Baseline outcomes for NDIS participants

30 June 2020

Contents

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Executive summary

Background

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

These aims are embedded in the legislation which established the Scheme, the National Disability Insurance Scheme Act 2013[1] (the NDIS Act), and included in the National Disability Insurance Agency (NDIA) Corporate Plan 2020-2024[2].

The NDIS Act underscores the Scheme objectives:

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

The NDIS Outcomes Framework questionnaires

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

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

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

This report

This report summarises baseline results for NDIS participants entering the Scheme during the four year period from 1 July 2016 to 30 June 2020. A separate report covers longitudinal change for participants who have been in the Scheme for one year or more at 30 June 2020.

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[1] http://www.comlaw.gov.au/Details/C2019C00332/Download

[2] https://www.ndis.gov.au/about-us/publications/corporate-plan

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

Two previous reports have covered both baseline and longitudinal experience, as at 30 June 2018 and 30 June 2019.[4]

The focus of this report is on baseline results for participants entering the Scheme in the most recent financial year (2019-20). However, brief comparisons with results for prior year entrants are also provided.

Since participants entering the Scheme at different times may have different characteristics (for example, due to phasing), a brief summary of how 2019-20 entrants compare to participants entering in the earlier three year period is also provided, on key characteristics such as disability and level of function.

The global COVID-19 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. This report investigates effects of the pandemic on outcomes via multiple regression models that allow for discontinuities in indicator levels, as well as different time trends, pre- and post-onset ot the pandemic.

Baseline versus progress

It is important to recognise that, with respect to how they are going in different areas of their lives, participants do not enter the Scheme on an equal footing – a fact that is illustrated by the results of this baseline report. A whole range of individual and external factors will impact on the experiences of participants at baseline, including the nature and severity of their disability, where they live, and the extent of support they receive from family and friends.

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

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

The purpose of this report is to provide a snapshot view of outcomes at the time participants enter the Scheme, based on information provided by them in interviews conducted using the NDIS outcomes framework questionnaires. At this time, the NDIS has not had an opportunity to have an impact on outcomes. The separate longitudinal report considers how far participants have progressed since entry to the Scheme. Together, the reports provide insight into how the Scheme is making a difference, and point to any areas where improvements may be required.

A lifespan approach

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

Reflecting this lifespan approach, the report is organised with a separate chapter for each participant age cohort[5].

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[4] https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-outcomes-report

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

Participants from birth to before starting school

Comparison with prior year entrants

Compared to prior year entrants, participants aged from birth to before starting school who entered the Scheme in 2019-20 tend to be:

- Younger
- More likely to have developmental delay or global developmental delay and less likely to have autism
- More likely to have a high level of function.

Overall results

Participant living and housing arrangements

At baseline, 94.8% of participants in the birth to before starting school group who entered the Scheme in 2019-20 lived with their parents (compared to 93.6% of prior year entrants). 90.6% live in a private home either owned or rented from a private landlord (89.8% for prior years), and 7.4% live in a private home rented from a public authority (8.0% for prior years).

Areas of development

Parents/carers are surveyed about their concerns in eight developmental areas. The area with the highest level of concern for both 2019-20 entrants and prior year entrants was language/communication (94.6% for 2019-20 entrants and 93.8% for prior year entrants), followed by social interaction (86.2% for 2019-20 entrants and 86.1% for prior year entrants). For 2019-20 entrants, 68.1% of parents/carers expressed concerns in six or more of the eight areas (similar to 67.3% for prior year entrants).

Autonomy

Most children exhibited evidence of growing autonomy, with 68.5% of parents and carers of 2019-20 entrants saying that their child was able to tell them what they want (compared to 70.6% entering in previous years).

Family life

Baseline outcomes related to family life were generally similar for 2019-20 entrants and prior year entrants. Overall, 65.3% of parents/carers of 2019-20 entrants say that their child fits into the everyday life of the family, similar to 66.4% for prior year entrants.

Childcare

For participants entering in 2019-20, 52.3% used some form of childcare, similar to earlier entrants (53.7%). Children's experiences at childcare were generally positive. Of 2019-20 entrants using group childcare, 92.6% said that other children were welcoming and 93.1% said that other families were welcoming (compared to 93.6% and 94.6% for prior year entrants, respectively).

Participation

The percentage of participants with friends who they enjoy playing with was lower than previous years (36.3% for the latest entry year cohort compared to 47.9% in prior years). The percentage participating in age-appropriate community, cultural or religious activities was also lower (46.4% compared to 51.5%).

Specialist services

The percentage of participants using specialist services is lower for 2019-20 entrants (49.3%) compared to prior year entrants (71.3%). Of the participants using these services, 84.0% of parents/carers of 2019-20 entrants thought that these services helped with their child's skill development, compared to 91.0% from prior years.

Figure 1 Parent/carer concerns about the participant's development in certain areas

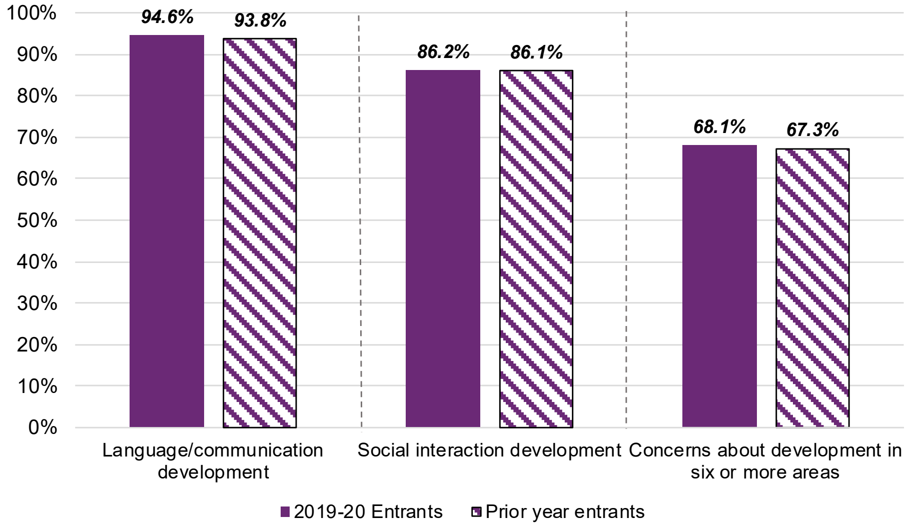
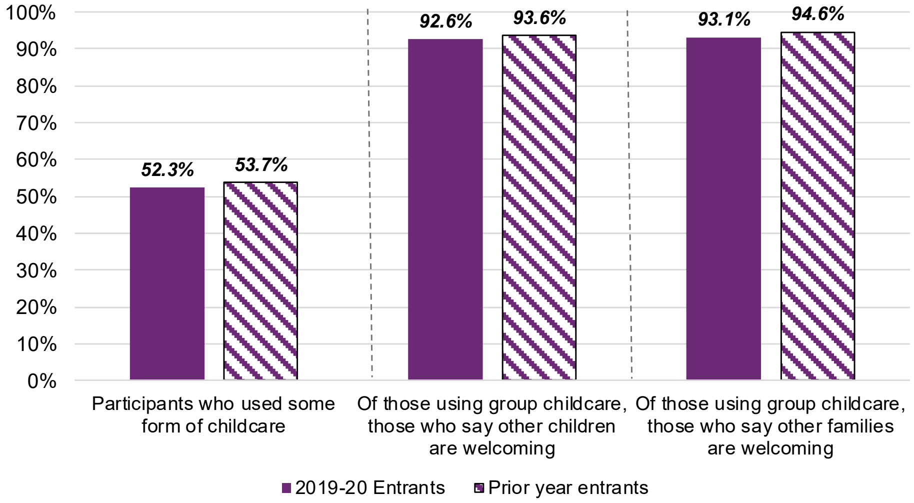


Figure 2 Childcare



Results by participant characteristics

Baseline indicators for participants entering the Scheme in 2019-20 have been analysed by participant characteristics using one-way analyses and multiple regression modelling.

Across most domains, the participant’s level of function, primary disability type, age, where they live, and the extent to which they make friends and participate in community are the characteristics most predictive of outcomes in the multiple regression models, which control for other factors.

Key results from the analysis include:

- Participants with a hearing impairment as their primary disability type, participants with a higher level of function and participants who are self-managing part or all of their plan tend to have better baseline outcomes across most indicators.
- However, participants with autism or global developmental delay as their primary disability type, participants from a culturally and linguistically diverse (CALD) or

Indigenous background and participants from an area with a higher unemployment rate tended to have worse baseline outcomes across most indicators.

- Participants who have friends they enjoy playing with, who participate in community activities and who use childcare or specialist services tend to have significantly better baseline outcomes.

Participants from starting school to age 14

Comparison with prior year entrants

Compared to prior year entrants, participants from starting school to age 14 who entered the Scheme in 2019-20 tend to be:

- Younger
- More likely to have developmental delay or global developmental delay and less likely to have an intellectual disability or Down syndrome
- More likely to have medium level of function and less likely to have low level of function.

Overall results

Participant living and housing arrangements

At baseline, 93.2% of participants in the starting school to age 14 group who entered the Scheme in 2019-20 lived with their parents, slightly higher than for entrants from earlier years (89.6%).

91.2% of 2019-20 entrants live in a private home either owned or rented from a private landlord, slightly higher than for prior year entrants (89.4%). 6.9% live in a private home rented from a public authority, slightly lower than for prior year entrants (8.3%).

Independence

Baseline levels of independence are generally low for this cohort. For example, 37.5% think their child is becoming more independent (compared to 40.0% of prior year entrants). However, 75.4% of children have a genuine say in at least some decisions about themselves, higher than for entrants in earlier years (65.1%).

Relationships

Almost three quarters (72.8%) of parents/carers did not think there was enough time to meet the needs of all family members. However the majority of respondents reported that their child fits into everyday family life (87.5%, similar to 86.8% for prior year entrants) and gets along with their siblings (70.1% compared to 73.0%).

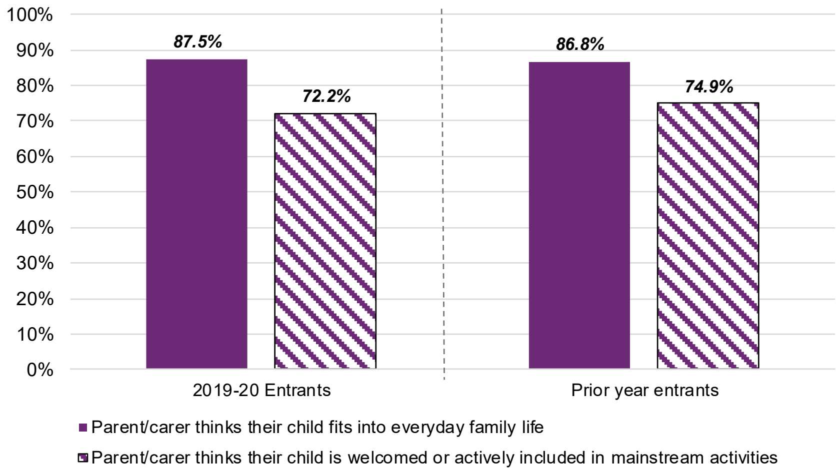
More than half (53.6%) of parents/carers never go out without their child (similar to 51.6% for prior year entrants). Of those who do go out without their child, 94.5% use informal care (the child stays with siblings, extended family, family friends or by themselves) – higher than the 89.4% for prior year entrants.

Participation

Overall, baseline participation in mainstream activities tends to be low for this cohort. Only 11.2% of parents/carers of 2019-20 entrants use a mainstream school holiday program, and only about half of children (50.2%) spend time after school and on weekends with friends or in mainstream group activities, however this is higher than for prior year entrants (36.6%). The majority (72.2%) of parents/carers thought that their child was welcomed or actively included in these activities (compared to 74.9% of prior year entrants).

For 2019-20 entrants, 66.8% of parents/carers said they would like their child to have more opportunity to be involved in activities with other children, lower than for entrants in earlier years (81.4%), and 87.9% of these perceived their child's disability as a barrier to being more involved (84.4% for prior years).

Figure 3 Relationships and participation



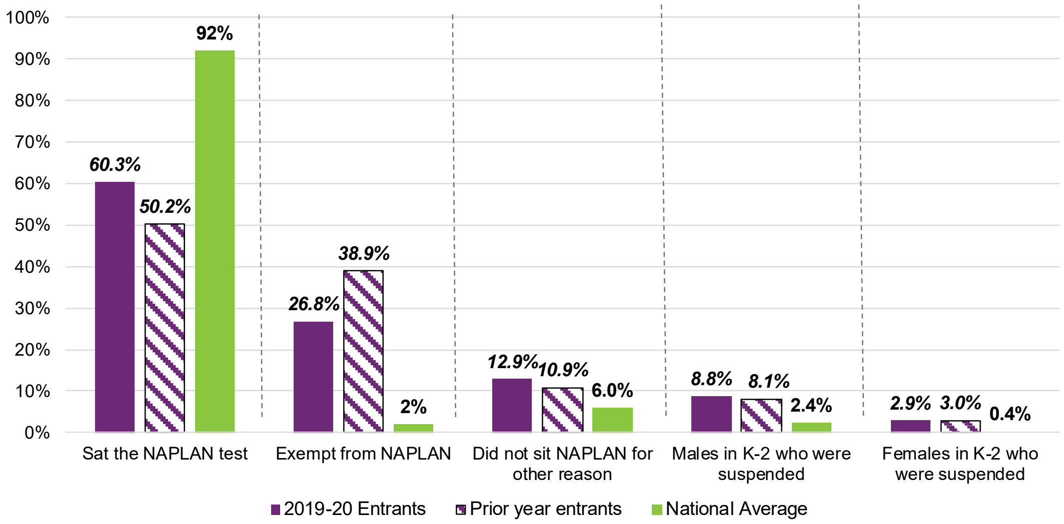
School

The proportion of participants attending school in a mainstream class has been increasing over time. For participants entering the Scheme in 2019-20, 78.5% of children attended school in a mainstream class, compared to 60.5% of those in earlier years.

Of 2019-20 entrants who had the opportunity to sit a NAPLAN test, 60.3% had sat one and 26.8% were exempt. For prior year entrants, the percentage sitting was lower, at 50.2%, and the percentage exempt was higher, at 38.9%. The nationwide exemption rate in 2019 was 1.8% (disability being one of the two reasons for exemption). The percentage missing the tests for reasons other than exemption appears higher than the national average (12.9% compared to 5%-10%).

12.7% of NDIS participants had ever been suspended from school (13.3% of prior year entrants), and this rate varies considerably by school year and gender, with boys being more likely to be suspended than girls. Although not directly comparable with State/Territory published figures, suspensions do seem more prevalent amongst NDIS participants than amongst New South Wales (NSW) public school students. For NDIS participants in K-2, 8.8% of males and 2.9% of females had ever been suspended, compared to yearly suspension rates of 2.4% for males and 0.4% for females for K-2 students attending NSW public schools.

Figure 4 School: NAPLAN participation and suspensions



Results by participant characteristics

Baseline indicators for participants entering the Scheme in 2019-20 have been analysed by participant characteristics using one-way analyses and multiple regression modelling.

Across most domains, the participant's level of function, primary disability type, age, and where they live are the characteristics most predictive of outcomes in the multiple regression models, which control for other factors.

Key results from the analysis include:

- Participants with a hearing impairment tend to have better baseline outcomes, and participants with autism or global developmental delay tend to have worse baseline outcomes. Participants with a physical disability or visual impairment were the most likely to be attending school in a mainstream class, and those with Down syndrome, intellectual disability, or global developmental delay were the least likely.
- Almost all baseline outcomes vary significantly with participant level of function and annualised plan budget. Participants with higher level of function / lower annualised plan budget tend to have better baseline outcomes than those with lower level of function / higher annualised plan budget. In particular, participants with higher level of function are more likely to attend school in a mainstream class.
- Older children exhibit more independence and have a greater say in decisions, as would be expected due to normal age-related development. The percentage attending school in a mainstream class declines with age.
- Females are more likely than males to have a genuine say in decisions about themselves, to make friends with people outside the family, and to attend school in a mainstream class.
- Indigenous children are less likely to be becoming more independent, to be developing functional, learning and coping skills, and to attend school in a mainstream class.
- 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.
- In general, baseline outcomes are more positive for participants living in small regional towns and remote/very remote areas compared to those for participants living in major cities and larger regional centres.
- Participants with self-managed baseline plans are more likely to show evidence of growing independence, and more likely to attend school in a mainstream class.

Participants aged 15 to 24

Comparison with prior year entrants

Compared to prior year entrants, participants aged 15 to 24 who entered the Scheme in 2019-20 tend to be:

- Younger
- More likely to have autism, a hearing or visual impairment, or a psychosocial disability and less likely to have intellectual disability or Down syndrome
- More likely to have high or medium level of function, and less likely to have low level of function.

Overall results

Participant living and housing arrangements

Most 2019-20 entrants live with parents (77.1%, compared to 75.8% of prior year entrants). Most participants (83.0%) are in a private home either owned or rented from a private landlord. 8.4% of participants live in a private home rented from a public authority, slightly lower than entrants in earlier years (11.1%). 77.8% say they are happy with their home (compared to 80.4% of prior year entrants).

Choice and control

Almost all participants say they choose what they do each day (91.5%) and how they spend their free time (92.2%), however 70.6% say they were not happy with the level of independence and control they are currently experiencing (higher than 64.5% for prior year entrants).

Daily living

Support with domestic tasks (78.6%) and communicating with other people (78.0%) are the areas of highest need in daily living. For each area of daily living except communication, the percentage needing support was lower for 2019-20 entrants compared to prior year entrants, possibly reflecting the higher level of function for 2019-20 entrants on average. Where support was needed, it was most often received for domestic tasks (79.2%), personal care (77.9%) and finances/money (73.0%). These percentages for 2019-20 entrants were lower than for prior year entrants, by 3.7% to 9.9%.

Relationships

Baseline relationship outcomes for 2019-20 entrants tend to be less favourable than the general population. 17.3% of the participants have no one outside their home to call for help, 25.7% have no one to call on for emotional assistance, and 23.7% have no-one to call on in a crisis, compared to only 2.8% of the general population age 15 to 24.

However, these baseline percentages were slightly more favourable for 2019-20 entrants compared to prior year entrants (for example, 20.6% of prior year entrants had no one outside their home to call for help compared to 17.3% of 2019-20 entrants).

Health and wellbeing

Baseline health outcomes for 2019-20 entrants also tend to be poorer compared to the general population. A lower percentage of participants rate their health as good, very good or excellent (67.0% compared to 91.9% for the general population), and a higher percentage have been to hospital in the last 12 months (29.0% versus 6.8%). Almost one-third of participants (31.2%) had experienced difficulties in getting health services.

Similar results on these indicators were observed for prior year entrants, with 68.4% rating their health as good, very good or excellent, 28.6% having been to hospital in the last 12 months, and 31.0% having experienced difficulties in getting health services.

Lifelong learning
55.2% of participants who entered the Scheme in 2019-20 said that they currently or previously attended school in a mainstream class, whilst 16.7% said they were currently or previously in a special school. For prior year entrants, a much lower percentage said they were currently or previously in a mainstream class (28.4%), and a much higher percentage said they were currently or previously in a special school (37.8%).

Participation
9.8% of participants said they currently volunteered (compared to 12.5% of prior year entrants), and 29.6% had been involved in a community, cultural or religious group in the last 12 months (33.8% of prior year entrants). 36.5% of participants felt able to have a say with their support providers either all of the time or most of the time (compared to 32.6% for prior year entrants.

Figure 5 Participation, choice and control and home

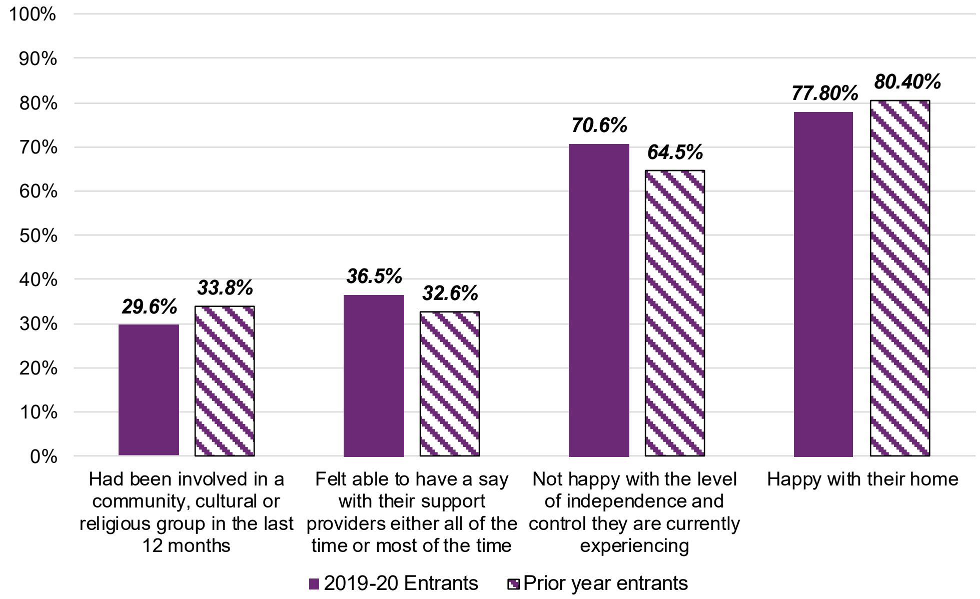
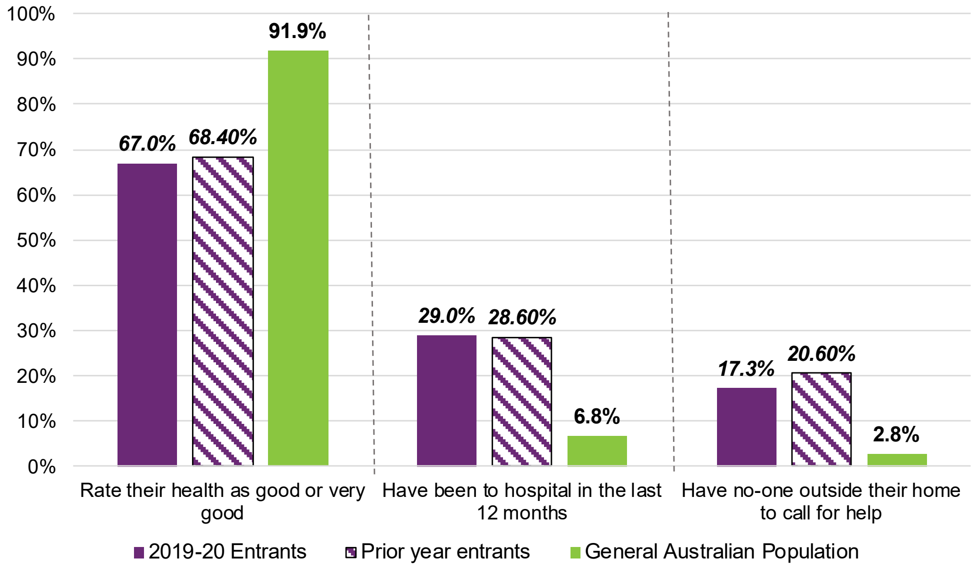


Figure 6 Health and relationships



Results by participant characteristics

Baseline indicators for participants entering the Scheme in 2019-20 have been analysed by participant characteristics using one-way analyses and multiple regression modelling.

Across most domains, the participant's level of function, primary disability type, age, cultural background, where they live, plan management type and LGA unemployment rates were most predictive of outcomes in the multiple regression models, which control for other factors.

Key results from the analysis include:

- Similar to participants who entered in prior years, better baseline outcomes have been observed from 2019-20 entrants with primary disability of hearing impairment, participants who are self-managing part or all of their plan, and participants with higher level of function.
- Less favourable baseline outcomes have been observed from 2019-20 entrants whose primary disability is a psychosocial disability, particularly in the areas of home, health and wellbeing, community participation, and work. Indigenous participants also showed poorer baseline outcomes across multiple domains, particularly in home, health and wellbeing, lifelong learning, work and community participation.

Participants aged 25 and over

Comparison with prior year entrants

Compared to prior year entrants, participants aged 25 and over who entered the Scheme in 2019-20 tend to be:

- Older
- Much more likely to have a psychosocial disability and much less likely to have intellectual disability or Down syndrome
- Have a similar distribution by level of function.

Overall results

Participant living and housing arrangements

By comparison with the younger adult cohort, participants aged 25 and over are more likely to live alone (28.8%, higher than 24.2% of prior year entrants), with a spouse/partner and/or children (34.0%, also higher than 25.0% of prior year entrants), or with people not related to them (12.2%, lower than 19.8% of prior year entrants). However, 14.6% live with their parents (lower than 21.6% of prior year entrants) and 5.1% live with other family members (similar to 5.0% of prior year entrants).

64.6% of 2019-20 entrants live in a private home owned or rented from a private landlord, slightly higher than 59.8% of prior year entrants. 18.5% live in a private home rented from a public authority (16.7% of prior year entrants). The proportion in supported accommodation is lower for 2019-20 entrants compared to prior year entrants (3.7% compared to 12.2%).

Choice and control

The majority of 2019-20 entrants (71.6%, higher than 58.6% for prior year entrants) said they made most of the decisions about their lives, and would like more choice and control in their life (75.5% compared to 77.1% of prior year entrants).

Daily living

For participants entering the Scheme in 2019-20, support for daily living was most needed for domestic tasks (87.8%) and travel and transport (76.8%).

Where support was needed, it was most often received for problem solving (91.1%) and finances/money (62.8%). For those receiving support, the percentage of participants who felt it met their needs was also highest for problem solving (92.7%), followed by finances/money (51.1%).

17.2% of participants needed support in all of the eight areas surveyed at baseline, lower than the 24.0% of participants entering in prior years.

Relationships

20.2% 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 22.1% had no-one to call on in a crisis. These percentages are much higher than a national figure of 6.4% for being unable to get support in times of crisis from someone outside the home (ABS General Social Survey (GSS) 2019).

Compared to prior year entrants, the percentages with no-one outside their home to call on for practical support or in a crisis were slightly higher (20.2% and 22.1% of 2019-20 entrants, respectively, compared to 17.2% and 20.8% of prior year entrants), but the percentage with no-one to call on for emotional support was the same (23.4%).

37.6% of 2019-20 entrants said they did not have any friends apart from family or paid staff, higher than prior year entrants (29.4%). For those who are currently receiving services, 91.0% said they were happy with their relationships with staff, higher than 78.9% of prior year entrants. 26.5% said they often feel lonely, slightly higher than 21.2% of prior year entrants.

Home

64.2% of participants were happy with their current home, lower than 73.6% of prior year entrants. 33.8% cited lack of support as a barrier to living in a home of their choice, with 32.2% citing lack of affordable housing.

60.6% felt safe or very safe in their home, lower than 74.1% of prior year entrants.

Health and wellbeing

Compared to the Australian population aged 25 to 64 overall, NDIS participants generally rated their health as poorer (34.7% of participants rated their health as good, very good or excellent, compared to 86.6% in the population), expressed lower overall life satisfaction (39.9% of participants expressed a positive view compared to 76.9% in the population) and were more likely to go to hospital (51.9% of participants had been to hospital in the last 12 months, compared to 11.4% of the population).

These indicators for 2019-20 entrants were generally less favourable than for prior year entrants: 46.8% of prior year entrants rated their health as good, very good or excellent, 44.2% had positive overall life satisfaction, and 42.0% had been to hospital in the last 12 months.

23.2% of adult participants said they currently smoked, and this is higher than a 2017-18 population figure for 25 to 64 year olds of 17.2%. It is also higher than for prior year entrants (18.7%).

Lifelong learning

Only 28.4% of participants said they get opportunities to learn new things, lower than 40.3% of prior year entrants.

Only 6.6% of participants currently participate in education, training or skill development, also lower than 11.8% of prior year entrants. Educational settings were different for 2019-20 entrants compared to prior year entrants. For example, 6.0% of 2019-20 entrants said they participated at a disability education facility (lower than 25.7% for prior year entrants), 25.0% at TAFE (higher than 14.5% of prior year entrants), and 20.0% at university (higher than 9.1% of prior year entrants).

Work

18.7% of 2019-20 entrants were currently working in a paid job, lower than 23.7% of prior year entrants at baseline. 11.2% of participants who do not have a job said they were being assisted to get a job, slightly lower than 14.6% of prior year entrants.

Only 18.2% said they had started planning for retirement (similar to 17.2% of prior year entrants), and regarding retirement planning, most of these said they made all of the decisions or made the important decisions with help from others (similar to prior year entrants).

Social, civic and community participation

29.1% of 2019-20 entrants had been involved in a community, cultural or religious group in the last 12 months, lower than 37.3% for prior year entrants, with 89.4% feeling a sense of belonging to the group. 30.4% said they had negative experiences in their community in the past 12 months.

Regarding safety, 62.8% of respondents said that they never go out alone. Of those who do go out alone, 56.1% said they felt safe or very safe whereas 27.2% said they felt unsafe or very unsafe, which is generally more negative than the population.

NDIS participants were also less likely to feel able to have a say within the community on important issues. 61.3% felt able to have a say only a little of the time or none of the time compared to 42.0% among the population aged between 25 and 64.

Figure 7 Choice and control

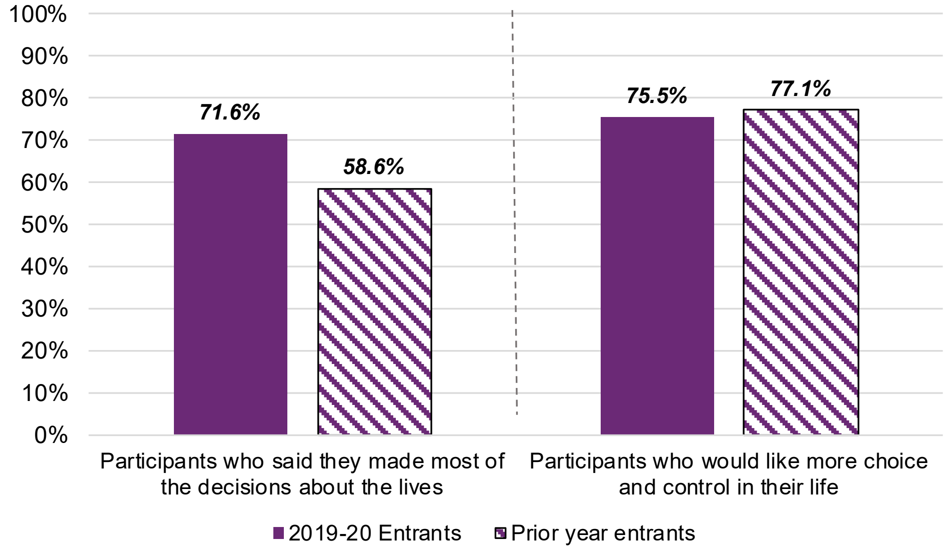
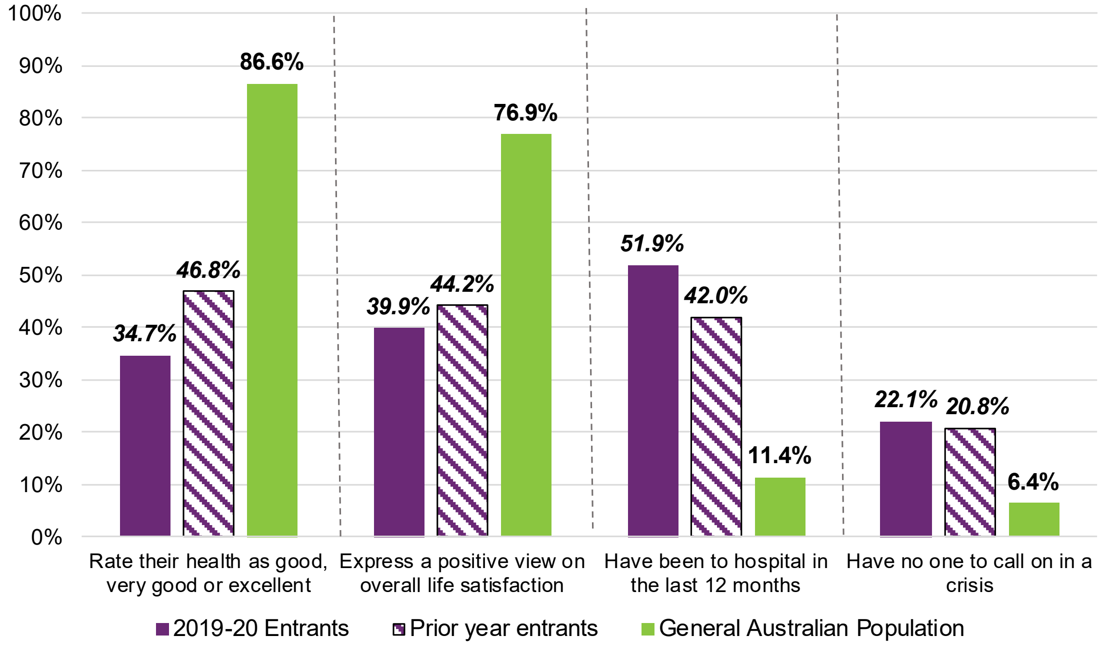


Figure 8 Health and relationships



Results by participant characteristics

Baseline indicators for participants entering the Scheme in 2019-20 have been analysed by participant characteristics using one-way analyses and multiple regression modelling.

