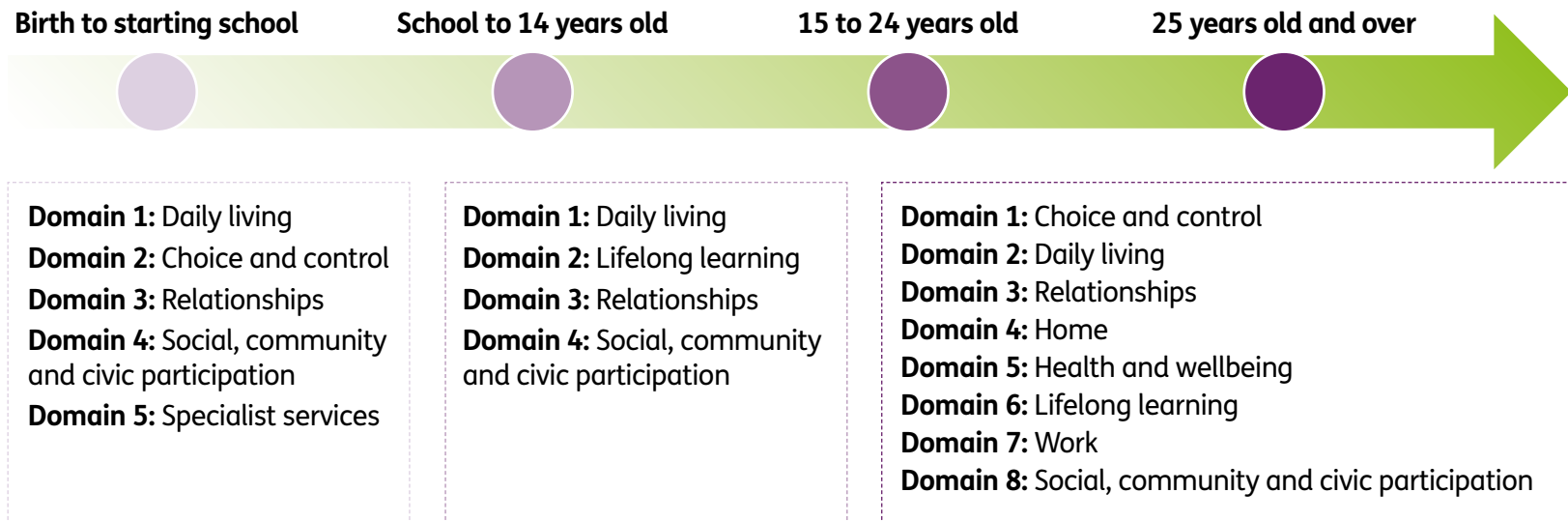
**A separate presentation covers the impact of COVID-19 on participant outcomes.**

# Outcomes framework questionnaires

# Outcomes framework

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

## Lifespan approach: four age-based cohorts



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

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

# Baseline outcomes

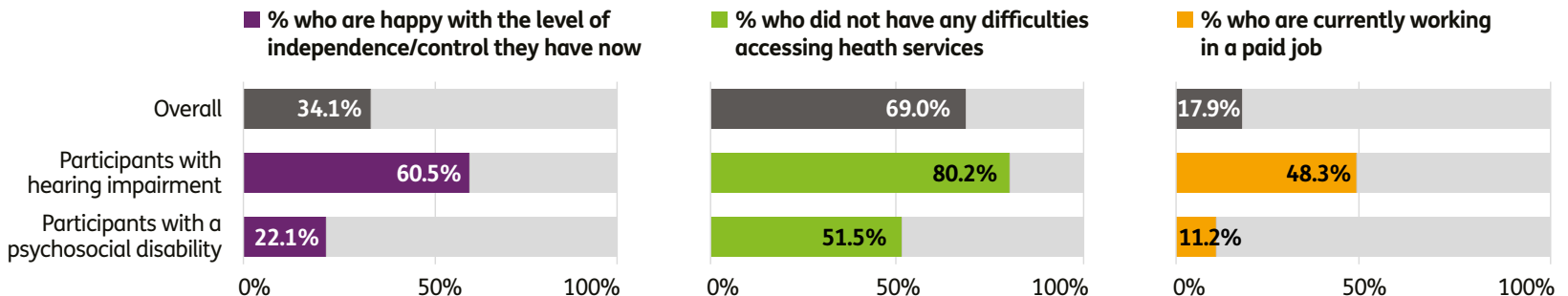
Participants do not enter the Scheme on an equal footing, baseline outcomes vary by a number of factors, including:

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

## Example:

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

## Participants aged 15 to 24

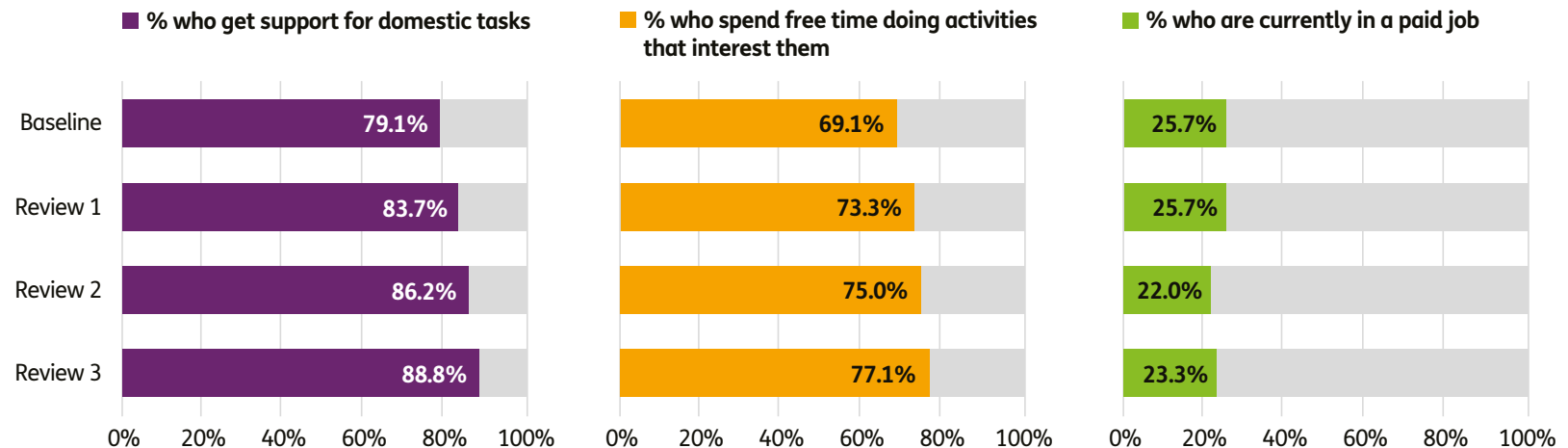


# Progression towards better outcomes

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

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

## Participants age 25 and over



# Longitudinal cohorts

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

- Participants who have been in the Scheme for three years at 30 June 2020 (C3 cohort)
- Participants who have been in the Scheme for two years at 30 June 2020 (C2 cohort)
- Participants who have been in the Scheme for one year at 30 June 2020 (C1 cohort)

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

For the regression models which consider factors affecting changes in outcomes (such as going from not having a paid job to having a paid job), the analysis includes changes from all three cohorts.

# COVID-19 pandemic



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The global pandemic that took hold from early 2020 is likely to have had an impact on at least some participant outcomes, such as community participation, and for older age groups, employment.

To investigate which outcomes may have been affected by the pandemic via quantitative modelling, additional time-related terms were included in the regression models.

These terms allow for:

1. A step change in the response probability at the date the pandemic is assumed to start affecting outcomes (23 March 2020)
2. A general time trend (not related to the pandemic)
3. Different time trends before and after the start of the pandemic.



# Participants from birth to before starting school

# Participants from birth to before starting school

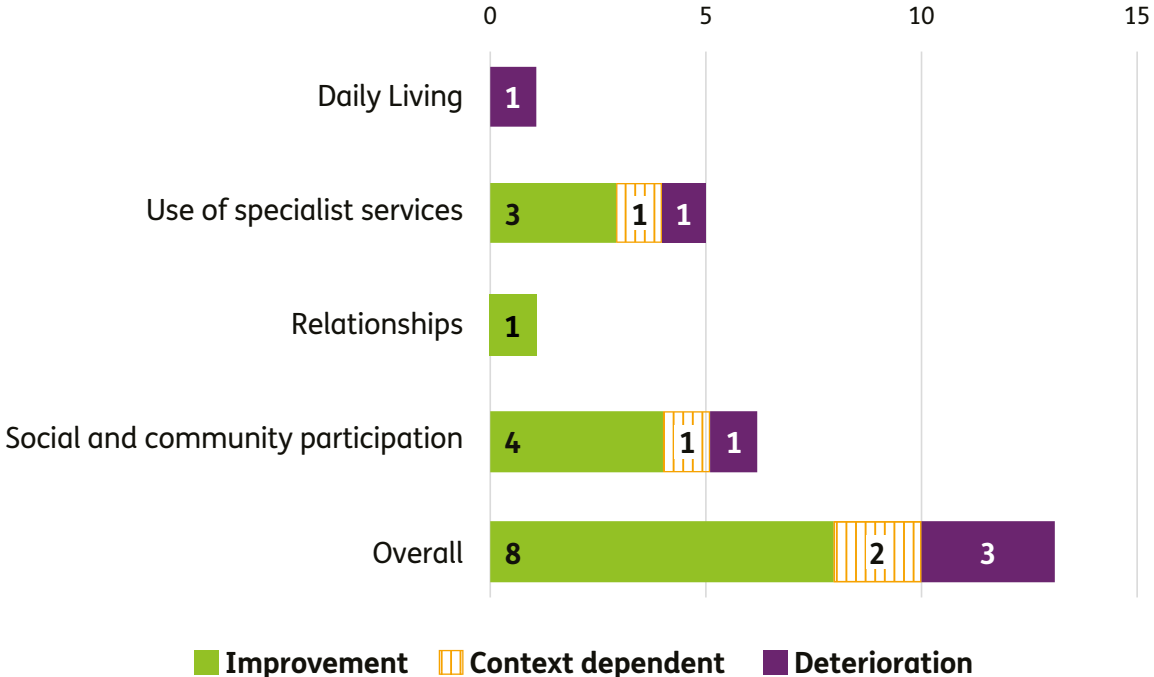
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For children in the birth to before starting school cohort, the outcomes framework seeks to measure the extent to which participants are:

- **Gaining functional, developmental and coping skills appropriate to their ability and circumstances** (domain DL, daily living)
- **Showing evidence of autonomy in their everyday lives** (domain CC, choice and control)
- **Using specialist services that assist them to be included in families and communities** (domain SPL, use of specialist services)
- **Participating meaningfully in family life** (domain REL, relationships)
- **Participating meaningfully in community life** (domain S/CP, social, community and civic participation)

# Participants from birth to before starting school

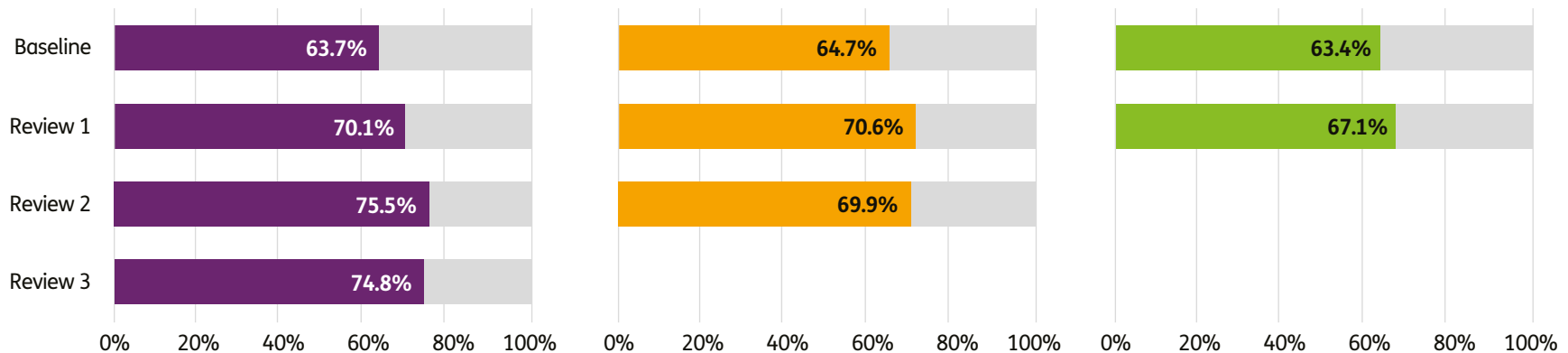
Number of indicators with significant and material overall change by domain<sup>1</sup>



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

# Participants from birth to before starting school: Social, community and civic participation – feeling welcomed

Of those who participate in community, cultural or religious activities, % of children who feel welcomed or actively included:



For participants who have been in the Scheme for **three years**, the percentage increased by 11.1% between baseline and third review, from 63.7% to 74.8%.<sup>1</sup>

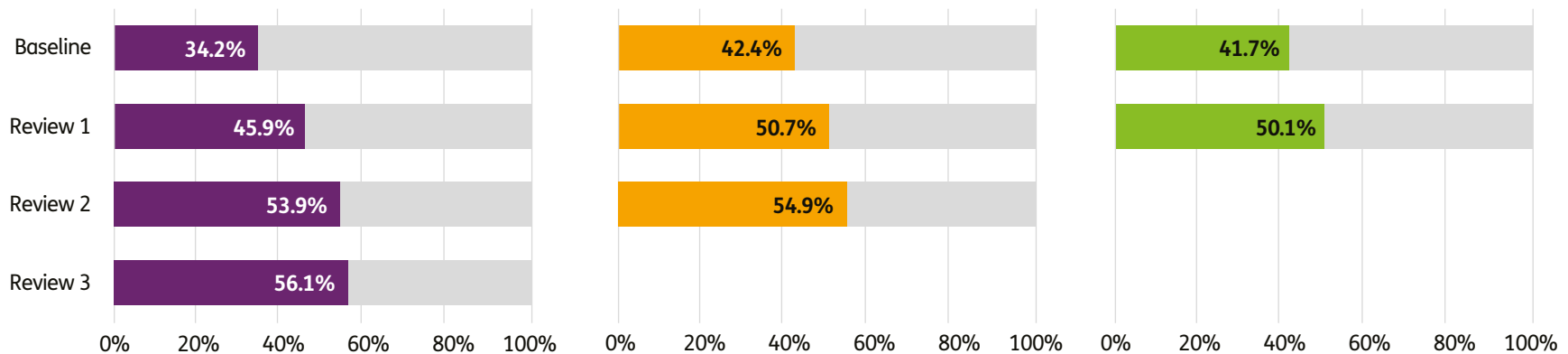
For participants who have been in the Scheme for **two years**, the percentage increased by 5.1% between baseline and second review, from 64.7% to 69.9%.<sup>1</sup>

For participants who have been in the Scheme for **one year**, there was a one year improvement of 3.6%, from 63.4% to 67.1%.