Across most domains, the participant's level of function, primary disability type, age, cultural background, where they live, plan management type, LGA unemployment rate, and whether they are in supported independent living (SIL) were most predictive of outcomes in the multiple regression models, which control for other factors.

Key results from the analysis include:

- The impact of disability type on outcomes varies by domain. At baseline, participants with Down syndrome or an intellectual disability have the lowest levels of choice and control, however those with Down syndrome tend to have better outcomes in the home, health and wellbeing, and community participation domains. Controlling for other factors, participants with spinal cord injury tend to have the most positive baseline outcomes, whereas those with a visual impairment have less positive outcomes. Participants with a hearing impairment also tend to have more positive baseline outcomes, and those with a psychosocial disability have less positive outcomes. Participants with autism had less positive outcomes in the relationships and participation domains, but more positive outcomes for some indicators in the home and health domains.
- Baseline outcomes also vary with participant level of function and/or annualised plan budget. Participants with a higher level of function / lower annualised plan budget tend to have better baseline outcomes and exhibit higher rates of improvement than those with a lower level of function / higher annualised plan budget.
- Older participants experienced more positive outcomes related to choice and control, home, and social, community and civic participation. However, older participants had more negative baseline outcomes in the domains of relationships, health, lifelong learning, and work.
- Female participants had better outcomes for indicators relating to choice and control, and relationships, but worse baseline outcomes in the domains of home, health and wellbeing, and work, compared to male participants.
- At baseline, Indigenous participants tend to have slightly worse outcomes than non-Indigenous participants on a number of indicators. Indigenous participants were less happy with their home, less likely to feel safe at home, and had poorer health outcomes. The one indicator for which Indigenous participants had a more positive outcome than non-Indigenous participants was knowing people in their community.
- In general, CALD participants tend to have poorer baseline outcomes related to choice and control, relationships, and work, but are more likely to have been involved in a community, cultural or religious group in the last 12 months.
- Results by remoteness were mixed, with a number of baseline outcomes being more positive for participants living in regional and remote areas.
- Participants with self-managed plans had consistently better baseline outcomes than those with agency managed plans.
- Participants located in a LGA with a higher unemployment rate were less likely to experience positive baseline outcomes in the domains of work, lifelong learning, and community participation, but tended to have positive outcomes in the home domain.
- Participants who receive supported independent living supports were less likely to experience positive baseline outcomes in the choice and control domain. However, they tended to have positive outcomes in the domains of home, health and wellbeing, work and lifelong learning. Outcomes for the participation domain were mixed.

COVID-19

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.[6]

Participants from birth to before starting school

There were some significant changes to participant outcomes during the pandemic, and results were mixed:

- The percentage of parents/carers who say their child participates in age appropriate community, cultural or religious activities remained relatively constant over time until the start of the pandemic, but has declined over time since then.
- The percentage of children who have friends they enjoy playing with also remained relatively constant until the start of the pandemic, but showed a slight increasing trend over the post-COVID period.
- The percentage of parents/carers who say their child fits in with the everyday life of the family rose to a higher level at the start of the pandemic, and remained at this level during the pandemic.
- The percentage of children who join their parent/carer in completing tasks outside the home dropped to a lower level at the start of the pandemic, but then increased over time at a similar rate to that observed in the pre-COVID period.
- The percentage of children who use specialist services rose to a higher level at the start of the pandemic, but then decreased over time at a similar rate to that observed in the pre-COVID period.
- The percentage of parents/carers with concerns in six or more areas of their child's development dropped to a lower level at the start of the pandemic, and then declined over time at a similar rate to that observed in the pre-COVID period.

Participants from starting school to age 14

COVID-19 was associated with a number of changes to participant outcomes, with most changes being positive:

- The percentage of children who attend school in a mainstream class increased at a slightly greater rate over the post-COVID period.
- The percentage of children who get along with their siblings was declining slightly over time until the start of the pandemic, but since then has been increasing.
- The percentage of parents/carers who say their child fits in with the everyday life of the family, and the percentage who think there is enough time to meet the needs of all family members increased to a higher level during the pandemic.
- The percentage of children developing functional, learning and coping skills appropriate to their ability and circumstances, the percentage who manage their emotions well, and the percentage becoming more independent also increased to a higher level during the pandemic.

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[6] The methodology and limitations of the approach are discussed in Section 2.5. In particular, the modelling is based on only about three months of experience during the pandemic, and some of the effects detected are only slight.

- However, the percentage of children who spend time away from their parents/carers other than at school has dropped to a lower level during the pandemic.
- The percentage of parents/carers who say they would like their child to be more involved in activities with other children was declining slightly over time until the start of the pandemic. The percentage dropped after the pandemic started, but has since shown an increasing trend.

Participants aged 15 to 24

COVID-19 was associated with a number of changes to participant outcomes, with most changes being positive.

Positive results indicate that during the COVID period, participants were more likely to:

- Choose who supports them, and be able to have a say with their support services most of the time or all of the time. They were also more likely to say they are able to advocate for themselves.
- Want to live in their current home in five years' time, and to feel safe or very safe in their home.
- Rate their health as excellent, very good or good, and have no difficulty accessing health services. They were also less likely to have been to hospital in the last 12 months.
- Feel safe getting out and about in their community.
- Participate in education, training or skill development, spend their free time doing activities that interest them, and know people in their community.

Negative results were observed for only two indicators, indicating that during the pandemic, participants were:

- Less likely to who have someone outside their home to call on for help when needed.
- More likely to want to see their family more often.

Participants aged 25 and over

COVID-19 was associated with a number of changes to participant outcomes, with most changes being positive.

Positive results indicate that during the COVID period, participants were more likely to:

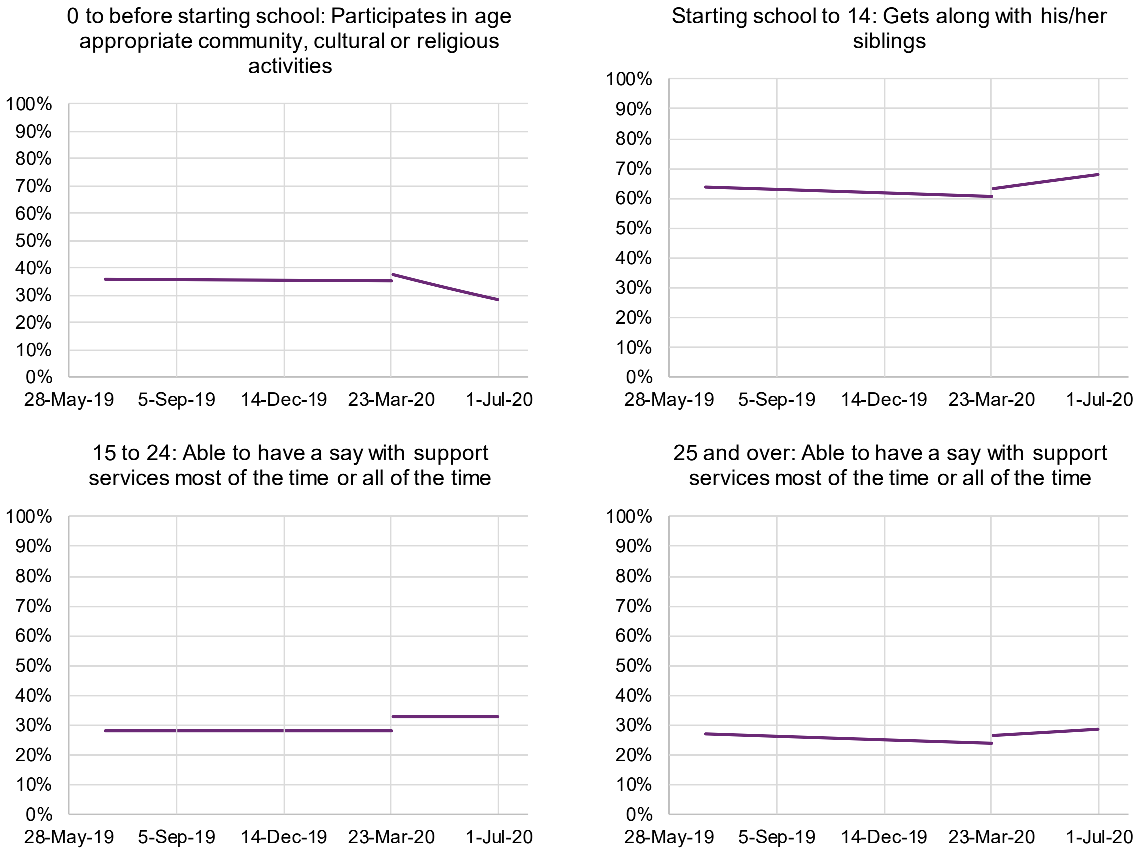
- Choose who supports them, make most decisions in their life, and be able to have a say with their support services most of the time or all of the time. They were also more likely to say they are able to advocate for themselves.
- Be happy with their current home, want to live there in five years' time, and to feel safe or very safe in their home. They were also more likely to feel safe getting out and about in their community.

Participants were also less likely to have been unable to do certain things that they wanted to do in the last 12 months.

Negative results were observed for only three indicators, indicating that during the pandemic, participants were:

- Less likely to who have someone outside their home to call on for help when needed.
- More likely to want to see their family more often.
- Less likely to currently be a volunteer.

Figure 9 COVID-19 fitted trends: examples for each age group



0 to before starting school: Participates in age appropriate community, cultural or religious activities

Starting school to 14: Gets along with his/her siblings

15 to 24: Able to have a say with support services most of the time or all of the time

25 and over: Able to have a say with support services most of the time or all of the time

1. Introduction

1.1 Background

This report summarises baseline results for NDIS participants entering the Scheme during the four year period from 1 July 2016 to 30 June 2020. A separate report covers longitudinal change for participants who have been in the Scheme for one year or more at 30 June 2020. Two previous reports have covered both baseline and longitudinal experience, as at 30 June 2018 and 30 June 2019.[7]

The focus of this report is on baseline results for participants entering the Scheme in the most recent financial year (2019-20). However, brief comparisons with results for prior year entrants are also provided.

Since participants entering the Scheme at different times may have different characteristics (for example, due to phasing), a brief summary of how 2019-20 entrants compare to participants entering in the earlier three year period is also provided, on key characteristics such as disability and level of function.

The purpose of this report is to provide a snapshot view of outcomes at the time participants enter the Scheme, based on information provided by them in interviews conducted using the NDIS outcomes framework questionnaires. At this time, the NDIS has not had an opportunity to have an impact on outcomes. The separate longitudinal report considers how far participants have progressed since entry to the Scheme. Together, the reports provide insight into how the Scheme is making a difference, and point to any areas where improvements may be required.

The present report focusses on results. Readers requiring further background should refer to the previous reports, which contains additional information regarding the broader scope of outcomes measurement within the NDIA, and the development and implementation of the outcomes framework questionnaires.

1.2 Overview

The remainder of the report is organised as follows:

- Section 2 contains results for participants from birth to before starting school.
- Section 3 contains results for participants from starting school to age 14.
- Section 4 contains results for young adult participants aged 15 to 24.
- Section 5 contains results for adult participants aged 25 and over.

More detailed results (both baseline and longitudinal) contained in the Appendices include:

- Appendix A: Numbers of questionnaires completed by participants
- Appendix B: Long form participation and representativeness analysis
- Appendix C: Variables used in the regression modelling
- Appendix D: Age adjustment methodology
- Appendix E: Participants from birth to before starting school
- Appendix F: Participants from starting school to age 14
- Appendix G: Participants aged 15 to 24

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[7] https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-outcomes-report

- Appendix H: Participants aged 25 and over.

1.3 Questionnaires and domains

Table 1.1 sets out the questionnaire versions, and domains, including letter codes used in the report.

Table 1.1 Participant outcomes framework questionnaire versions and domains

Domain	Children: 0 to before starting school	Children: starting school to age 14	Young adults: 15 to 24	Adults: 25 and over
Daily living (DL)	✓	✓	✓	✓
Choice and control (CC)	✓	✓	✓	✓
Relationships (REL)	✓	✓	✓	✓
Social, community and civic participation (S/CP)	✓	✓	✓	✓
Lifelong learning (LL)		✓	✓	✓
Health and wellbeing (HW)			✓	✓
Home (HM)			✓	✓
Work (WK)			✓	✓
Specialist services assist children to be included in families and community (SPL)	✓			

2. Participants from birth to before starting school

2.1 Key findings

Box 2.1: Comparison of 2019-20 entrants with prior year entrants on key characteristics

- As at 30 June 2020, the combined baseline constitutes four years of experience (participants entering the Scheme between 1 July 2016 and 30 June 2020).
- The report focusses on baseline results for 2019-20 entrants, but also includes a brief comparison with results for prior year entrants. Differences between participants by key characteristics (such as disability type and level of function) can occur over time, for example due to phasing in the transition period.
- Compared to prior year entrants, participants aged from birth to before starting school who entered the Scheme in 2019-20 tend to be:

- Younger.
- More likely to have developmental delay or global developmental delay and less likely to have autism.
- More likely to have high level of function.
- More likely to require a low level of NDIA support through the participant pathway and less likely to require a medium level of support.[8]
- Less likely to live in New South Wales (NSW) or South Australia (SA) and more likely to live in Queensland (QLD).
- More likely to identify as Indigenous (9.0% compared to 6.5%), and more likely to be from a CALD background (10.7% compared to 8.3%).
- Much more likely to have not received services from State/Territory or Commonwealth programs prior to entering the Scheme, more likely to have entered the Scheme for early intervention (72.8% compared to 50.4%) and less likely to have entered due to disability.[9]
- More likely to have baseline annualised plan budget over $20,000, and more likely to fully self-manage their baseline plan (36.2% compared to 25.2%) or to use a plan manager (30.6% compared to 8.4%) rather than agency manage.
- Similar with respect to remoteness of residence and gender.

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[8] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

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

Box 2.2: Baseline indicators for participants entering in 2019-20 – overall

- At baseline, 94.8% of participants in the birth to before starting school group who entered the Scheme in 2019-20 lived with their parents (compared to 93.6% of prior year entrants). 90.6% live in a private home either owned or rented from a private landlord (89.8% for prior years), and 7.4% live in a private home rented from a public authority (8.0% for prior years).
- Parents/carers are surveyed about their concerns in eight developmental areas. The area with the highest level of concern for both 2019-20 entrants and prior year entrants was language/communication (94.6% for 2019-20 entrants and 93.8% for prior year entrants), followed by social interaction (86.2% for 2019-20 entrants and 86.1% for prior year entrants). For 2019-20 entrants, 68.1% of parents/carers expressed concerns in six or more of the eight areas (similar to 67.3% for prior year entrants).
- Most children exhibited evidence of growing autonomy, with 68.5% of parents and carers of 2019-20 entrants saying that their child was able to tell them what they want (compared to 70.6% entering in previous years).
- Baseline outcomes related to family life were generally similar for 2019-20 entrants and prior year entrants. Overall, 65.3% of parents/carers of 2019-20 entrants say that their child fits into the everyday life of the family, similar to 66.4% for prior year entrants.
- For participants entering in 2019-20, 52.3% used some form of childcare, similar to earlier entrants (53.7%). Children's experiences at childcare were generally positive. Of 2019-20 entrants using group childcare, 92.6% said that other children were welcoming and 93.1% said that other families were welcoming (compared to 93.6% and 94.6% for prior year entrants, respectively).
- The percentage of participants with friends who they enjoy playing with was lower than previous years (36.3% for the latest entry year cohort compared to 47.9% in prior years). The percentage participating in age-appropriate community, cultural or religious activities was also lower (46.4% compared to 51.5%).
- The percentage of participants using specialist services is lower for 2019-20 entrants (49.3%) compared to prior year entrants (71.3%). Of the participants using these services, 84.0% of parents/carers of 2019-20 entrants thought that these services helped with their child's skill development, compared to 91.0% from prior years.

Box 2.3: Baseline indicators for participants entering in 2019-20 – participant characteristics

- Participants with a hearing impairment as their primary disability type, participants with a higher level of function and participants who are self-managing part or all of their plan tend to have better baseline outcomes across most indicators.
- Participants with autism or global developmental delay as their primary disability, participants from a CALD background and participants from an area with a higher unemployment rate tended to have worse baseline outcomes across most indicators.
- Participants with intellectual disability or Down syndrome had more positive baseline results for some relationship and community participation indicators. They are more likely to get along with their brothers and sisters (86.5% for participants with intellectual disability and 91.3% for participants with Down syndrome, compared to 79.4% overall), more likely to fit in with the everyday life of the family (68.6% for participants with intellectual disability and 73.6% for participants with Down syndrome, compared to 65.3% overall), and more likely to be welcomed or actively included when they participate in community (72.6% and 74.7%, compared to 63.3% overall), but are less likely to be able to tell their parent/carer what they want (23.4% compared to 68.5% overall).
- Indigenous participants had worse baseline outcomes related to living and housing arrangements than non-Indigenous participants. Indigenous participants are significantly less likely to live with their parents (81.5% compared to 96.4% for non-Indigenous participants) and are less likely to use specialist services that assist their learning and development (37.3% compared to 50.3%).
- Having friends they enjoy playing with, participating in community activities, and using childcare or specialist services were significant positive factors in having better baseline outcomes.
- Participants with a lower baseline plan budget had better baseline outcomes for most indicators. The percentage of parents/carers with concerns in six or more areas of development increases from 33.3% for annualised plan budget $10,000 or less to 86.1% for annualised plan budget over $30,000 and of those who participate in community activities, the percentage who feel welcomed or actively included decreases from 78.7% for plan budget less than $10,000 to 50.9% for plan budget over $30,000.
- Parents/carers of participants living in regional and remote areas are significantly less likely to have concerns about their child's development in six or more areas than those living in major cities (60.9% to 64.2% for participants living in regional and remote areas compared to 71.1% for participants living in major cities).
- COVID-19 had a significant impact on participant outcomes and results were mixed. The percentage of participants who said their child participates in age appropriate community, cultural or religious activities decreased, the percentage of parents/carers who say their child fits in with the everyday life of the family increased, and the percentage of parents/carers with concerns in six or more areas of their child's development decreased.

2.2 Outcomes framework questionnaire domains

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).

The LF includes 11 extra questions related to childcare, four related to specialist services, three about developmental/coping skills, two about effects on family, and one about developing autonomy.

Participants answer the outcomes questionnaire applicable to their age/schooling status at the time of interview. Hence the birth to before starting school baseline cohort comprises children who are yet to start school when they enter the Scheme.

2.3 Comparison of 2019-20 entrants with prior year entrants on key characteristics

As at 30 June 2020, the combined baseline constitutes four years of experience (participants entering the Scheme between 1 July 2016 and 30 June 2020). The results presented in Sections 2.4 and 2.5 focus on the most recent year of baseline experience, namely 2019-20 entrants.

Differences between participants by key characteristics (such as disability type and level of function) can occur over time, for example due to phasing in the transition period. A brief summary of how 2019-20 entrants compare to participants entering in the earlier three year period with respect to key characteristics is provided in this section. Baseline results for 2019-20 entrants are summarised in Section 2.4 (overall) and 2.5 (by participant characteristics), including brief comparisons with results for prior year entrants.

Figure 2.1 and Figure 2.2 summarise distributions by key characteristics for 2019-20 and prior year entrants.

Figure 2.1 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants

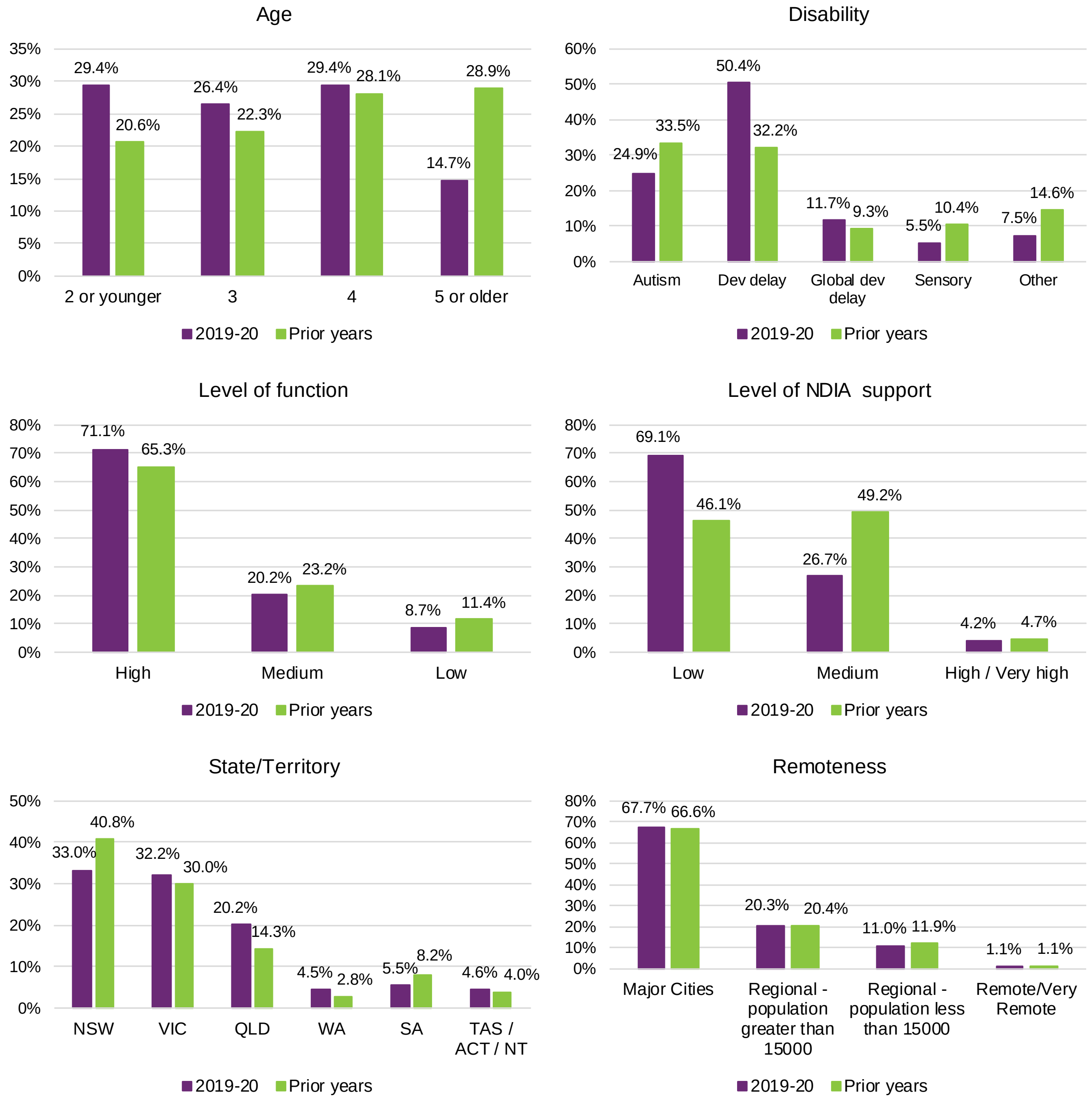
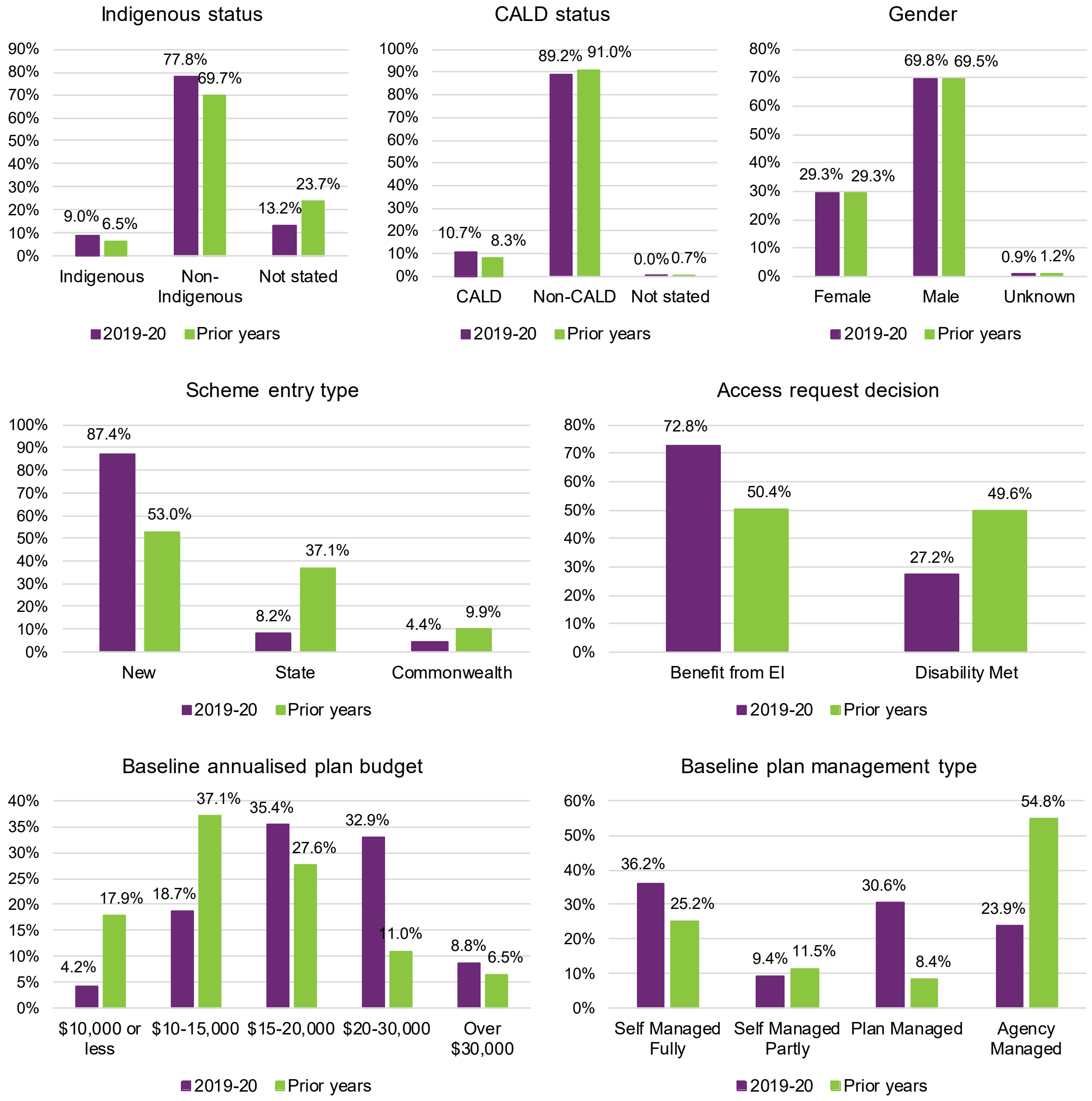


Figure 2.2 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants



The graphs in Figure 2.1 and Figure 2.2 show that compared to prior year entrants, participants who entered the Scheme in 2019-20 tend to be:

- Younger (29.2% aged 2 or younger and 14.7% aged 5 or older, compared to 20.6% and 28.9% for prior year entrants).
- More likely to have developmental delay (50.4% compared to 32.2% for prior year entrants) or global developmental delay (11.7% compared to 9.3%) and less likely to have autism (24.9% compared to 33.5%), a sensory disability (hearing or visual impairment or another sensory/speech disability, 5.5% compared to 10.4%) or other disabilities (7.5% compared to 14.6%).
- More likely to have high level of function (71.1% compared to 65.3%) and less likely to have medium or low level of function.

- More likely to required a low level of NDIA support through the participant pathway (69.1% compared to 46.1%) and less likely to require a medium level of support (26.7% compared to 49.2%).
- Less likely to live in NSW (33.0% compared to 40.8%) or SA (5.5% compared to 8.2%), more likely to live in QLD (20.2% compared to 14.3%), and slightly more likely to live in other States/Territories.
- Slightly more likely to identify as Indigenous (9.0% compared to 6.5%, noting that the percentage not stated is lower for 2019-20 entrants).
- Slightly more likely to be from a CALD background (10.7% compared to 8.3%).
- Much more likely to have not received services from State/Territory or Commonwealth programs prior to entering the Scheme (87.4% compared to 53.0%).
- Much more likely to have entered the Scheme for early intervention (s24) (72.8% compared to 50.4%) than due to disability (s25) (27.2% compared to 49.6%).
- More likely to have baseline annualised plan budget over $20,000 (41.7% compared to 17.5%).
- More likely to fully self-manage their baseline plan (36.2% compared to 25.2%) or to use a plan manager (30.6% compared to 8.4%) and less likely to agency manage (23.9% compared to 54.8%).

However, distributions by remoteness and gender were very similar between 2019-20 entrants and prior year entrants.[10]

2.4 Baseline indicators for participants entering in 2019-20 – overall

Participant living and housing arrangements

At baseline, 94.8% of participants in the birth to before starting school group who entered the Scheme in 2019-20 lived with their parents, 2.1% lived with other family members and 2.0% with non-relatives, such as foster carers.

Most participants entering the Scheme in 2019-20 (90.6%) are in a private home either owned or rented from a private landlord. 7.4% of participants live in a private home rented from a public authority.

Baseline living and housing arrangements for 2019-20 entrants are similar to those for entrants in earlier years. For example, 93.6% of prior year entrants lived with their parents at baseline, 89.8% lived in a private home either owned or rented from a private landlord, and 8.0% lived in a private home rented from a public authority.

Areas of development

The SF asks parents/carers whether they have concerns about their child's development in eight different areas (multiple areas can be chosen). For 2019-20 entrants:

- The percentage of parents/carers expressing concern at baseline varied from 57.5% to 94.6%, depending on the area.
- The area with the highest level of concern was language/communication, where 94.6% of parents/carers had concerns, followed by social interaction, at 86.2%.

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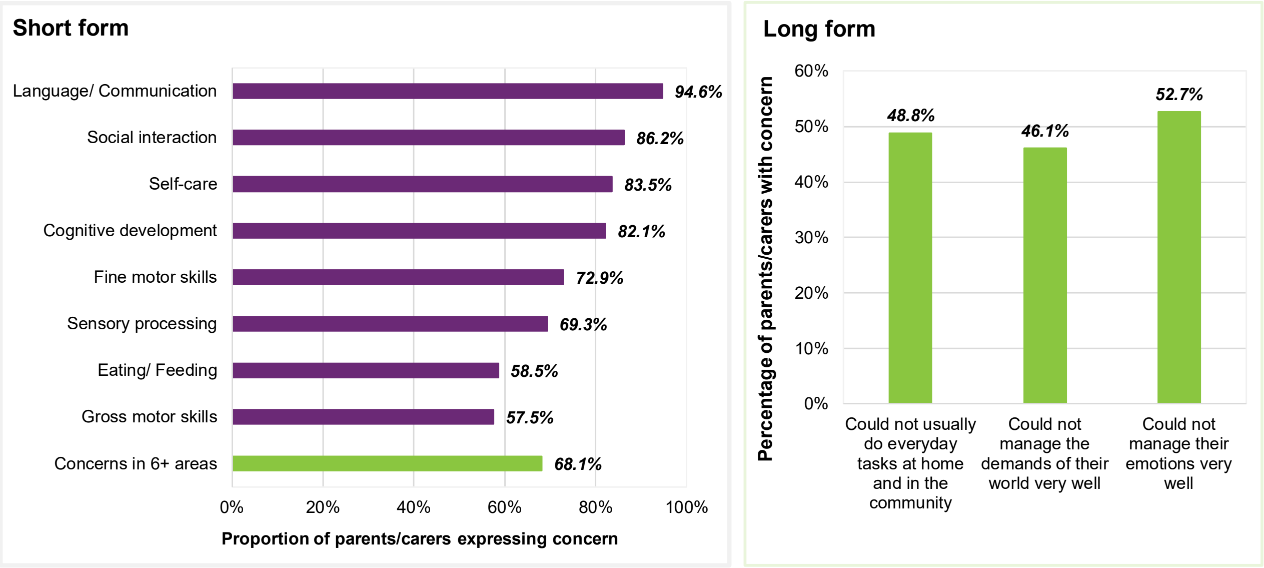
[10] Chi-squared tests for differences in the distributions were performed, but due to the large volume of baseline data, they are powered to detect very small differences. For participants aged 0 to before starting school, there was no significant difference for gender (p=0.76), the p-value for remoteness was 0.0002, and all other p-values were less than 0.0001.

- Similar percentages of parents/carers had concerns related to self-care (83.5%) and cognitive development (82.1%).
- Percentages were also similar for fine motor skills (72.9%) and sensory processing (69.3%).
- Smaller percentages had concerns regarding eating/feeding (58.5%) and gross motor skills (57.5%).
- Most parents/carers had concerns in multiple areas, with 68.1% expressing concerns in six or more of the eight areas.

Compared to participants entering in earlier years, higher percentages had concerns with self-care (83.5% compared to 79.4%) and cognitive development (82.1% compared to 77.7%), and a lower percentage had concerns with sensory processing (69.3% compared to 76.8%).

Figure 2.3 Proportion of parents/carers expressing concern – 2019-20 entrants



The LF asks parents/carers whether their child can usually manage their emotions, and the demands of their world. At baseline, 52.7% of parents and carers of 2019-20 entrants thought that their child could not manage their emotions very well, and 46.1% thought that they could not manage the demands of their world very well. 48.8% thought that their child could not usually do everyday tasks at home and in the community.

Autonomy

Most children exhibited evidence of growing autonomy, with 68.5% of parents and carers of 2019-20 entrants saying that their child was able to tell them what they want (compared to 70.6% entering in previous years), and 92.1% of LF respondents saying that their child takes action once they have decided to do something.

Family life

For 2019-20 entrants, less than half (45.3%) of parents/carers think there is enough time to meet the needs of all family members (slightly lower than 51.0% of prior year entrants). Of those with more than one child, 57.5% expressed some concern about the effect of having a sibling with disability on their other children, however 79.4% say that their child with disability gets along with their siblings. Overall, 65.3% say that their child fits into everyday family life (similar to 66.4% for prior year entrants). Evidence of integration into family life is provided by children assisting their parents/carers with tasks at home (73.7%, similar to 72.7% of prior year entrants) and outside the home (81.9% compared to 80.6% of prior year entrants).

57.3% of children are able to make friends with people outside the family (slightly lower than 61.0% of prior year entrants).

Childcare

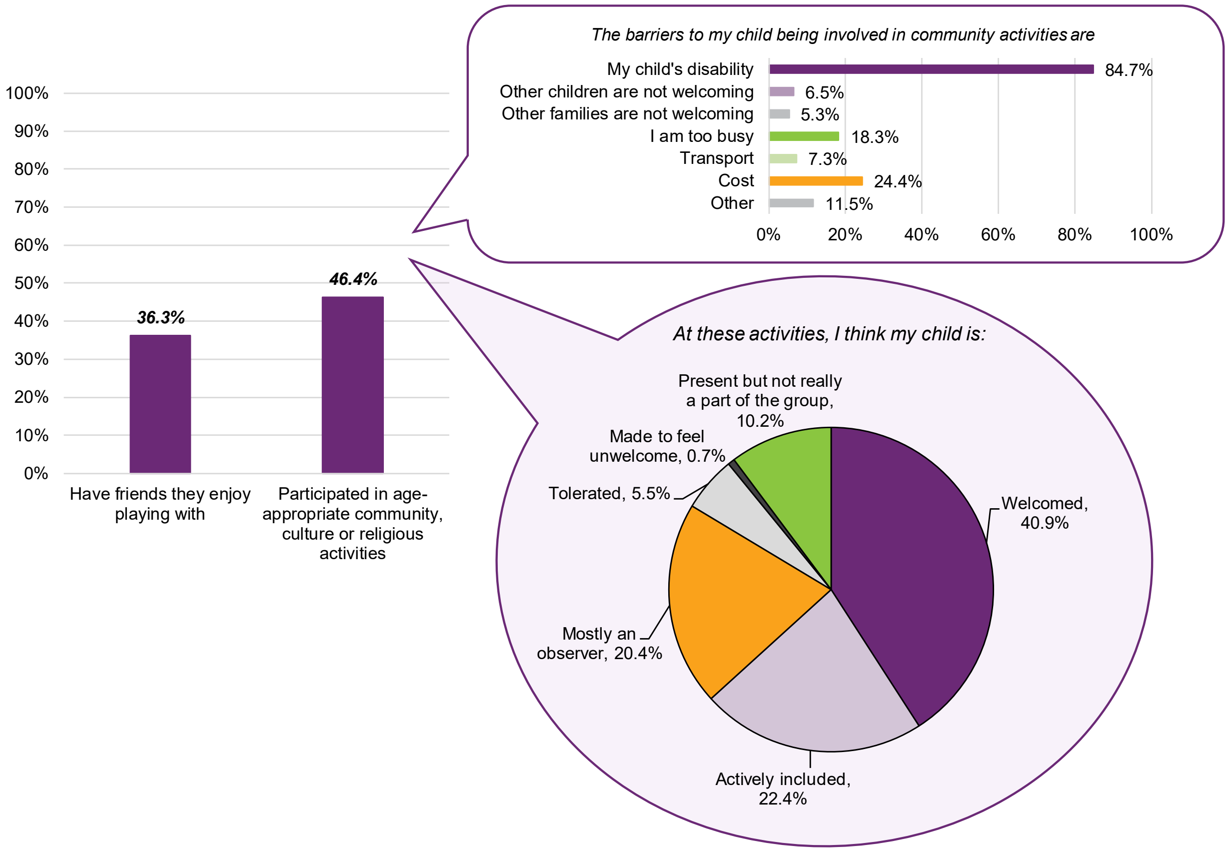
The LF includes a number of extra questions related to childcare. For the relatively small sample of 731 participants entering in 2019-20, 52.3% used some form of childcare, similar to earlier entrants (53.7%). It was not uncommon for parents/carers to experience a lot of difficulty in finding good quality childcare (11.3%), finding the right person to take care of their child (10.7%), and finding childcare at short notice (24.3%). The most common form of childcare used was centre-based, including family day care, long day care, or any other care at a childcare centre. 71.5% of parents/carers used this form of childcare either while at work or while not at work, with a higher proportion using it while at work (52.9%) than while not at work (35.9%). These percentages are slightly higher than for participants entering in earlier years (64.4%, 44.1%, and 31.8%).

Children's experiences at childcare were generally positive. Of 2019-20 entrants using group childcare, 92.6% said that other children were welcoming and 93.1% said that other families were welcoming. 87.9% of those using childcare thought that their child was asked to do tasks at an appropriate level, and 95.9% felt that their cultural heritage was respected (where applicable). Evidence of childcare services working together with the parent/carer to support the child was less strong, with 80.4% thinking the childcare helped them assist their child, 72.5% thinking the childcare involves them in planning for their child, and 65.4% saying the childcare helped them to plan for the future. 64.5% thought their childcare service was being assisted by their early intervention service (where applicable) to support their child.

Participation

36.3% of children entering the Scheme in 2019-20 have friends they enjoy playing with (lower than 47.9% for previous years' entrants). Most often these friends are at pre-school (66.0%), or social or family gatherings (50.1%). 46.4% of children participated in age-appropriate community, cultural or religious activities (compared to 51.5% of prior year entrants), with 63.3% of parents/carers feeling that their child was welcomed or actively included in these activities (62.5% of prior year entrants). 65.5% of parents wanted their child to be more involved in community activities, with 84.7% perceiving their child's disability as a barrier to being more involved. Other barriers to greater involvement included cost (24.4%) and being too busy (18.3%). Non-welcoming behaviour of other children (6.5%) or other families (5.3%) were less frequently cited as barriers by parents/carers of 2019-20 entrants than by parents/carers of entrants in earlier years, where 11.2% thought that other children were not welcoming and 8.9% thought that other families were not welcoming. A lower percentage also found transport to be a barrier (7.3% compared to 10.6%).

Figure 2.4 Social and community participation, barriers and inclusion



Specialist services

The percentage of participants using specialist services (such as speech pathology or occupational therapy) that assist with their learning and development is lower for 2019-20 entrants to the Scheme (49.3%) compared to entrants in earlier years (71.3%), reflecting a general downward trend by entry date.

From the SF, 84.0% of parents/carers of 2019-20 entrants thought that these services helped their child's skill development (91.0% for entrants in earlier years) and 86.2% thought they supported them to assist their child (91.6% for entrants in earlier years).

From the LF, 95.2% thought that the services involved them, 89.1% that they respected the family/carer's cultural heritage, and 91.4% that they helped plan for the future. However the percentage thinking that the services assisted staff at their child's other activities (such as childcare/pre-school) to support their child was lower, at 61.2%.

2.5 Baseline indicators for participants entering in 2019-20 – participant characteristics

Baseline indicators for participants entering the Scheme in 2019-20 have been analysed by participant characteristics using one-way analyses and multiple regression modelling.

Across most domains, the participant's level of function, primary disability type, age, where they live, and the extent to which they make friends and participate in community are the characteristics most predictive of outcomes in the multiple regression models, which control for other factors.

Key findings for each characteristic are summarised below. Tables summarising the direction of the effect for selected characteristics, in the regression models for selected outcomes, are also included. The arrow symbols in the tables indicate whether participants from a group are more likely (up arrow) or less likely (down arrow) to respond “Yes” to a question. Table 2.1 provides a key to aid interpretation of the arrow symbols, including some examples.

Table 2.1 Definition of symbols used in baseline key driver tables

Symbol	Meaning	Impact of characteristic	Example
⬆	More likely to have a positive outcome	Positive	Participants with visual impairment are more likely to participate in age-appropriate community, cultural or religious activities
⬇	Less likely to have a positive outcome	Negative	Participants from a CALD background who participate in community activities are less likely to be welcomed or actively included
⬆	More likely to have a negative outcome	Negative	Parents/carers of children with global developmental delay are more likely to have concerns in six or more developmental areas
⬇	Less likely to have a negative outcome	Positive	Parents/carers of participants living in regional and remote areas are less likely to have concerns in six or more developmental areas
⬆	More likely to respond “Yes” to the question	Could be either positive or negative, depends on context	Parents/carers of children from a CALD background are more likely to want their child to be more involved in community activities
⇩	Less likely to respond “Yes” to the question	Could be either positive or negative, depends on context	Parents/carers of participants living in regional areas are less likely to want their child to be more involved in community activities

Primary disability

Most participant outcomes vary significantly by primary disability type. Typically, for a given disability type, the direction (positive or negative) of the relationship with outcomes is consistent across domains.

Table 2.2 shows baseline participant outcomes for which primary disability type is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect for selected disability types.[11]

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[11] The reference category for the models is developmental delay (the largest disability group for this age range). Hence the arrows are interpreted relative to participants with developmental delay, for example, a green “up” arrow means better outcomes than participants with developmental delay.

Table 2.2 Relationship of disability type with the likelihood of selected outcomes

Outcome	Participant primary disability					
	Autism	Cerebral palsy	Global developmental delay	Intellectual disability	Down syndrome	Hearing Impairment
Lives with their parents	⬆		⬇			
Lives in home owned or rented from private landlord	⬆					⬆
Parent/carer has concerns in 6 or more areas of development	⬆	⬇	⬆			⬇
Uses specialist services	⬆	⬆	⬆	⬆		⇩
Able to tell parent/carer what they want		⬆	⬇		⬇	⬆
Gets along with brothers/ sisters	⬇	⬆		⬆	⬆	⬆
Can make friends with people outside the family	⬇	⬆	⬇			⬆
Joins in completing tasks at home	⬇	⬆	⬇			⬆
Joins in completing tasks outside home	⬇	⬆				⬆
Fits in with the everyday life of the family	⬇	⬆		⬆	⬆	⬆
Has friends he/she enjoys playing with	⬇	⬆	⬇	⬆		⬆
Participates in age appropriate community, cultural or religious activities	⬇		⬇			⬆
Is welcomed or actively included in community activities	⬇	⬆		⬆	⬆	⬆
Parent/carer would like child to be more involved	⬆	⇩	⬆	⇩	⇩	⇩

	Participant primary disability					
Outcome	**Autism**	**Cerebral palsy**	**Global developmental delay**	**Intellectual disability**	**Down syndrome**	**Hearing Impairment**
Child's disability is a barrier to being more involved	⬆				⬇	⬇

Disability type was a significant ($p<0.05$) predictor in all but two of the 17 regression models.[12]

Controlling for other variables, for participants entering the Scheme in 2019-20:

- Participants with hearing impairment had significantly better baseline outcomes for all 13 indicators classified as positive or negative. In addition, they were less likely to use specialist services (33.1% compared to 49.3% overall on a one-way basis), and their parents/carers were less likely to want their child to be more involved in community activities (44.1% compared to 65.5%).
- Participants with cerebral palsy also tended to have better baseline outcomes for most indicators. Parents/carers were less likely to want their child to be more involved in community activities (56.0% compared to 65.5%), however participants with cerebral palsy were the most likely to use specialist services (78.6% compared to 49.3%).
- Participants with intellectual disability or Down syndrome had more positive baseline results for some relationship and community participation indicators. For example, they are more likely to get along with their brothers and sisters (86.5% for participants with intellectual disability and 91.3% for participants with Down syndrome, compared to 79.4% overall), more likely to fit in with the everyday life of the family (68.6% for participants with intellectual disability and 73.6% for participants with Down syndrome, compared to 65.3% overall), and more likely to be welcomed or actively included when they participate in community (72.6% and 74.7%, compared to 63.3% overall). However, participants with Down syndrome are less likely to be able to tell their parent/carer what they want (23.4% compared to 68.5% overall).
- Participants with autism are more likely to live with their parents and more likely to live in a home that is owned or rented from a private landlord. However, they have significantly worse baseline outcome across most other indicators, particularly relationship indicators such as getting along with siblings (70.4% compared to 79.4% overall), making friends outside the family (44.3% compared to 57.3%), and having friends they enjoy playing with (29.1% compared to 36.3%). Their parents/carers are the most likely to have concerns in six or more areas of development (81.5% compared to 68.1% overall), and to perceive their child's disability as a barrier to being more involved (92.2% compared to 84.7%).
- Participants with global developmental delay also tend to have worse baseline outcomes. They are significantly less likely to be able to tell their parent/carer what they want (61.4% compared to 68.5% overall), to make friends outside the family

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[12] The two indicators for which disability was not significant were "Specialist services help the child to gain the skills she/he needs to participate in everyday life" and "Specialist services support me to assist my child".

(54.7% compared to 57.3%), to have friends they enjoy playing with (32.8% compared to 36.3%), and to participate in community activities (43.3% compared to 46.4%). Their parents/carers are more likely to have concerns in six or more areas of development (74.1% compared to 68.1%). Participants with global developmental delay are less likely to live with their parents at baseline (91.5% compared to 94.8% overall).
- Although not shown in Table 2.2 due to smaller numbers, participants with spinal cord injury or another physical disability tended to have more positive baseline outcomes, particularly in relation to child development, relationships and community participation.

There were also some significant differences by disability for LF indicators. For example:

- Participants with autism are less likely to be able to manage their emotions (33.8% compared to 47.3% overall) and the demands of their world (43.1% compared to 53.9% overall). Parents/carers of participants with autism are also less likely to think there is enough time each week to meet the needs of all family members (33.8% compared to 45.3% overall), and more likely to be worried about the effect of having a sibling with disability on their other children (67.3% compared to 57.5%).
- Participants with a sensory disability[13] were more likely to be able to manage the demands of their world (74.7% compared to 53.9% overall). Parents/carers of participants with a sensory disability are also more likely to think there is enough time each week to meet the needs of all family members (74.7% compared to 45.3% overall).
- Participants with an intellectual disability or Down syndrome are less likely to think there is enough time each week to meet the needs of all family members (35.5% compared to 45.3% overall)
- Participants with developmental delay or global developmental delay are more likely to think there is enough time each week to meet the needs of all family members (48.2% compared to 45.3% overall), and less likely to be worried about the effect of having a sibling with disability on their other children (49.6% compared to 57.5%).

Comparing 2019-20 entrants with prior year entrants, baseline results by disability are generally similar. As for 2019-20 entrants, participants with hearing impairment tended to have better baseline outcomes, and participants with autism or global developmental delay tended to have worse baseline outcomes.

However, there were a few minor differences on specific indicators. For example, for prior year entrants, parents/carers with global developmental delay were the most likely to have concerns in six or more developmental areas, followed by parents/carers of participants with Down syndrome (controlling for other factors in the regression modelling). For 2019-20 entrants, parents/carers of participants with autism were the most likely to have concerns, followed by parents/carers of participants with global developmental delay, and there was no significant difference between participants with Down syndrome and those with developmental delay.

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[13] Hearing impairment, visual impairment, or another sensory/speech disability (combined due to small numbers in the LF).

Level of function / annualised plan budget[14]

Almost all baseline outcomes vary significantly with participant level of function and annualised plan budget. Baseline indicators are generally better for participants with higher level of function / lower annualised plan budget.

Table 2.3 shows baseline participant outcomes for which level of function and annualised plan budget are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.

Table 2.3 Relationship of level of function and plan budget with the likelihood of selected outcomes

Outcome	Higher level of function	Lower annualised plan budget
Lives in home owned or rented from private landlord	⬆	⬆
Parent/carer has concerns in 6 or more areas of development	⬇	⬇
Uses specialist services	⬆	⇩
Services help child to gain life skills	⬆	
Services support parent/carer to assist child	⬆	
Able to tell parent/carer what they want	⬆	⬆
Gets along with brothers/ sisters	⬆	⬆
Can make friends with people outside the family	⬆	⬆
Joins in completing tasks at home	⬆	⬆
Joins in completing tasks outside home	⬆	⬆
Fits in with the everyday life of the family	⬆	⬆
Has friends he/she enjoys playing with	⬆	⬆
Participates in age appropriate community, cultural or religious activities	⬆	⬆

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[14] Note that variations in baseline outcomes by annualised plan budget reflect characteristics associated with having a higher or lower plan budget, rather than the amount of the plan budget itself, since participants are at the start of their first plan at baseline.

Outcome	Higher level of function	Lower annualised plan budget
Is welcomed or actively included in community activities	⬆	⬆
Parent/carer would like child to be more involved	⇩	⇩
Child's disability is a barrier to being more involved	⬇	⬇

Level of function was a significant ($p<0.05$) predictor in all but one of the 17 regression models, and annualised plan budget in all but three of the models.[15]

Controlling for other variables, for participants entering the Scheme in 2019-20:

- Participants with higher level of function have better baseline outcomes for all indicators in Table 2.3 that are categorised as positive or negative. In particular:
    - The percentage of parents/carers with concerns in six or more areas of development increases from 62.1% for participants with high level of function, to 80.1% for those with medium level of function, and 88.4% for those with low level of function.
    - The percentage of parents/carers who say their child is able to tell them what she/he wants decreases from 72.6% for participants with high level of function, to 66.2% for those with medium level of function, and 39.8% for those with low level of function.
    - The percentage who can make friends with people outside the family decreases with level of function (64.2%, 46.6% and 25.3% for participants with high, medium and low level of function, respectively); as does the percentage who have friends they enjoy playing with (41.3%, 28.9% and 12.8%).
    - Participants with high level of function are more likely to participate in age appropriate community, cultural or religious activities (49.3%, 42.4% and 31.8% for participants with high, medium and low level of function, respectively), and are more likely to be welcomed or actively included when they do participate (67.4%, 54.9% and 37.3%).
    - Parents/carers of participants with high level of function are less likely to want their child to be more involved in community activities (62.6% compared to 71.9% for participants with medium level of function and 74.4% for participants with low level of function), and less likely to perceive their child's disability as a barrier to being more involved (81.1% compared to 90.3% and 96.6%).
- Participants with a lower baseline plan budget also have better baseline outcomes for most of the indicators, generally reflecting the trends by level of function. For example:

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[15] Neither level of function nor annualised plan budget was a significant predictor of whether the child lives with their parents. In addition, annualised plan budget was not significant in the models for "Specialist services help the child to gain the skills she/he needs to participate in everyday life" and "Specialist services support me to assist my child".

  - The percentage of parents/carers with concerns in six or more areas of development increases from 33.3% for annualised plan budget $10,000 or less to 86.1% for annualised plan budget over $30,000.
  - The percentage of parents/carers who say their child is able to tell them what she/he wants initially increases with plan budget, from 70.8% for annualised plan budget $10,000 or less to 75.7% for plan budget $15,000-$20,000. However, it then decreases to 41.1% for annualised plan budget over $30,000.
  - The percentage of participants who have friends they enjoy playing with decreases for plan budgets over $15,000, from 46.1% to 17.7% for plan budget over $30,000.
  - Of those who participate in community activities, the percentage who feel welcomed or actively included decreases from 78.7% for plan budget less than $10,000 to 50.9% for plan budget over $30,000.
  - The percentage of parents/carers who would like their child to be more involved in community activities increases from 52.6% to 72.0% as plan budget increases from less than $10,000 to over $30,000. The percentage who perceive their child's disability as a barrier to greater involvement also increases, from 70.0% to 94.7%.

With regard to use of specialist services, Table 2.3 suggests different directions for the effect of higher level of function compared to the effect of lower annualised plan budget. On a one-way basis (consistent with the multiple regression modelling), the percentage using specialist services increases with plan budget, from 39.8% for plan budget $10,000 or less to 66.9% for annualised plan budget over $30,000. For level of function, on a one-way basis the percentage using specialist services is lower for participants with high level of function (47.1%) compared to participants with medium or low level of function (54.1%-55.5%). However, the multiple regression modelling suggests a slight decreasing trend with declining level of function, controlling for other factors (including plan budget).

Both one-way analyses and multiple regression modelling indicate a slight decreasing trend in satisfaction with services as level of function declines. On a one-way basis, the percentage of parents/carers who think that the services they use help their child to gain skills to participate in everyday life decreased from 84.7% for participants with high level of function to 79.7% for those with low level of function. The percentage who think that the services support them in assisting their child declined from 86.8% to 83.2%.

There were also some significant differences by level of function and plan budget for LF indicators. For example, participants with higher level of function / lower plan budget were more likely to be able to:

- Manage their emotions (54.2% for participants with high level of function compared to 34.4% for those with low level of function; 64.6% for plan budget $10,000 or less reducing to 36.1% for plan budget over $20,000).
- Manage the demands of their world (61.4% for participants with high level of function compared to 38.7% for those with low level of function; 75.0% for plan budget $10,000 or less reducing to 41.2% for plan budget over $20,000).
- Do everyday tasks at home/in the park/at childcare (61.0% for participants with high level of function compared to 32.3% for those with low level of function; 77.1% for plan budget $10,000 or less reducing to 40.3% for plan budget over $20,000).

Parents/carers of participants with higher level of function / lower plan budget are also more likely to think there is enough time each week to meet the needs of all family members, and less likely to be worried about the effect of having a sibling with disability on their other children.

Comparing 2019-20 entrants with participants entering in earlier years, baseline trends by level of function and annualised plan budget are very similar. For both 2019-20 entrants and prior year entrants, baseline indicators are generally better for participants with higher level of function / lower annualised plan budget, particularly those related to child development and community participation.

Age, Gender, Indigenous status and CALD status

Table 2.4 shows baseline participant outcomes for which age, gender, Indigenous status or CALD status are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.

Table 2.4 Relationship of age, gender, Indigenous status and CALD status with the likelihood of selected outcomes

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Lives with their parents		⬇	⬇	⬆
Lives in home owned or rented from private landlord	⬇	⬇	⬇	
Parent/carer has concerns in 6 or more areas of development		↓		↓
Uses specialist services	⇩		⇩	⇩
Services help child to gain life skills	⬆			⬇
Services support parent/carer to assist child	⬇			⬇
Able to tell parent/carer what they want	⬆			⬇
Gets along with brothers/ sisters				⬇
Can make friends with people outside the family	⬆			⬇
Joins in completing tasks at home	⬆	⬆	⬇	⬇
Joins in completing tasks outside home	⬆			⬇

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Fits in with the everyday life of the family	⬇			
Has friends he/she enjoys playing with	⬆	⬆		⬇
Participates in age appropriate community, cultural or religious activities	⬆	⬆		
Is welcomed or actively included in community activities	⬇	⬆		⬇
Parent/carer would like child to be more involved	⬆	⇩		⬆
Child's disability is a barrier to being more involved	⬆			

Age[16]

Age was a significant predictor in 14 of the 17 regression models.

Controlling for other factors, for participants entering the Scheme in 2019-20, older participants were more likely to:

- Be able to tell their parents/carers what they want (90.8% for participants aged five or older compared to 39.0% for those two or younger).
- Make friends with people outside the family, have friends they enjoy playing with, and participate in community activities (52.2% for participants aged five or older compared to 41.5% for those two or younger).
- Join in completing tasks at home (80.9% for participants aged five or older compared to 60.3% for those two or younger) and outside the home (85.9% compared to 77.6%).

Some of these effects are likely to be at least partly due to normal age-related development (for example, the ability to communicate would be expected to increase with age for all children).

Some baseline indicators were less positive for older children. Often, most of the deterioration was observed between the 0 to 2 year age group, and the 3 year old age group. Older participants were less likely to:

- Live in a home that is owned or rented from a private landlord (although the effect on a one-way basis was small, decreasing from 90.9% for participants aged 2 or younger to 89.8% for those aged 5 or older).

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[16] Note this is the cross-sectional effect of age on baseline outcomes, rather than longitudinal.

- Fit in with the everyday life of the family (largely due to a decrease from 67.7% for 0 to 2 year olds to 63.1% for 3 year olds).
- Be welcomed or actively included when they participate in community activities. On a one-way basis, the percentage decreased from 65.4% to 60.0% between ages 0 to 2 and age 3, before increasing to 67.3% for those aged 5 or older.

Parents/carers of older children were also more likely to want their child to be more involved in community activities (59.4% for 0 to 2 year olds increasing to 67.4% for 3 year olds and 68.4% for those 5 and over), and to perceive their child's disability as a barrier to being more involved in community activities (increasing from 82.0% for 0 to 2 year olds to 87.0% for 3 year olds, then decreasing to 84.5% for those aged 5 or older).

There were also some significant differences by age for LF indicators:

- The percentage of children who can manage their emotions decreased from 63.3% for 0 to 2 year olds to 39.3% for 4 year olds before increasing slightly to 44.1% for those aged 5 or older.
- The percentage of children who take action or indicate the need for assistance to take action when they decide to do something increased from 79.7% for those aged 0 to 2, to 95.0% for those aged 5 or older.
- The percentage of parents/carers who think there is enough time to meet the needs of all family members decreased from 57.0% for those aged 0 to 2, to 36.8% for those aged 5 or older.

Gender

Gender was a significant predictor in eight of the 17 regression models.

For many of the baseline indicators, females had more positive outcomes than males. Controlling for other factors, for participants entering the Scheme in 2019-20:

- Parents/carers of female participants were less likely to have concerns in six or more areas of development (64.2% compared to 69.7% for male participants).
- Female participants were more likely to join in completing tasks at home (75.1% compared to 73.1% for males), and to have friends they enjoy playing with (37.9% compared to 35.6%).
- Female participants were more likely to participate in community activities (48.7% compared to 45.3% for males), and to be welcomed or actively included when they do so (66.7% compared to 61.7%). Parents/carers of female participants were less likely to want their child to be more involved in community activities (62.5% compared to 66.7% for males).

However, the models also indicated that female participants were significantly less likely to live with their parents, and to live in a home that was owned by their family or rented from a private landlord. On a one-way basis, the differences were small.

From the LF, the percentage of children who take action or indicate the need for assistance to take action when they decide to do something was significantly higher for females (94.0%) compared to males (91.4%).

Indigenous status

Indigenous status was a significant predictor in four of the 17 regression models.

Two of these indicators related to living/housing arrangements, with Indigenous participants being significantly less likely to:

- Live with their parents (81.5% compared to 96.4% for non-Indigenous participants).

- Live in a home that is owned by their family or rented from a private landlord (72.1% compared to 92.6% for non-Indigenous participants). Conversely, Indigenous participants are much more likely to live in public housing (23.9% compared to 4.0%).

Indigenous participants were less likely to join their parent/carer when they complete tasks at home, and less likely to use specialist services that assist their learning and development (37.3% compared to 50.3%).

CALD status
CALD status was a significant predictor in 13 of the 17 regression models.

CALD participants were significantly more likely to live with their parents (98.6% compared to 94.4% for non-CALD participants) at baseline, and their parents/carers were less likely to have concerns in six or more areas of development.

However, they tend to have less positive baseline outcomes on a number of other indicators, particularly in relation to family and community life.

Controlling for other factors, for participants entering the Scheme in 2019-20, CALD participants were less likely to:

- Be able to tell their parent/carer what they want (54.5% compared to 70.1% for non-CALD participants).
- Get along with their siblings (73.0% compared to 80.1% for non-CALD participants).
- Make friends with people outside the family (40.6% compared to 59.2% for non-CALD participants), and have friends they enjoy playing with (22.9% compared to 37.9%).
- Join in completing tasks at home (61.7% compared to 75.1% for non-CALD participants) and outside the home (76.0% compared to 82.6%).
- Be welcomed or actively included when they participate in community activities (54.0% compared to 64.3%).

CALD participants were also significantly less likely to use specialist services (44.4% compared to 49.9% for non-CALD participants), and to be satisfied with the services they use: 80.9% said the services help their child to gain skills needed to participate in everyday life, and 83.1% said the services supported them to assist their child, compared to 84.3% and 86.5%, respectively, for non-CALD participants.

More positively, from the LF, parents/carers of CALD participants were more likely to think there was enough time to meet the needs of all family members (53.8% compared to 44.0% for non-CALD participants).

Comparing baseline outcomes by age, gender, Indigenous and CALD status for 2019-20 entrants with prior year entrants:

- Trends by age are largely similar, with some indicators being better at baseline for older participants (partly due to normal age-related development), and some indicators (particularly for community participation) being worse. However, for 2019-20 entrants, baseline age was not identified as a significant predictor in the multiple regression model for parents/carers having concerns in six or more developmental areas, whereas it was identified as a significant predictor for prior year entrants.
- Differences by gender are consistent, with some baseline indicators being more positive for females than for males.
- The more extensive modelling for 2019-20 entrants this year identified Indigenous status as a significant predictor for four out of 17 baseline indicators, whereas none

of the six indicators modelled last year included Indigenous status. The lower use of specialist services by Indigenous participants, and differences in living and housing arrangements that were identified in multiple regression modelling for 2019-20 entrants were also noted from one-way analyses for the combined baseline last year.

- Differences between CALD and non-CALD participants are largely consistent. However, for 2019-20 entrants, the regression modelling indicated that parents/carers of CALD participants were less likely to have concerns in six or more areas of development, whereas the modelling for prior year entrants did not identify a difference between CALD and non-CALD participants on this indicator.

Geography

Table 2.5 shows baseline participant outcomes for which State/Territory or remoteness are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.[17,18]

Table 2.5 Relationship of State/Territory and remoteness with the likelihood of selected outcomes

	State/Territory							Remoteness				
Outcome	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**ACT**	**NT**	**2**	**3**	**4**	**5**	**6/7**
Lives with their parents			⬇	⬆				⬇				
Lives in home owned or rented from private landlord		⬆		⬆	⬇	⬇			⬇	⬇	⬆	⬇
Parent/carer has concerns in 6 or more areas of development				⬇	⬇		⬇	⬇	⬇	⬇	⬇	⬇
Uses specialist services	⇩	⇩	⬆	⬆		⇩	⇩	⇩	⇩	⇩	⇩	⬆
Services help child to gain life skills			⬇									
Services support parent/carer to assist child			⬇		⬇	⬇						
Able to tell parent/carer what they want	⬆	⬆	⬆	⬇								
Gets along with brothers/ sisters		⬆			⬆		⬆					

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[17] Remoteness uses the Modified Monash Model (MMM), https://www.health.gov.au/resources/publications/modified-monash-model-fact-sheet 1=metropolitan, 2=regional centres, 3=large rural towns, 4=medium rural towns, 5=small rural towns, 6=remote communities, 7=very remote communities. 6 and 7 are combined due to small numbers.

[18] Reference categories in the models are NSW for State/Territory and 1 (metropolitan) for remoteness.

	State/Territory							Remoteness				
Outcome	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**ACT**	**NT**	**2**	**3**	**4**	**5**	**6/7**
Can make friends with people outside the family		⬆			⬆	⬆	⬇		⬆	⬆	⬆	
Joins in completing tasks at home	⬆	⬆	⬆	⬆	⬆		⬆	⬆	⬆	⬆	⬆	
Joins in completing tasks outside home	⬆	⬆	⬆	⬆	⬆		⬆	⬆	⬆	⬆	⬆	
Fits in with the everyday life of the family		⬇	⬇	⬇		⬇	⬆		⬆			
Has friends he/she enjoys playing with	⬇		⬆	⬇			⬇	⬆				
Participates in age appropriate community, cultural or religious activities	⬆	⬆		⬆	⬆	⬆	⬆	⬆	⬇		⬇	
Is welcomed or actively included in community activities					⬆	⬇	⬆	⬇	⬇			
Parent/carer would like child to be more involved	⇩	⇩	⇩		⇩		⇩	⇩	⇩	⇩	⇩	⬆

State/Territory
There are some differences in baseline outcomes by State/Territory of residence. For example:

- Participants living in the Northern Territory (NT) are the most likely to participate in age-appropriate community, cultural or religious activities (68.2% compared to 46.4% overall). Parents and carers are also more likely to say that their child fits in with the everyday life of the family. However, NT participants are less likely to be able to make friends outside the family, and less likely to have friends they enjoy playing with.
- Compared to 63.3% of participants overall, participants living in Tasmania (TAS) (76.0%) and NT (69.3%) are more likely to feel welcomed or actively included when they participate in community activities.
- Participants in the Australian Capital Territory (ACT) and NT are the least likely to use specialist services (28.5% and 33.3%, respectively, compared to 49.3% overall) and those in Western Australia (WA) are the most likely (67.5%).
- Participants living in NSW and the ACT are less likely to join their parent/carer in completing tasks at home and outside the home.
- Participants in NSW and SA are less likely to participate in age-appropriate community, cultural or religious activities.

Remoteness

Remoteness was a significant predictor in 13 of the 17 regression models, with a number of baseline outcomes being more positive for participants living in regional and remote areas compared to those for participants living in major cities:

- Parents/carers of participants living in regional and remote areas are significantly less likely to have concerns about their child's development in six or more areas than those living in major cities (60.9% to 64.2% for participants living in regional and remote areas compared to 71.1% for participants living in major cities).
- Participants living in regional areas with population between 5,000 and 50,000 are more likely to be able to make friends with people outside the family.