<sup>1</sup> This indicator did not change significantly over participants' latest year in the Scheme.

# Participants from birth to before starting school: Social, community and civic participation – friendships

## My child has friends they enjoy playing with:



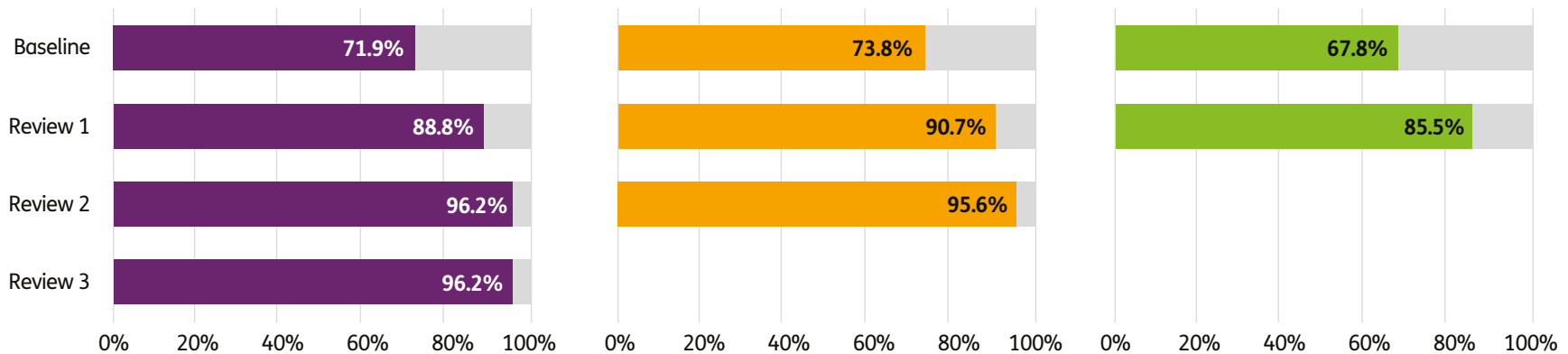
For participants who have been in the Scheme for **three years**, the percentage increased by 21.9% between baseline and third review, from 34.2% to 56.1%, including a 2.2% increase in the latest year.

For participants who have been in the Scheme for **two years**, the percentage increased by 12.5% between baseline and second review, from 42.4% to 54.9%, including a 4.2% increase in the latest year.

For participants who have been in the Scheme for **one year**, there was a one year improvement of 8.4%, from 41.7% to 50.1%.

# Participants from birth to before starting school: Specialist services – use of services

## My child uses specialist services:



For participants who have been in the Scheme for **three years**, the percentage increased by 24.2% between baseline and third review, from 71.9% to 96.2%.<sup>1</sup>

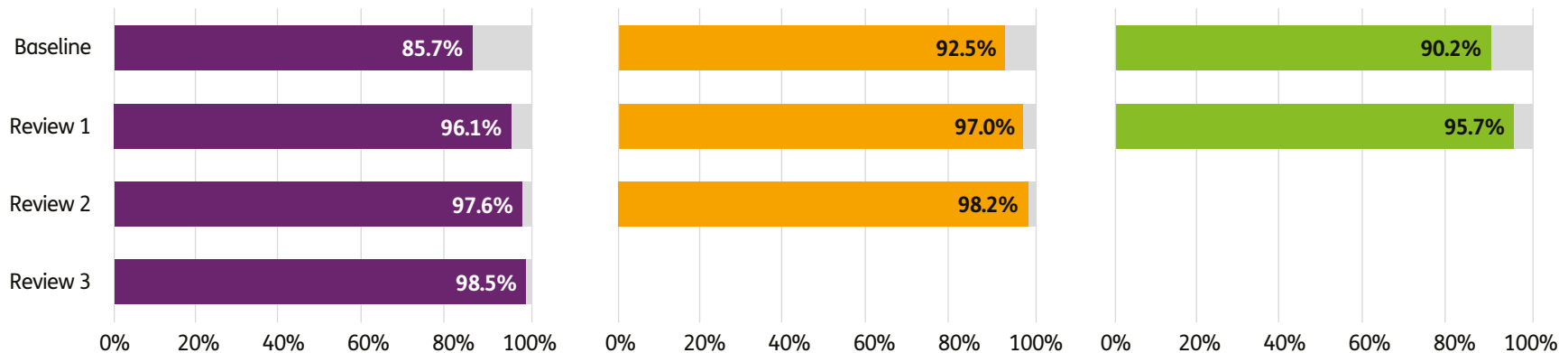
For participants who have been in the Scheme for **two years**, the percentage increased by 21.8% between baseline and second review, from 73.8% to 95.6%, including a 5.0% increase in the latest year.

For participants who have been in the Scheme for **one year**, there was a one year improvement of 17.7%, from 67.8% to 85.5%.

<sup>1</sup> This indicator did not change significantly over participants' latest year in the Scheme.

# Participants from birth to before starting school: Specialist services – gaining skills

## Specialist services help my child gain the skills they need to participate in everyday life:



For participants who have been in the Scheme for **three years**, the percentage increased by 12.9% between baseline and third review, from 85.7% to 98.5%.<sup>1</sup>

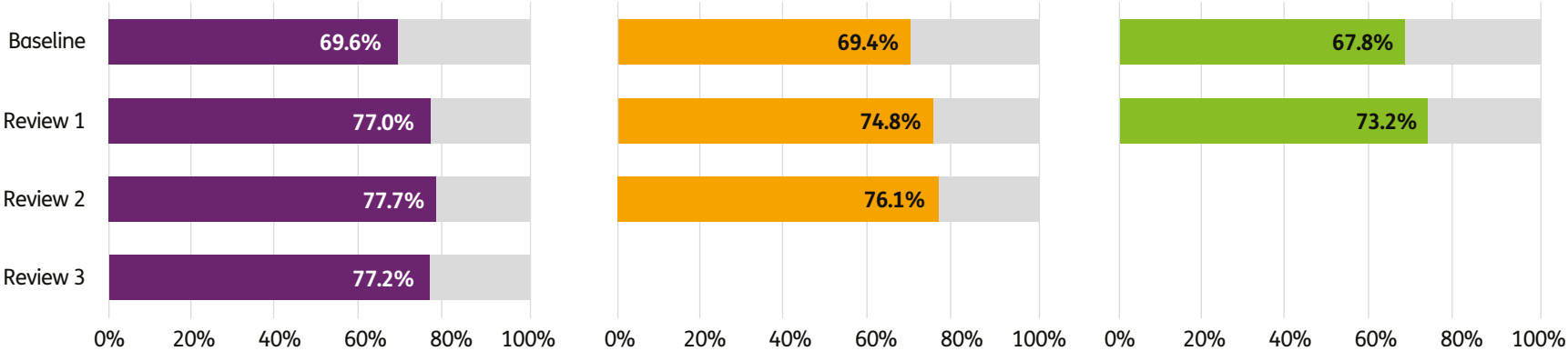
For participants who have been in the Scheme for **two years**, the percentage increased by 5.7% between baseline and second review, from 92.5% to 98.2%, including a 1.3% increase in the latest year.

For participants who have been in the Scheme for **one year**, there was a one year improvement of 5.5%, from 90.2% to 95.7%.

<sup>1</sup> This indicator did not change significantly over participants' latest year in the Scheme.

# Participants from birth to before starting school: Family life

## My child fits in with the everyday life of the family:



For participants who have been in the Scheme for **three years**, the percentage increased by 7.7% between baseline and third review, from 69.6% to 77.2%.<sup>1</sup>

For participants who have been in the Scheme for **two years**, the percentage increased by 6.7% between baseline and second review, from 69.4% to 76.1%, including a 1.3% increase in the latest year.

For participants who have been in the Scheme for **one year**, there was a one year improvement of 5.4%, from 67.8% to 73.2%.

<sup>1</sup> This indicator did not change significantly over participants' latest year in the Scheme.



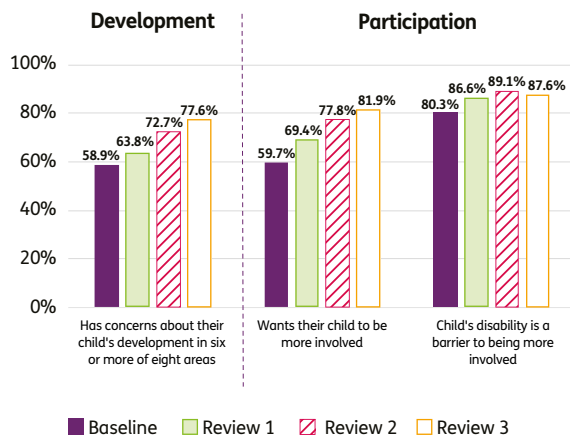
# Participants from birth to before starting school: Concerns about development and involvement in community activities

Concerns about development and involvement in community activities have increased among all cohorts.

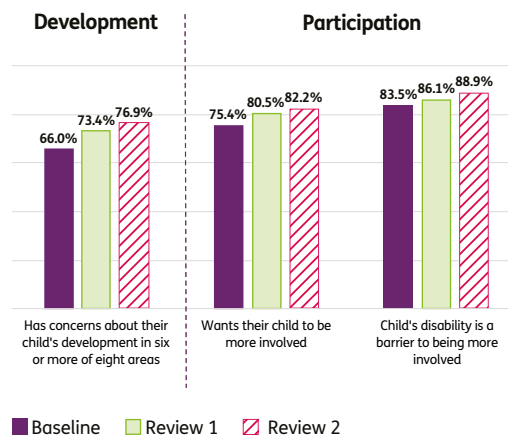
The percentage of parents/carers expressing concern about their child’s development in six or more of eight areas has increased for participants in all cohorts.

Likewise, the percentage who want their child to be more involved in community activities, and the percentage who say that their child’s disability is a barrier to greater involvement have increased for all three cohorts since baseline.<sup>1</sup>

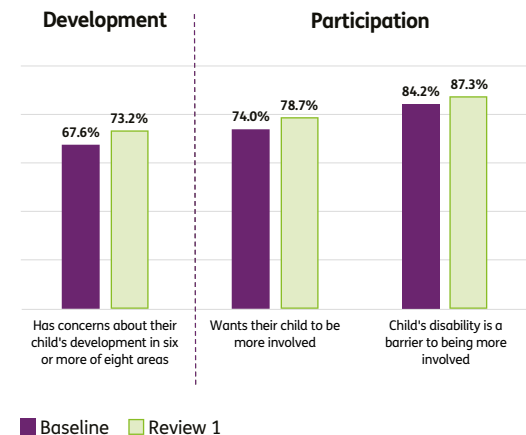
## Three years in the Scheme



## Two years in the Scheme



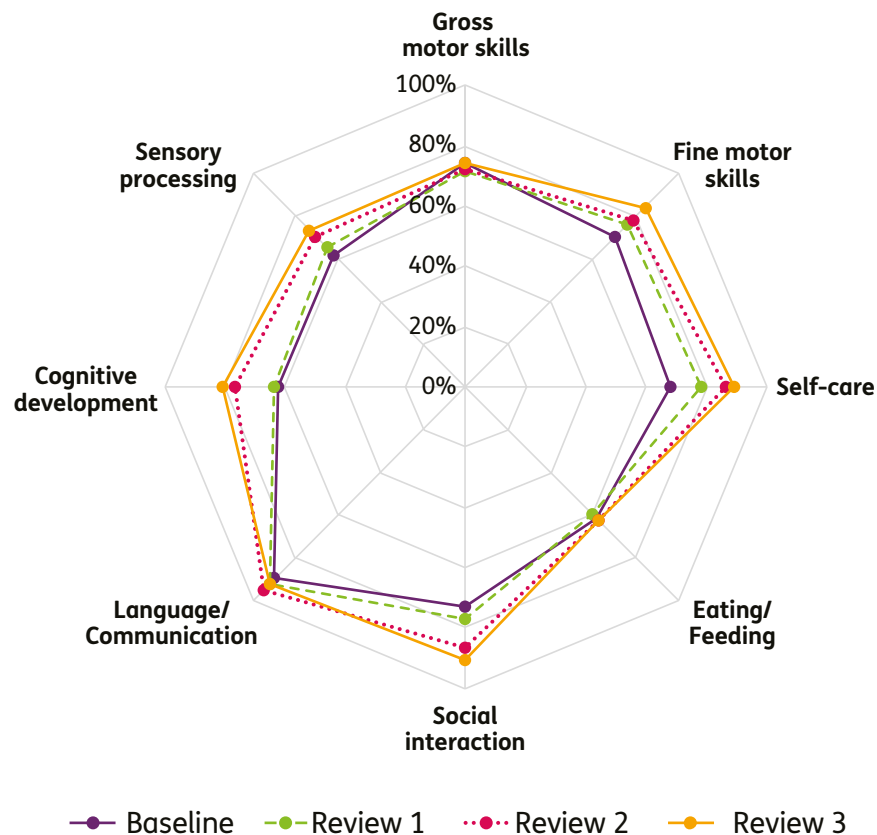
## One year in the Scheme



<sup>1</sup> There was a small (1.5%) but not significant decrease over participants’ third year in the Scheme for the latter indicator.

# Participants from birth to before starting school: Concerns about development in eight areas – participants who have been in the Scheme for three years

- Compared to baseline, the percentage of parents/carers expressing concern about their child’s development after three years in the Scheme has increased in all areas except gross motor skills (where there was no change).
- Over the latest year, increases were observed for all areas except language/communication, where there was a 3.1% reduction (although at 92.2%, the percentage with concerns is still very high).
- The largest increases over participants’ third year in the Scheme have occurred in the areas of fine motor skills (+5.9%), social interaction (+4.1%), and cognitive development (+4.1%).