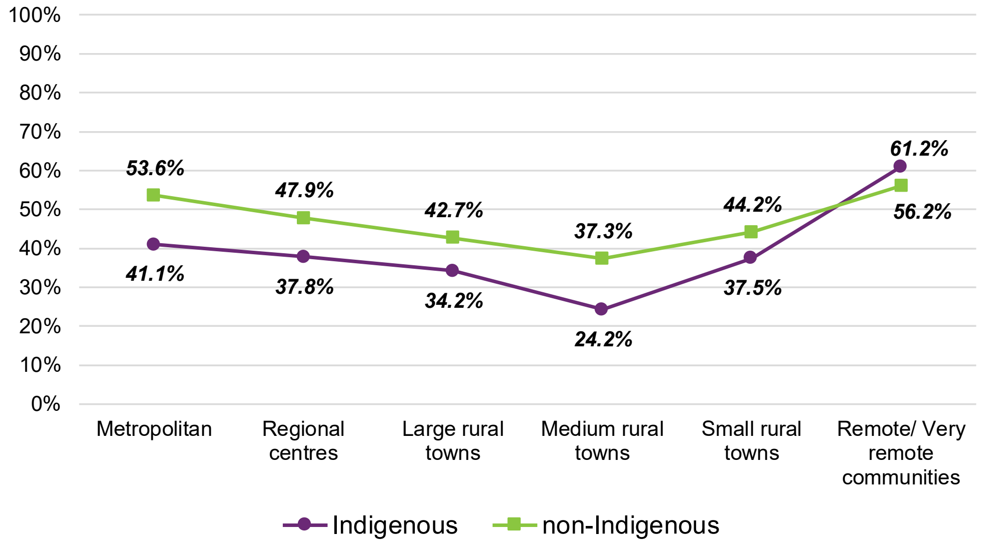
In addition, parents/carers of participants living in all regional areas are less likely to want their child to be more involved in community activities. However, participants living in remote/very remote areas are more likely to want their child to be more involved.

Participants in remote/very remote areas are less likely to live in a home that is owned by their family or rented from a private landlord, being much more likely to live in public housing (25.7% compared to 7.4% overall).

Use of specialist services is less widespread for participants living in regional areas compared to those living in major cities. However, participants living in remote/very remote areas are more likely to use specialist services (56.1% compared to 53.0% for those living in major cities and 36.2% to 45.8% for those living in regional areas).

The trend in use of specialist services by remoteness and Indigenous status is illustrated in Figure 2.5. Initially there is a decline with increasing remoteness, followed by an increase for small rural towns and remote/very remote communities. Use of specialist services is less prevalent amongst Indigenous participants for all levels of remoteness except remote/very remote communities.

Figure 2.5 Use of specialist services at baseline by Indigenous status and remoteness



Comparing 2019-20 entrants with prior year entrants, baseline outcomes show similar variations by State/Territory and remoteness, for most indicators.

As discussed, the overall percentage who say their child uses specialist services that assist their learning and development is substantially lower for 2019-20 entrants compared to prior year entrants (49.3% compared to 71.3%). However, looking at variations by State/Territory, for both entry period cohorts the percentage is lowest in the ACT and highest in WA. The decrease for 2019-20 entrants compared to prior year entrants has been most pronounced for the NT: 33.3% of the 300 NT participants entering in 2019-20 said they used specialist services at baseline, compared to 66.3% of the 255 entering in prior years. Conversely, the decrease was smaller for SA, which had the second highest specialist service usage for 2019-20 entrants, compared to only the sixth highest for prior year entrants.

Looking at specialist service usage by remoteness, trends for major cities and regional areas are generally similar. However, the higher usage in remote/very remote areas noted for 2019-20 entrants was not observed for prior year entrants, where the percentage for remote/very remote areas was similar to the percentages for regional areas with population less than 50,000.

Controlling for other factors, for 2019-20 entrants, remoteness was not a significant predictor in the model for parents/carers saying their child is able to tell them what they want, whereas for prior year entrants it was a significant predictor (indicating an improvement with increasing remoteness). On a one-way basis, there is a similar slight increasing trend in this indicator with remoteness for regional areas compared to major cities for both 2019-20 entrants and prior year entrants. For both cohorts there is also a drop when moving from regional areas with population less than 5000 to remote/very remote areas. However, the drop is more pronounced for 2019-20 entrants (from 73.2% to 53.4%) than for prior year entrants (75.6% to 65.7%).

Plan management type[19,20]

Table 2.6 shows baseline participant outcomes for which plan management type is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect.

Table 2.6 Relationship of plan management type with the likelihood of selected outcomes

Outcome	Self managed fully	Self managed partly	Plan managed
Lives with their parents	↑	↑	
Lives in home owned or rented from private landlord	↑	↑	↑
Parent/carer has concerns in 6 or more areas of development	↑	↑	↑
Uses specialist services	↑	↑	↑
Services help child to gain life skills	↑		↓
Services support parent/carer to assist child	↑		

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[19] Note that these baseline differences reflect characteristics of participants whose families/carers choose to self manage, rather than the self-management process itself (since the results are at the start of the participant's first plan).

[20] Reference category in the models is Agency-managed.

Outcome	Self managed fully	Self managed partly	Plan managed
Fits in with the everyday life of the family	⬇		⬇
Participates in age appropriate community, cultural or religious activities	⬆	⬆	⬆
Parent/carer would like child to be more involved	⬆	⬆	⬆
Child's disability is a barrier to being more involved	⬆		

There were significant differences by plan management type for 10 of the 17 baseline regression models.

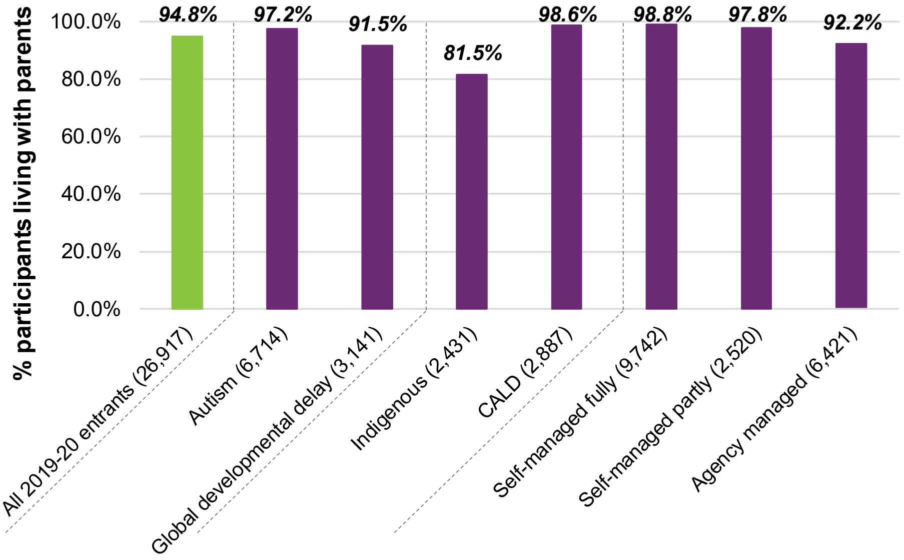
Compared to participants with Agency-managed baseline plans, those with self-managed plans and those using a plan manager were significantly more likely to participate in community activities. Those with fully self-managed plans were the most likely to participate (52.4% compared to 42.2% of those with Agency-managed plans and 46.4% overall).

Parents/carers who self manage (partly or fully) or have a plan manager were more likely to want their child to be more involved in community activities (67.9% for those who self-manage fully compared to 60.9% of those with Agency-managed plans). Those who self-manage fully were more likely to perceive their child's disability as a barrier to being more involved (86.5% compared to 82.4% of those with Agency-managed plans), however there was no significant difference between Agency-managed and those who either partly self-manage or use a plan manager. Those who self manage (partly or fully) or have a plan manager were also more likely to have concerns in six or more developmental areas (71.4% for those who self-manage fully compared to 62.9% of those with Agency-managed plans).

Use of specialist services was more prevalent amongst those who self-manage or have a plan manager than amongst those whose plans are Agency-managed, with 61.0% of those who self-manage using specialist services compared to 38.1% of those with Agency-managed plans.

Participants who self-manage are more likely to live with their parents (98.8% for those who fully self-manage compared to 92.2% of those with Agency-managed plans). They are also less likely to live in public housing (2.1% compared to 12.5% for those with Agency-managed plans).

Figure 2.6 Percentage of participants living with their parents at baseline – 2019-20 entrants



Comparing 2019-20 entrants with those entering in prior years, the same trends by plan management type were observed for living and housing arrangements, and utilisation of specialist services.

However, for 2019-20 there were no significant differences by plan management type for whether children who participate in community activities are welcomed or actively included, whereas for prior year entrants, those who self-managed (partly or fully) were found to be less likely to be welcomed or actively included.

Friendships, community participation, use of childcare and specialist services, and unemployment rate in participant's LGA of residence

Table 2.7 shows baseline participant outcomes for which friendships, community participation, use of childcare and specialist services, and unemployment rate in participant's LGA of residence are significant (p<0.05) predictors in the multiple regression model, and the direction of the effect.

Table 2.7 Relationship of friendships, community participation, use of childcare and specialist services, and unemployment rate in participant's LGA of residence with the likelihood of selected outcomes

Outcome	Has friends they enjoy playing with	Participates in community activities	Uses childcare	Uses specialist services	Higher unemployment rate
Lives with their parents	⬇		⬇		
Lives in home owned or rented from private landlord		⬆	⬆	⬆	
Parent/carer has concerns in 6 or more areas of development	⬇	⬇		⬆	⬆

Outcome	Has friends they enjoy playing with	Participates in community activities	Uses childcare	Uses specialist services	Higher unemployment rate
Uses specialist services	⬆	⬆	⬆		⇩
Services help child to gain life skills	⬆	⬆	⬆		⬇
Services support parent/carer to assist child	⬆	⬆	⬆		
Able to tell parent/carer what they want	⬆	⬆	⬆	⬆	⬇
Gets along with brothers/ sisters	⬆	⬆		⬆	⬇
Can make friends with people outside the family	⬆	⬆	⬆		⬇
Joins in completing tasks at home	⬆	⬆	⬆		⬇
Joins in completing tasks outside home	⬆	⬆	⬆		⬇
Fits in with the everyday life of the family	⬆	⬆	⬆	⬆	⬆
Has friends he/she enjoys playing with		⬆	⬆	⬆	⬇
Participates in age appropriate community, cultural or religious activities	⬆		⬆	⬆	⬇
Is welcomed or actively included in community activities	⬆			⬆	⬇
Parent/carer would like child to be more involved		⬆		⬆	
Child's disability is a barrier to being more involved	⬇			⬆	⬆

Having friends they enjoy playing with was a significant positive factor in 14 of the 17 baseline regression models. It was also associated with higher use of specialist services. However, it was associated with a lower likelihood of living with parents.

Participation in community activities was also a significant positive factor, in 13 of the 17 models. Even though their child already participates in community activities, parents/carers were more likely to express a desire for greater involvement.

Use of specialist services was a positive factor in seven of the multiple regression models. These children were more likely to participate in community activities and more likely to be welcomed or actively included when they do participate. However, their parents/carers were more likely to want their child to be more involved, more likely to perceive their child's disability as a barrier to being more involved, and more likely to have concerns in six or more developmental areas.

Use of childcare was generally a positive factor in the multiple regression models. It was also associated with higher use of specialist services. However, it was associated with a lower likelihood of living with parents.

A higher unemployment rate was generally associated with worse baseline outcomes, although participants living in higher unemployment areas were more likely to fit in with the everyday life of the family.

Comparing 2019-20 entrants with those entering in prior years, the same positive associations between having friends and using childcare and specialist services were observed.

Impact of COVID-19

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.

Methodology

To investigate which outcomes may have been affected by the pandemic via quantitative modelling, the following terms were added to the models:

1. An indicator taking the value 0 for dates up to 23 March 2020 (the announcement of stronger restrictions by the Prime Minister, such as closure of restaurants and gyms), and 1 for later dates.
2. A general time trend.
3. The interaction between 1. and 2.

The first term allows for a step change in the indicator from 23 March 2020. The second term allows for temporal changes in the indicator not related to COVID-19, whereas the third term allows for different time trends before and after 23 March 2020.

Results of this analysis should be interpreted with care due to the following limitations:

1. The modelling is based on only about three months of experience during the pandemic, and some of the effects detected are only slight.
2. Some of the indicators where the pandemic might be thought to have an effect have a time frame specified. For example, for social and community participation, adult participants are asked "Have you been actively involved in a community, cultural or religious group *in the last 12 months*?". At least nine months of this period will be prior to the start of the pandemic.
3. Significance of the COVID indicator and/or the interaction term does not imply causality: it is not possible to say that changes in the indicator were caused by the COVID-19 pandemic.
4. The full impact of the pandemic cannot be evaluated using quantitative methods alone: qualitative research (such as focus groups and interviews with participants)

would also be needed. Some qualitative research into economic and social participation outcomes, including the effect of the pandemic, is being undertaken.

Results
For participants aged from birth to before starting school who entered the Scheme in 2019-20, there were six indicators for which one or both of the COVID-related terms was significantly different from zero.

The percentage of parents/carers who say their child participates in age appropriate community, cultural or religious activities remained relatively constant over time between 1 July 2019 and 23 March 2020, but since that date a significant decline over time has been observed. This result is illustrated in Figure 2.7 (top left plot), which shows fitted trend lines by entry date.[21] The discontinuity in slope at 23 March 2020 is apparent.

The percentage of children who have friends they enjoy playing with also exhibited a discontinuity in slope before and after the assumed COVID impact date. However, for this indicator there was a slight increase over the post-COVID period (top right plot of Figure 2.7).

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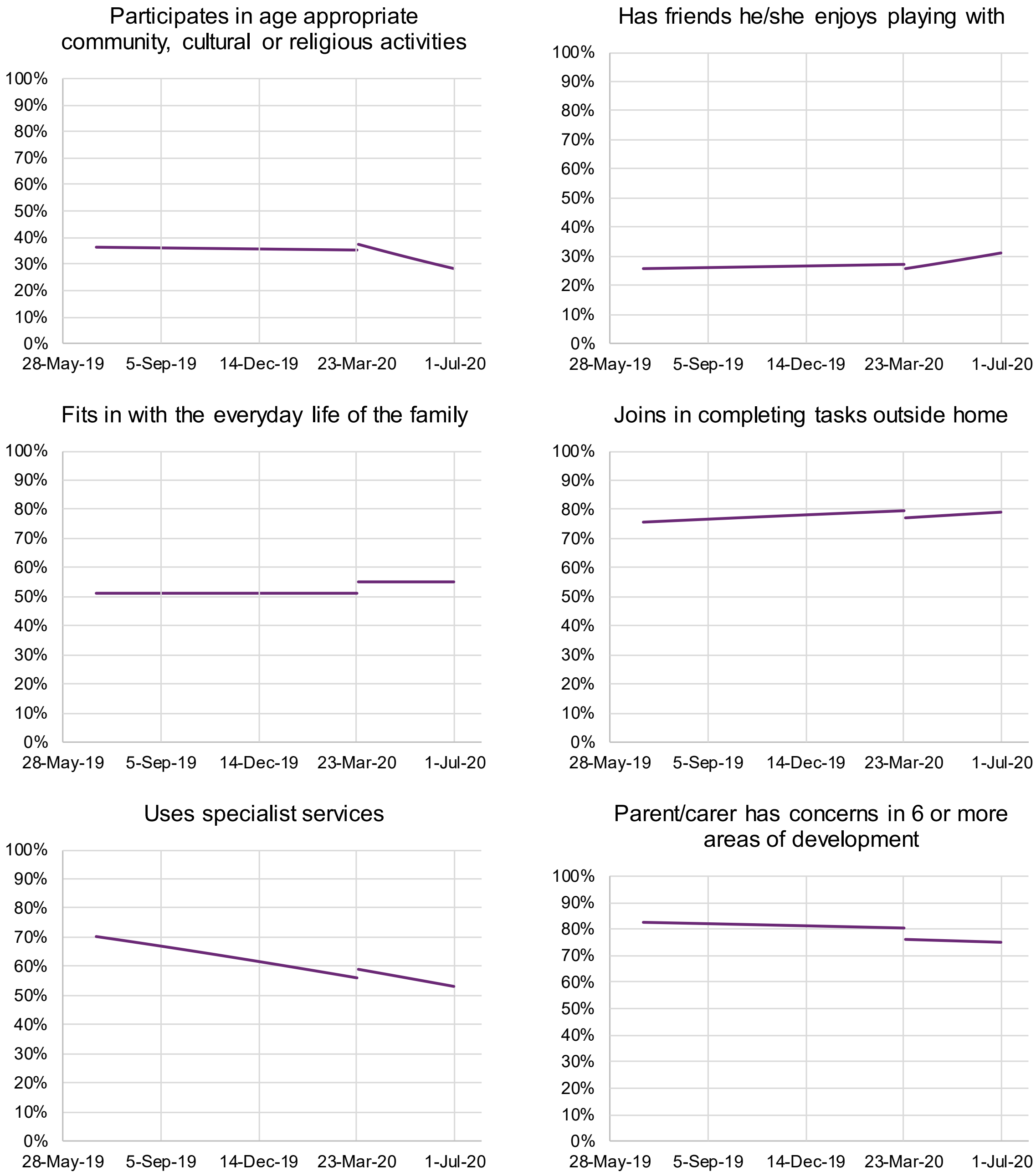
[21] The trends are illustrated for selected typical values for other variables in the model.

Figure 2.7 Estimated trend over time for indicators where one or both COVID-related terms was significantly different from zero



The other indicators where COVID-related terms were significant in the models were:

- The percentage of parents/carers who say their child fits in with the everyday life of the family: there was a significant step up in this indicator at 23 March 2020, but no significant time trend either before or after this date.
- The percentage of children who join their parent/carer in completing tasks outside the home: there was a significant step down in this indicator at 23 March 2020. The same general increasing trend was observed both before and after 23 March 2020.
- The percentage of children who use specialist services: there was a significant step up in this indicator at 23 March 2020. The same general decreasing trend was observed both before and after 23 March 2020.

- The percentage of parents/carers with concerns in six or more areas of their child's development: there was a significant step down in this indicator at 23 March 2020. The same general decreasing trend was observed both before and after 23 March 2020.

Trend lines for these other indicators are also illustrated in Figure 2.7.

Box 2.4 summarises the key findings from this section.

Box 2.4: Summary of findings

- Participants with a hearing impairment as their primary disability type, participants with a higher level of function and participants who are self-managing part or all of their plan tend to have better baseline outcomes across most indicators.
- However, participants with autism or global developmental delay as their primary disability type, participants from a CALD or Indigenous background and participants from an area with a higher unemployment rate tended to have worse baseline outcomes across most indicators.
- Participants who have friends they enjoy playing with, who participate in community activities and who use childcare or specialist services tend to have significantly better baseline outcomes.
- COVID-19 had a significant impact on participant outcomes and results were mixed. The percentage of participants who said their child participates in age appropriate community, cultural or religious activities has shown a decreasing trend since the start of the pandemic. However, the percentage of parents/carers who say their child fits in with the everyday life of the family increased, and the percentage of parents/carers with concerns in six or more areas of their child's development decreased.

3. Participants from starting school to age 14

3.1 Key findings

Box 3.1: Comparison of 2019-20 entrants with prior year entrants on key characteristics

- As at 30 June 2020, the combined baseline constitutes four years of experience (participants entering the Scheme between 1 July 2016 and 30 June 2020).
- The report focusses on baseline results for 2019-20 entrants, but also includes a brief comparison with results for prior year entrants. Differences between participants by key characteristics (such as disability type and level of function) can occur over time, for example due to phasing in the transition period.
- Compared to prior year entrants, participants from starting school to age 14 who entered the Scheme in 2019-20 tend to be:

- Younger.
- More likely to have developmental delay or global developmental delay, slightly more likely to have autism or a sensory disability, and less likely to have an intellectual disability or Down syndrome.
- More likely to have medium level of function and less likely to have low level of function.
- More likely to require a low level of NDIA support through the participant pathway and less likely to require a medium, high or very high level of support.[22]
- Less likely to live in NSW and more likely to live in WA or QLD.
- Much more likely to have not received services from State/Territory or Commonwealth programs prior to entering the Scheme, more likely to have entered the Scheme for early intervention (32.3% compared to 25.4%) and less likely to have entered due to disability.[23]
- More likely to have baseline annualised plan budget between $10,000 and $30,000, and more likely to fully self-manage their baseline plan (36.9% compared to 24.0%) or to use a plan manager (35.4% compared to 18.8%) rather than agency manage.
- Similar with respect to remoteness, Indigenous status, CALD status, and gender.

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[22] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

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

Box 3.2: Baseline indicators for participants entering in 2019-20 – overall

- **Living and housing arrangements**

  - At baseline, 93.2% of participants in the starting school to age 14 group who entered the Scheme in 2019-20 lived with their parents, slightly higher than for entrants from earlier years (89.6%).

  - 91.2% of 2019-20 entrants live in a private home either owned or rented from a private landlord, slightly higher than for prior year entrants (89.4%). 6.9% live in a private home rented from a public authority, slightly lower than for prior year entrants (8.3%).

- **Independence**

  - Baseline levels of independence are generally low for this cohort. For example, 37.5% think their child is becoming more independent (compared to 40.0% of prior year entrants). However, 75.4% of children have a genuine say in at least some decisions about themselves, higher than for entrants in earlier years (65.1%).

- **School**

  - The proportion of participants attending school in a mainstream class has been increasing over time. For participants entering the Scheme in 2019-20, 78.5% of children attended school in a mainstream class, compared to 60.5% of those in earlier years.

  - Involvement of families and carers in their child's education was reasonably high, with 75.4% of parents/carers of 2019-20 being satisfied that their child's school listens to them in relation to their child's education (compared to 73.2% of prior year entrants).

  - Most respondents thought their child was happy at school (69.4% of 2019-20 entrants compared to 67.3% of prior year entrants).

  - Of 2019-20 entrants who had the opportunity to sit a NAPLAN test, 60.3% had sat one and 26.8% were exempt. For prior year entrants, the percentage sitting was lower, at 50.2%, and the percentage exempt was higher, at 38.9%. The nationwide exemption rate in 2019 was 1.8% (disability being one of the two reasons for exemption). The percentage missing the tests for reasons other than exemption appears higher than the national average (12.9% compared to 5%-10%).

  - 12.7% of participants had ever been suspended from school (compared to 13.3% of prior year entrants), and this rate varies considerably by school year and gender. Although not directly comparable, suspensions do seem more prevalent amongst NDIS participants than amongst NSW public school students. For NDIS participants in K-2, "ever suspended" rates were 8.8% for males, 2.9% for females, and 7.1% overall, compared to yearly suspension rates of 2.4% for males, 0.4% for females, and 1.4% overall for K-2 students attending NSW public schools.

Box 3.2: Baseline indicators for participants entering in 2019-20 – overall (continued)

- **Relationships**

- Almost three quarters (72.8%) of parents/carers did not think there was enough time to meet the needs of all family members. However the majority of respondents reported that their child fits into everyday family life (87.5%, similar to 86.8% for prior year entrants) and gets along with their siblings (70.1% compared to 73.0%).

- More than half (53.6%) of parents/carers never go out without their child (similar to 51.6% for prior year entrants). Of those who do go out without their child, 94.5% use informal care (the child stays with siblings, extended family, family friends or by themselves) – higher than the 89.4% for prior year entrants.

- **Participation**

- Overall, participation in mainstream activities tends to be low for this cohort. Only 11.2% of parents/carers of 2019-20 entrants use a mainstream school holiday program, and only about half of children (50.2%) spend time after school and on weekends with friends or in mainstream group activities, however this is higher than for prior year entrants (36.6%). The majority (72.2%) of parents/carers thought that their child was welcomed or actively included in these activities (compared to 74.9% of prior year entrants).

- For 2019-20 entrants, 66.8% of parents/carers said they would like their child to have more opportunity to be involved in activities with other children, lower than for entrants in earlier years (81.4%), and 87.9% of these perceived their child’s disability as a barrier to being more involved (84.4% for prior years).

Box 3.3: Baseline indicators for participants entering in 2019-20 – participant characteristics

- Across most domains, the participant's level of function, primary disability type, age, and where they live are the characteristics most predictive of outcomes in the multiple regression models, which control for other factors.
- Most participant outcomes vary significantly by primary disability type. Participants with a sensory disability generally experience better outcomes than those with other disabilities. In particular, participants with hearing impairment tended to have better baseline outcomes, and participants with autism or global developmental delay tended to have worse baseline outcomes. Participants with a physical disability or visual impairment were the most likely to be attending school in a mainstream class, and those with Down syndrome, intellectual disability, or global developmental delay were the least likely. Parents/carers of participants with a sensory disability were the least likely to be worried about the effect of their child's disability on other children, whereas parents/carers of participants with autism were the most likely to be worried.
- Almost all baseline outcomes vary significantly with participant level of function and annualised plan budget. Participants with higher level of function / lower annualised plan budget tend to have better baseline outcomes, particularly those related to daily living and relationship domains, than those with lower level of function / higher annualised plan budget. In particular, participants with higher level of function are more likely to attend school in a mainstream class. Participants with higher level of function / lower plan budget were also more likely to have sat a NAPLAN test and manage the demands of their world.
- Comparing baseline outcomes by age, older children exhibited more independence and had a greater say in decisions, as would be expected due to normal age-related development. The percentage attending school in a mainstream class declined with age.
- Female participants are more likely than males to have a genuine say in decisions about themselves, to make friends with people outside the family, and to attend school in a mainstream class.
- Compared to non-Indigenous participants, Indigenous participants were less likely to be becoming more independent, to be developing functional, learning and coping skills, and to attend school in a mainstream class. Indigenous participants are also less likely to live with their parents, and more likely to live in public housing.
- 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. CALD participants are more likely to manage their emotions, get along with their siblings and attend school in a mainstream class.
- In general, baseline outcomes were more positive for participants living in small regional towns and remote/very remote areas compared to those for participants living in major cities and larger regional centres. For example, participants living in small rural towns and remote/very remote areas were significantly more likely to be developing functional, learning and coping skills appropriate to their ability and circumstances, manage their emotions well and get along with their siblings.
- Participants with self-managed plans were more likely to show evidence of growing independence, and more likely to attend school in a mainstream class.

Box 3.3: Baseline indicators for participants entering in 2019-20 – participant characteristics (continued)

- COVID-19 was associated with a number of changes to participant outcomes, with most changes being positive.
- For example, positive changes were observed for children getting along with their siblings, fitting in with the everyday life of the family, becoming more independent, and parents/carer thinking there is enough time to meet the needs of all family members.
- However, the percentage of children who spend time away from their parents/carers other than at school has dropped to a lower level during the pandemic.

3.2 Outcomes framework questionnaire domains

Starting with the milestone of school commencement, this life stage follows children through to the early teenage years. Typically these years are characterised by increasing independence and development of relationships inside and outside the family. Hence 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).

The LF questions for participants in the starting school to age 14 cohort allow a deeper investigation into the experiences of participants in educational and school settings, with eight extra questions devoted to these areas. There are also three extra questions about developing independence (on managing the demands of the world and becoming more independent), one on relationships (about the effect on siblings), and four on social participation (about vacation care and after school activities).

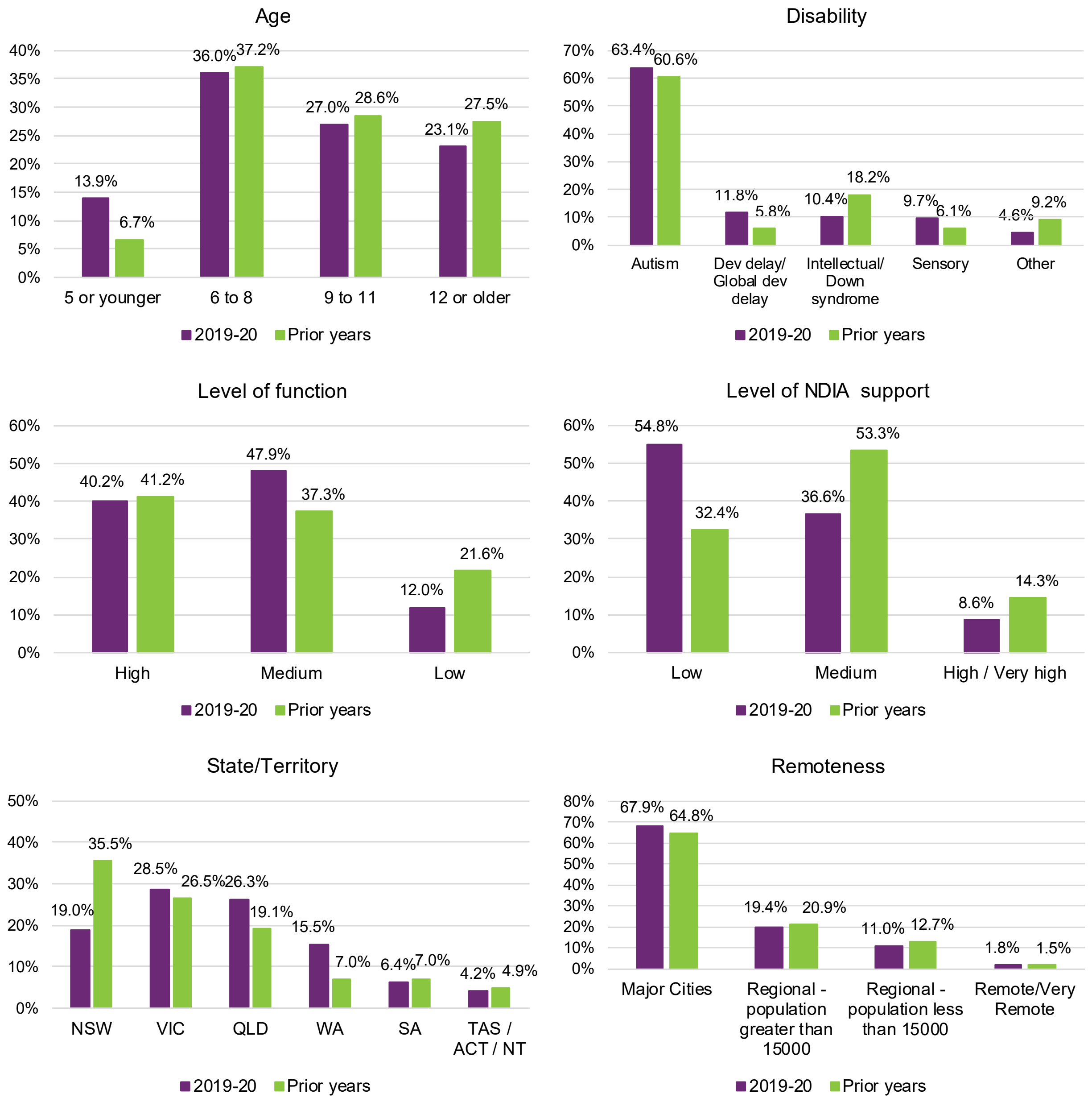
Participants answer the outcomes questionnaire applicable to their age/schooling status at the time of interview. Hence the starting school to age 14 baseline cohort comprises children who have started school and are aged 14 or younger when they enter the Scheme.

3.3 Comparison of 2019-20 entrants with prior year entrants on key characteristics

As discussed in Section 2.3, differences between participants by key characteristics (such as disability type and level of function) can occur over time, for example due to phasing in the transition period. A brief summary of how 2019-20 entrants compare to participants entering in the earlier three year period with respect to key characteristics is provided in this section.

Figure 3.1 and Figure 3.2 summarise distributions by key characteristics for 2019-20 and prior year entrants.