## Participants from birth to before starting school: Outcomes by participant characteristics (1)

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

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

**Disability:** Participants with a hearing impairment generally experience better outcomes than those with other disabilities, both baseline and longitudinal. Participants with cerebral palsy or another neurological disability also tended to have more favourable outcomes at baseline and in some cases longitudinally (such as being welcomed or included in community activities).

Participants with autism tended to have less favourable outcomes at baseline and sometimes longitudinally (such as fitting in with the everyday life of the family).

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

Longitudinally, relocating to a new LGA tends to have a negative impact on some indicators, such as being more likely to deteriorate with respect to being able to make friends outside the family.

## Participants from birth to before starting school: Outcomes by participant characteristics (2)

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

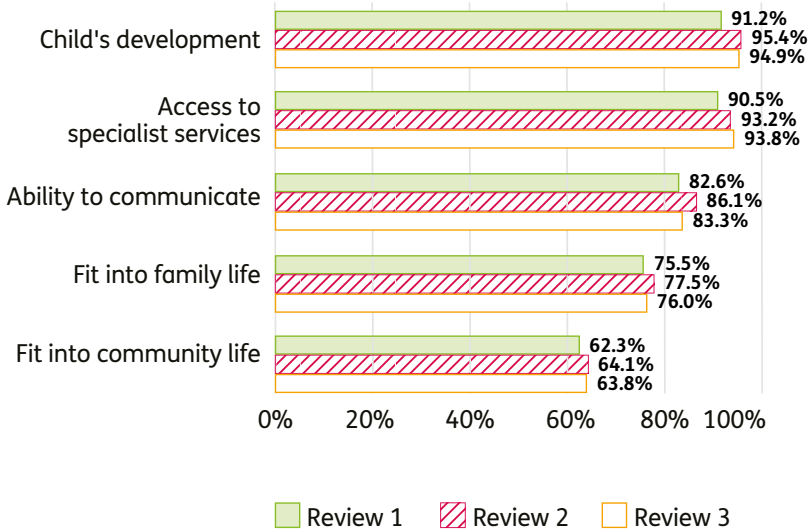
**Indigenous status:** Many baseline indicators are similar for Indigenous and non-Indigenous participants, although a few are more positive for non-Indigenous participants. For longitudinal change, Indigenous participants were more likely to deteriorate in the indicator “my child participates in age-appropriate community, cultural or religious activities” over two years, but were not significantly different to non-Indigenous participants on other indicators.

**CALD status:** At baseline, CALD participants are more likely to live with their parents and their parents/carers are less likely to have concerns in six or more areas. However, they are less likely to be able to tell their parent/carer what they want, to be able to make friends outside the family, and to be welcomed or actively included when they participate in community activities. For longitudinal change, CALD participants were less likely to improve in their ability to make friends outside the family.

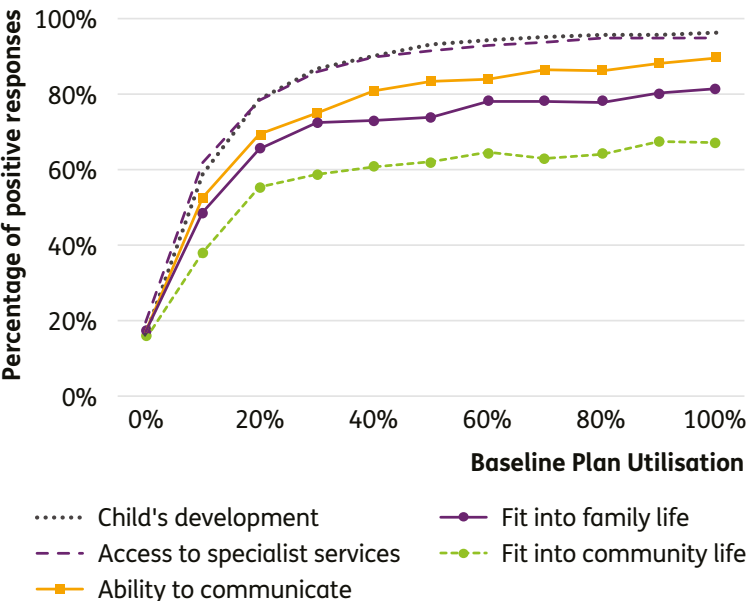
# Participants from birth to before starting school: Has the NDIS helped?

Opinions on whether the NDIS has helped tend to be positive for this cohort, particularly in relation to the child's development (91.2% after one year in the Scheme, increasing to 94.9% after three years in the Scheme) and access to specialist services (90.5% after one year in the Scheme, increasing to 93.8% after three years in the Scheme). Opinions improved slightly between first and second reviews across all domains. However, opinions did not generally improve between the second and third reviews. Higher plan utilisation is strongly associated with a positive response after one, two and three years in the Scheme, across all five domains.

Percentage of positive responses



By plan utilisation rate, after one year



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

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## After one year in the Scheme

Parents/carers of participants whose plans are fully self-managed were significantly more likely to think that the NDIS has helped after one year in the Scheme than those of participants with agency-managed plans, across all domains except access to specialist services (where there was no significant difference).

## Change in responses between first and third review

The percentage who think that the NDIS has helped increased slightly (by 0.5-3.7%) between first and third review across all domains.

The likelihood of improvement/ deterioration varied by some participant characteristics. Responses from parents/carers of participants who:

- entered the Scheme due to disability are more likely to deteriorate between first and second review than those entering for early intervention.<sup>1</sup>
- have used a higher percentage of their total supports, and in particular of their capacity building supports, are generally more likely to improve and less likely to deteriorate.
- have higher annualised plan budgets are less likely to improve in thinking the NDIS has helped with their child's development, and with their child's ability to communicate.
- are Indigenous are more likely to deteriorate in relation to the NDIS improving their child's access to specialist services.

<sup>1</sup> Participants accessing the Scheme under Section 24 of the NDIS Act enter due to disability, whereas participants entering under Section 25 of the Act enter for early intervention.

Participants  
**from starting  
school to age 14**

# Participants from starting school to age 14



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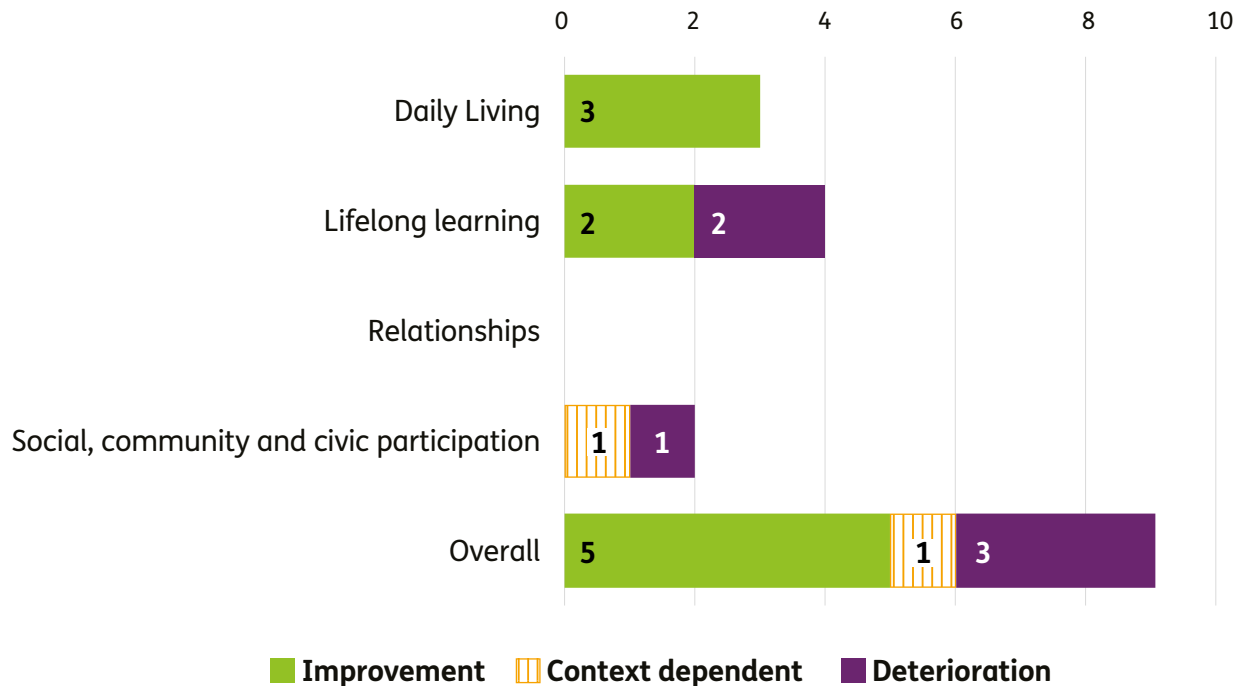
From starting school to the early teenage years, the outcomes framework seeks to measure the extent to which participants:

- **Grow in independence** (domain DL, daily living)
- **Are welcomed and educated in their local school** (domain LL, lifelong learning)
- **Form friendships with peers and have positive relationships with family** (domain REL, relationships)
- **Participate in local social and recreational activities**  
(domain S/CP, social, community and civic participation)



# Participants from starting school to age 14

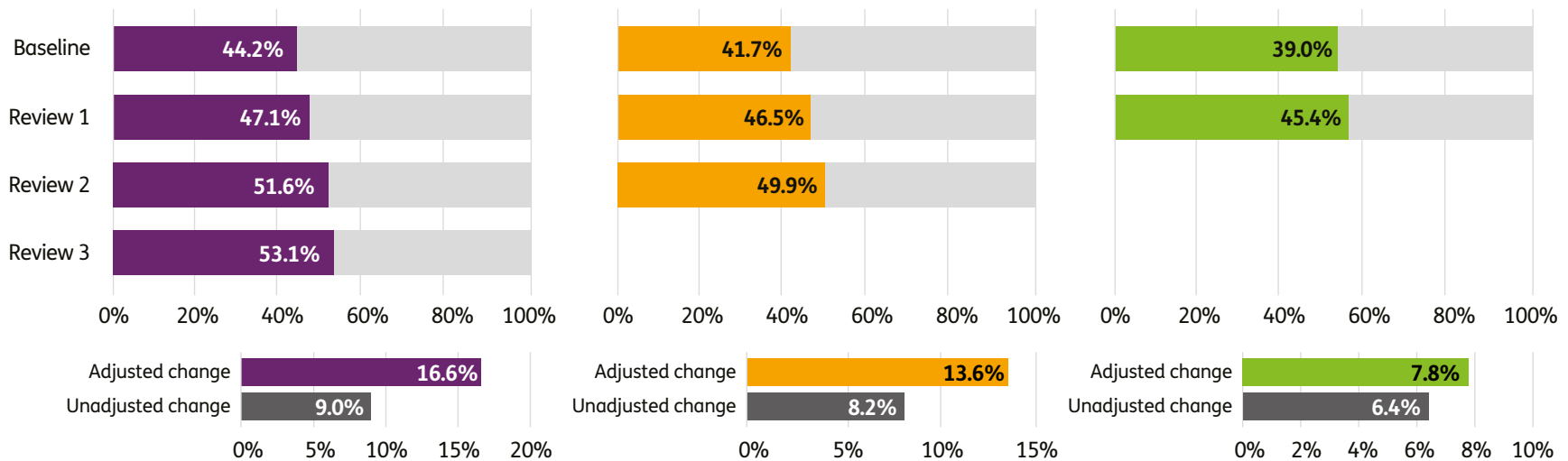
Number of indicators with significant and material overall change by domain<sup>1</sup>



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

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

## My child is becoming more independent:



For participants who have been in the Scheme for **three years**, the percentage increased by 9.0% (16.6% age-adjusted) between baseline and third review, from 44.2% to 53.1%, including a 1.5% increase in the latest year.

For participants who have been in the Scheme for **two years**, the percentage increased by 8.2% (13.6% age-adjusted) between baseline and second review, from 41.7% to 49.9%, including a 3.4% increase in the latest year.

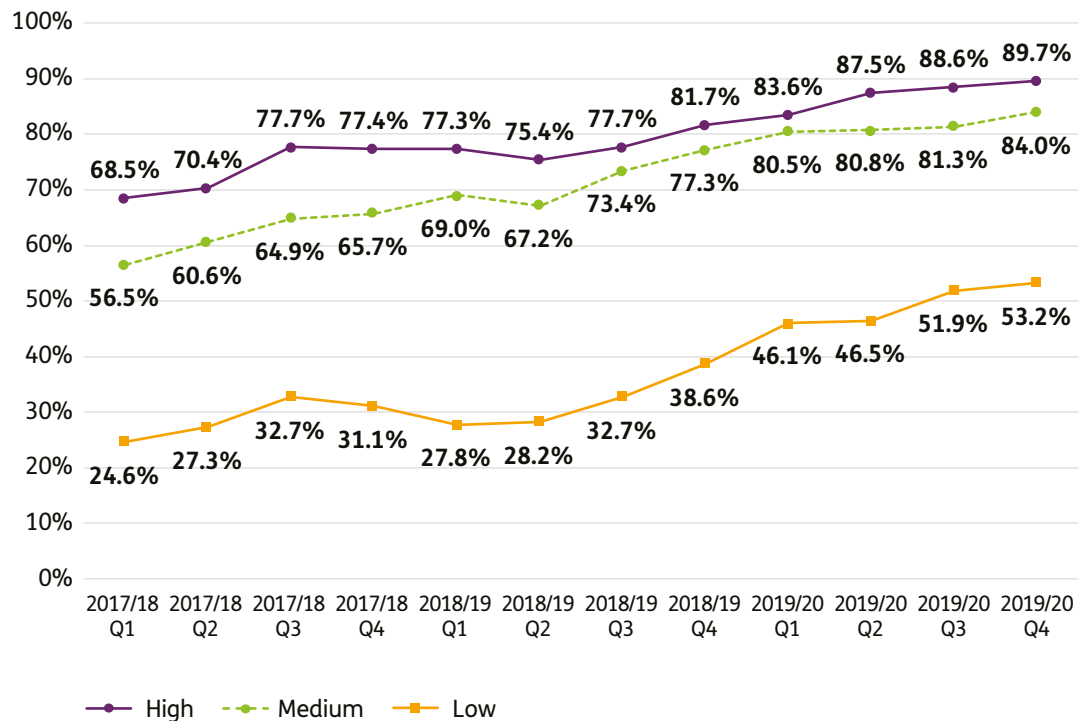
For participants who have been in the Scheme for **one year**, there was a one year improvement of 6.4% (7.8% age-adjusted), from 39.0% to 45.4%.

# Participants from starting school to age 14: School – attending a mainstream class – baseline by entry quarter

At baseline, an increasing trend towards attending school in a mainstream class has been observed: participants entering in later quarters are more likely to attend school in a mainstream class, as opposed to a support class in a mainstream school, or a special school.

The trend has been observed for all level of function groups (participants with high, medium and low level of function).

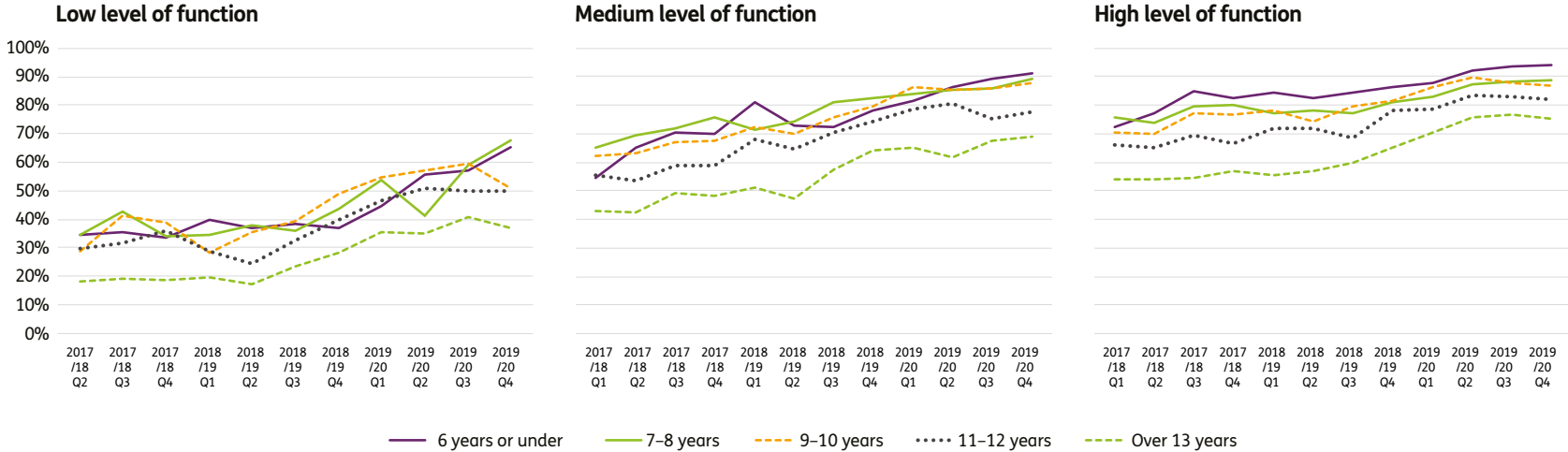
Percentage in a mainstream class by entry quarter and level of function



# Participants from starting school to age 14: School – attending a mainstream class – baseline by entry quarter

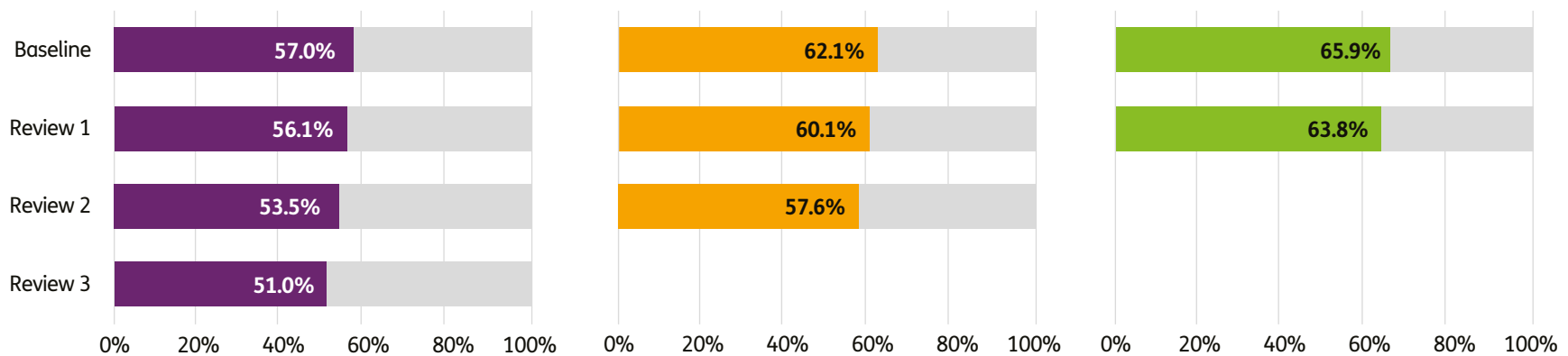
The trend has also been observed for different entry age groups, within level of function group. Hence it does not appear to be driven by the shift towards higher level of function / lower average age at entry over time.

## Percentage in a mainstream class by entry quarter, entry age, and level of function:



# Participants from starting school to age 14: School – attending a mainstream class – longitudinal

## My child attends a school in a mainstream class:



For participants who have been in the Scheme for **three years**, the percentage of children attending school in a mainstream class decreased by 6.0% between baseline and third review, from 57.0% to 51.0%, including a 2.5% decline in the latest year.

For participants who have been in the Scheme for **two years**, the percentage of children attending school in a mainstream class decreased by 4.5% between baseline and second review, from 62.1% to 57.6%, including a 2.5% decline in the latest year.

For participants who have been in the Scheme for **one year**, there was a one year deterioration of 2.1%, from 65.9% to 63.8%.

## Participants from starting school to age 14: **School – attending a mainstream class – baseline and longitudinal**

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- Longitudinally, there has been a shift away from attending school in a mainstream class.
- This is in contrast to the cross-sectional baseline results, which show an increasing percentage attending school in a mainstream class over calendar time.
- Taken together, these results suggest that whilst more children are starting out in a mainstream class, they tend to move to other educational settings (support class or special school) after a period.

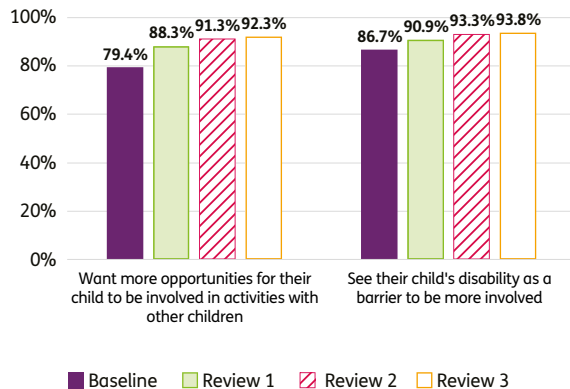
# Participants from starting school to age 14: Involvement in social activities

Concerns about involvement in social activities have increased among all cohorts.

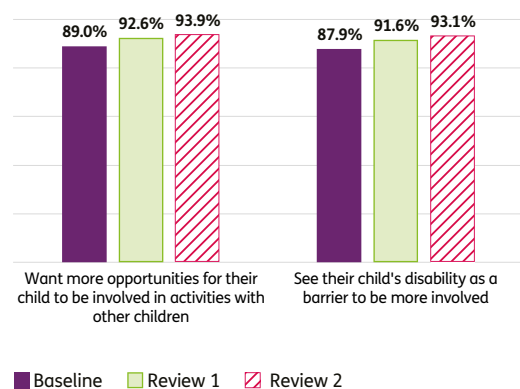
The percentage of parents/ carers who want their child to be involved in activities with other children increased for all three cohorts.

Additionally, the percentage who say that their child's disability is a barrier to greater involvement has also increased for all three cohorts since baseline.

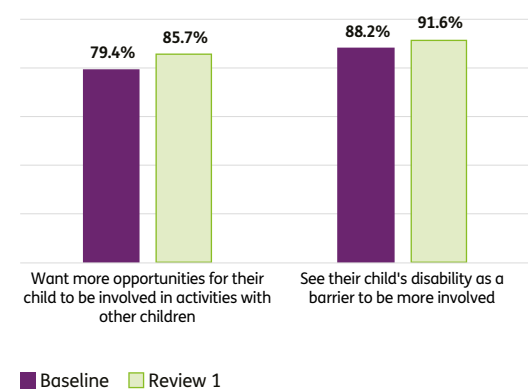
## Three years in the Scheme



## Two years in the Scheme



## One year in the Scheme



Participants from starting school to age 14:

## Outcomes by participant characteristics (1)

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

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

**Disability:** Participants with a sensory disability generally experience better outcomes than those with other disabilities, both baseline and longitudinal. Participants with autism tend to have less favourable baseline outcomes, particularly in relation to family life. Longitudinally, participants with an intellectual disability or Down syndrome were less likely to move into a mainstream class and more likely to move out of one, and tended to have less favourable outcomes related to having a genuine say in decisions about themselves

**Geography:** Participants from regional and remote locations, compared to those from major cities, show more positive results on some indicators – both at baseline and for longitudinal change. For example, they are more likely to spend time away from parents/ carers other than at school at baseline, and more likely to improve on this indicator, longitudinally. In addition, they are more likely to improve and less likely to deteriorate with respect to having a genuine say in decisions about themselves, and more likely to improve with regard to having friends they enjoy playing with.

Relocating to a new LGA was generally associated with less favourable longitudinal outcomes, with participants being less likely to improve and/or more likely to deteriorate. For example, participants who relocated were more likely to deteriorate in having friends they enjoy playing with.



## Participants from starting school to age 14: Outcomes by participant characteristics (2)

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

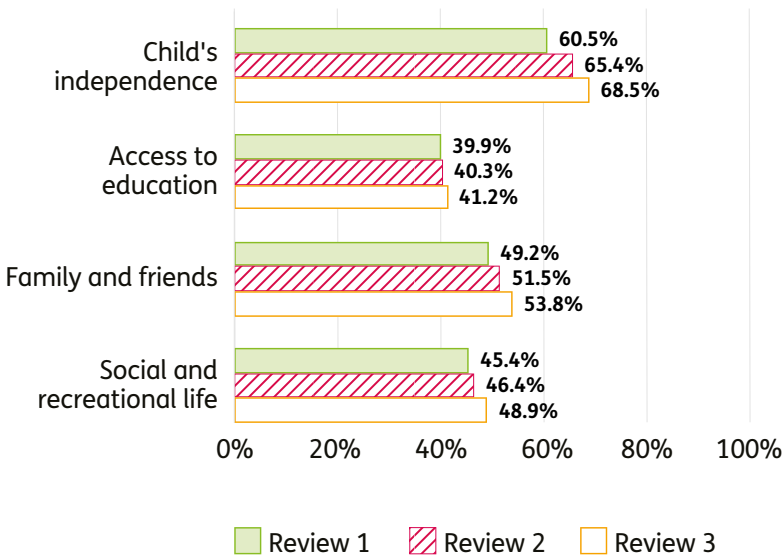
**Indigenous status:** At baseline, Indigenous children are more likely to fit in with the everyday life of the family, but are less likely to have positive outcomes in the areas of development and independence, and are less likely to be attending school in a mainstream class. Longitudinally, Indigenous participants who attend school in a mainstream class are more likely than non-Indigenous participants to move out of a mainstream class between first and second review.

**CALD status:** In general, CALD participants tend to have more positive baseline outcomes than non-CALD participants in the area of family life, but less positive outcomes in the areas of community participation and friendships. Longitudinally, CALD participants are less likely to improve on a number of the independence indicators, such as having a genuine say in decisions about themselves. However, they are more likely to improve and less likely to deteriorate in getting along with their siblings.

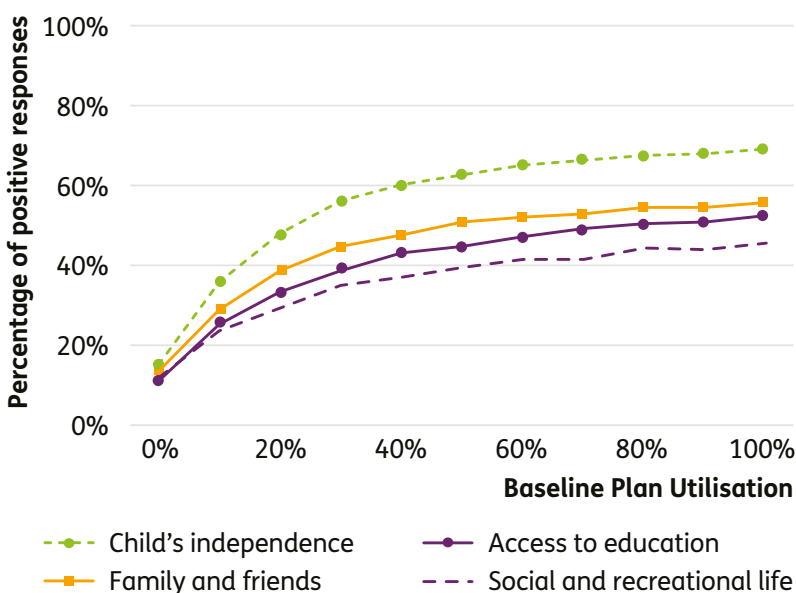
# Participants from starting school to age 14: Has the NDIS helped?

Opinions on whether the NDIS has helped vary by domain for the starting school to 14 cohort. The percentage responding positively was lowest for access to education (39.9% after one year in the Scheme and essentially unchanged after two and three years in the Scheme) and highest for independence (60.5% after one year in the Scheme, increasing to 65.4% after two years in the Scheme and 68.5% after three years). For education, however, the mainstream education system has a much bigger role in ensuring successful outcomes than the NDIS. Higher plan utilisation is strongly associated with a positive response after one, two and three years in the Scheme.

Percentage of positive responses



By plan utilisation rate, after one year



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

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### After one year in the Scheme

Participants with fully-self managed plans tend to respond more positively after one year in the Scheme. Likewise, participants who did not receive services from State/Territory or Commonwealth programs before entering the NDIS, and those with a higher annualised plan budget, were more likely to respond positively after one year. By contrast, Indigenous participants, those with lower level of function, and those living in regional or remote areas were less likely to respond positively.

### Change in responses between first and third review

The percentage who think that the NDIS has helped increased by 4-9% between first and third review across all domains except for access to education, where there was little change (1%).

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

- Participants with higher utilisation of capacity building supports were more likely to improve and less likely to deteriorate across all domains.
- Participants who self-manage (either fully or partly) were more likely to improve (except for access to education).
- Participants who relocated to a different LGA tended to be more likely to deteriorate.
- CALD participants were more likely to improve and less likely to deteriorate in relation to access to education.
- Participants who did not receive Commonwealth or State/Territory support services prior to joining the NDIS were less likely to deteriorate than those who previously received State/Territory support services.