Figure 3.1 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants



Age

Disability

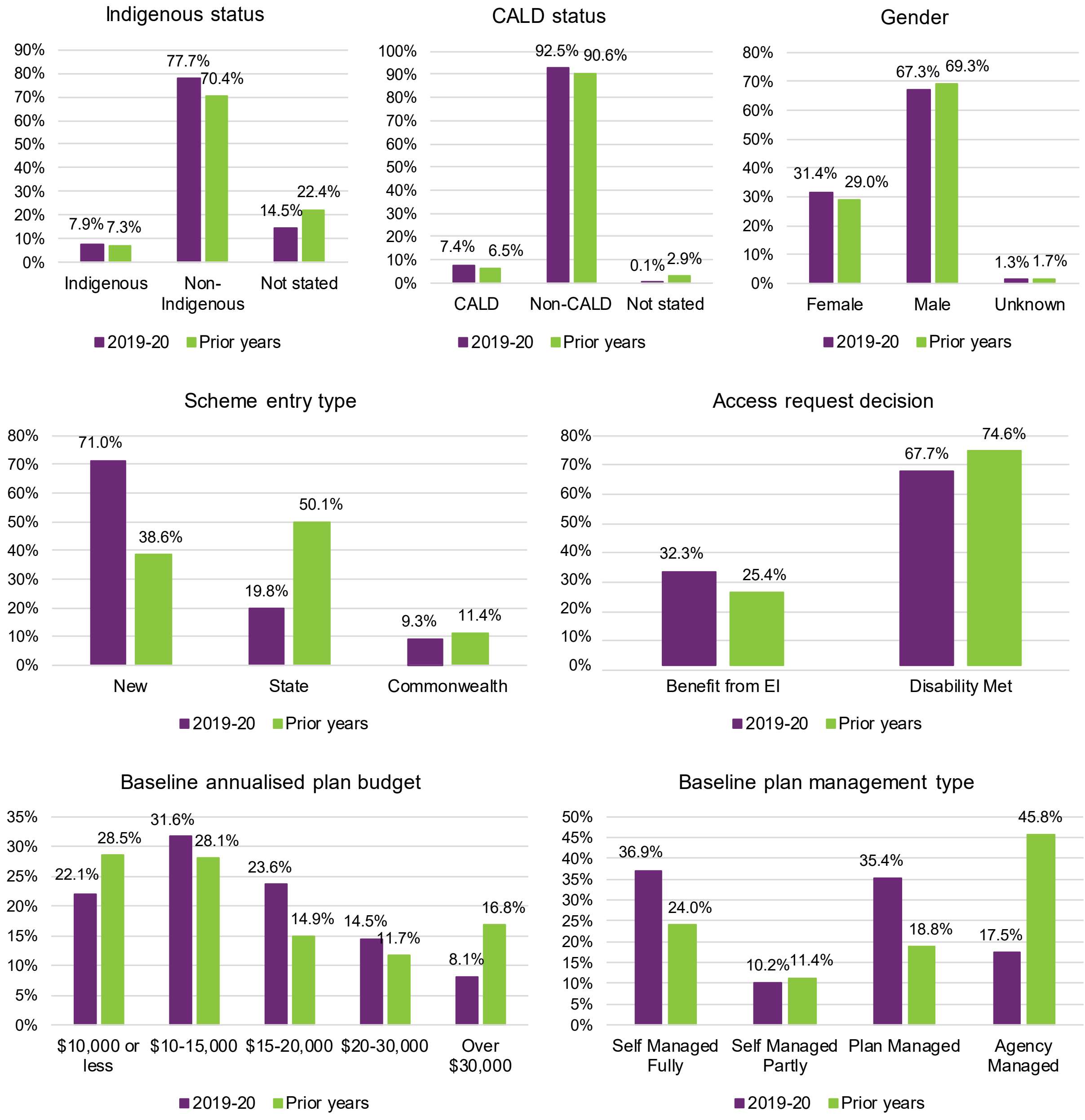
Level of function

Level of NDIA support

State/Territory

Remoteness

Figure 3.2 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants



The graphs in Figure 3.1 and Figure 3.2 show that compared to prior year entrants, participants who entered the Scheme in 2019-20 tend to be:

- Younger (13.9% aged 5 or younger and 23.1% aged 12 or older, compared to 6.7% and 27.5% for prior year entrants).
- More likely to have developmental delay or global developmental delay (11.8% compared to 5.8% for prior year entrants, probably reflecting the younger age distribution), slightly more likely to have autism (63.4% compared to 60.6%) or a sensory disability (hearing or visual impairment or another sensory/speech disability, 9.7% compared to 6.1%), and less likely to have an intellectual disability or Down syndrome (10.4% compared to 18.2%) or other disabilities (4.6% compared to 9.2%).
- More likely to have medium level of function (47.9% compared to 37.3%) and less likely to have low level of function (12.0% compared to 21.6%). The percentages with

high level of function were similar (40.2% for 2019-20 entrants compared to 41.2% for prior year entrants).
- More likely to require a low level of NDIA support through the participant pathway (54.8% compared to 32.4%) and less likely to require a medium (36.6% compared to 53.3%) or high/very high (8.6% compared to 14.3%) level of support.
- Less likely to live in NSW (19.0% compared to 35.5%) and more likely to live in WA (15.5% comared to 7.0%) or QLD (26.3% compared to 19.1%).
- Much more likely to have not received services from State/Territory or Commonwealth programs prior to entering the Scheme (71.0% compared to 38.6%).
- More likely to have entered the Scheme for early intervention (s24) (32.3% compared to 25.4%) and less likely to have entered due to disability (s25) (67.7% compared to 74.6%).
- More likely to have baseline annualised plan budget between $10,000 and $30,000 (69.8% compared to 54.7%) and less likely to have annualised plan budget $10,000 or less (22.1% versus 28.5%) or over $30,000 (8.1% versus 16.8%).
- More likely to fully self-manage their baseline plan (36.9% compared to 24.0%) or to use a plan manager (35.4% compared to 18.8%) and less likely to agency manage (17.5% compared to 45.8%).

However, distributions by remoteness, Indigenous status, CALD status and gender were similar between 2019-20 entrants and prior year entrants.[24]

3.4 Baseline indicators for participants entering in 2019-20 – overall

Participant living and housing arrangements

At baseline, 93.2% of participants in the starting school to age 14 group who entered the Scheme in 2019-20 lived with their parents, 3.0% lived with other family members and 2.1% with non-relatives, such as foster carers.

The percentage living with their parents at baseline is slightly higher for 2019-20 entrants (93.2%) compared to entrants from earlier years (89.6%).

Most participants entering the Scheme in 2019-20 (91.2%) are in a private home either owned or rented from a private landlord. 6.9% of participants live in a private home rented from a public authority. Compared to entrants in earlier years, a slightly higher percentage lives in a private home (91.2% compared to 89.4%) and a slightly lower percentage lives in public housing (6.9% versus 8.3%).

Independence

Baseline levels of independence are generally low for this cohort. For example, for 2019-20 entrants:

- 19.6% of parents/carers say their child manages their emotions well
- 26.2% think their child is developing functional, learning and coping skills appropriate to their ability and circumstances
- 37.5% think their child is becoming more independent.

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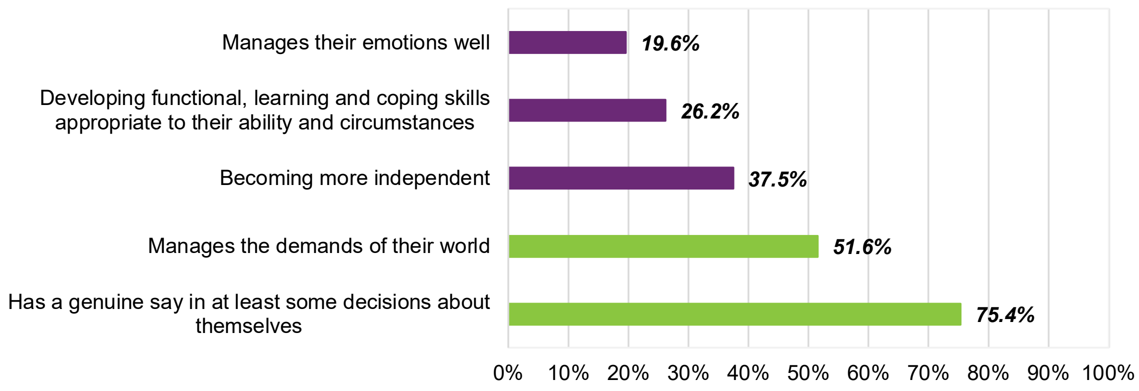
[24] Chi-squared tests for differences in the distributions were performed, but due to the large volume of baseline data, they are powered to detect very small differences. For participants from starting school to age 14, there was no significant difference for Indigenous status (p=0.41), but all other p-values were less than 0.0001.

These percentages are slightly lower than for entrants in earlier years (possibly reflecting the younger age distribution).

More positively:

- 51.6% of parents/carers think their child manages the demands of his/her world, higher than for entrants in earlier years (42.5%)
- 75.4% of children have a genuine say in at least some decisions about themselves, higher than for entrants in earlier years (65.1%).

Figure 3.3 Independence indicators – 2019-20 entrants



School

For participants entering the Scheme in 2019-20, 78.5% of children responding to the SF who attended school (or were home schooled) did so in a mainstream class (73.0% of those responding to the LF). These percentages were considerably higher than for those entering in earlier years (60.5% and 66.2%, respectively), reflecting a general increasing trend over time. For participants entering the Scheme in the three years to 30 June 2020 who attended either a mainstream class, a support class within a mainstream school, or a special school, Figure 3.4 shows the percentages in these three educational settings by entry quarter. For comparison, Figure 3.4 also shows percentages of students with disability by class/school type obtained from the ABS SDAC, showing a slight increase between 2015 and 2018, from 66.9% to 70.8%.[25]

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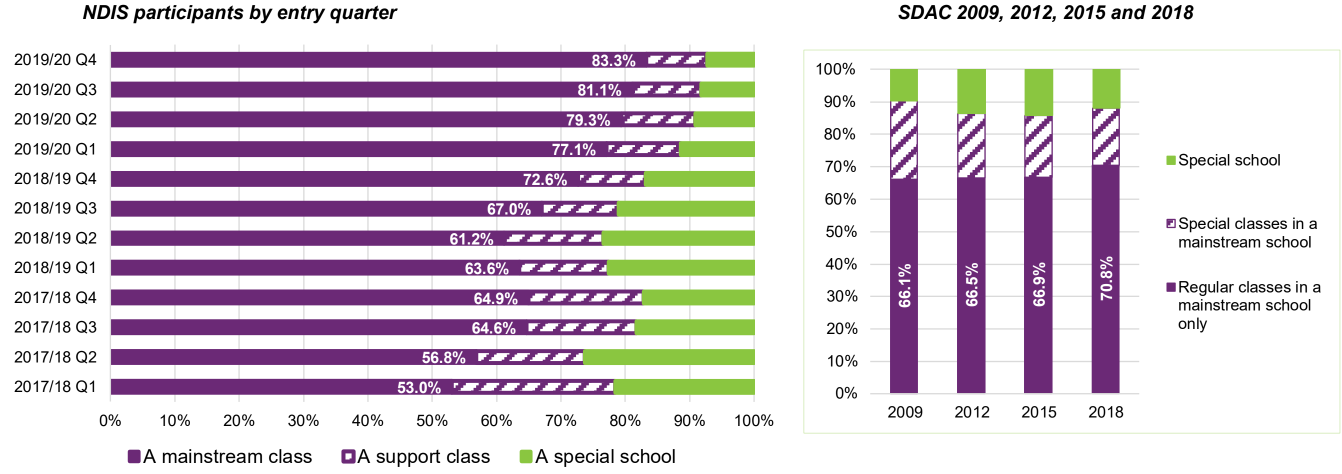
[25] https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/education-and-skills/engagement-in-education The chart includes all students with disability (regardless of severity).

Figure 3.4 Type of class/school by entry quarter

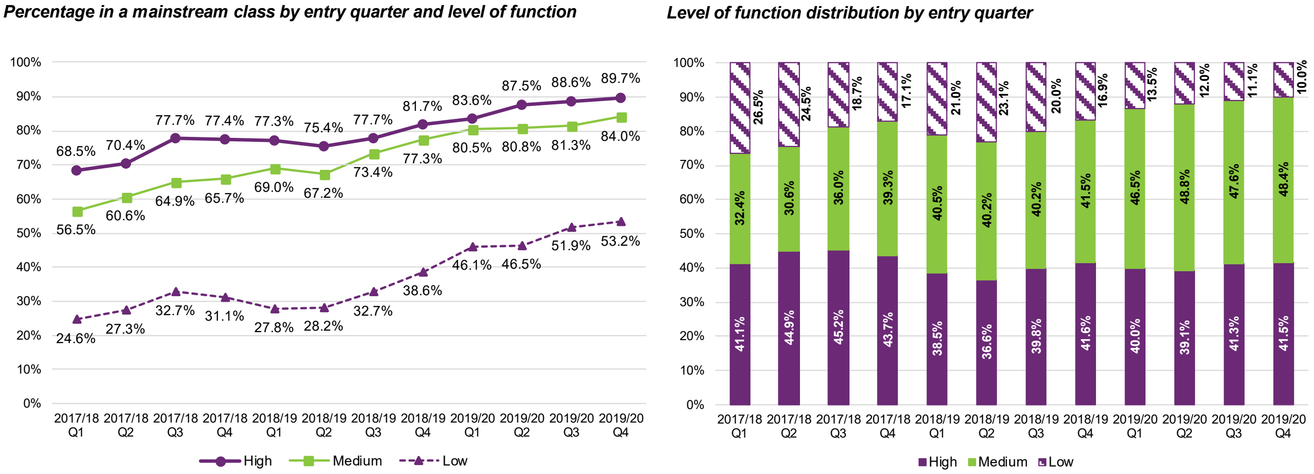


NDIS participants by entry quarter

SDAC 2009, 2012, 2015 and 2018

The increasing trend towards mainstream class attendance does not appear to be driven by changes in level of function. Although level of function has been changing over time, with an increasing percentage in the medium level of function group and a decreasing percentage in the low level of function group in recent quarters (right hand chart of Figure 3.5), the trend towards mainstream class attendance has been observed for all three level of function groups, as shown in the left plot of Figure 3.5.

Figure 3.5 Percentage in a mainstream class by entry quarter and level of function (left plot), and level of function distribution by entry quarter (right plot) – NDIS participants attending school in either a mainstream class, a support class, or a special school



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

Level of function distribution by entry quarter

Involvement of families and carers in their child's education was reasonably high: based on the LF, 75.4% were satisfied that their child's school listens to them in relation to their child's education, 80.4% knew their child's goals at school, and 72.1% thought their child's education was matched to those goals.

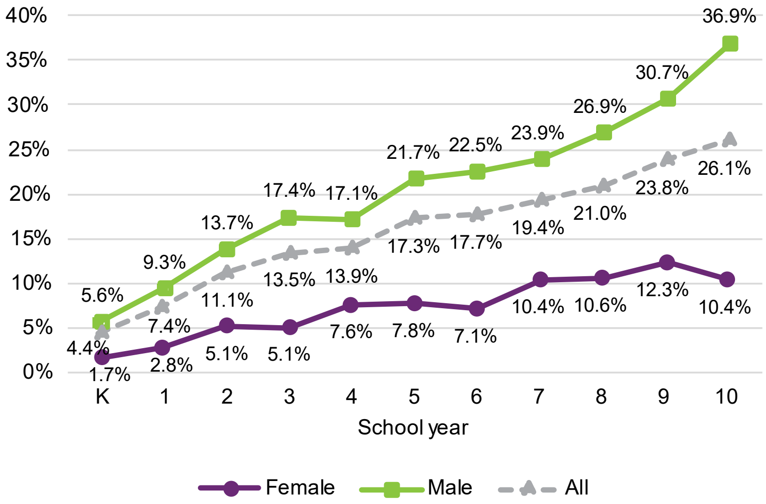
Regarding the child's experience at school, 69.1% of LF respondents thought that their child was learning at school, 75.3% thought that their child was genuinely included and 69.4% thought that they were happy at school. 61.2% of children had been involved in co-curricular activities at school, most commonly in school plays or concerts.

Of 2019-20 entrants who had the opportunity to sit a NAPLAN test, 60.3% had sat one, 26.8% were exempt, 7.4% said they did not want their child to sit, and 4.7% said that the school didn't want them to. For prior year entrants, the percentage sitting was lower, at 50.2%,and the percentage exempt was higher, at 38.9%.

Nationwide statistics reveal that the NAPLAN exemption rate in 2019 was 1.8%, much lower than the 26.8% for NDIS participants. The higher rate for NDIS participants is not surprising since disability is one of two reasons students can be granted an exemption (the other being language other than English). Nationally in 2019, the percentage absent or withdrawn averages around 6% altogether: 5% for the primary school years 3 and 5, 6% for year 7, and 10% for year 9. For NDIS participants, altogether 12.9% missed the test for reasons other than exemption (either the parent/carer or the school did not want them to sit (12.1%) or they were absent on the day (0.8%)) – slightly higher than national figures.

A relatively high proportion of children (11.9% from the LF and 12.7% from the SF) had ever been suspended from school. These percentages are slightly lower than for prior year entrants (13.3% for the SF and 15.6% for the LF). Percentages ever suspended vary considerable by gender and school year, as shown in Figure 3.6 (SF results). By year 10, more than one-quarter (26.1%) of NDIS participants have ever been suspended: more than one in three male participants (36.9%) and one in 10 female participants (10.4%).

Figure 3.6 Percentage of NDIS participants ever suspended from school by gender and school year



Available State/Territory benchmarks on school suspensions report statistics on a calendar year basis, and most only report on a number of suspensions, rather than a number of students suspended, basis. Since the same student can be suspended more than once, number of suspensions will be higher than number of students suspended. The NSW Department of Education reports public school statistics on both bases, yielding an average of 1.55 suspensions per student suspended for 2019.

Data on short (up to four school days) or long (five to 20 school days) suspensions and expulsions for NSW public schools in 2019 are shown in Table 3.1, which also shows percentages of NDIS participants ever suspended from the SF.

Table 3.1 NSW public school suspensions (short or long) for calendar year 2019 compared with NDIS participants ever suspended, by gender and school year

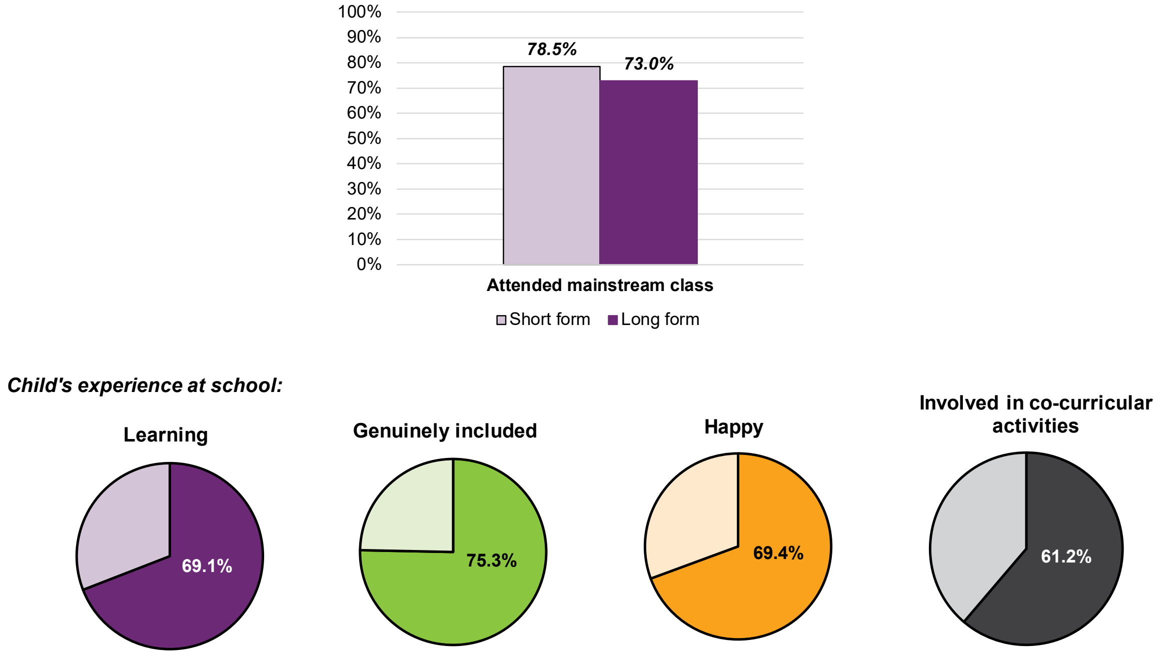
Year	NSW 2019 males	NSW 2019 females	NSW 2019 all	NDIS ever males	NDIS ever females	NDIS ever all	NSW 2019 M/F	NDIS ever M/F
K-2	2.4%	0.4%	1.4%	8.8%	2.9%	7.1%	6.6	3.0
3-6	5.3%	1.0%	3.2%	19.6%	6.9%	15.5%	5.4	2.9
7-10	19.2%	8.6%	14.1%	26.8%	10.9%	21.2%	2.2	2.5
11-12	7.0%	2.4%	4.6%	^	^	^	^	^
All Grades	8.7%	3.1%	6.0%	^	^	^	^	^
K-10	8.8%	3.2%	6.1%	15.8%	6.0%	12.7%	2.8	2.6

^ masked due to small cell counts

Since the NSW statistics are on a school (calendar) year basis, it is not possible to directly compare them to the NDIS results, which are on an "ever suspended" basis. However, the early primary years should be roughly comparable, and the percentages for NDIS participants in K-2 (8.8% for males, 2.9% for females, and 7.1% overall) do seem high compare to yearly suspension rates of 2.4% for males, 0.4% for females, and 1.4% overall for K-2 students attending NSW public schools. (Rates may vary by State/Territory also, and this has not yet been fully investigated).

Table 3.1 also shows ratios of male to female rates of suspension for NSW public schools and NDIS participants. The ratio is similar for K-10 overall (2.6 for NDIS participants and 2.8 for NSW public schools) but varies by school year, being lower for NDIS participants compared to NSW public schools in K-2 and 3-6, but higher in 7-10.

Figure 3.7 School experiences – 2019-20 entrants[26]



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[26] In the top graph, differences between LF and SF results arise because only a subset of participants respond to the LF. The bottom graph shows results for LF participants.

Relationships

In relation to family life, only 27.2% of parents/carers of participants entering the Scheme in 2019-20 think there is enough time to meet the needs of all family members, lower than the 45.3% for the birth to starting school cohort. 54.6% of those with more than one child expressed some concern about the effect of having a sibling with disability on their other children (somewhat lower than for entrants in earlier years (62.3%)). However, 70.1% say that their child with disability gets along with their siblings. 87.5% say that their child fits into everyday family life (often or sometimes). The percentages getting along with their siblings and fitting in with the everyday life of the family are similar for prior year entrants (73.0% and 86.8%, respectively).

53.6% of parents/carers say they never go out without their child (similar to 51.6% for prior year entrants). Of those who do go out without their child, 94.5% use informal care (the child stays with siblings, extended family, family friends or by themselves) – higher than the 89.4% for prior year entrants. However, only 41.8% say they are happy with their childcare arrangements (slightly lower than 44.0% for prior year entrants).

Regarding friendships, 40.4% of participants have friends they enjoy spending time with (somewhat lower than 46.5% for prior year entrants), and 62.6% are able to make friends with people outside the family (similar to 61.4% for prior year entrants).

Participation

Overall, participation in mainstream activities tends to be low for this cohort. For participants entering in 2019-20, only 11.2% of parents/carers use a mainstream school holiday program (similar to 10.1% of those entering in prior years). Only about half (50.2%) of children spend time after school and on weekends with friends or in mainstream group activities, however this is higher than for prior year entrants (36.6%). 72.2% of parents/carers thought that their child was welcomed or actively included in these activities (compared to 74.9% of prior year entrants).

For 2019-20 entrants, 66.8% of parents/carers said they would like their child to have more opportunity to be involved in activities with other children, lower than for entrants in earlier years (81.4%). 87.9% of these perceived their child's disability as a barrier to being more involved, similar to entrants in earlier years (84.4%).

57.7% of parents/carers said they had some difficulty in finding vacation care that welcomed their child, slightly lower than 62.0% for prior year entrants.

3.5 Baseline indicators for participants entering in 2019-20 – participant characteristics

Baseline indicators for participants entering the Scheme in 2019-20 have been analysed by participant characteristics using one-way analyses and multiple regression modelling.

Across most domains, the participant's level of function, primary disability type, age, and where they live are the characteristics most predictive of outcomes in the multiple regression models, which control for other factors.

Key findings for each characteristic are summarised below. Tables summarising the direction of the effect for selected characteristics, in the regression models for selected outcomes, are also included. The arrow symbols in the tables indicate whether participants from a group are more likely (up arrow) or less likely (down arrow) to respond "Yes" to a question. Table 2.1 (in the participants from birth to starting school chapter) provides a key to aid interpretation of the arrow symbols, including some examples.

Primary disability

Most participant outcomes vary significantly by primary disability type. Typically, for a given disability type, the direction (positive or negative) of the relationship with outcomes is consistent for all domains.

Table 3.2 shows baseline participant outcomes for which primary disability type is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect for selected disability types.[27]

Table 3.2 Relationship of disability type with the likelihood of selected outcomes

Outcome	Participant primary disability					
	Developmental delay	Global developmental delay	Intellectual disability	Down syndrome	Cerebral palsy	Hearing Impairment
Lives with their parents	⬇	⬇	⬇			
Lives in home owned or rented from private landlord	⬇	⬇	⬇		⬇	
Developing functional, learning and coping skills	⬆	⬆		⬆	⬆	⬆
Manages their emotions well	⬆	⬆	⬆	⬆	⬆	⬆
Becoming more independent	⬆	⬆		⬆	⬆	⬆
Spends time away from parents/carers other than at school	⬇	⬇				⬆
Spends time with friends without an adult present	⬇		⬆		⬆	⬆
Has a genuine say in decisions about herself/himself		⬇	⬇	⬇	⬆	⬆
Attends school in a mainstream class	⬆	⬇	⬇	⬇	⬆	⬆
Gets along with his/her siblings	⬆	⬆	⬆	⬆	⬆	⬆
Can make friends with people outside the family	⬆	⬆	⬆	⬆	⬆	⬆

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[27] The reference category for the models is autism (the largest disability group for this age range). Hence the arrows are interpreted relative to participants with autism, for example, a green "up" arrow means better than participants with autism.

Outcome	**Participant primary disability**					
	Developmental delay	**Global developmental delay**	**Intellectual disability**	**Down syndrome**	**Cerebral palsy**	**Hearing Impairment**
There is enough time to meet the needs of all family members	⬆	⬆	⬆	⬆	⬆	⬆
Fits in with the everyday life of the family	⬆	⬆	⬆	⬆	⬆	⬆
Has friends he/she enjoys playing with	⬆		⬆	⬆	⬆	⬆
Spends time after school and on weekends with friends and/or in mainstream programs	⬇	⬇			⬆	⬆
Is welcomed or actively included in these activities	⬆		⬆	⬆	⬆	⬆
Parent/carer would like child to be more involved	⇩	⇩				⇩
Child's disability is a barrier to being more involved	↓	↓	↓		↓	↓

Disability type was a significant (p<0.05) predictor in all but two of the 18 regression models.[28]

Controlling for other variables, for participants entering the Scheme in 2019-20:

- Participants with a hearing impairment have uniformly better baseline outcomes than participants with other disabilities. For example, they are more likely to be:
    - Developing functional, learning and coping skills appropriate to their ability and circumstances (72.0% compared to 26.2% overall)
    - Becoming more independent (75.8% compared to 37.5% overall)
    - Spending time after school and on weekends with friends and/or in mainstream programs (75.5% compared to 42.1% overall), where they are more likely to be welcomed or actively included (91.7% compared to 72.2% overall).
- Participants with cerebral palsy also tend to have better baseline outcomes than participants with most other disability types.
- Participants with autism tend to have worse baseline outcomes than participants with other disabilities. For example, they are less likely to manage their emotions well

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[28] The two indicators for which disability was not significant were "The child lives with their parents" and "I would like my child to have more opportunity to be involved in activities with other children".

(9.7% compared to 19.6% overall), and less likely to be able to make friends with people outside the family (55.4% compared to 62.6% overall).

- Participants with global developmental delay, intellectual disability or Down syndrome are less likely to have a genuine say in decisions about themselves, and less likely to attend school in a mainstream class. Participants with Down syndrome are the least likely to attend school in a mainstream class (30.7% compared to 80.2% overall).
- Controlling for other factors, participants with developmental delay or global developmental delay were significantly less likely to spend time after school and on weekends with friends and/or in mainstream programs. However, their parents/carers were significantly less likely to want them to be more involved.
- The small group of participants with a psychosocial disability had significantly worse baseline results on some indicators, being less likely to get along with their siblings (46.1% compared to 70.1% overall) and to fit in with the everyday life of the family (69.9% compared to 87.5%).

There are also significant differences for some LF indicators:

- Compared to an overall percentage of 60.3%, the percentage who have sat a NAPLAN test was much lower for children with Down syndrome/intellectual disability (26.2%) and much higher for children with a sensory disability (80.0%).
- Parents/carers of participants with autism were less likely to think their child was genuinely included at school (72.0% compared to 83.8% for other disability types combined).
- The percentage of parents/carers who said their child's school was their first choice was lower for participants with Down syndrome/intellectual disability (57.1%) and higher for participants with a sensory disability (79.1%), compared to 63.6% overall.
- The percentage of parents/carers who said they had faced pressure to place their child in a particular class or school was higher for participants with Down syndrome/intellectual disability (22.9%) and autism (22.5%) and lower for participants with a sensory disability (7.0%), compared to 20.3% overall.
- Participants with autism (13.8%) and Down syndrome / intellectual disability (12.9%) were more likely to have been suspended from school, and those with a sensory disability were less likely to have been suspended (2.3%).
- Participants with a sensory disability were more likely to manage the demands of their world (79.1% compared to 51.6% overall).
- Parents/carers of participants with a sensory disability were less likely to be worried about the effect of having a sibling with disability on their other children (25.0%) and parents/carers of participants with autism were more likely to be worried (59.4%).

Comparing 2019-20 entrants with prior year entrants, baseline results by disability are generally similar. As for 2019-20 entrants, participants with hearing impairment tended to have better baseline outcomes, and participants with autism or global developmental delay tended to have worse baseline outcomes.

For both entry period cohorts, participants with a physical disability or visual impairment were the most likely to be attending school in a mainstream class, and those with Down syndrome, intellectual disability, or global developmental delay were the least likely. Also for both cohorts, parents/carers of participants with a sensory disability were the least likely to be worried about the effect of their child's disability on other children, whereas parents/carers of participants with autism were the most likely to be worried.

The more positive baseline results for participants with cerebral palsy were more pronounced for 2019-20 entrants.

Level of function / annualised plan budget[29]

Almost all baseline outcomes vary significantly with participant level of function and annualised plan budget. Baseline indicators are generally better for participants with higher level of function / lower annualised plan budget.

Table 3.3 shows baseline participant outcomes for which level of function and annualised plan budget are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.

Table 3.3 Relationship of level of function and plan budget with the likelihood of selected outcomes

Outcome	Higher level of function	Lower annualised plan budget
Lives in home owned or rented from private landlord	⬆	⬆
Developing functional, learning and coping skills	⬆	⬆
Manages their emotions well	⬆	⬆
Becoming more independent	⬆	⬆
Spends time away from parents/carers other than at school	⬆	⬆
Spends time with friends without an adult present	⬆	⬆
Has a genuine say in decisions about herself/himself	⬆	⬆
Attends school in a mainstream class	⬆	⬆
Gets along with his/her siblings	⬆	⬆
Can make friends with people outside the family	⬆	⬆
There is enough time to meet the needs of all family members	⬆	⬆
Fits in with the everyday life of the family	⬆	⬆
Has friends he/she enjoys playing with	⬆	⬆

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[29] Note that variations in baseline outcomes by annualised plan budget reflect characteristics associated with having a higher or lower plan budget, rather than the amount of the plan budget itself, since participants are at the start of their first plan at baseline.

Outcome	Higher level of function	Lower annualised plan budget
Spends time after school and on weekends with friends and/or in mainstream programs	⬆	⬆
Is welcomed or actively included in these activities	⬆	⬆
Child's disability is a barrier to being more involved	⬇	⬇

Level of function and annualised plan budget were significant ($p<0.05$) predictors in all but two of the 18 regression models.[30]

Controlling for other variables, for participants entering the Scheme in 2019-20:

- Participants with higher level of function have better baseline outcomes for all indicators in Table 3.3. In particular:
    - The percentage of children developing functional, learning and coping skills appropriate to their ability and circumstances decreases from 39.8% for participants with high level of function, to 18.1% for those with medium level of function, and 12.8% for those with low level of function.
    - The percentage of parents/carers who say their child is becoming more independent decreases from 51.4% for participants with high level of function, to 30.4% for those with medium level of function, and 18.7% for those with low level of function.
    - Participants with higher level of function are more likely to be able to make friends with people outside the family (75.6% compared to 57.0% of those with medium level of function and 41.3% for those with low level of function), and to have friends they enjoy playing with (52.3%, 35.0%, 22.3%).
    - Participants with higher level of function are more likely to spend time with friends and/or in mainstream programs when they are not at school (50.4% compared to 40.3% of those with medium level of function and 21.3% for those with low level of function), and more likely to be welcomed or actively included when they do so (80.2%, 66.2%, and 60.8%).
    - Participants with higher level of function are more likely to attend school in a mainstream class (87.4%, 81.7%, and 49.2%).
- Participants with a lower baseline plan budget also have better baseline outcomes for most of the indicators, generally reflecting the trends by level of function. For example:
    - The percentage of parents/carers who say there is enough time to meet the needs of all family members decreases from 37.2% for annualised plan budget $10,000 or less to only 10.0% for annualised plan budget over $30,000.

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[30] Neither level of function nor annualised plan budget were significant predictors of whether the child lives with their parents, or of whether the parent/carer would like their child to be more involved in activities with other children.

  - The percentage of parents/carers who say their child fits in with the everyday life of the family decreases from 93.0% for annualised plan budget $10,000 or less to 71.3% for annualised plan budget over $30,000.

There were also some significant differences by level of function and plan budget for LF indicators. For example, participants with higher level of function / lower plan budget were more likely to:

- Have sat a NAPLAN test (64.5% of those with high level of function compared to 24.6% of those with low level of function; 73.3% of those with plan budget $10,000 or less compared to 37.5% of those with plan budget over $30,000).
- Manage the demands of their world (60.5% compared to 38.3% of those with low level of function; 69.0% of those with plan budget $10,000 or less compared to 32.6% of those with plan budget over $30,000).