# Participants aged 15 to 24

# Participants aged 15 to 24



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

The eight outcome domains are:

**Choice and control (CC)**

**Daily living (DL)**

**Relationships (REL)**

**Home (HM)**

**Health and wellbeing (HW)**

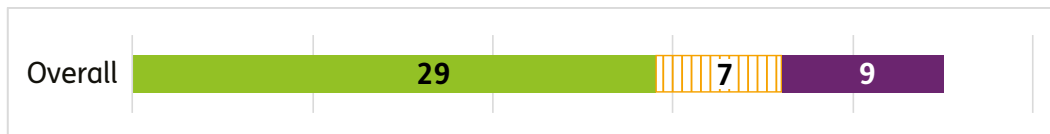
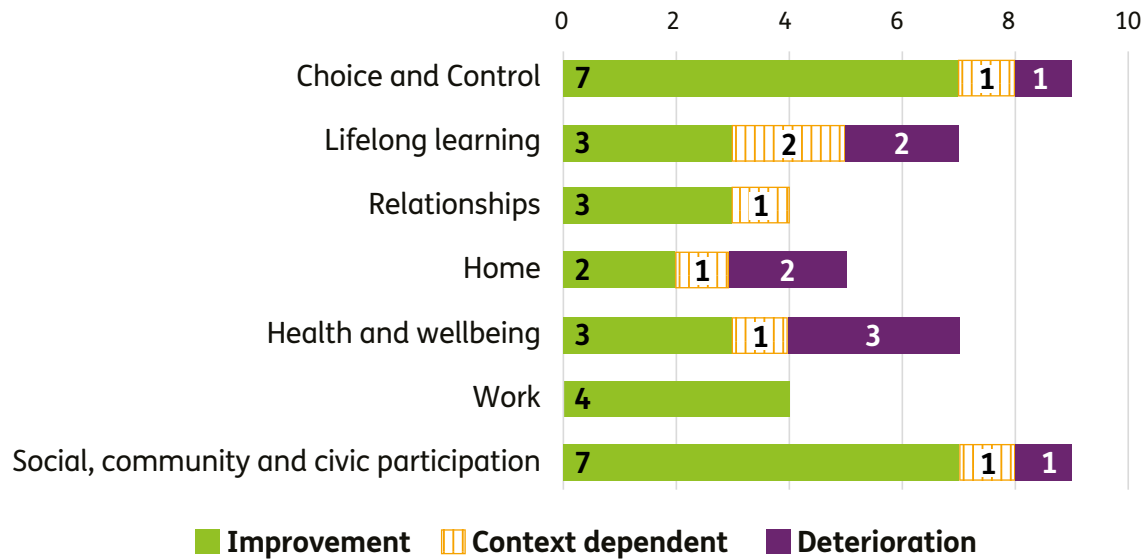
**Lifelong learning (LL)**

**Work (WK)**

**Social, community and civic participation (S/CP)**

# Participants aged 15 to 24

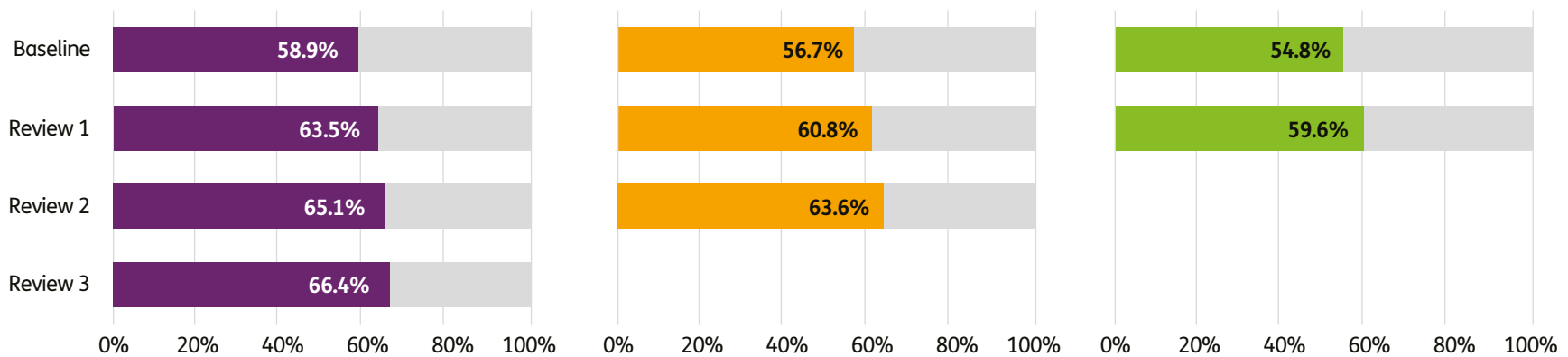
Number of indicators with significant and material overall change by domain<sup>1</sup>



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

# Participants aged 15 to 24: Choice and control

## I make more decisions in my life than two years ago:



For participants who have been in the Scheme for **three years**, the percentage increased by 7.5%, from 58.9% at baseline to 66.4% at third review, including a 1.3% increase in the latest year.

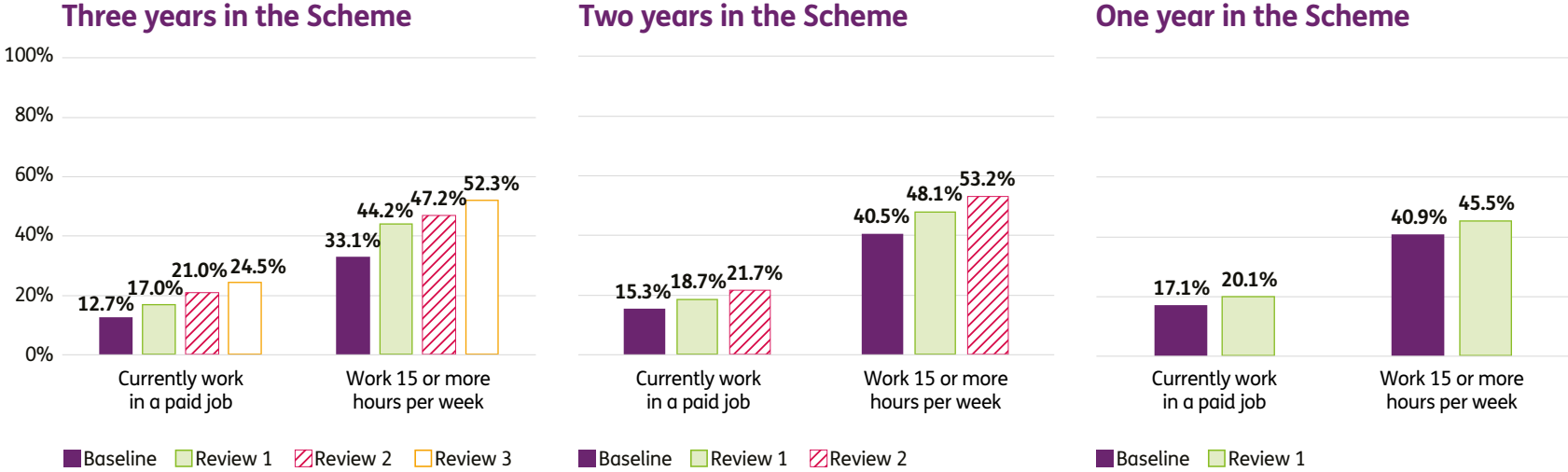
For participants who have been in the Scheme for **two years**, the percentage increased by 6.9%, from 56.7% at baseline to 63.6% at second review, including a 2.9% increase in the latest year.

For participants who have been in the Scheme for **one year**, the percentage increased by 4.9%, from 54.8% at baseline to 59.6% at first review.

<sup>1</sup> This indicator did not change significantly over participants' latest year in the Scheme.

# Participants aged 15 to 24: Employment

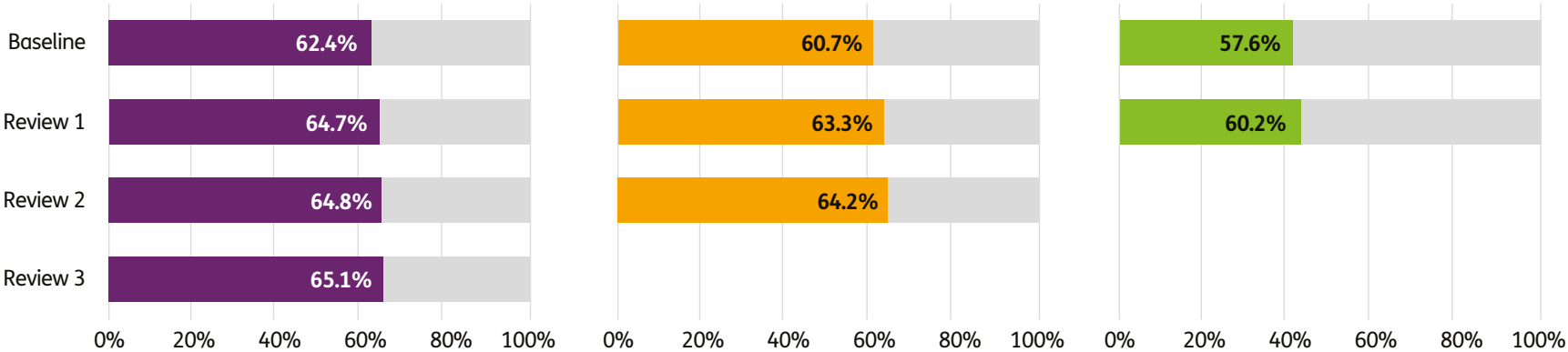
Employment outcomes have improved across all three cohorts.  
 The percentage of participants working in a paid job has increased every year.  
 Additionally, the percentage working 15 or more hours per week has increased every year.





# Participants aged 15 to 24: Lifelong learning

## I get opportunities to learn new things:



For participants who have been in the Scheme for **three years**, the percentage increased by 2.7%, from 62.4% at baseline to 65.1% at third review.<sup>1</sup>

For participants who have been in the Scheme for **two years**, the percentage increased by 3.5%, from 60.7% at baseline to 64.2% at second review, including a 0.9% increase in the latest year.

For participants who have been in the Scheme for **one year**, the percentage increased by 2.6%, from 57.6% at baseline to 60.2% at first review.

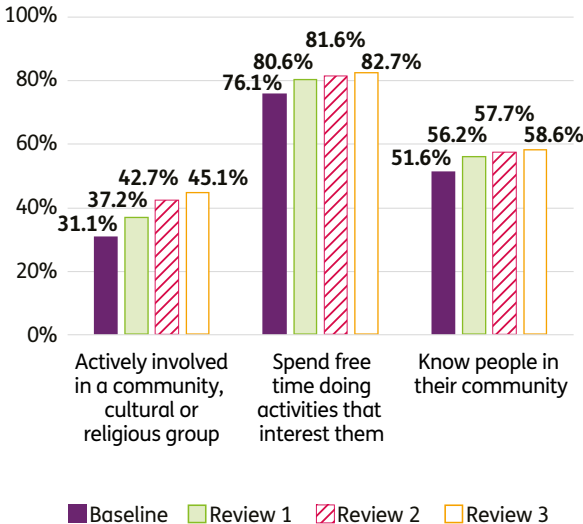
<sup>1</sup> This indicator did not change significantly over participants' latest year in the Scheme.

# Participants aged 15 to 24: Social, community and civic participation

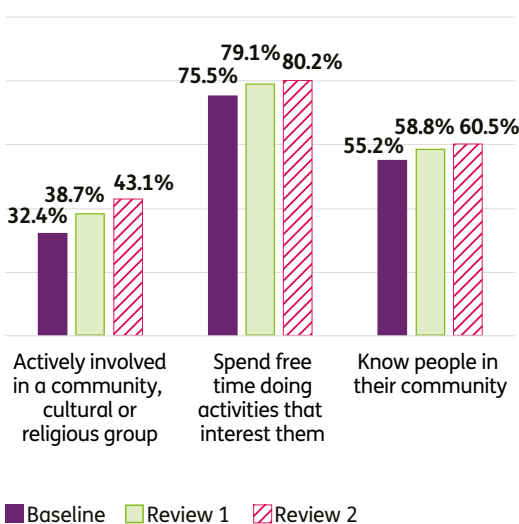
Social, community and civic participation outcomes have improved across all three cohorts.

Increases have been observed over time for the percentage who are actively involved in a community, cultural or religious group, the percentage who spend their free time doing activities that interest them, and the percentage who know people in their community.

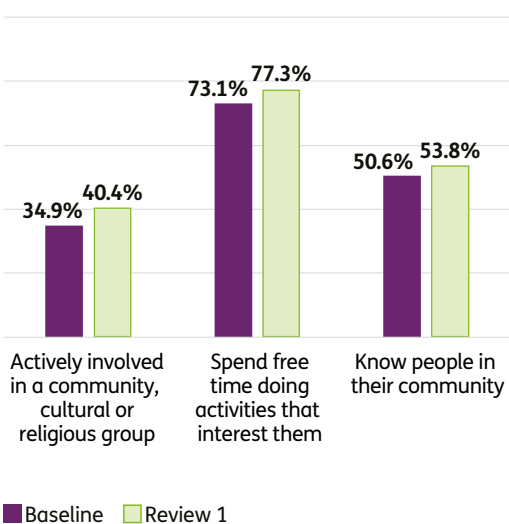
**Three years in the Scheme**



**Two years in the Scheme**

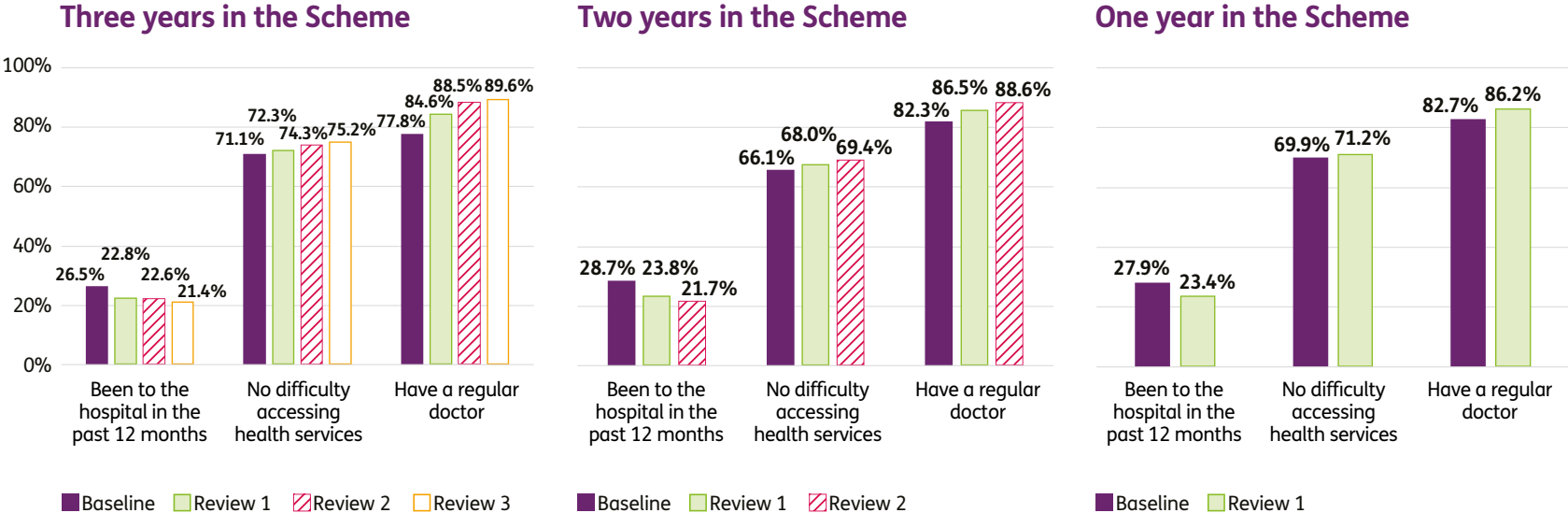


**One year in the Scheme**



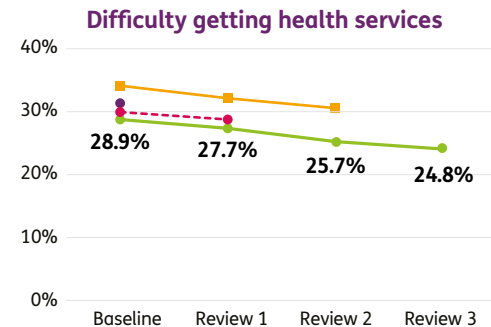
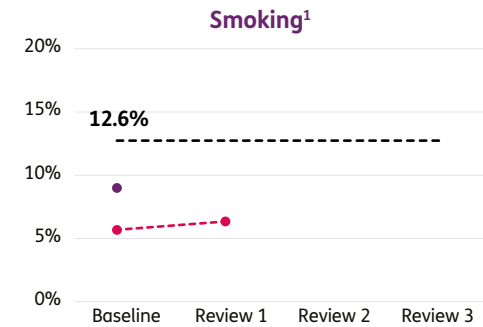
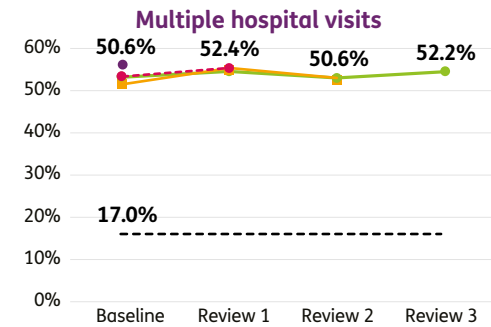
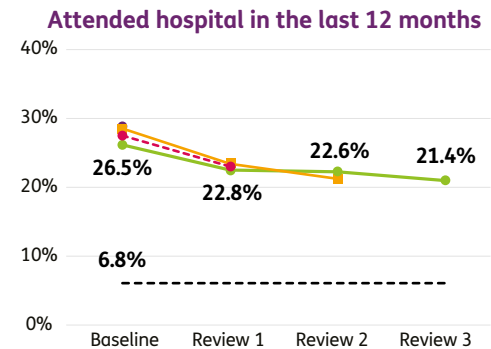
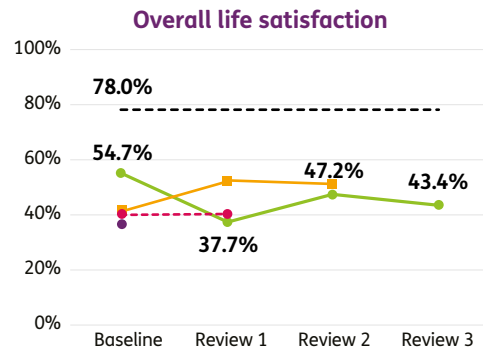
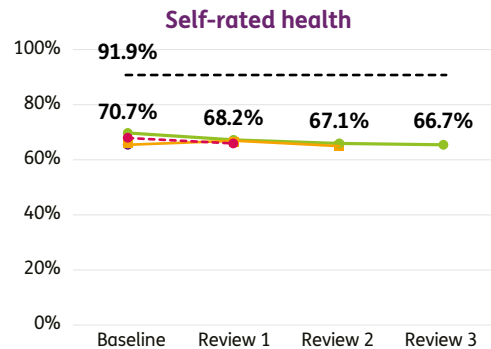
# Participants aged 15 to 24: Improvements in health indicators

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



# Participants aged 15 to 24: Health and wellbeing

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



<sup>1</sup> Numbers are too small for the C2 and C3 cohort

● Baseline: 2019-20 entrants ● C3 cohort ■ C2 cohort ◆ C1 cohort --- Benchmark

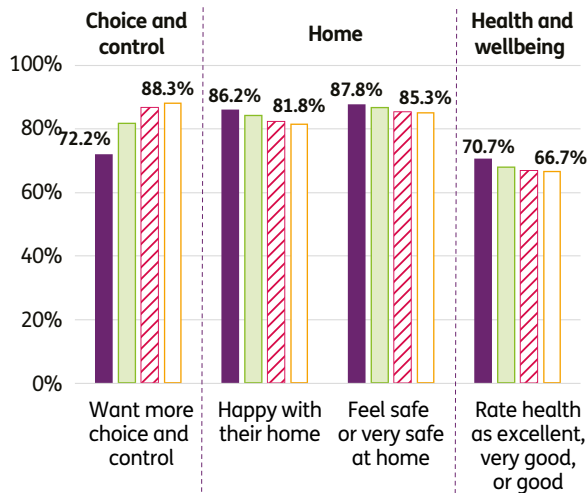
# Participants aged 15 to 24: Choice and control, health and wellbeing, and home

The percentage of participants who want more choice and control has continued to increase.

The percentages who are happy with their home, and who feel safe there, have decreased slightly.

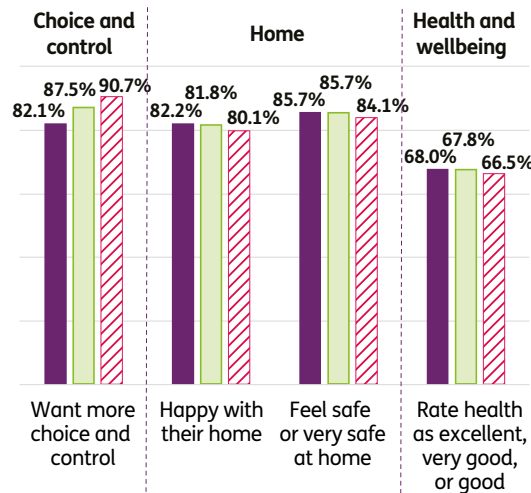
The percentage of participants rating their health as excellent, very good, or good has also declined slightly over time.

## Three years in the Scheme



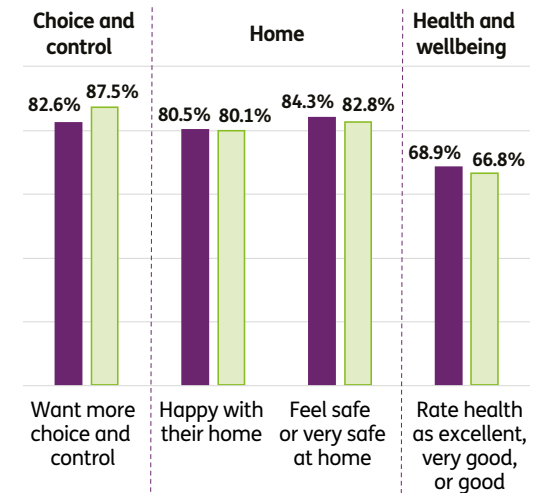
■ Baseline ■ Review 1 ▨ Review 2 ■ Review 3

## Two years in the Scheme



■ Baseline ■ Review 1 ▨ Review 2

## One year in the Scheme



■ Baseline ■ Review 1

Participants aged 15 to 24:

## Outcomes by participant characteristics (1)

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

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

**Geography:** Participants from regional and remote locations tend to have higher levels of choice and control. They are more likely to know people in their community than those living in major cities at baseline, and more likely to improve over time. However, at baseline they are less likely to have someone outside their home to call on for help, and less likely to be working in a paid job.

Longitudinally, participants who relocated to a new LGA were more likely to improve on the indicator “I make most decisions in my life”. However, they were more likely to deteriorate with respect to having a regular doctor and knowing people in their community.

**Disability:** Participants with hearing impairment generally experience better outcomes, both baseline and longitudinal. Those with a spinal cord injury/other physical disability had the highest levels of choice and control at baseline. Participants with psychosocial disability also tended to have better choice and control outcomes, but less positive outcomes related to home, health and wellbeing, and community participation. They also were less likely to be working in a paid job.

Longitudinally, participants with cerebral palsy or another neurological disorder were more likely to improve on some choice and control indicators, and in knowing people in their community, but less likely to improve and more likely to deteriorate in going to the hospital. Conversely, participants with autism were more likely to improve and less likely to deteriorate in going to the hospital but the reverse was true for knowing people in their community.

Participants aged 15 to 24:

## Outcomes by participant characteristics (2)

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

**Indigenous status:** At baseline, Indigenous participants tended to have less positive outcomes across multiple domains, particularly in home, health and wellbeing, lifelong learning, work and community participation than non-Indigenous participants. Indigenous participants were almost three times as likely to smoke (28.6% compared to 7.9% for non-Indigenous participants).

In longitudinal analyses, Indigenous participants were more likely to start wanting more choice and control, and more likely to improve with respect to knowing people in their community.

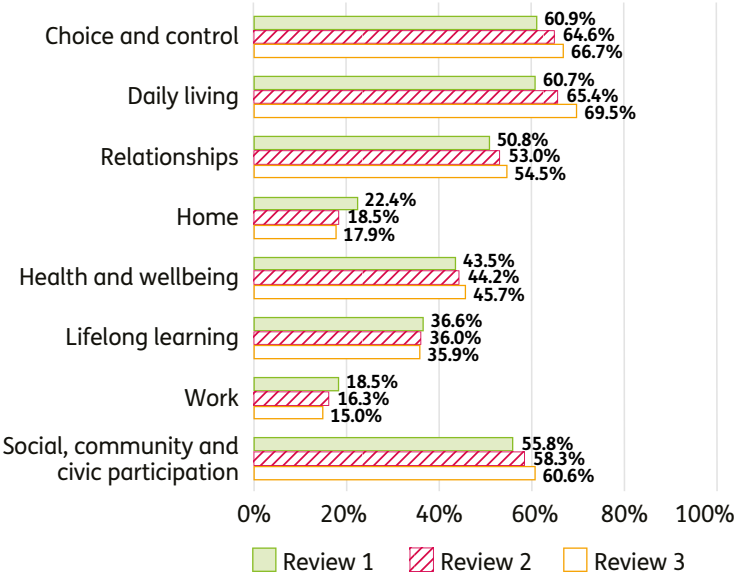
**CALD status:** At baseline, participants from a CALD background had better outcomes for self-rated health, participating in education/training, and being involved in a community group, but had worse outcomes for choice and control, relationships and work.

In longitudinal analyses, they are more likely to deteriorate over time with respect to making most decisions in life, and knowing people in the community.

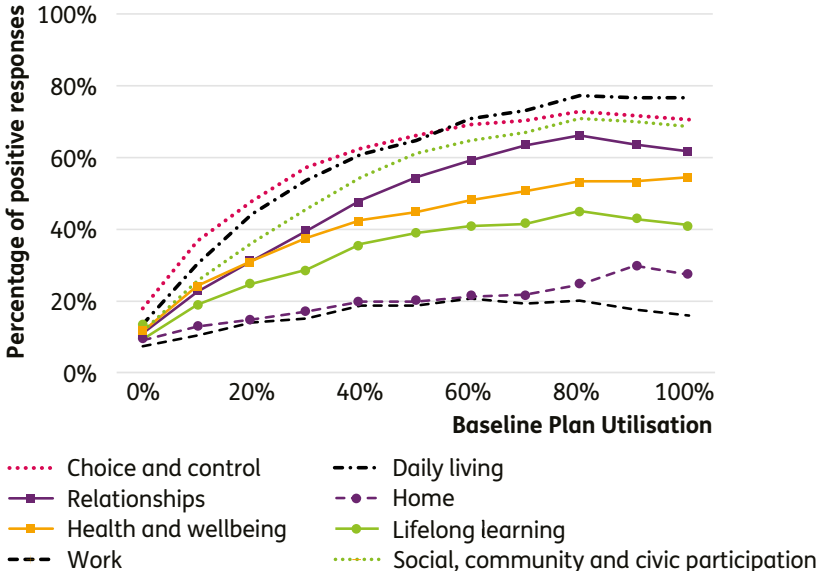
# Participants aged 15 to 24: Has the NDIS helped?

Opinions on whether the NDIS has helped vary considerably by domain for the young adult cohort. The percentage who think that the NDIS has helped is lowest for work (18.5% after one year in the Scheme, decreasing to 16.3% after two years in the Scheme and 15.0% after three years), and highest for daily living (60.7% after one year increasing to 65.4% after two years, and 69.5% after three years in the Scheme). Higher plan utilisation, and in particular higher utilisation of capacity building supports, is strongly associated with a positive response across most domains, after one, two and three years in the Scheme.

### Percentage of positive responses



### By plan utilisation rate, after one year





## Participants aged 15 to 24: Has the NDIS helped?

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### After one year in the Scheme

Perceptions also tended to improve with increasing participant age. Participants from Western Australia tended to be more positive, and those from Tasmania less positive.