Parents/carers of participants with high level of function / lower plan budget were also less likely to be worried about the effect of having a sibling with disability on their other children.

Comparing 2019-20 entrants with participants entering in earlier years, baseline trends by level of function and annualised plan budget are very similar. For both 2019-20 entrants and prior year entrants, baseline indicators are generally better for participants with higher level of function / lower annualised plan budget, particularly those related to the daily living and relationship domains. Whilst the overall percentage attending school in a mainstream class is higher overall for 2019-20 entrants compared to prior year entrants, relativities by level of function show a similar trend.

Age, gender, Indigenous status and CALD status

Table 3.4 shows baseline participant outcomes for which age, gender, Indigenous status or CALD status are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.

Table 3.4 Relationship of age, gender, Indigenous status and CALD status with the likelihood of selected outcomes

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Lives with their parents			⬇	⬆
Lives in home owned or rented from private landlord			⬇	
Developing functional, learning and coping skills			⬇	
Manages their emotions well	⬆		⬇	⬆
Becoming more independent	⬆		⬇	⬇
Spends time away from parents/carers other than at school	⬆			⬇

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Spends time with friends without an adult present	⬆			
Has a genuine say in decisions about herself/himself	⬆	⬆		⬇
Attends school in a mainstream class	⬇	⬆	⬇	⬇
Gets along with his/her siblings	⬇			⬆
Can make friends with people outside the family		⬆		⬇
There is enough time to meet the needs of all family members	⬇	⬇		⬆
Fits in with the everyday life of the family			⬆	⬆
Has friends he/she enjoys playing with	⬆	⬆		⬇
Spends time after school and on weekends with friends and/or in mainstream programs	⬆	⬆		⬇
Is welcomed or actively included in these activities	⬆	⬆		⬇
Parent/carer would like child to be more involved	⬆			
Child’s disability is a barrier to being more involved		⬇		

Age[31]
Age was a significant predictor in 12 of the 18 regression models.

In nine cases baseline outcomes were better for older children, often reflecting the expected growth in independence with age. For example, older participants were more likely to spend time away from their parents other than at school, and spend time with friends without an adult present. They were also more likely to have a genuine say in decisions about themselves (83.0% for participants aged 12 or older compared to 71.3% for those five or younger).

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[31] Note this is the cross-sectional effect of age on baseline outcomes, rather than longitudinal.

Some baseline indicators appear to be better for children aged five or younger (13.9% of 2019-20 entrants in the starting school to age 14 cohort are in this age range), after which a deterioration is observed in the age range approximately six to 11, followed by an improvement for those aged 12 or older. For example, on a one-way basis, the percentage of children who manage their emotions well was 26.3% for those aged five or younger, decreasing to 17%-18% for those aged six to 11, then increasing to 21.2% for those aged 12 or older.

Some baseline indicators were less positive for older children. Older participants were less likely to:

- Attend school in a mainstream class (65.5% of those aged 12 or older, compared to 89.3% of those aged 5 or younger)
- Get along with their siblings (66.5% of those aged 12 or older, compared to 79.6% of those aged 5 or younger).

Parents/carers of older children were also less likely to think their was enough time to meet the needs of all family members (23.9% of those aged 12 or older, compared to 42.4% of those aged 5 or younger), and more likely to want their child to be more involved in activities with other children (68.6% of those aged 12 or older, compared to 59.9% of those aged 5 or younger).

There were also some significant differences by age for LF indicators. Satisfaction with their child's schooling tended to decrease with age of the child, with the percentage of parents/carers who:

- Think their child is genuinely included at school decreasing from 82.3% for those aged eight or younger, to 68.7% for those aged nine to 11, and 63.2% for those aged 12 or older.
- Are satisfied that their child's school listens to them in relation to their child's education decreasing from 78.4% for those aged eight or younger, to 70.6% for those aged nine to 11, and 68.6% for those aged 12 or older.
- Say their child's school was their first choice decreasing from 69.4% for those aged eight or younger, to 58.2% for those aged nine to 11, and 53.5% for those aged 12 or older.

Gender

Gender was a significant predictor in eight of the 18 regression models. In all but one of these, females had more positive outcomes than males.

Controlling for other factors, for participants entering the Scheme in 2019-20, female participants were more likely to:

- Have a genuine say in decisions about themselves (78.3% compared to 73.9% for males)
- Attend school in a mainstream class (82.4% compared to 79.1% for males).
- Make friends with people outside the family (66.0% compared to 61.0% for males), and have friends they enjoy spending time with (45.0% compared to 38.4%).
- Spend time outside school with friends or in mainstream programs (46.5% compared to 40.0% for males), and to be welcomed or actively included when they do so (75.8% compared to 70.4%).

Parents/carers of female participants were also less likely to perceive their child's disability as a barrier being more involved (86.0% compared to 88.7% for males).

However, the models also indicated that parents/carers of female participants were significantly less likely to think there was enough time to meet the needs of all family members. On a one-way basis, the difference was negligible.

On a one-way basis, female participants were much less likely to have been suspended from school (6.0% for the SF and 5.1% for the LF) than male participants (15.8% for the SF and 14.6% for the LF). The ratio of male to female suspension rates is 2.6, the same as that observed for NSW public school students suspended in calendar year 2019.

Indigenous status
Indigenous status was a significant predictor in seven of the 18 regression models.

Two of these indicators related to living/housing arrangements, with Indigenous participants being significantly less likely to:

- Live with their parents (75.0% compared to 95.1% for non-Indigenous participants).
- Live in a home that is owned by their family or rented from a private landlord (70.9% compared to 93.1% for non-Indigenous participants). Conversely, Indigenous participants are much more likely to live in public housing (24.8% compared to 5.2%).

Looking at other indicators, parents/carers of Indigenous participants were more likely to say that their child fits in well with the everyday life of the family (88.6% versus 87.4% for non-Indigenous participants, on a one-way basis).

However, Indigenous participants were significantly less likely to be:

- Developing functional, learning and coping skills appropriate to their ability and circumstances (20.0% versus 27.0% for non-Indigenous participants), managing their emotions (16.1% versus 19.9%), and becoming more independent (31.7% versus 37.7%).
- Attending school in a mainstream class (73.2% compared to 80.3% for non-Indigenous participants).

CALD status
CALD status was a significant predictor in 13 of the 18 regression models.

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.

CALD participants were significantly more likely to live with their parents at baseline (97.1% compared to 93.0% for non-CALD participants).

CALD participants were also more likely to manage their emotions (28.7% versus 18.8% for non-CALD participants), and to get along with their siblings (76.3% versus 70.0%).

Parents/carers of CALD participants were also more likely to say that their child fits in with the everyday life of the family (90.5% versus 87.2% for non-CALD participants).

However, CALD participants were less likely to:

- Be gaining in independence (35.9% compared to 37.6% for non-CALD participants).
- Have a genuine say in decisions about themselves (62.9% versus 76.4%).
- Spend time away from their parents/carers other than at school (12.8% versus 26.1%).
- Attend school in a mainstream class (70.0% compared to 81.1%).

- Be able to make friends with people outside the family (54.1% versus 63.2%) and have friends they enjoy spending time with (33.0% versus 41.0%).
- Spend time outside school with friends or in mainstream programs (32.4% versus 42.8%), and to be welcomed or actively included when they do so (69.9% versus 72.4%).

From the LF, parents/carers of CALD participants were less likely to say they have had pressure to place their child in a particular class or school (10.9% compared to 20.6% for non-CALD participants).

Comparing baseline outcomes by age, gender, Indigenous and CALD status for 2019-20 entrants with prior year entrants:

- Trends by age are largely similar, with older children exhibiting more independence and having a greater say in decisions, as would be expected due to normal age-related development. For both 2019-20 entrants and prior year entrants, the percentage attending school in a mainstream class declined with age.
- Differences by gender are consistent, with females being more likely than males to have a genuine say in decisions about themselves, to make friends with people outside the family, and to attend school in a mainstream class.
- The more extensive modelling for 2019-20 entrants this year identified Indigenous status as a significant predictor for seven out of 18 baseline indicators, compared to four out of the six indicators modelled last year. Common to both entry period cohorts, Indigenous children were less likely to be becoming more independent, to be developing functional, learning and coping skills, and to attend school in a mainstream class. Differences in living and housing arrangements identified in one-way analyses for prior year entrants were supported by the regression modelling for 2019-20 entrants. However, the higher likelihood for Indigenous children to fit in with the everyday life of the family identified in regression models for 2019-20 entrants was not noted for prior year entrants, and conversely, the higher likelihood for Indigenous participants to spend time with friends without an adult present was identified in regression models for prior year entrants but not for 2019-20 entrants.
- Differences between CALD and non-CALD participants are largely consistent, with CALD participants being more likely to manage their emotions well but less likely to have positive baseline outcomes for some areas of community participation and friendships. An additional positive indicator was identified for 2019-20 entrants, with CALD participants found to be more likely to get along with their siblings.

Geography

Table 5.3 shows baseline participant outcomes for which State/Territory or remoteness are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.[32,33]

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[32] Remoteness uses the Modified Monash Model (MMM), https://www.health.gov.au/resources/publications/modified-monash-model-fact-sheet 1=metropolitan, 2=regional centres, 3=large rural towns, 4=medium rural towns, 5=small rural towns, 6=remote communities, 7=very remote communities. 6 and 7 are combined due to small numbers.

[33] Reference categories in the models are NSW for State/Territory and 1 (metropolitan) for remoteness.

Table 3.5 Relationship of State/Territory and remoteness with the likelihood of selected outcomes

	State/Territory							Remoteness				
Outcome	VIC	QLD	SA	WA	TAS	ACT	NT	2	3	4	5	6/7
Lives with their parents	↑	↑		↑	↑		↑					
Lives in home owned or rented from private landlord	↑	↑		↑	↓	↓	↓		↓		↑	↓
Developing functional, learning and coping skills					↑		↓				↑	↑
Manages their emotions well			↓				↑				↑	↑
Becoming more independent		↑	↑	↑	↑					↑	↑	↑
Spends time away from parents/carers other than at school			↑	↑	↑		↓		↑	↑	↑	↑
Spends time with friends without an adult present	↑		↑	↑	↑	↑	↑				↑	↑
Has a genuine say in decisions about herself/himself	↑	↑	↑		↑	↑			↑		↑	
Attends school in a mainstream class	↑	↑	↑	↑	↑	↑			↑		↑	↑
Gets along with his/her siblings					↑	↑	↑					↑
Can make friends with people outside the family	↑	↑	↑		↑		↑	↑	↑	↑	↑	↑
There is enough time to meet the needs of all family members	↓			↓	↑	↓	↑		↑	↑	↑	↑
Fits in with the everyday life of the family	↑	↓		↓			↑	↑			↑	↑
Has friends he/she enjoys playing with	↓		↑						↑			↑
Spends time after school and on weekends with friends and/or in mainstream programs	↑	↓	↑	↑	↓							↑

	State/Territory							Remoteness				
Outcome	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**ACT**	**NT**	**2**	**3**	**4**	**5**	**6/7**
Is welcomed or actively included in these activities										⬆	⬆	⬆
Parent/carer would like child to be more involved	⇩	⬆						⇩		⇩	⇩	

State/Territory
There are some differences in baseline outcomes by State/Territory of residence. For example, controlling for other factors:

- Participants from NSW and NT were less likely than participants in other States and Territories to attend school in a mainstream class.
- Participants from NSW and QLD were less likely than participants in other States and Territories to spend time friends without an adult present.
- Parents/carers of participants from WA were less likely to think there is enough time to meet the needs of all family members (22.6%, compared to 27.2% overall) and participants from NT were more likely to think so (42.9%).
- Parents/carers of participants from WA were also less likely to think their child fits well into the everyday life of the family (84.6%, compared to 87.5% overall) and participants from NT were more likely to think so (93.9%).

Remoteness
Remoteness was a significant predictor in 16 of the 18 regression models.[34]

In general, baseline outcomes were more positive for participants living in small regional towns and remote/very remote areas compared to those for participants living in major cities and larger regional centres. For example, participants living in small rural towns and remote/very remote areas were significantly more likely to:

- Be developing functional, learning and coping skills appropriate to their ability and circumstances.
- Manage their emotions well (24.5% of participants living in remote/very remote communities compared to 19.6% of those living in major cities).
- Get along with their siblings (79.0% of participants living in remote/very remote communities compared to 70.3% of those living in major cities).

In addition, parents/carers of participants living in remote/very remote communities were more likely to think there was enough time to meet the needs of all family members (34.2% compared to 26.2% for those living in major cities).

The percentage who are able to make friends with people outside the family tends to increase with increasing remoteness: from 61.0% of participants living in major cities, to

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[34] One-way analyses by remoteness do not always appear consistent with the results of regression modelling. In general, one-way analyses for remoteness should be interpreted with care due to the potential for confounding (for example, participants in remote/very remote areas are more likely to be Indigenous, and to be younger). Multiple regression modelling controls for known sources of confounding and indicates the effect of remoteness after adjusting for these other factors.

64.9%-65.4% for those living in regional centres and large rural towns, and 67.0%-67.5% for those living in more remote areas.

Participants living in remote/very remote communities are much more likely to live in public housing (27.9% compared to 6.9% overall).

Comparing 2019-20 entrants with prior year entrants, baseline outcomes show similar variations by State/Territory and remoteness, for most indicators. In particular, children from remote/very remote areas tend to have more positive baseline results than those from major cities, across many indicators.

Plan management type[35,36]

Table 3.6 shows baseline participant outcomes for which plan management type is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect.

Table 3.6 Relationship of plan management type with the likelihood of selected outcomes

Outcome	Self managed fully	Self managed partly	Plan managed
Lives with their parents	↑	↑	↑
Lives in home owned or rented from private landlord	↑	↑	↑
Developing functional, learning and coping skills			↓
Manages their emotions well	↓	↓	↓
Becoming more independent	↑		↓
Spends time away from parents/carers other than at school	↑		
Has a genuine say in decisions about herself/himself	↑	↑	↑
Attends school in a mainstream class	↑	↑	↑
Gets along with his/her siblings			↓
Can make friends with people outside the family			↓
There is enough time to meet the needs of all family members	↓	↓	↓

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[35] Note that these baseline differences reflect characteristics of participants whose families/carers choose to self manage, rather than the self-management process itself (since the results are at the start of the participant's first plan).

[36] Reference category in the models is Agency-managed.

Outcome	Self managed fully	Self managed partly	Plan managed
Fits in with the everyday life of the family	⬇	⬇	⬇
Has friends he/she enjoys playing with	⬆	⬆	
Spends time after school and on weekends with friends and/or in mainstream programs	⬆	⬆	⬆
Parent/carer would like child to be more involved	⬆	⬆	⬆
Child's disability is a barrier to being more involved	⬆		

There were significant differences by plan management type for 16 of the 18 baseline regression models.

Participants who self-manage fully are more likely to show evidence of growing autonomy. They are more likely to be gaining in independence, more likely to spend time away from their parents/carers other than at school, and (along with participants who self-manage partly and those who use a plan manager) more likely than those with Agency-managed plans to have a genuine say in decisions about themselves (78.1% of those who self-manage fully compared to 71.0% of those with Agency-managed plans).

Participants who self-manage (fully or partly) and those who use a plan manager are more likely than those with Agency-managed plans to attend school in a mainstream class (86.5% of those who self-manage fully, 77.2% of those who self-manage partly or use a plan manager, and 74.8% of those with Agency-managed plans).

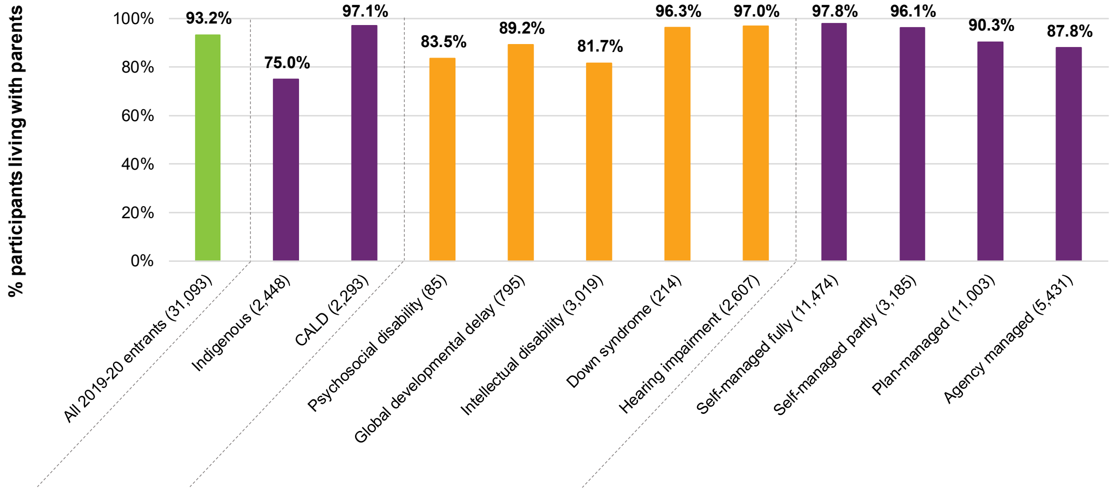
Participants who self-manage (fully or partly) and those using a plan manager are also significantly more likely to spend time outside school with friends or in mainstream programs (50.5% of those who self-manage fully, 43.3% of those who self-manage partly, 36.1% of those who use a plan manager, and 35.3% of those with Agency-managed plans).

However, parents/carers of participants who self-manage (fully or partly) and those using a plan manager are less likely to say their child manages their emotions well, less likely to think there is enough time to meet the needs of all family members, and less likely to think their child fits into the everyday life of the family.

Parents/carers who self-manage (partly or fully) or have a plan manager were more likely to want their child to be more involved in activities with other children (68.6% for those who self-manage fully compared to 62.5% of those with Agency-managed plans). Those who fully self-manage were more likely to perceive their child's disability as a barrier to greater involvement (89.0% compared to 85.0% of those with Agency-managed plans).

Participants who self-manage or use a plan manager are more likely than those who Agency-manage to live with their parents (97.8% of those who fully self-manage compared to 87.8% of those with Agency-managed plans). They are also less likely to live in public housing (2.1% compared to 12.0% for those with Agency-managed plans).

Figure 3.8 Percentage of participants living with their parents at baseline – 2019-20 entrants



Comparing 2019-20 entrants with those entering in prior years, the same trends by plan management type were observed for living and housing arrangements. For both groups, participants with self-managed plans were more likely to show evidence of growing independence, and more likely to attend school in a mainstream class.

Unemployment rate

A higher unemployment rate was generally associated with worse baseline outcomes, although participants living in higher unemployment areas were more likely to fit in with the everyday life of the family, and more likely to live with their parents.

Impact of COVID-19

The methodology for investigating the impact of COVID-19 has been outlined in Section 2.4.

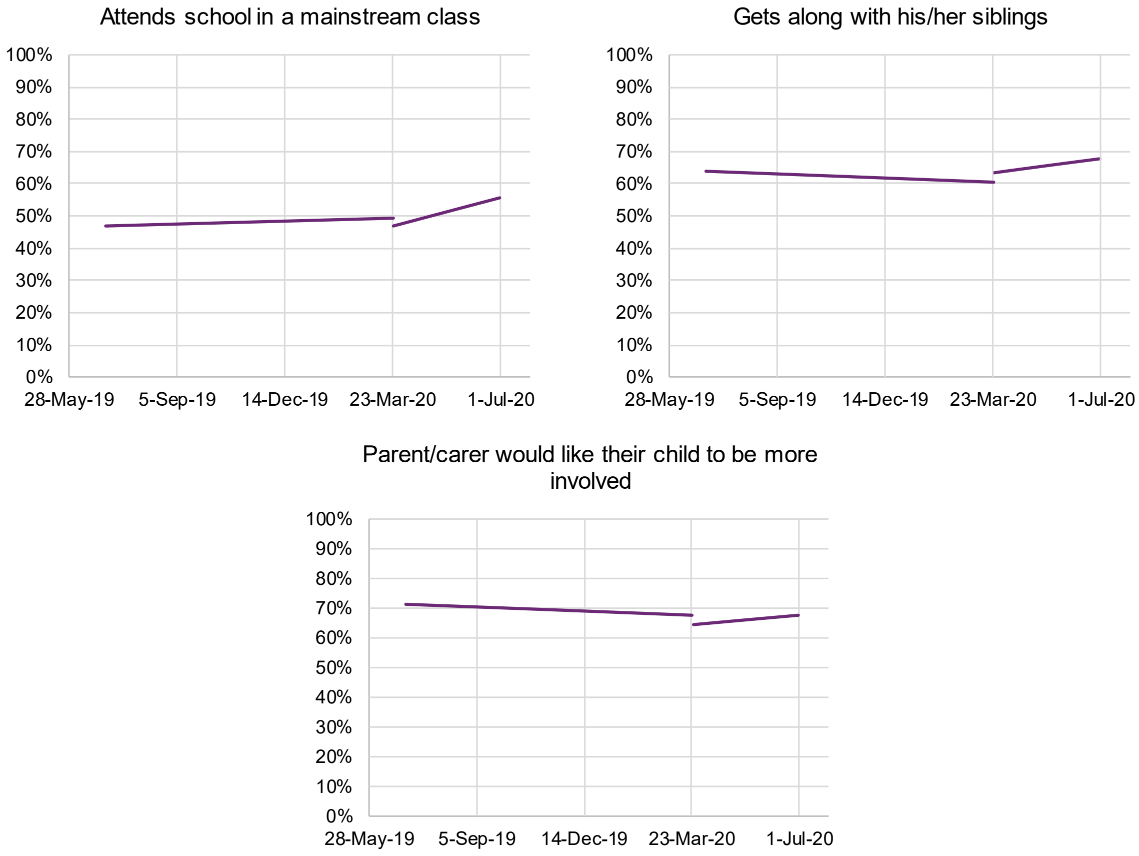
For participants from starting school to age 14 who entered the Scheme in 2019-20, there were 10 indicators for which one or both of the COVID-related terms was significantly different from zero.

For three of these indicators, there was a change in slope before and after the assumed COVID impact date:

- The percentage of children who attend school in a mainstream class increased at a slightly greater rate over the post-COVID period.
- The percentage of children who get along with their siblings showed both a step up and a positive change in slope, from a slight decreasing trend to an increasing trend following 23 March 2020.
- The percentage of parents/carers who say they would like their child to be more involved in activities with other children showed a step down and a positive change in slope, from a slight decreasing trend to an increasing trend following 23 March 2020.

The fitted trends for these indicators are shown in Figure 3.9.

Figure 3.9 Estimated trend over time for indicators where there was a change in slope post-COVID

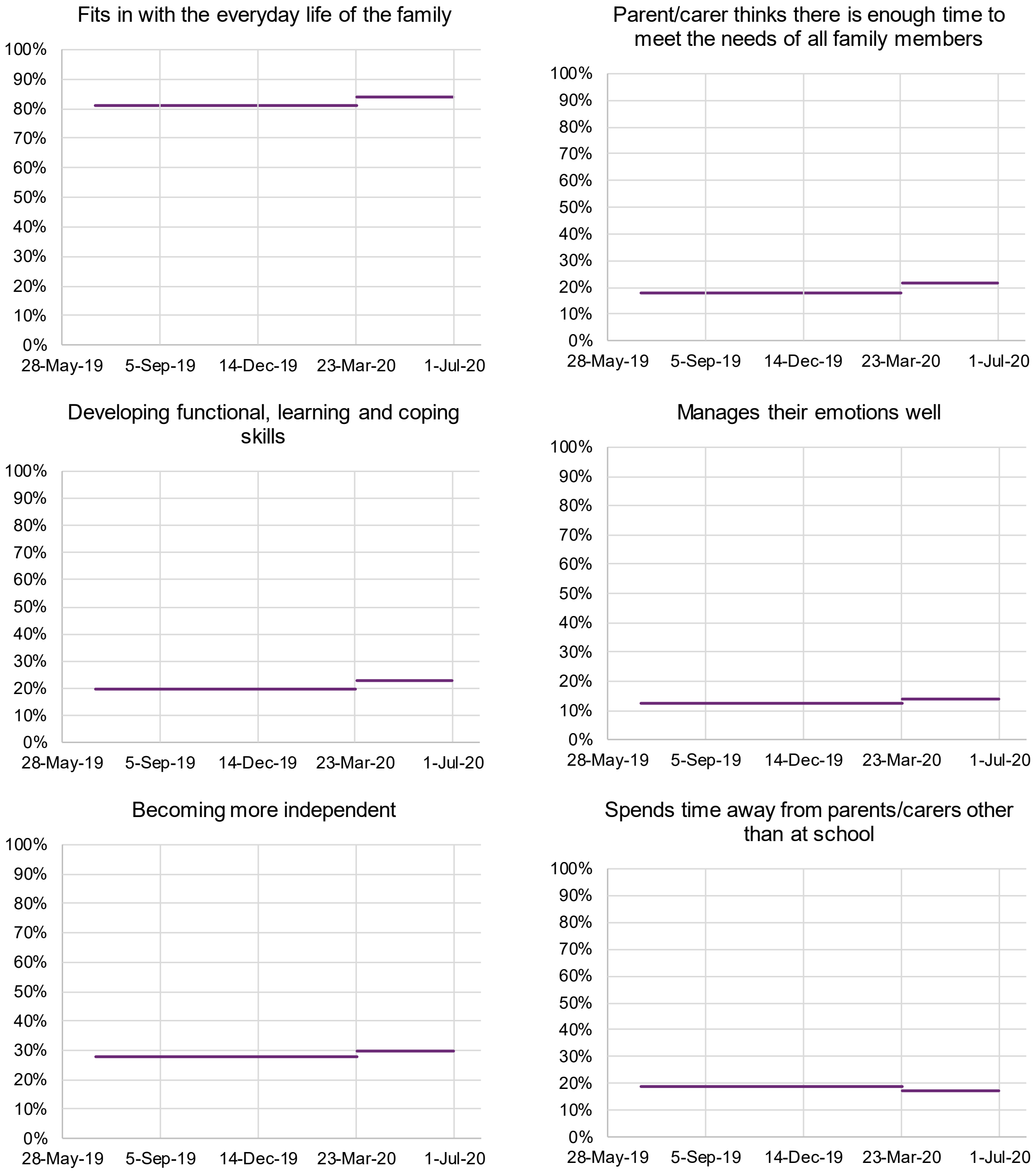


Other indicators for which only a step change was observed include:

- The percentage of parents/carers who say their child fits in with the everyday life of the family, and the percentage who think there is enough time to meet the needs of all family members: there were significant positive step changes in both these indicators at 23 March 2020.
- The percentage of children developing functional, learning and coping skills appropriate to their ability and circumstances, the percentage who manage their emotions well, and the percentage becoming more independent: there were significant positive step changes in these indicators at 23 March 2020.
- The percentage of children who spend time away from their parents/carers other than at school: there was a significant step down in this indicator at 23 March 2020.

The fitted trends for these indicators are shown in Figure 3.10.

Figure 3.10 Estimated trend over time for indicators where there was a step change but no change in slope post-COVID



Box 3.4 summarises the key findings from this section.

Box 3.4: Summary of findings

- Most participant outcomes vary significantly by primary disability type. Participants with a sensory disability generally experience better outcomes than those with other disabilities. In particular, participants with hearing impairment tended to have better baseline outcomes, and participants with autism or global developmental delay tended to have worse baseline outcomes. Participants with a physical disability or visual impairment were the most likely to be attending school in a mainstream class, and those with Down syndrome, intellectual disability, or global developmental delay were the least likely.
- Almost all baseline outcomes vary significantly with participant level of function and annualised plan budget. Participants with higher level of function / lower annualised plan budget tend to have better baseline outcomes than those with lower level of function / higher annualised plan budget. In particular, participants with higher level of function are more likely to attend school in a mainstream class.
- Comparing baseline outcomes by age, older children exhibited more independence and had a greater say in decisions, as would be expected due to normal age-related development. The percentage attending school in a mainstream class declined with age.
- Females are more likely than males to have a genuine say in decisions about themselves, to make friends with people outside the family, and to attend school in a mainstream class.
- Indigenous children were less likely to be becoming more independent, to be developing functional, learning and coping skills, and to attend school in a mainstream class.
- 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.
- In general, baseline outcomes were more positive for participants living in small regional towns and remote/very remote areas compared to those for participants living in major cities and larger regional centres.
- Participants with self-managed baseline plans were more likely to show evidence of growing independence, and more likely to attend school in a mainstream class.
- COVID-19 was associated with a number of changes to participant outcomes, with most changes being positive. For example, positive changes were observed for children getting along with their siblings, fitting in with the everyday life of the family, becoming more independent, and parents/carer thinking there is enough time to meet the needs of all family members. However, the percentage of children who spend time away from their parents/carers other than at school has dropped to a lower level during the pandemic.

4. Participants aged 15 to 24

4.1 Key findings

Box 4.1: Comparison of 2019-20 entrants with prior year entrants on key characteristics

- As at 30 June 2020, the combined baseline constitutes four years of experience (participants entering the Scheme between 1 July 2016 and 30 June 2020).
- The report focusses on baseline results for 2019-20 entrants, but also includes a brief comparison with results for prior year entrants. Differences between participants by key characteristics (such as disability type and level of function) can occur over time, for example due to phasing in the transition period.
- Compared to prior year entrants, participants aged 15 to 24 who entered the Scheme in 2019-20 tend to be:

- Younger, in particular more likely to be under age 18.
- More likely to have autism, a hearing or visual impairment, or a psychosocial disability and less likely to have intellectual disability or Down syndrome.
- More likely to have high or medium level of function, and less likely to have low level of function.
- More likely to require a low level of NDIA support through the participant pathway and less likely to require a medium or high/very high level of support.[37]
- Less likely to live in NSW and more likely to live in WA.
- Slightly more likely to live in major cities and slightly less likely to live in regional areas with population less than 15,000.
- Slightly more likely to be from a CALD background (8.9% compared to 6.9%) and slightly more likely to be female (38.5% compared to 35.6%).
- Much more likely to have not received services from State/Territory or Commonwealth programs prior to entering the Scheme, more likely to have entered the Scheme for early intervention (20.7% compared to 7.7%) and less likely to have entered due to disability.[38]
- More likely to have baseline annualised plan budget $30,000 or less and less likely to have annualised plan budget over $50,000, and more likely to fully self-manage their baseline plan (20.5% compared to 9.5%) or to use a plan manager (43.8% compared to 25.0%) rather than agency manage.
- Similar with respect to Indigenous status.

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[37] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

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

Box 4.2: Baseline indicators for participants entering in 2019-20 – overall

- Most 2019-20 entrants live with parents (77.1%, compared to 75.8% of prior year entrants). Most participants (83.0%) are in a private home either owned or rented from a private landlord. 8.4% of participants live in a private home rented from a public authority, slightly lower than entrants in earlier years (11.1%). 77.8% say they are happy with their home (compared to 80.4% of prior year entrants).
- Almost all participants say they choose what they do each day (91.5%) and how they spend their free time (92.2%), however 70.6% say they were not happy with the level of independence and control they are currently experiencing (higher than 64.5% for prior year entrants).
- Support in domestic task (78.6%) and communicating (78.0%) are areas of highest need in daily living, For each area of daily living except communication, the percentage needing support was lower for 2019-20 entrants compared to prior year entrants, possibly reflecting the higher level of function for 2019-20 entrants on average. Where support was needed, it was most often received for domestic tasks (79.2%), personal care (77.9%) and finances/money (73.0%).
- Baseline relationships outcomes for 2019-20 entrants are poorer compared to the general population. 17.3% of participants have no-one outside their home to call for help, 25.7% have no-one to call on for emotional assistance, and 23.7% have no-one to call on in a crisis, compared to only 2.8% of the general population age 15 to 24. However, these baseline percentages were slightly more favourable for 2019-20 entrants compared to prior year entrants (for example, 20.6% of prior year entrants had no one outside their home to call for help compared to 17.3% of 2019-20 entrants).
- Baseline health outcomes for 2019-20 entrants are also poorer compared to the general population. A lower percentage of participants rate their health as good, very good or excellent (67.0% compared to 91.9% for the general population), and a higher percentage have been to hospital in the last 12 months (29.0% versus 6.8%). Almost one-third of participants (31.2%) had experienced difficulties in getting health services. Similar results on these indicators were observed for prior year entrants, with 68.4% rating their health as good, very good or excellent, 28.6% having been to hospital in the last 12 months, and 31.0% having experienced difficulties in getting health services.
- 55.2% of participants who entered the Scheme in 2019-20 said that they currently or previously attended school in a mainstream class, whilst 16.7% said they were currently or previously in a special school. For prior year entrants, a much lower percentage said they were currently or previously in a mainstream class (28.4%), and a much higher percentage said they were currently or previously in a special school (37.8%).
- 9.8% of participants said they currently volunteered (compared to 12.5% of prior year entrants), and 29.6% had been involved in a community, cultural or religious group in the last 12 months (33.8% of prior year entrants). 36.5% of participants felt able to have a say with their support providers either all of the time or most of the time (compared to 32.6% for prior year entrants.