### Change in responses between first and third review

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

- Higher plan utilisation, and in particular utilisation of capacity building supports, is associated with a higher likelihood of improvement and a lower likelihood of deterioration.
- Where the plan is self-managed either fully or partly, participants were more likely to improve in the choice and control, daily living, and health and wellbeing domains.
- For a number of domains, in particular daily living and home, higher annualised plan budget was associated with a higher likelihood of improvement.
- Female participants were more likely to improve in the lifelong learning domain but less likely to improve in the work domain.

# Participants **aged 25 and over**

# Participants aged 25 and over



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

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

**Choice and control (CC)**

**Daily living (DL)**

**Relationships (REL)**

**Home (HM)**

**Health and wellbeing (HW)**

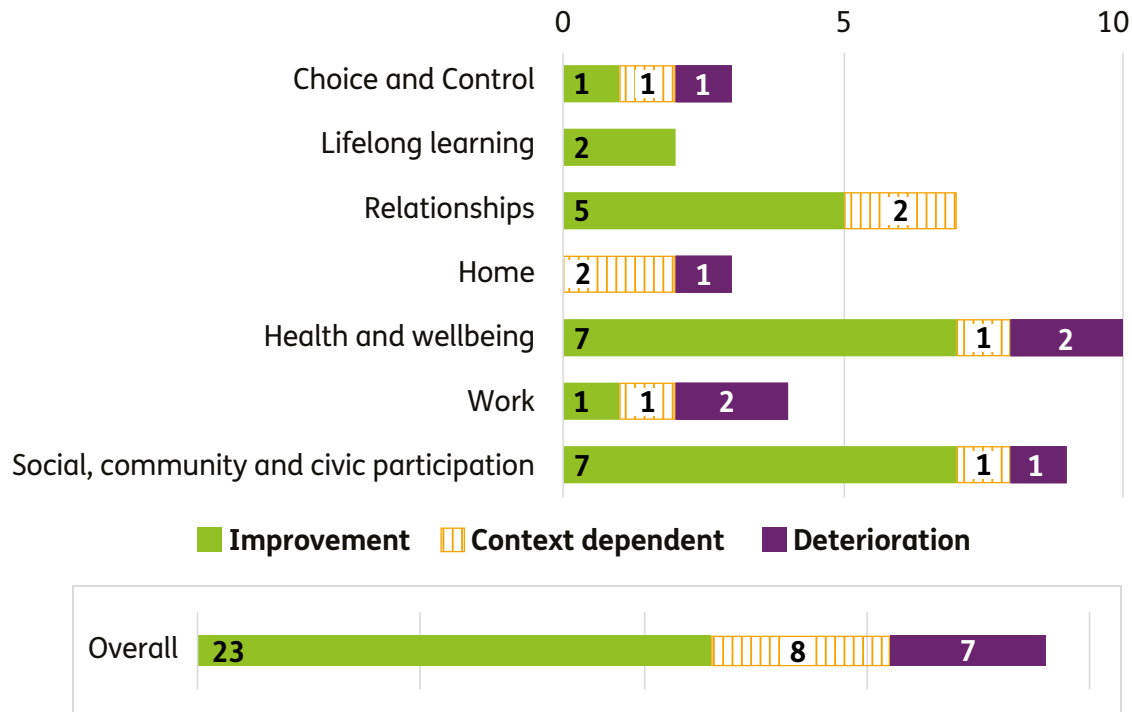
**Lifelong learning (LL)**

**Work (WK)**

**Social, community and civic participation (S/CP)**

# Participants aged 25 and over

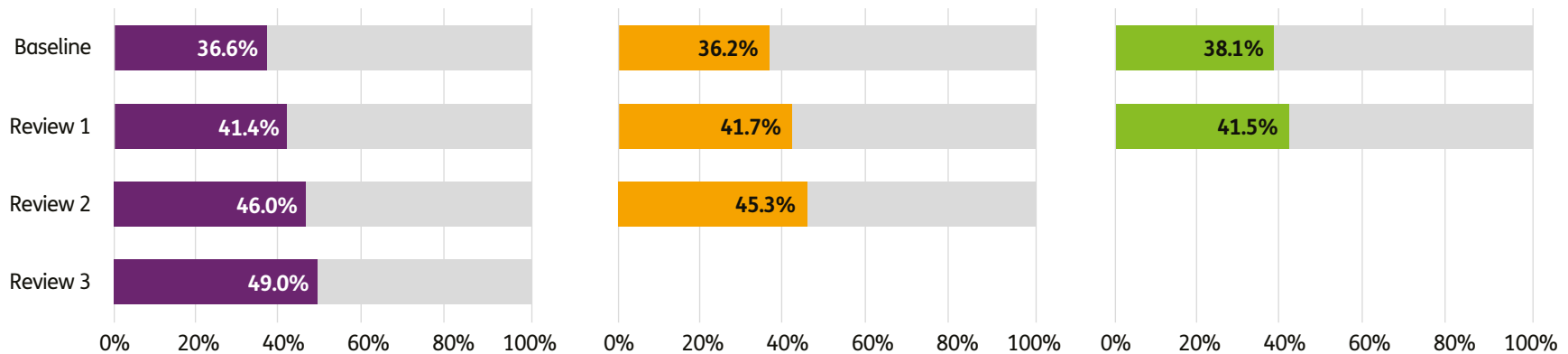
Number of indicators with significant and material overall change by domain<sup>1</sup>



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

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

## Actively involved in a community, cultural or religious group in the last 12 months:



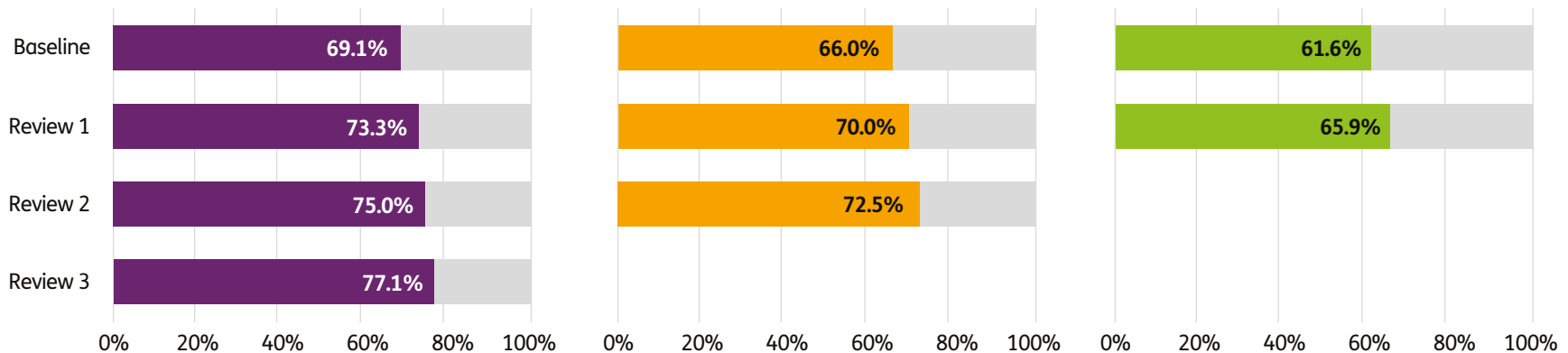
For participants who have been in the Scheme for **three years**, the percentage increased by 12.4%, from 36.6% at baseline to 49.0% at third review, including a 3.0% increase in the latest year.

For participants who have been in the Scheme for **two years**, the percentage increased by 9.1%, from 36.2% at baseline to 45.3% at second review, including a 3.6% increase in the latest year.

For participants who have been in the Scheme for **one year**, the percentage increased by 3.4%, from 38.1% at baseline to 41.5% at first review.

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

## Spend their free time doing activities that interest them:



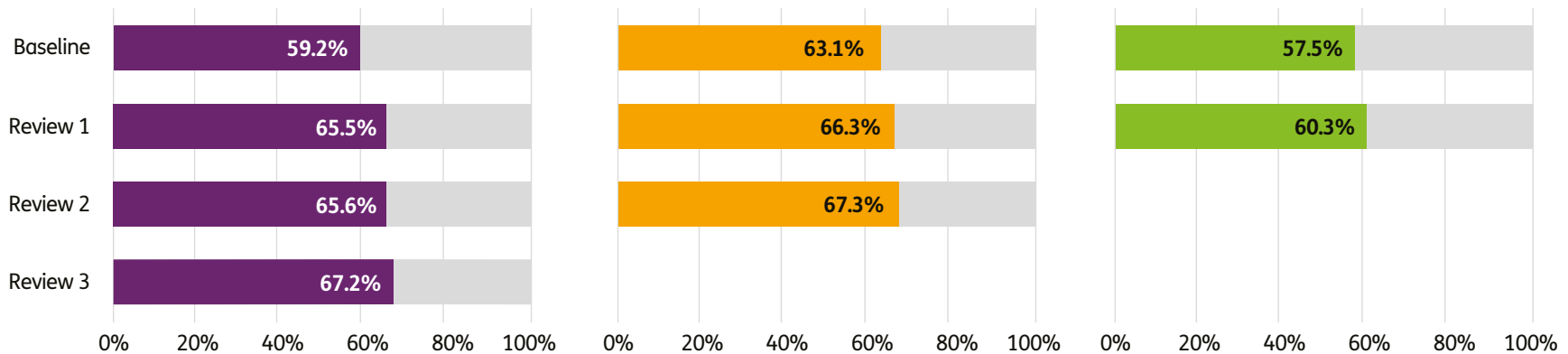
For participants who have been in the Scheme for **three years**, the percentage increased by 8.0%, from 69.1% at baseline to 77.1% at third review, including a 2.1% increase in the latest year.

For participants who have been in the Scheme for **two years**, the percentage increased by 6.5%, from 66.0% at baseline to 72.5% at second review, including a 2.5% increase in the latest year.

For participants who have been in the Scheme for **one year**, the percentage increased by 4.3%, from 61.6% at baseline to 65.9% at first review.

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

## Know people in their community:



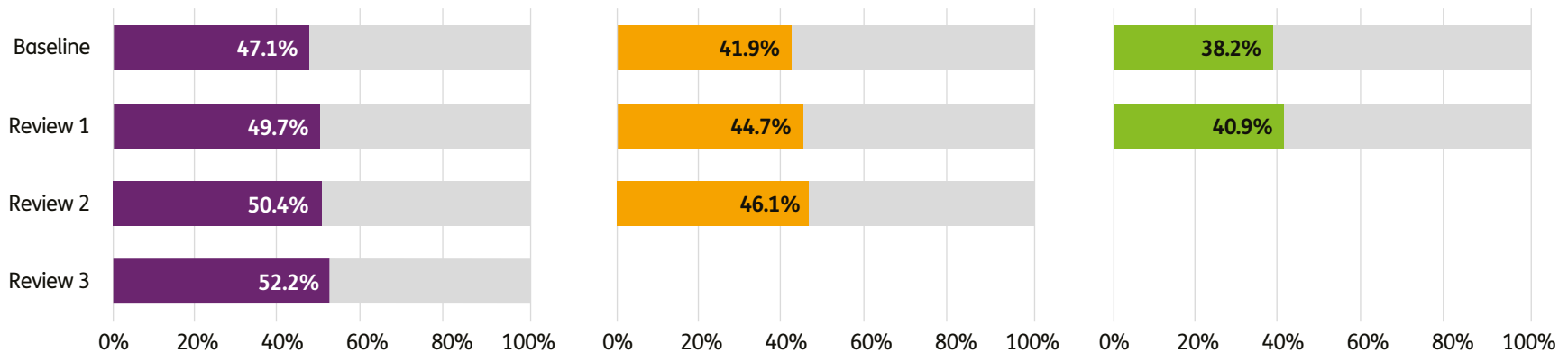
For participants who have been in the Scheme for **three years**, the percentage increased by 8.0%, from 59.2% at baseline to 67.2% at third review, including a 1.6% increase in the latest year.

For participants who have been in the Scheme for **two years**, the percentage increased by 4.3%, from 63.1% at baseline to 67.3% at second review, including a 1.1% increase in the latest year.

For participants who have been in the Scheme for **one year**, the percentage increased by 2.8%, from 57.5% at baseline to 60.3% at first review.

# Participants aged 25 and over: Lifelong learning

## I get opportunities to learn new things:



For participants who have been in the Scheme for **three years**, the percentage increased by 5.0%, from 47.1% at baseline to 52.2% at third review, including a 1.7% increase in the latest year.

For participants who have been in the Scheme for **two years**, the percentage increased by 4.2%, from 41.9% at baseline to 46.1% at second review, including a 1.4% increase in the latest year.

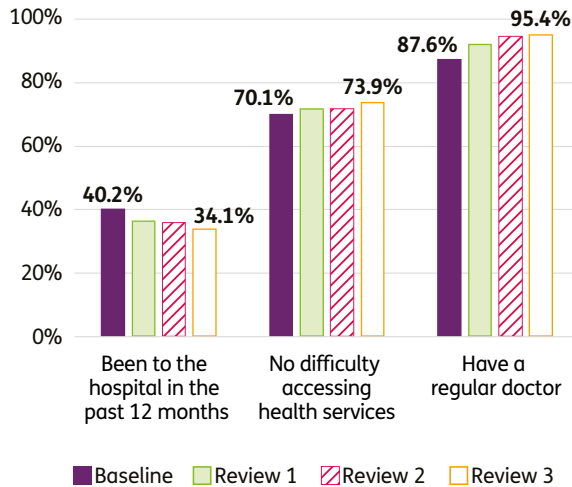
For participants who have been in the Scheme for **one year**, the percentage increased by 2.7%, from 38.2% at baseline to 40.9% at first review.