Box 4.3: Baseline indicators for participants entering in 2019-20 – participant characteristics

- Similar to participants who entered in prior years, better baseline outcomes have been observed from 2019-20 entrants with primary disability of hearing impairment, participants who are self-managing part or all of their plan, and participants with higher level of function.
- Less favourable baseline outcomes have been observed from 2019-20 entrants whose primary disability is a psychosocial disability, particularly in the areas of home, health and wellbeing, community participation, and work. Indigenous participants also showed poorer baseline outcomes across multiple domains, particularly in home, health and wellbeing, lifelong learning, work and community participation.
- Comparing baseline outcomes of participants who entered before and after the start of the global COVID-19 pandemic, baseline outcomes for those entering during the pandemic were more negative on two indicators and more positive on 13 indicators. On the negative side, participants entering during the pandemic were less likely to have someone outside the home to call on for help when needed, and more likely to want to see family more often. On the positive side, participants entering during the pandemic were more likely to say they choose who supports them, more likely to be able to advocate for themselves, more likely to feel safe in their current home and to want to live there in five years’ time, and more likely to rate their health as good, very good or excellent. Additionally participants are more likely to participate in education, training or skill development, more likely to spend their free time doing activities that interest them, and more likely to know people in their community.

4.2 Outcomes framework questionnaire domains

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

For participants aged 15 to 24, the eight outcome domains are:

- Choice and control (CC)
- Daily living (DL)
- Relationships (REL)
- Home (HM)
- Health and wellbeing (HW)
- Lifelong learning (LL)
- Work (WK)
- Social, community and civic participation (S/CP)

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

Participants answer the outcomes questionnaire applicable to their age/schooling status at the time of interview. Hence the 15 to 24 baseline cohort comprises participants who are aged between 15 and 24 when they enter the Scheme.

4.3 Comparison of 2019-20 entrants with prior year entrants on key characteristics

As discussed in Section 2.3, differences between participants by key characteristics (such as disability type and level of function) can occur over time, for example due to phasing in the transition period. A brief summary of how 2019-20 entrants compare to participants entering in the earlier three year period with respect to key characteristics is provided in this section.

Figure 4.1 and Figure 4.2 summarise distributions by key characteristics for 2019-20 and prior year entrants.

Figure 4.1 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants

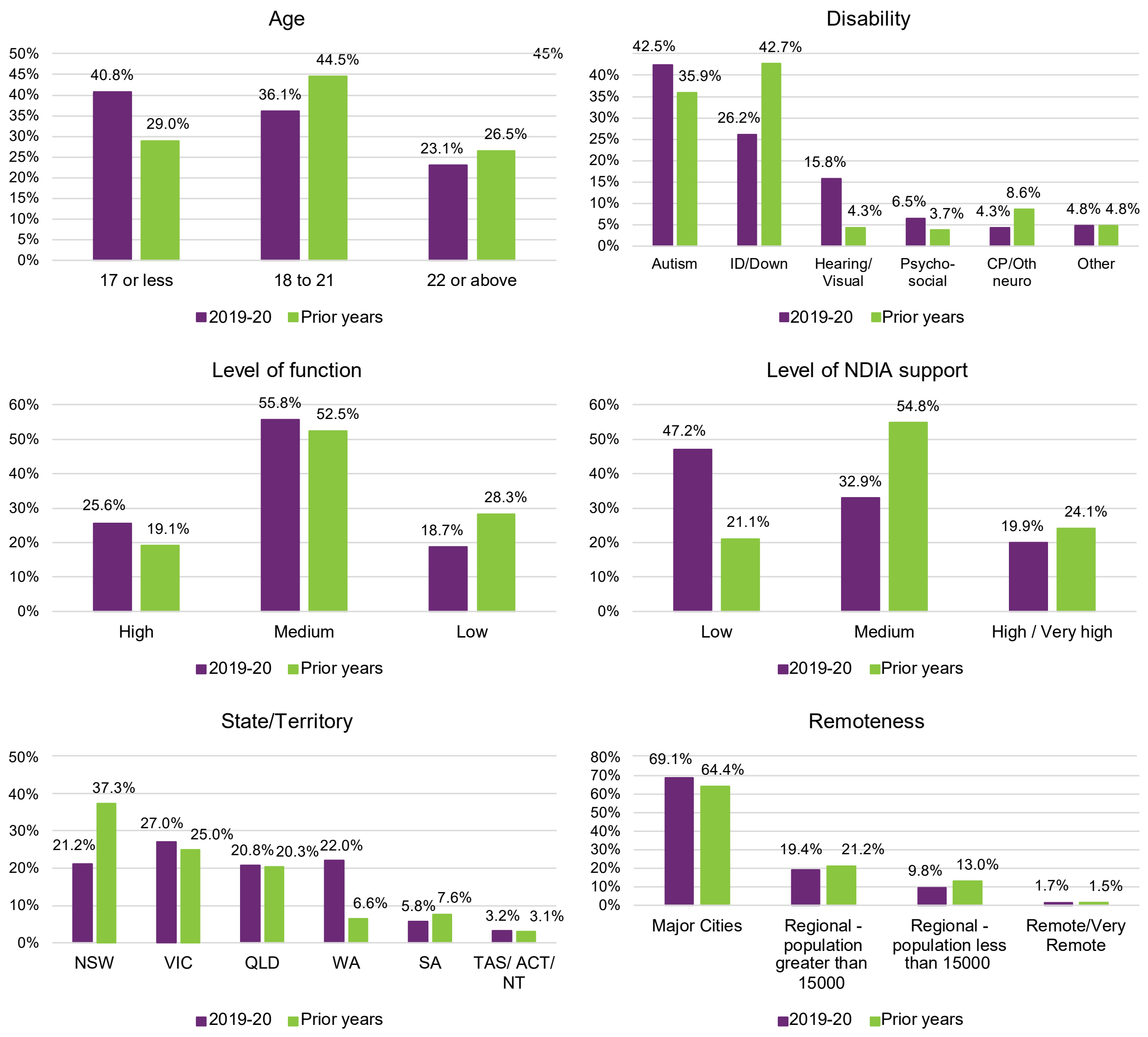
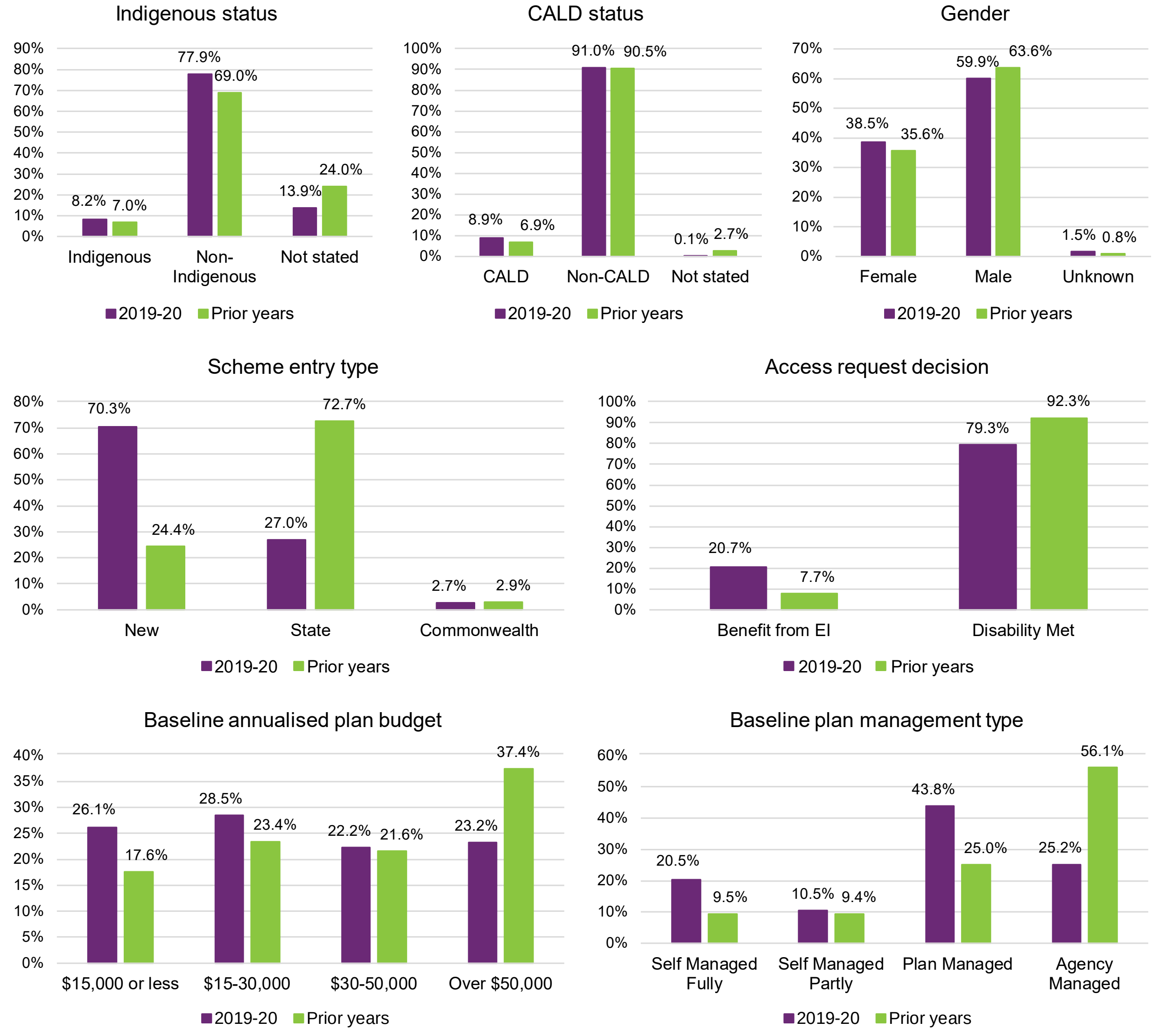


Figure 4.2 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants



The graphs in Figure 4.1 and Figure 4.2 show that compared to prior year entrants, participants who entered the Scheme in 2019-20 tend to be:

- Younger (40.8% aged under 18 and 59.2% aged 18 or over, compared to 29.0% and 71.0% for prior year entrants).
- More likely to have autism (42.5% compared to 35.9% for prior year entrants), a hearing/visual impairment (15.8% compared to 4.3%) or a psychosocial disability (6.5% compared to 3.7%), and less likely to have an intellectual disability or Down syndrome (26.2% compared to 42.7%) or cerebral palsy/another neurological disability (4.3% compared to 8.6%).
- More likely to have high (25.6% compare to 19.1%) or medium level of function (55.8% compared to 52.5%) and less likely to have low level of function (18.7% compared to 28.3%).
- More likely to required a low level of NDIA support through the participant pathway (47.2% compared to 21.1%) and less likely to require a medium (32.9% compared to 54.8%) or high/very high (19.9% compared to 24.1%) level of support.

- Less likely to live in NSW (21.2% compared to 37.3%) and more likely to live in WA (22.0% comared to 6.6%).
- Slightly more likely to have lived in major cities (69.1% compared to 64.4%) and slightly less likely to have lived in regional areas with population less than 15,000 (9.8 compared to 13.0%).
- Slightly more likely to be from a CALD background (8.9% compared to 6.9%), and slightly more likely to be female (38.5% compared to 35.6%).
- Much more likely to have not received services from State/Territory or Commonwealth programs prior to entering the Scheme (70.3% compared to 24.4%).
- More likely to have entered the Scheme for early intervention (s24) (20.7% compared to 7.7%) and less likely to have entered due to disability (s25) (79.3% compared to 92.3%).
- More likely to have baseline annualised plan budget $30,000 or less (54.5% compared to 41.0%) and less likely to have annualised plan budget over $50,000 (23.2% versus 37.4%).
- More likely to fully self-manage their baseline plan (20.5% compared to 9.5%) or to use a plan manager (43.8% compared to 25.0%) and less likely to agency manage (25.2% compared to 56.1%).

However, distributions by Indigenous status similar between 2019-20 entrants and prior year entrants.[39]

4.4 Baseline indicators for participants entering in 2019-20 – overall

Participant living and housing arrangements

Overall, at baseline, 77.1% of young adult participants who entered the Scheme in 2019-20 live with their parents (compared to 75.8% of prior year entrants). 5.5% live with other family members, 5.8% with people not related to them, 2.9% with a spouse/partner and/or children, and 3.5% live alone (Figure 4.3).

Data from the Household Income and Labour Dynamics in Australia (HILDA) survey suggest that a lower proportion of NDIS participants aged 15 to 24 live with their parents (77.1% compared to 83.7%) and a higher proportion live with other family members (5.5% compared to 3.1%), with people not related to them (5.8% compared to 2.5%), and in other settings (5.0% compared to 0.0%).[40]

At baseline, most participants (83.0%) are in a private home either owned or rented from a private landlord. 8.4% of participants live in a private home rented from a public authority, slightly lower than entrants in earlier years (11.1%). 1.7% are in supported accommodation, 1.0% in residential care or a hostel and a further 1.7% in a boarding house, short-term crisis accommodation, a temporary shelter, or a nursing home (Figure 4.3).

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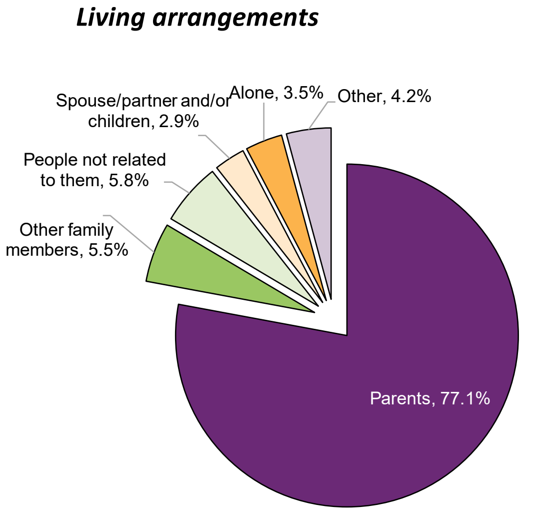
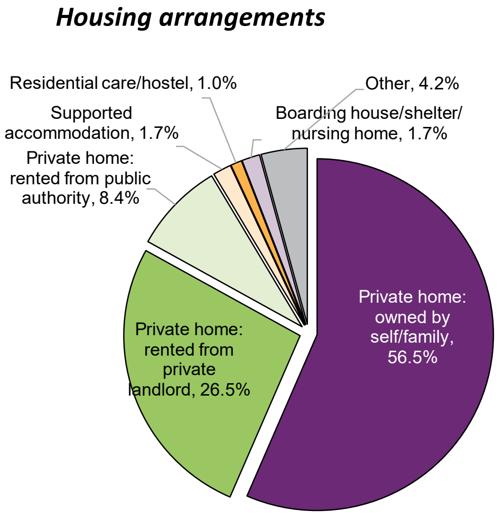
[39] Chi-squared tests for differences in the distributions were performed, but due to the large volume of baseline data, they are powered to detect very small differences. For participants aged 15 to 24, there was no significant difference for Indigenous status (p=0.75), but all other p-values were less than 0.0001.

[40] HILDA Survey (unimelb.edu.au) Weighted to match the Australian population and adjusted for the NDIS age distribution.

Figure 4.3 Baseline living and housing arrangements – 2019-20 entrants





Independence

The SF includes questions designed to investigate whether participants aged 15 to 24 exhibit growing independence and increased choice and control over their lives, as would be expected for young adults generally. More than half (52.6%) of the participants entering the Scheme in 2019-20 had experienced increased independence/control over their life compared to two years ago[41], however 70.6% were still not happy with the level of independence/control they were currently experiencing. 58.7% said they made more decisions in their life than two years ago, however this includes 35.7% who would like to make more decisions. Of those who had commenced planning for life post-school, 81.7% said they had at least some input into the decisions, higher than 66.9% for entrants in previous years.

Choice and control

More participants chose, or had a say in, what they do each day (91.5%) and how they spend their free time (92.2%) than in who supports them (82.1%), where they live (49.2%) or who they live with (48.7%). The majority (55.1%) said their family makes most decisions in their life, although 38.6% said they made most decisions themselves (higher than 28.2% for prior year entrants). 90.3% said they had someone who supports them to make decisions. Overall, 77.1% said they would like more choice and control in their life (slightly lower than 81.1% of prior year entrants at baseline).

Daily living

For participants entering in 2019-20, support for daily living was most needed for domestic tasks (78.6%) and communicating with other people (78.0%), and least needed for personal care (45.3%) and using technology (31.7%). For each area of daily living except communication, the percentage needing support was lower for 2019-20 entrants compared to prior year entrants, by 4.5% to 14.6%, possibly reflecting the higher level of function for 2019-20 entrants on average.

Where support was needed, it was most often received for domestic tasks (79.2%), personal care (77.9%), and finances/money (73.0%), and least often received for using technology

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

(51.5%). For other areas (transport, communication, getting out of the house and reading/writing), percentages were similar (65.5% to 67.5%). The percentages for 2019-20 entrants were lower than for prior year entrants, by 3.7% to 9.9%.

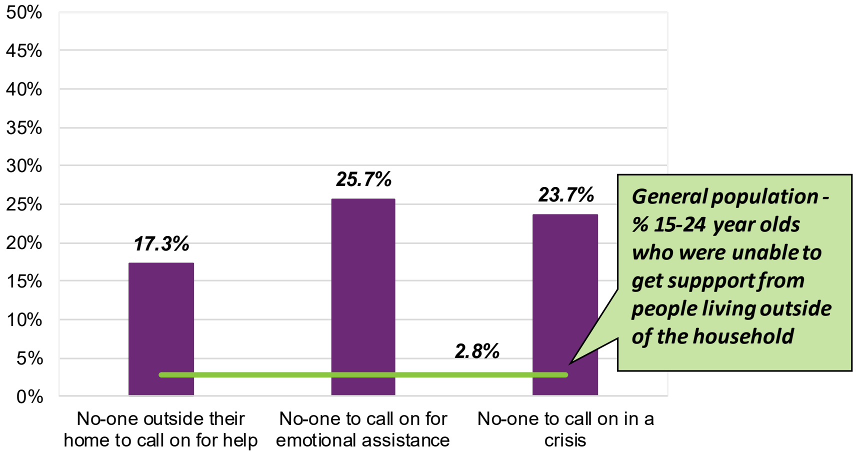
For those receiving support, generally low percentages (ranging from 15.3%, for getting out of the house, to 42.6%, for finances/money) felt that it met their needs. Again, these percentages were lower than for prior year entrants, where the range was from 27.6%, for getting out of the house, to 59.7%, for finances/money.

15.6% of participants who entered the Scheme in 2019-20 needed support in all of the eight areas surveyed at baseline, lower than the 27.1% of participants entering in prior years.

Relationships

In the relationships domain, 17.3% of participants said they had no-one outside their home to call on for help, 25.7% had no-one to call on for emotional assistance, and 23.7% had no-one to call on in a crisis. These baseline percentages were slightly more favourable for 2019-20 entrants compared to prior year entrants. By comparison, the ABS General Social Survey (GSS) asks "Are you able to get support in times of crisis from persons living outside the household?", and the proportion of 15 to 24 year olds who said they were unable to get support was 2.8% for the 2019 survey (Figure 4.4).

Figure 4.4 Ability to get assistance



Whilst only 3.4% of respondents said they provided care for others, 61.7% of these said they needed help to continue caring, and only 30.6% said they received enough help. These percentages were similar for 2019-20 entrants and prior year entrants.

34.0% of participants said they did not have any friends apart from family or paid staff. 55.2% said they got to see their friends without family or paid staff present. 52.4% of participants were currently receiving services from staff, and of these, 94.3% were happy with their relationships with staff. 28.7% said they often feel lonely.

Home

23.2% of participants were planning for a home of their own, with 72.3% of these either making all the decisions, or making the important decisions with help from others.

77.8% were happy with their current home (compared to 80.4% of prior year entrants), however 36.0% said they would not want to live there in five years' time, mainly because they wanted to choose their future home. 35.5% cited lack of support as a barrier to living in a home of their choice, with 24.3% citing lack of affordable housing. 80.1% said they felt very safe or safe in their home (compared to 84.3% of prior year entrants).

Health and Wellbeing

People with disability generally rate their health as poorer than other Australians[42], and this holds true for NDIS participants. 67.0% of the young adult cohort who entered the Scheme in 2019-20 rated their health as good, very good or excellent, compared to 91.9% of Australians aged 15 to 24 overall[43].

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", 36.3% of young adult participants responding to the LF said they felt either "delighted", "pleased" or "mostly satisfied", compared to 78.0% of Australians aged 18 to 24 overall[44,45].

NDIS participants are also more likely to go to hospital than Australians generally. 29.0% of young adult participants entering the Scheme in 2019-20 had been to hospital in the last 12 months, compared to 6.8% of Australians aged 15 to 24[46]. Moreover, 53.6% of participants who have been to hospital have had multiple visits, compared to a population figure of 17.0% for Australians aged 15 to 24[46].

31.2% of the young adult cohort said they had experienced some difficulty in getting health services. The most common reason cited was access issues (9.5%), however 5.6% said it was because of the attitudes and/or expertise of health professionals.

9.2% of participants aged 15 to 24 who entered the Scheme in 2019-20 said they currently smoked, and this is lower than a 2017-18 population figure for 15 to 24 year olds of 12.6%[43].

Figure 4.5 illustrates these results.

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[42] Australian Institute of Health and Welfare (AIHW) (2020) Australia's Health 2020.

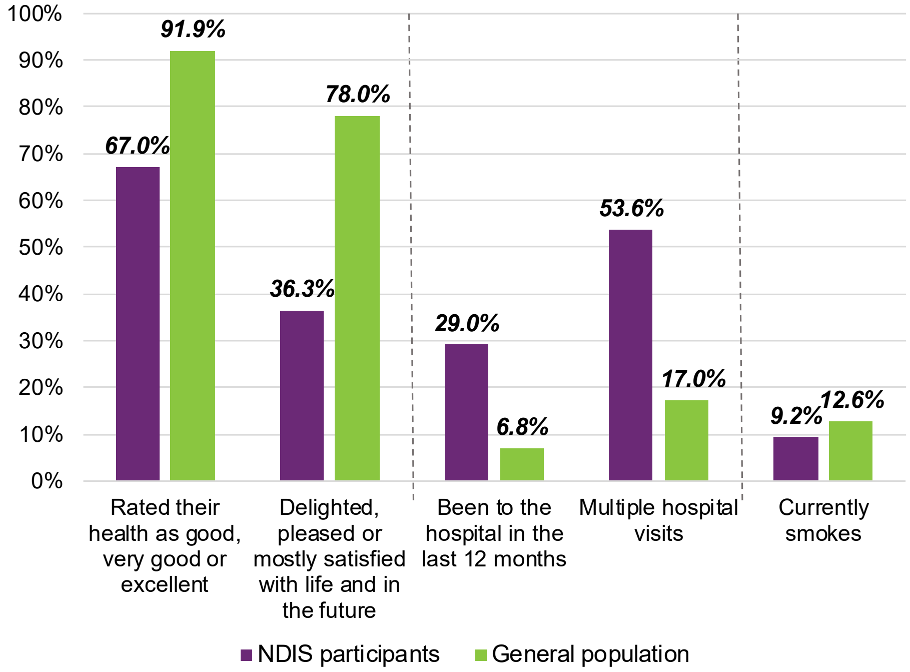
[43] ABS National Health Survey (NHS) 2017-18.

[44] 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.

[45] 19.8% of NDIS participants aged 15 to 24 responded "Don't know" to this question, compared to only 0.3% aged 18 to 24 for the GSS 2010. Excluding participants answering "Don't know", the percentage who said they felt either "delighted", "pleased" or "mostly satisfied" was 45.3%.

[46] ABS Patient Experience Survey (PES) 2019-20.

Figure 4.5 Health and wellbeing indicators of participants compared with the general population



Lifelong learning

55.2% of participants who entered the Scheme in 2019-20 said that they currently or previously attended school in a mainstream class, whilst 16.7% said they were currently or previously in a special school. These percentages are quite different to the combined baseline for participants entering the Scheme in 2016-17 to 2018-19, where a much lower percentage said they were currently or previously in a mainstream class (28.4%), and a much higher percentage said they were currently or previously in a special school (37.8%). These results are consistent with those observed for participants from starting school to age 14, where a general increasing trend over time in the percentage attending school in a mainstream class was observed.

While 58.4% said they had opportunities to learn new things, 36.7% said they did not but would like to. 41.0% said there was a course or training they wanted to do but were unable to do in the last 12 months.

Work

6.3% said they were currently working in an unpaid job, whilst 19.7% were working in a paid job. Of those not currently working in a paid job, 69.1% said they would like one and 30.9% said they didn't want one.

Social, civic, community participation

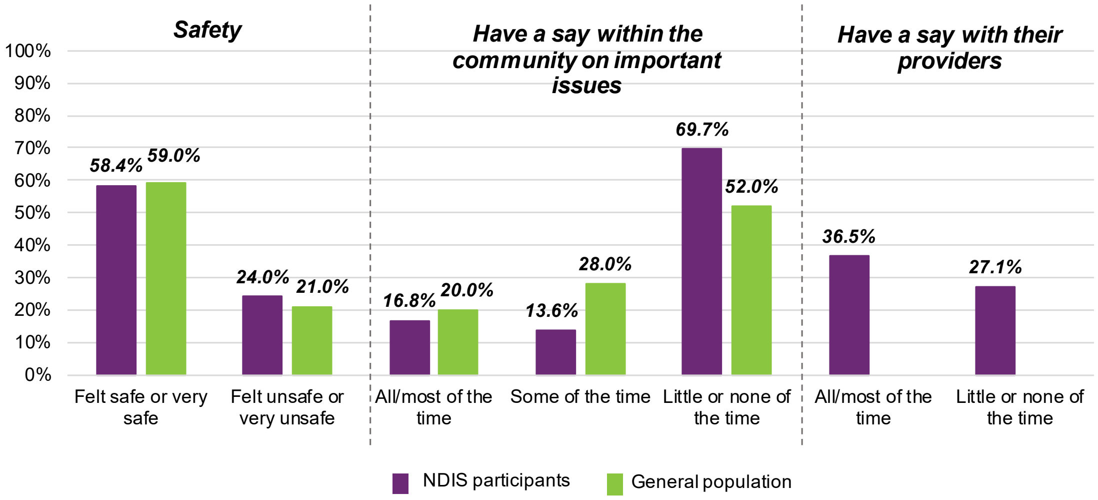
9.8% of participants said they currently volunteered, and a further 30.6% expressed an interest in volunteering. 29.6% had been involved in a community, cultural or religious group in the last 12 months, with 85.4% of LF respondents feeling a sense of belonging to the group. Also from the LF, 31.7% said they had had negative experiences in their community in the past 12 months.

The GSS asks "How safe or unsafe do you feel walking alone in your local area after dark?", with responses on a five-point scale from "Very safe" to "Very unsafe". The LF also asks this question, however with an additional response option "I never go out alone", which was chosen by 64.6% of respondents. Of those who do go out alone, 58.4% said they felt safe or very safe whereas 24.0% said they felt unsafe or very unsafe. Feelings of safety were higher for 2019-20 entrants than for participants who entered the Scheme in 2016-17 to 2018-19: 45.1% of earlier year entrants felt safe or very safe, and 36.0% felt unsafe or very unsafe. From the 2014 GSS, the corresponding figures for 15 to 24 year olds were 59% and 21%.[47]

NDIS participants were also less likely to feel able to have a say within the community on important issues: 16.8% of participants felt able to have a say all of the time or most of the time, 13.6% some of the time, and 69.7% a little of the time or none of the time. From the 2019 GSS, the corresponding figures for 15 to 24 year olds were 34.3%, 26.8% and 38.9%.

36.5% of participants felt able to have a say with their support providers either all of the time or most of the time, however 27.1% were only able to have a say a little of the time or not at all.

Figure 4.6 Social, civic and community participation indicators, NDIS participants compared with the general population



4.5 Baseline indicators for participants entering in 2019-20 – participant characteristics

Baseline indicators for participants entering the Scheme in 2019-20 have been analysed by participant characteristics using one-way analyses and multiple regression modelling.

Across most domains, the participant's level of function, primary disability type, age, cultural background, where they live, plan management type and LGA unemployment rates were most predictive of outcomes in the multiple regression models, which control for other factors.

Key findings for each characteristic are summarised below. Tables summarising the direction of the effect for selected characteristics, in the regression models for selected outcomes, are also included. The arrow symbols in the tables indicate whether participants from a group are more likely (up arrow) or less likely (down arrow) to respond "Yes" to a

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[47] 2019 GSS figures not available.

question. Table 2.1 (in the participants from birth to starting school chapter) provides a key to aid interpretation of the arrow symbols, including some examples.

Primary disability

Most participant outcomes vary significantly by primary disability type. Typically, for a given disability type, the direction (positive or negative) of the relationship with outcomes is consistent across domains.

Table 4.1 shows baseline participant outcomes for which primary disability type is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect for selected disability types.[48]

Table 4.1 Relationship of disability type with the likelihood of selected outcomes

	Participant primary disability					
Outcome	**Autism**	**Down syndrome**	**Psychosocial disability**	**Cerebral palsy**	**Hearing Impairment**	**Spinal Cord Injury / Other Physical**
Lives with their parents	⬆	⬆	⇩	⬆		
Lives in private home owned or rented from private landlord	⬆	⬆		⬆	⬆	⬆
Choose who supports them	⬆	⬇	⬆	⬆	⬆	⬆
Choose what they do each day	⬆	⬇	⬆	⬆	⬆	⬆
Make most decisions in their life	⬆	⬇	⬆		⬆	⬆
Able to advocate for themselves			⬆	⬆	⬆	⬆
Want more choice and control in their life					⇩	
Have someone outside their home to call when they need help	⬇			⬇	⬆	⬆
Would like to see their family more often					⇩	

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[48] The reference category for the models is Intellectual Disability (the largest disability group for this age range). Hence the arrows are interpreted relative to participants with intellectual disability, for example, a green "up" arrow means outcome is better than for participants with intellectual disability.

Outcome	Participant primary disability					
	Autism	Down syndrome	Psychosocial disability	Cerebral palsy	Hearing Impairment	Spinal Cord Injury / Other Physical
Would like to see their friends more often	↑				⇩	
No friends other than family or paid staff	↑				↓	↓
Happy with the home they live in	↑	↑	↓		↑	↓
Would like to live there in 5 years time			↓	↑		
Feel safe or very safe in their home			↓		↓	↓
Rate their health as excellent, very good or good	↓		↓		↑	↓
Have a doctor they see on a regular basis	↑		↑	↑		↑
No difficulties accessing health services	↓		↓	↓	↑	↓
Have been to the hospital in the last 12 months			↑	↑	↓	↑
Feel safe getting out and about in their community	↓		↓		↑	↑
Currently attend or previously attended school in a mainstream class	↑	↓	↑	↑	↑	↑
Get opportunities to learn new things					↑	↑
Participate in education, training or skill development					↑	↑
Wanted to do a course or training in the last 12 months, but could not		⇩	↑		⇩	

Outcome	Participant primary disability					
	Autism	Down syndrome	Psychosocial disability	Cerebral palsy	Hearing Impairment	Spinal Cord Injury / Other Physical
Currently working in a paid job			⬇	⬇	⬆	
Spend their free time doing activities that interest them			⬇		⬆	
Wanted to do certain things in the last 12 months, but could not			⬆		⬇	⬆
Actively involved in a community, cultural or religious group in the last 12 months	⬇	⬆	⬇		⬆	
Know people in their community	⬇	⬆	⬇		⬆	⬆
Able to have a say with their support services most of the time or all of the time				⬆	⬆	⬆

Disability type was a significant ($p<0.05$) predictor in all but one of the 30 regression models.[49]

Controlling for other variables, for participants entering the Scheme in 2019-20:

- Participants with hearing impairment had significantly better baseline outcomes for 27 out of the 30 indicators classified as positive or negative. Hearing impairment had no significant effect in the likelihood of them living with their parents, wanting to live in their home in five years time, or having a doctor they see on a regular basis. In addition, participants with hearing impairment were less likely to want more choice and control in their life (69.7% compared to 77.1% overall on a one-way basis), less likely to want to see their family (11.2% compared to 22.4%) and friends (33.4% compared to 64.2%) more, and less likely to be unable to do a course or training they wanted to do in the last 12 months (24.7% compared to 41.0%).
- Participants with spinal cord or other physical disability had better baseline outcomes for choice and control, and for lifelong learning. They also were more likely to know people in their community (54.0% compared to 41.6% overall) and have a say with their support services (56.8% compared to 36.5%). However, they had worse baseline outcomes related to home, and to health and wellbeing. For example, they were less likely to be happy with the home that they live in (61.7% compared to

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[49] The indicator for which disability was not significant was “Currently a volunteer”.

77.8%) and less likely to feel safe in their home (69.5% compared to 80.1%). They were more likely to have difficulties in accessing health services (40.5% compared to 31.2%) and to have been hospitalised in the last 12 months (62.6% compared to 29.0%). In addition, they were more likely to be unable to do certain things that they wanted to do in the last 12 months (72.3% compared to 55.7%).