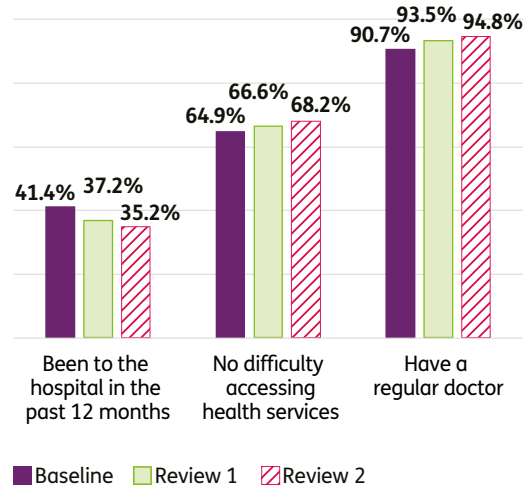
# Participants aged 25 and over: Improvements in health indicators

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

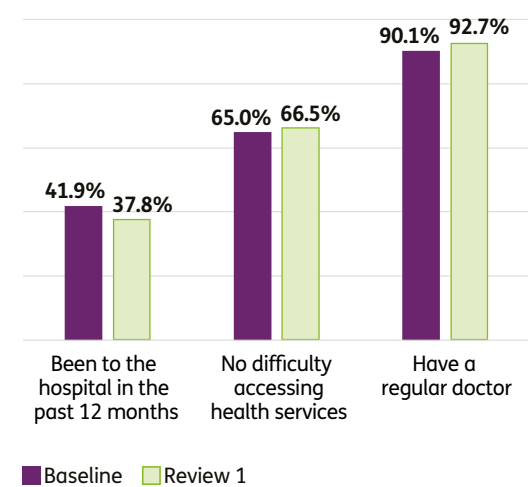
## Three years in the Scheme



## Two years in the Scheme

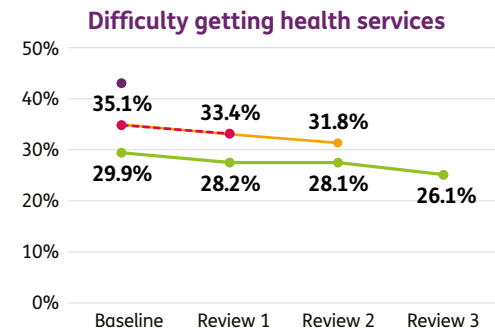
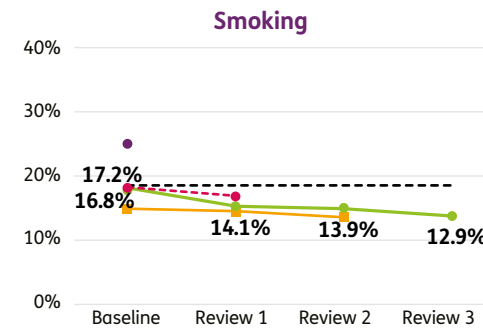
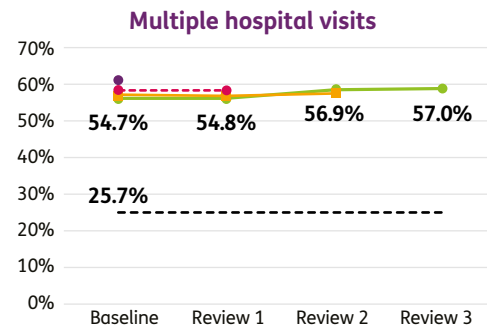
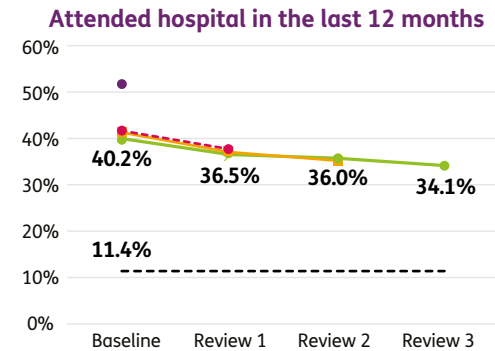
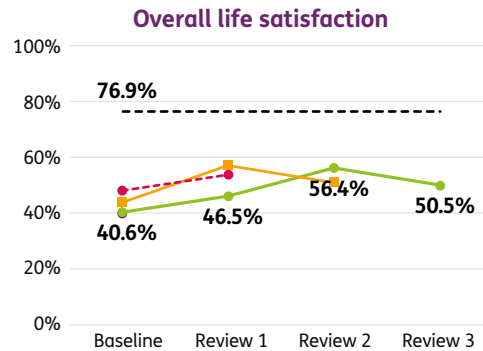
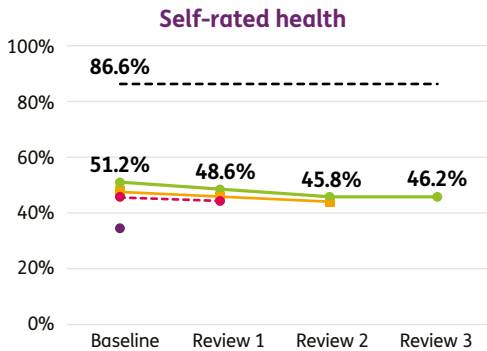


## One year in the Scheme



# Participants aged 25 and over: Health and wellbeing

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



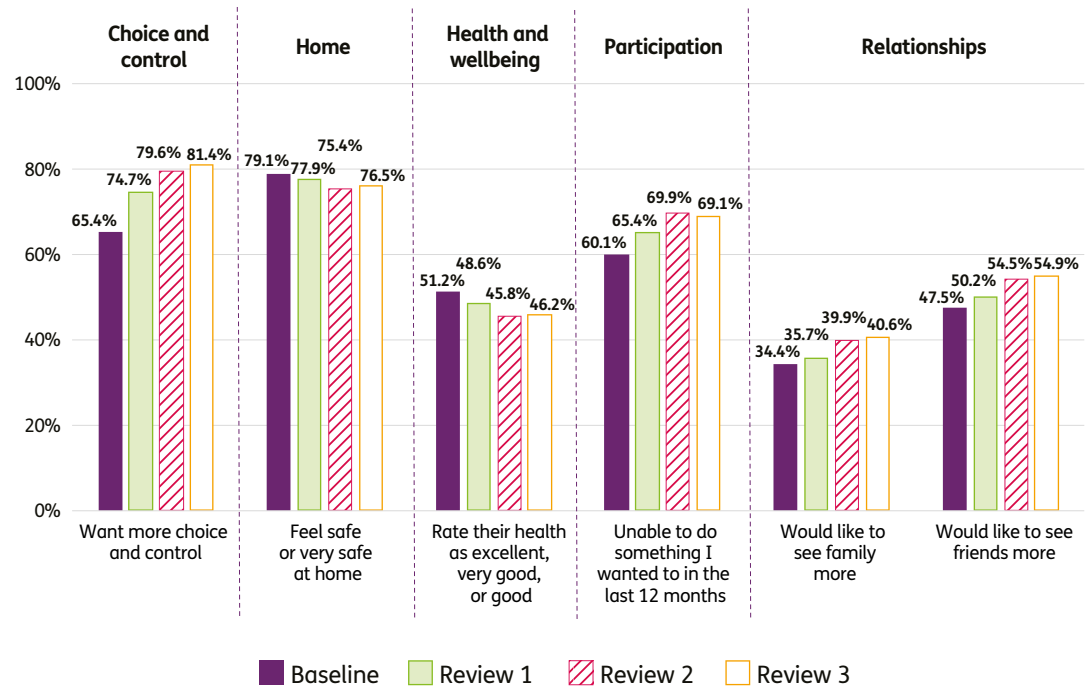
● Baseline: 2019-20 entrants ● C3 cohort ● C2 cohort ● C1 cohort --- Benchmark

# Participants aged 25 and over: Choice and control, home, health, participation and relationships

For participants who have been in the Scheme for three years, the percentage who want more choice and control has increased. The percentage who feel safe or very safe in their home has reduced slightly.

The percentage who rate their health as excellent, very good or good has declined. Participants expressed an increasing desire to see family and friends more often, and there has been an increase in the percentage who say there was something they wanted to do in the past 12 months but could not.<sup>1</sup>

## Three years in the Scheme



<sup>1</sup> Feelings of safety in the home, self-rated health, and being unable to do something they wanted to in the last 12 months did not deteriorate in the latest year.

Participants aged 25 and over:

## Outcomes by participant characteristics (1)

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

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

**Geography:** A number of baseline indicators across multiple domains were more positive for participants not living in major cities. However, they were less likely to have a paid job. For longitudinal change, participants living outside a major city were more likely to improve in being able to advocate for themselves.

Longitudinally, relocating to a new LGA had a negative effect on having been to hospital in the last 12 months, getting the opportunity to learn new things, wanting to do something but not being able to in the last 12 months, and knowing people in the community.

**Disability:** At baseline, participants with a spinal cord injury tend to have the most positive outcomes and those with a visual impairment or a psychosocial disability have less positive outcomes. Participants with Down syndrome or an intellectual disability have lower levels of choice and control.

In longitudinal analyses, participants with a spinal cord injury or other physical disability were more likely to improve and less likely to deteriorate with regard to being able to advocate for themselves, however they were less likely to improve and more likely to deteriorate with regard to being in the hospital in the last 12 months.

Participants aged 25 and over:

## Outcomes by participant characteristics (2)

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

**Indigenous status:** At baseline, Indigenous participants tend to have slightly worse outcomes than non-Indigenous participants on a number of indicators, particularly home and health. Longitudinally, Indigenous participants were more likely to improve in knowing people in their community but less likely to improve and more likely to deteriorate in saying there was something they wanted to do but were unable to in the last 12 months.

**CALD status:** CALD participants were less likely choose what they do each day, make most decisions in their life, and get opportunities to learn new things.

In longitudinal analyses, CALD participants were less likely to improve and more likely to deteriorate with respect to being able to advocate for themselves.

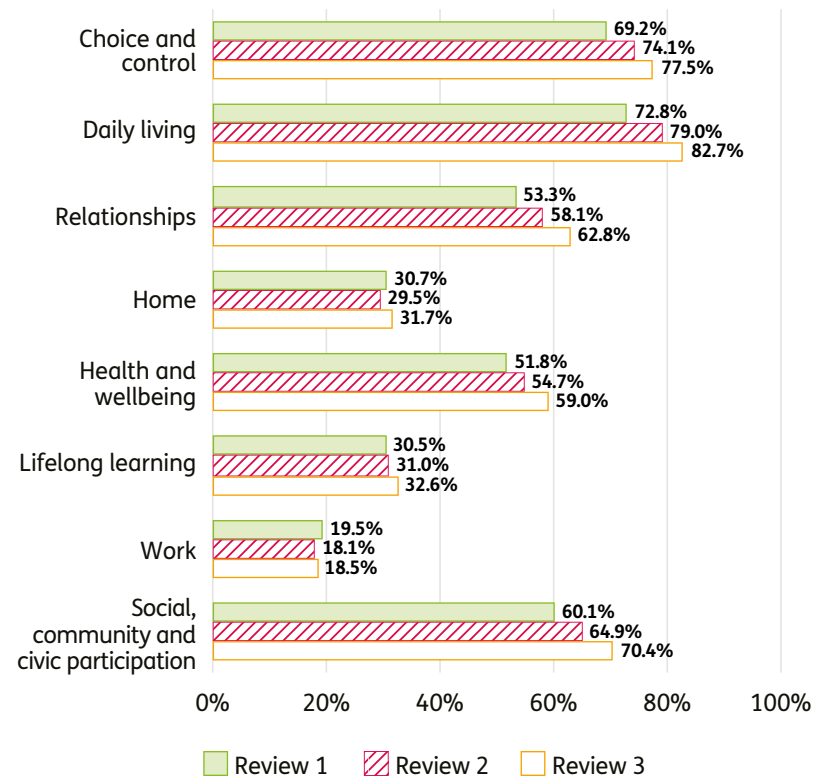
# Participants aged 25 and over: Has the NDIS helped?

Opinions on whether the NDIS has helped generally reflect a similar pattern by domain to the young adult cohort. Older adults tend to be slightly less optimistic about lifelong learning (by 3-6%), but more optimistic for the other domains, particularly daily living (by 12-14%), home (8-14%), and health and wellbeing (8-13%).

The percentage who think the NDIS has helped is highest for daily activities (72.8% after one year in the Scheme, increasing to 79.0% after two years in the Scheme and 82.7% after three years in the Scheme), followed by choice and control (69.2% after one year in the Scheme, increasing to 74.1% after two years in the Scheme and 77.5% after three years in the Scheme).

Percentages are lowest for home (30.7% after one year, 29.5% after two years and 31.7% after three years) and work (19.5% after one year, 18.1% after two years and 18.5% after three years).

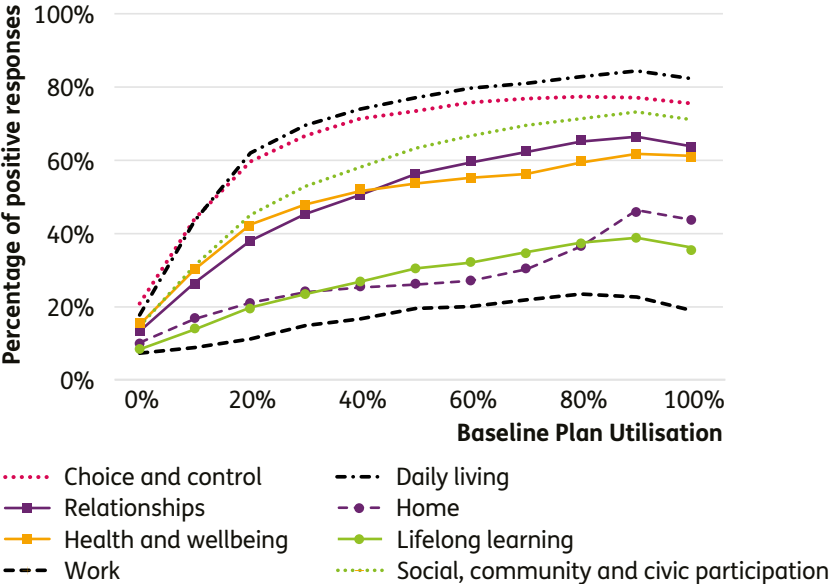
Percentage of positive responses



# Participants aged 25 and over: Has the NDIS helped?

Higher plan utilisation is strongly associated with a positive response across all eight domains, after one, two and three years in the Scheme.

**By plan utilisation rate, after one year**



## Participants aged 25 and over: Has the NDIS helped?

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### After one year in the Scheme

Perceptions also tended to improve with increasing plan budget. Participants from Western Australia tended to be more positive, and those from Victoria and South Australia less positive.

### Change in responses between first and third review

The percentage who think that the NDIS has helped increased by 1% to 10% between first and third review across all domains except work, where there was a 1% decrease. The likelihood of improvement/ deterioration varied by some participant characteristics:

- Female participants were more likely to improve in the daily living domain but more likely to deteriorate in choice and control.
- 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 in choice and control, daily living, home and health and wellbeing, however they were less likely to improve and/or more likely to deteriorate in lifelong learning and work.
- Participants living in a regional area were more likely to improve and/or less likely to deteriorate in daily living, relationships, home, health and wellbeing, lifelong learning and social and community participation.
- Participants in supported independent living (SIL) were generally more likely to improve and less likely to deteriorate.





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