- Participants with cerebral palsy tended to have better outcomes related to choice and control. They were also more likely to be able to have a say with their support services (42.4% compared to 36.5%) and have a doctor they see on a regular basis (84.3% compared to 78.2%). However they were less likely to have someone outside their home to ask for help (76.1% compared to 82.7%) and to be working in a paid job (17.0% compared to 19.7%). They were also more likely to have difficulties accessing health services (33.6% compared to 31.2%) and to have been hospitalised in the last 12 months (35.8% compared to 29.0%).
- Participants with Down syndrome had poorer outcomes related to choice and control. For example, they were less likely to choose who supports them (12.8% compared to 44.5%), what they do each day (15.0% compared to 53.8%) and make most decisions in their life (3.8% compared to 38.6%). They were also much less likely have attended school in a mainstream class (5.2% compared to 54.6%). On the other hand, participants with Down syndrome showed positive outcomes related to community participation. Specifically, they were more likely to be actively incolved in a community, cultural or religious group in the last 12 months (54.6% compared to 29.7%) , and were more likely to know people in their community (51.1% compared to 41.6%).
- Participants with an intellectual disability were less likely than participants with other disabilities apart from Down syndrome to attend (or to have attended) school in a mainstream class (22.5% compared to 54.6% overall and 5.2% for participants with Down syndrome).
- Participants with autism had better outcomes related to choice and control. They also were more likely to be happy with the home that they lived in (83.1% compared to 77.8%), have a doctor they see on a regular basis (80.5% compared to 78.2%) and to have attended school in a mainstream class (55.1% compared to 54.6%). They tended to have poorer outcomes for community participation, as they were less likely to be actively involved in a community, cultural or religious group in the last 12 months (26.6% compared to 29.7%) and to know people in their community (32.3% compared to 41.6%). They also were less likely to feel safe in the community (27.3% compared to 33.6%), less likely to have friends other than family and paid staff (59.0% compared to 66.0%), or have someone to call outside their home when they need help (80.1% compared to 82.7%). They were also more likely to have difficulties accessing health services (32.6% compared to 31.2%) and less likely to rate their health as excellent, very good or good (66.2% compared to 67.0%).
- Participants with psychosocial disability tended to show better outcomes related to choice and control, however tended to show significantly poorer outcomes related to their home, health and wellbeing, and community participation compared to other disabilities. They also were less likely to be working in a paid job (7.0% compared to 19.7%).

There were also some significant differences by disability for LF indicators. For example:

- Participants with psychosocial disability were more likely to be currently a smoker (52.6% compared to 9.2% overall), to have a Kessler 6 (K6)[50] score in the Probable Mental Illness/High Risk range (30.0% compared to 24.1% overall), to have a Brief Resilience Scale (BRS)[51] score in the Low Resilience range (64.3% compared to 47.3% overall), and less likely to feel they are able to have a say within the general community on issues that are important to them (5.3% compared to 16.8% overall). They were less likely to have someone who supports them to make decisions (or to not need anyone) (84.2% compared to 97.2% overall) and to have had a flu vaccination in the last 12 months (26.3% compared to 40.9% overall). However, they were more likely to make decisions in planning for a home of their own (47.4% compared to 16.8% overall) and to have been eligible to vote in the last federal election (73.7% compared to 34.5% overall, probably reflecting an older age distribution).
- Participants with a sensory disability were more likely to be delighted, pleased or mostly satisfied about their life in general (60.4% compared to 36.3% overall), to feel safe walking alone in their local area after dark (49.1% compared to 20.7% overall), to feel they are able to have a say within the general community on issues that are important to them (35.8% compared to 16.8% overall), to have had jobs in the past 12 months (43.4% compared to 20.7% overall), to have someone to call on in a crisis (94.3% compared to 76.3% overall) and to get to see their friends without paid staff or family present (84.9% compared to 55.2% overall).
- Participants with autism were less likely to make decisions in planning for a home of their own (10.7% compared to 16.8% overall) and more likely to have a KS6 score in the Probable Mental Illness/High Risk range (31.7% compared to 24.1% overall) and a BRS score in the Low Resilience range (59.6% compared to 47.3% overall).
- Participants with cerebral palsy were less likely to feel safe alone in their local area after dark (7.4% compared to 20.7% overall) and to have someone to call on a crisis (70.4% compared to 76.3% overall).
- Participants with intellectual disability or Down syndrome were less likely to have been eligible to vote in the last federal election (29.8% compared to 34.5% overall), to have had jobs in the past 12 months (10.7% compared to 20.7% overall), to have someone to call on a crisis (70.2% compared to 76.3% overall) and to get to see their friends without paid staff or family present (42.1% compared to 55.2% overall).

Comparing 2019-20 entrants with prior year entrants, baseline results by disability are generally similar. As for 2019-20 entrants, participants with hearing impairment tended to have better baseline outcomes and those with a psychosocial disability tended to have worse baseline outcomes in most areas.

There were some differences on specific indicators. For example, for 2019-20 entrants, participants with hearing impairment were significantly less likely than those with intellectual disability to want more choice and control in their life, and this was also observed for prior year entrants. However, none of the other disability types was significantly different to intellectual disability on this indicator for 2019-20 entrants, whereas for prior year entrants, participants with a psychosocial disability were significantly more likely to want more choice and control in their life.

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[50] 4817.0.55.001 - Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08

[51] The brief resilience scale: assessing the ability to bounce back - PubMed (nih.gov)

Level of function / annualised plan budget[52]

Almost all baseline outcomes vary significantly with participant level of function and annualised plan budget. Baseline indicators are generally better for participants with higher level of function / lower annualised plan budget.

Table 4.2 shows baseline participant outcomes for which level of function and annualised plan budget are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.

Table 4.2 Relationship of level of function and plan budget with the likelihood of selected outcomes

Outcome	Higher level of function	Lower annualised plan budget
Lives with their parents	⇩	⬆
Lives in private home owned or rented from private landlord	⬇	⬆
Choose who supports them	⬆	⬆
Choose what they do each day	⬆	⬆
Make most decisions in their life	⬆	⬆
Able to advocate for themselves	⬆	⬆
Have someone outside their home to call when they need help	⬆	
Would like to see their family more often	⇩	⇩
Would like to see their friends more often	⇩	⇩
No friends other than family or paid staff	⬇	⬇
Happy with the home they live in		⬆
Would like to live there in 5 years time	⇩	⇩
Feel safe or very safe in their home	⬆	⬆

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[52] Note that variations in baseline outcomes by annualised plan budget reflect characteristics associated with having a higher or lower plan budget, rather than the amount of the plan budget itself, since participants are at the start of their first plan at baseline.

Outcome	Higher level of function	Lower annualised plan budget
Rate their health as excellent, very good or good	⬆	⬆
Have a doctor they see on a regular basis	⬇	
No difficulties accessing health services	⬆	
Have been to the hospital in the last 12 months	⬇	⬇
Feel safe getting out and about in their community	⬆	⬆
Currently attend or previously attended school in a mainstream class	⬆	⬆
Get opportunities to learn new things	⬆	⬆
Participate in education, training or skill development	⬆	⬆
Wanted to do a course or training in the last 12 months, but could not		⬇
Currently working in a paid job	⬆	⬆
Spend their free time doing activities that interest them	⬆	⬆
Wanted to do certain things in the last 12 months, but could not	⬇	⬇
Currently a volunteer	⬆	
Actively involved in a community, cultural or religious group in the last 12 months	⬆	
Know people in their community	⬆	
Able to have a say with their support services most of the time or all of the time	⬆	⬆

Level of function was a significant ($p<0.05$) predictor in all but three of the 30 regression models, whilst annualised plan budget was not a significant predictor in seven of the 30 models.[53]

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[53] Neither level of function nor annualised plan budget was a significant predictor of whether the participant wanted “more choice and control in their life”. In addition, level of function was not significant in the models for “Happy in the home they live in” and “Wanted to do a course or training in

Controlling for other variables, for participants entering the Scheme in 2019-20:

- Participants with higher level of function have better baseline outcomes for most of the indicators in Table 4.2 that are categorised as positive or negative. In particular:
    - Level of function is a significant predictor of the degree of choice and control in a participant’s life, with a higher level of function leading to a better choice and control outcomes. Specifically:
        - 65.5% of participants with a high level of function choose who supports them, compared to 41.6% for those with a medium level of function, and 24.2% for those with a low level of function.
        - 74.3% of participants with a high level of function choose what they do each day, compared to 52.5% for those with a medium level of function, and 29.9% for those with a low level of function.
        - 61.4% of participants with a high level of function make most decisions in their life, compared to 35.5% for those with a medium level of function, and 16.7% for those with a low level of function.
        - 50.0% of participants with a high level of function feel able to advocate for themselves, compared to 21.3% for those with a medium level of function, and 12.2% for those with a low level of function.
        - The percentage who want more choice and control in their life does not vary significantly by level of function, being 73.8% of those with a high level of function, 79.3% of those with a with a medium level of function, and 75.2% of those with a low level of function.
    - Relationship outcomes tend to be more positive for those with a higher level of function:
        - The percentage of participants who have someone outside their home to call when they need help decreases from 92.6% for those with a high level of function, to 82.3% for those with a medium level, to 71.6% for those with a low level.
        - The percentage of those who have no friends other than family or paid staff increases from 16.4% for particpants with a high level of function, to 37.0% for those with a medium level, to 49.4% for those with a low level.
        - Participants with a high level of function were less likely to want to see their family more often (15.8%) compared to those with a medium level of function (23.7%), and a low level of function (27.7%).
        - Participants with a high level of function were less likely to want to see their friends more often (44.4%) compared to those with a medium level of function (69.9%), and a low level of function (75.5%).
- Participants with a lower baseline plan budget also have better baseline outcomes for most of the indicators, reflecting the trends by level of function. For example:
    - The percentage of participants who choose who supports them decreases from 64.1% for annualised plan budget of $15,000 or less, to 27.8% for those with over $50,000, and the percentage of participants who make most decisions in their life decreases from 57.4% to 24.2%.

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the last 12 months, but could not”. Annualised plan budget was also not significant in the models for “Have someone outside their home to call when they need help”, “Have a doctor they see on a regular basis”, “No difficulties accessing health services”, “Currently a volunteer”, “Actively involved in a community, cultural or religious group in the last 12 months” and “Know people in their community”.

  - The percentage of participants who have no friends other than family or paid staff increases from 17.5% for those with an annualised plan budget of $15,000 or less, to 46.6% for those with over $50,000.
  - Participants with a lower plan budget also have better outcomes for the home domain. 86.8% of participants with a plan budget of $15,000 or less are happy with the home they live in, compared to 64.2% for those with a plan budget of over $50,000.
  - Participants with a lower plan budget have better outcomes for health and wellbeing. 80.7% of participants with a plan budget of $15,000 or less rate their health as at least good, compared to 49.9% for those with over $50,000. Additionally, the percentage of participants who feel safe getting out and about in the community decreases from 57.4% to 16.6%.
  - Participants with a lower plan budget also experience better outcomes in relation to lifelong learning, in particular, the percentage of participants who currently or previoused attended school in a mainstream class decreases from 76.9% for those with a plan budget of $15,000 or less, to 31.2% for those with over $50,000. Additionally, the percentage of participants who get the opportunity to learn new things decreases from 77.6% to 42.1%.
  - Employment outcomes are better for those with a lower annualised plan budget. 36.3% of participants with a budget of $15,000 or less are currently working in a paid job, compared to 11.0% for those with a budget of over $50,000.
  - Social, community and civic participation outcomes are also generally better for those with a lower annualised plan budget. In particular, the percentage of participants who spend their free time doing something that interests them decreases from 82.7% for those with a budget of less than $15,000 to 54.1% for those with over $50,000, and the percentage who feel they are able to have a say with their support services most of the time decreases from 56.9% to 23.3%.
  - Participants with a plan budget of $15,000 or less were more likely to have been actively involved in a community, cultural or religious group in the last 12 months (31.1% compared to an average of 27.0% for participants with plan budgets of over $15,000), and to know people in their community (58.7% compared to an average of 35.3% for participants with plan budgets of over $15,000).

With regard to living with parents and in a private home owned or rented from a private landlord, Table 4.2 suggests different directions for the effect of higher level of function compared to the effect of lower annualised plan budget. The effect of lower annualised plan budget on these two indicators is consistent between the regression modelling and one-way analyses. However, for level of function, the one-way analyses are different to the multiple regression modelling. For example, on a one-way basis the percentage living in a private home owned or rented from a private landlord decreases from 87.3% for participants with high level of function to 82.1% for those with medium level of function and 79.9% for those with low level of function, opposite to the effect suggested by the regression modelling, suggesting some confounding effects.

There were also some significant differences by level of function and plan budget for LF indicators. For example, participants with higher level of function / lower plan budget were more likely to:

- Choose how they spent their time (75.7% for participants with a high level of function compared to 42.2% for those with a low level of function; 77.1% for plan budget of $15,000 or less reducing to 51.8% for plan budget over $50,000).
- Have opportunities to try new things and experiences (90.1% for participants with a high level of function compared to 72.2% for those with a low level of function; 92.4% for plan budget of $15,000 or less reducing to 75.5% for plan budget over $50,000).
- Feel safe when walking alone in their local area after dark (35.1% for participants with a high level of function compared to 10.0% for those with a low level of function; 33.1% for plan budget of $15,000 or less reducing to 15.5% for plan budget over $50,000).
- If eligible, have voted at the last federal election (95.2% for participants with a high level of function compared to 56.3% for those with a low level of function; 100.0% for plan budget of $15,000 or less reducing to 67.5% for plan budget over $50,000).
- Feel they are able to have a say within the general community on issues that are important to them (27.9% for participants with a high level of function compared to 7.8% for those with a low level of function; 26.3% for plan budget of $15,000 or less compared to 14.5% for plan budget over $50,000).
- Have worked in a casual job in the past year (27.0% for participants with a high level of function compared to 7.8% for those with a low level of function; 22.9% for plan budget of $15,000 or less reducing to 8.2% for plan budget over $50,000).
- Have someone to call on in a crisis (85.6% for participants with a high level of function compared to 65.6% for those with a low level of function; 88.1% for plan budget of $15,000 or less compared to 72.7% for plan budget over $50,000).
- Not often feel lonely (82.0% for participants with a high level of function compared to 61.1% for those with a low level of function; 83.1% for plan budget of $15,000 or less compared to 69.1% for plan budget over $50,000).
- Get to see their friends without paid staff or family present (76.6% for participants with a high level of function compared to 28.9% for those with a low level of function; 66.9% for plan budget of $15,000 or less reducing to 38.2% for plan budget over $50,000).

Comparing 2019-20 entrants with participants entering in earlier years, baseline trends by level of function and annualised plan budget are very similar. For both 2019-20 entrants and prior year entrants, baseline indicators are generally better for participants with higher level of function / lower annualised plan budget.

Age, Gender, Indigenous status and CALD status

Table 4.3 shows baseline participant outcomes for which age, gender, Indigenous status or CALD status are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.

Table 4.3 Relationship of age, gender, Indigenous status and CALD status with the likelihood of selected outcomes

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Lives with their parents	⇩	⇩	⇩	⬆

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Lives in private home owned or rented from private landlord	⬇		⬇	
Choose who supports them	⬆	⬆		⬇
Choose what they do each day	⬆			⬇
Make most decisions in their life	⬆	⬆		⬇
Able to advocate for themselves	⬆	⬇		⬇
Have someone outside their home to call when they need help	⬆			⬇
Would like to see their family more often	⬆	⬆	⬆	
Would like to see their friends more often	⬆	⬆		⬆
No friends other than family or paid staff		⬇		⬆
Happy with the home they live in	⬇		⬇	
Would like to live there in 5 years time	⇩			⬆
Feel safe or very safe in their home	⬇	⬇	⬇	
Rate their health as excellent, very good or good	⬇	⬇	⬇	⬆
Have a doctor they see on a regular basis	⬇	⬆		
No difficulties accessing health services	⬇	⬇	⬇	⬇
Have been to the hospital in the last 12 months		⬆		⬇
Feel safe getting out and about in their community	⬆	⬇		

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Currently attend or previously attended school in a mainstream class		⇧		
Get opportunities to learn new things	⬇		⬇	
Participate in education, training or skill development	⬇	⇧		⇧
Wanted to do a course or training in the last 12 months, but could not	⬆	⬆		
Currently working in a paid job	⇧		⬇	⬇
Spend their free time doing activities that interest them	⬇	⬇	⬇	⬇
Wanted to do certain things in the last 12 months, but could not	⬆	⬆	⬆	
Currently a volunteer	⇧	⇧	⬇	
Actively involved in a community, cultural or religious group in the last 12 months	⬇			⇧
Know people in their community			⇧	
Able to have a say with their support services most of the time or all of the time	⇧		⬇	⬇

Age[54]

Age was a significant predictor in 25 of the 30 regression models.

Controlling for other factors, for participants entering the Scheme in 2019-20, older participants experienced more positive outcomes in the domains of choice and control, relationships and work. In particular, older participants were more likely to:

- Make most decisions in their life (59.0% for participants aged 22 or above compared to 21.1% for those 17 or less).

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[54] Note this is the cross-sectional effect of age on baseline outcomes, rather than longitudinal.

- Have someone outside their home to call when they need help (84.5% for particpants aged 22 or above compared to 80.7% for those aged 17 or less).
- Want to see their family more often (27.3% for participants aged 22 or above compared to 20.6% for those aged 17 or less).
- Be currently working in a paid job (31.1% for participants aged 22 or above compared to 11.3% for those aged 17 or less).
- Feel like they are able to have a say with their support services at least most of the time (45.2% for participants aged 22 or above compared to 29.7% for those aged 17 or less).

Some of these effects are likely to be at least partly due to normal age-related development (for example, the likelihood for the participant to be involved in the workforce is expected to increase with age).

Older participants were also more likely to want to see their family more often (27.3% for participants aged 22 or above compared to 20.6% for those aged 17 or less).

The baseline indicators in the domains of home, health and wellbeing, and lifelong learning were less positive for older participants. Often, most of the deterioration was observed between the 18 to 21 year age group, and the 22 or above age group. In particular, older participants were more likely to:

- Be unhappy with the home that they live in (33.2% for participants aged 22 or above compared to 13.6% for those aged 17 or less), not like to live there in five years time (46.1% compared to 27.7%), and also not feel safe in their home (19.8% compared to 12.5%).
- Rate their health as fair or poor (41.0% for participants aged 22 or above compared to 29.0% for those aged 17 or less), not have a doctor that they see on a regular basis (24.2% compared to 18.6%) and have difficulties accessing health services (35.1% compared to 28.5%). However, they are more likely to feel safe getting out and about in their community (36.3% compared to 31.2%).
- Not get the opportunity to learn new things (54.8% for participants aged 22 or above compared to 27.7% for those aged 17 or less), not be currently participating in education, training or skill development (78.9% compared to 37.9%). Moreover, 47.8% of those 22 or above wanted to do a course or training in the last 12 months but could not, compared to 31.2% for those aged 17 or less.
- Not spend their free time doing something that interests them (63.0% for participants aged 22 or above compared to 72.1% for those aged 17 or less) and want to do certain things in the last 12 months but could not (60.4% compared to 50.4%). However, they are more likely to currently be a volunteer (11.7% for those aged 22 or above compared to 7.5% for those aged 17 or less).

There were also some significant differences by age for LF indicators:

- The percentage of participants who chose where they lived increased from 27.7% for those aged 17 or less to 54.0% for those aged 22 or above.
- The percentage of participants who chose whom they lived with increased from 26.2% for those aged 17 or less to 56.3% for those aged 22 or above.
- The percentage of participants who made decisions in planning for a home of their own increased from 8.4% for those aged 17 or less to 36.8% for those aged 22 or above
- The percentage of participants who were delighted, pleased or mostly satisfied about their life in general increased from 29.7% for those aged 17 or less to 42.5% for those aged 22 or above.

- The percentage of participants who had seen a dentist in the last 12 months decreased from 70.8% for those aged 17 or less to 46.0% for those aged 22 or above.
- The percentage of participants who currently smoked increased from 2.5% for those aged 17 or less to 21.8% for those aged 22 or above.
- The percentage of participants who felt safe when alone in their local area after dark increased from 14.4% for those aged 17 or less to 28.7% for those aged 22 or above.
- Of participants who currently are not working, the percentage who have applied for one or more jobs in the past 3 months increased from 12.9% for those aged 17 or less to 41.4% for those aged 22 or above.
- The percentage of participants who have been offered education and support for sexual health decreased from 58.4% for those 17 or less to 34.5% for those aged 22 or above.

Gender
Gender was a significant predictor in 19 of the 30 regression models.

Female participants had better outcomes for indicators relating to choice and control, relationships, and lifelong learning then male participants. Controlling for other factors, female participants entering the Scheme in 2019-20 were more likely to:

- Choose who supports them (49.7% compared to 40.9% for males) and make most decisions in their life (43.0% compared to 35.5% for males).
- Have friends other than family or paid staff (70.2% compared to 63.3% for males).
- Attended or currently attend school in a mainstream class (58.9% compared to 51.3% for males) and currently participate in education, training or skill development (45.1% compared to 40.6% for males).

On the other hand, female participants showed worse outcomes for indicators relating to home, health and wellbeing and community participation. In particular, female participants were:

- Less likely to feel safe in their home (78.1% compared to 81.4% for males).
- Less likely to rate their health as at least good (62.4% compared to 70.2% for males), to have no difficulties in accessing health services (66.7% compared to 70.2%), and to feel safe getting out and about in their community (31.1% compared to 35.5%).
- More likely to have been to hospital in the last 12 months (33.1% compared to 26.1%). They also are more likely to have a doctor they see on a regular basis (82.0% compared to 75.7%).
- Less likely to spend their free time doing activities that interest them (67.0% compared to 69.1% for males). They were also more likely to want to do certain things in the last 12 months but could not (57.4% compared to 54.6%).
- Less likely to live with their parents (75.7% compared to 78.0% for males).

There were also some significant differences by gender for LF indicators. For example, female participants were:

- Less likely to be delighted, pleased or mostly satisfied about their life in general (26.1% compared to 41.3% for male participants).
- More likely to have had a health check in the last 12 months (92.4% compared to 79.3% for male participants).
- Less likely to feel safe when alone in their local area after dark (15.3% compared to 22.9% for male participants).

- More likely to have been offered education and support for sexual health (54.8% compared to 43.5% for male participants).
- More likely to often feel lonely (36.9% compared to 24.7% for male participants).

Indigenous status
Indigenous status was a significant predictor in 14 of the 30 regression models.

Of these indicators, Indigenous participants showed poorer baseline outcomes across multiple domains, particularly in home, health and wellbeing, lifelong learning, work and community participation. Controlling for other factors, for participants entering the Scheme in 2019-20, Indigenous participants were less likely to:

- Live with their parents (48.5% compared to 80.0% for non-Indigenous participants) or live in a private home owned or rented from a private landlord (51.5% compared to 86.4%).
- Be happy with the home that they live in (62.0% compared to 79.4% for non-Indigenous participants) and to feel safe in the home that they live in (67.0% compared to 81.4%).
- Rate their health as at least good (62.3% compared to 67.7% for non-Indigenous participants) and to have no difficulties in accessing health services (60.6% compared to 69.8%).
- Get opportunities to learn new things (44.0% compared to 59.3% for non-Indigenous participants).
- Be currently working in a paid job (7.7% compared to 20.6% for non-Indigenous participants).
- Spend their free time doing activities that interest them (59.0% compared to 69.2% for non-Indigenous participants), do certain things in the last 12 months that they wanted to do (38.4% compared to 44.7%), currently volunteer (5.7% compared to 10.3%), and to be able to have a say with their support services most of the time (25.5% compared to 37.0%).

The one indicator in which Indigenous participants had a positive outcome was knowing people in their community, where 46.4% of Indigenous participants answered ‘Yes’, compared to 40.7% for non-Indigenous participants.

There were also some significant, mostly negative, differences by Indigenous status for LF indicators. For example, Indigenous participants were:

- More likely to smoke (28.6% compared to 7.9% for non-Indigenous participants)
- Less likely, if eligible, to have voted in the last federal election (50.0% compared to 87.6% for non-Indigenous participants)
- More likely to often feel lonely (52.4% compared to 27.9% for non-Indigenous participants).

However, they were more likely to feel safe when walking alone in their local area after dark (19.0% compared to 18.5% for non-Indigenous participants).

CALD status
CALD status was a significant predictor in 17 of the 30 regression models.

CALD participants showed positive outcomes on a few indicators. In particular, controlling for other factors, for participants entering the Scheme in 2019-20, CALD participants were more likely to:

- Live with their parents (83.3% compared to 76.5% for non-CALD participants).

- Rate their health as good, very good or excellent (69.2% compared to 66.7% for non-CALD participants) and not been in the hospital in the last 12 months (74.3% compared to 70.7%).
- Participate in education, training or skill development (43.1% compared to 42.3% for non-CALD participants).
- Be actively involved in a community, cultural or religious group in the last 12 months (36.3% compared to 29.0% for non-CALD participants).

However, CALD participants tended to have less positive baseline outcomes on a number of other indicators, particularly in relation to choice and control, relationships and work. CALD participants were less likely to:

- Choose who supports them (36.3% compared to 45.3% for non-CALD participants), choose what they do each day (44.1% compared to 54.8%), make most decisions in their life (30.3% compared to 39.4%) and be able to advocate for themselves (22.2% compared to 27.4%).
- Have someone outside their home to call when they need help (71.9% compared to 83.7% for non-CALD participants) and to have friends other than family or paid staff (54.8% compared to 67.1%). They were also more likely to want to see their friends more often (67.4% compared to 63.9%).
- Have no difficulties in accessing health services (66.4% compared to 69.1% for non-CALD participants).
- Currently be working in a paid job (15.0% compared to 20.2% for non-CALD participants).
- Spend their free time doing activities that interest them (60.9% compared to 69.0% for non-CALD participants) and to be able to have a say with their support services most of the time (28.7% compared to 37.3%).

There were also some significant differences by CALD status for LF indicators. For example, CALD participants were:

- Less likely to currently have interests / hobbies (77.4% compared to 93.0% for non-CALD participants).
- Less likely to have the opportunity to try new things and have new experiences (67.9% compared to 83.3% for non-CALD participants).
- Less likely to have been eligible to vote in the last federal election (20.8% compared to 36.8% for non-CALD participants).
- Less likely, for those who have participated in leisure activities in the past 12 months, to feel those activities enabled them to spend time with people they liked (93.2% compared to 96.3% for non-CALD participants).
- More likely, for those currently working in a paid job, to feel that the current job is suitable for them (100.0% compared to 98.5% for non-CALD participants) and less likely to feel that they get the support they need to do their job (87.5% compared to 89.7% for non-CALD participants).
- Less likely to have been offered education and support for sexual health (37.7% compared to 50.8% for non-CALD participants).
- Less likely to have someone outside their home to call on for emotional support (58.5% compared to 76.6% for non-CALD participants), and to have someone to call on in a crisis (62.3% compared to 78.0% for non-CALD participants).

Comparing baseline outcomes by age, gender, Indigenous and CALD status for 2019-20 entrants with prior year entrants:

- Trends by age are very consistent, with older participants experiencing more positive outcomes related to choice and control, relationships and work, and less positive outcomes related to home, health and wellbeing and lifelong learning.
- Differences by gender are also largely consistent, with females tending to have more positive outcomes related to choice and control, relationships, and lifelong learning, but less positive outcomes related to home, and health and wellbeing. However, after controlling for other factors, no significant difference was found for the probability of being in a paid job for 2019-20 entrants, whereas for prior year entrants, females were significantly less likely to be working in a paid job.
- For both 2019-20 entrants and prior year entrants, baseline indicators tended to be poorer for Indigenous participants. For both cohorts, a single indicator was identified as being more positive for Indigenous participants, however it was a different indicator for the two cohorts. For 2019-20 entrants, Indigenous participants were significantly more likely to know people in their community, whereas for prior year entrants, Indigenous participants were significantly more likely to choose what they do each day.
- Generally, CALD versus non-CALD comparisons tended to be slightly more favourable for 2019-20 entrants compared to prior year entrants, with more indicators identified as being better for CALD participants (self-rated health, visits to hospital, participating in education, training or skill development, participating in community groups). For prior year entrants, the only indicator for which CALD participants had better baseline results was being happy with their current home (not identified for 2019-20 entrants). However, their were some indicators common to both 2019-20 entrants and prior year entrants where CALD participants fared worse at baseline, particularly related to choice and control, relationships, and work.

Geography

Table 4.4 shows baseline participant outcomes for which State/Territory or remoteness are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.[55,56]

Table 4.4 Relationship of State/Territory and remoteness with the likelihood of selected outcomes

	State/Territory						Remoteness				
Outcome	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**ACT**	**NT**	**2**	**3**	**4**	**5**	**6/7**
Lives with their parents	⬆		⇩	⬆			⬆	⇩	⇩	⇩		
Lives in private home owned or rented from private landlord	⬆	⬆	⬇	⬆		⬇					⬆	⬇
Choose who supports them	⬆		⬆						⬆	⬆		

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[55] Remoteness uses the Modified Monash Model (MMM), https://www.health.gov.au/resources/publications/modified-monash-model-fact-sheet 1=metropolitan, 2=regional centres, 3=large rural towns, 4=medium rural towns, 5=small rural towns, 6=remote communities, 7=very remote communities. 6 and 7 are combined due to small numbers.

[56] Reference categories in the models are NSW for State/Territory and 1 (metropolitan) for remoteness.

	State/Territory							Remoteness				
Outcome	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**ACT**	**NT**	**2**	**3**	**4**	**5**	**6/7**
Choose what they do each day	⬆	⬆	⬆	⬆								
Make most decisions in their life	⬆		⬆							⬆		
Able to advocate for themselves		⬆	⬆	⬆		⬆	⬇	⬆		⬆		
Want more choice and control in their life	⬆	⬆				⇩			⇩			⇩
Have someone outside their home to call when they need help				⬆								
Would like to see their family more often			⇩	⇩	⇩							
Would like to see their friends more often			⇩	⇩				⇩	⇩	⇩	⇩	
No friends other than family or paid staff			⬇									
Happy with the home they live in				⬆				⬇				
Would like to live there in 5 years time		⇩	⇩	⇩				⇩	⇩	⇩	⇩	⇩
Feel safe or very safe in their home[57]												
Rate their health as excellent, very good or good				⬆					⬆		⬆	
Have a doctor they see on a regular basis	⬇	⬆							⬇			
No difficulties accessing health services	⬇		⬆	⬆						⬇	⬇	
Feel safe getting out and about in their community			⬆	⬆	⬆				⬆		⬆	⬆

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[57] No geographical variables were significant for this indicator.

	State/Territory							Remoteness				
Outcome	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**ACT**	**NT**	**2**	**3**	**4**	**5**	**6/7**
Currently attend or previously attended school in a mainstream class	↑		↑	↑	↑				↑		↑	↑
Get opportunities to learn new things	↑		↑	↑		↑			↑	↑	↑	
Participate in education, training or skill development			↑	↑	↑							⬇
Wanted to do a course or training in the last 12 months, but could not									↓	↓		
Currently working in a paid job		↑	↑	↑								
Spend their free time doing activities that interest them			↑	↑					↑	↑	↑	
Wanted to do certain things in the last 12 months, but could not			↓									↓
Currently a volunteer		↑	↑	↑			↑	↑	↑	↑	↑	
Actively involved in a community, cultural or religious group in the last 12 months		↑	↑	↑			↑					
Know people in their community		↑	↑	↑				↑	↑	↑	↑	↑
Able to have a say with their support services most of the time or all of the time			↑	↑	↑							

State/Territory

Controlling for other factors, for participants entering the Scheme in 2019-20, most other States and Territories show more positive outcomes across a range of indicators in comparison to NSW. In particular, Queensland (QLD), SA, WA and TAS did not have any poorer outcomes for any of the selected indicators when compared to NSW. This means that these States, based on the regression modelling, have at least the same or significantly better outcomes across the domains of choice and control, relationships, home, health and wellbeing, lifelong learning, work and community participation when compared to NSW.

Outcomes that were significantly poorer when compared to NSW were:

- Participants living in SA were less likely to live with their parents (73.3% compared to 76.7% in NSW) and in a private home owned or rented from a private landlord (79.9% compared to 82.1%).
- Participants living in Victoria (VIC) were less likely to have a doctor they see on a regular basis (76.5% compared to 78.2% in NSW) and more likely to have difficulties accessing health services (35.4% compared to 31.2%).
- Participants living in the ACT were less likely to be living in a private home owned or rented from a private landlord (79.0% compared to 82.1% in NSW).
- Participants living in NT were less likely to be able to advocate for themselves (10.2% compared to 27.3% in NSW).

Remoteness
Remoteness was a significant predictor in 21 of the 30 regression models, with a number of baseline outcomes being more positive for participants living in regional and remote areas compared to those for participants living in major cities. Participants living in regional and remote areas are:

- Less likely to live with their parents (72.4% and 61.3% for participants living in regional and remote areas respectively, compared to 78.7% for those living in major cities)
- Less likely to want to see their friends more often (59.0% and 63.4% for participants living in regional and remote areas respectively, compared to 65.7% in major cities)
- Less likely to want to live in their current home in five years time (56.8% and 59.8% for participants living in regional and remote areas respectively, compared to 66.6% in major cities)
- More likely to have difficulties in accessing health services (33.6% and 37.5% for participants living in regional and remote areas respectively, compared to 29.7% in major cities)
- More likely to rate their health as excellent, very good or good (69.4% and 69.6% for participants living in regional and remote areas respectively, compared to 66.0% in major cities)
- More likely to feel safe getting out and about in their community (36.4% and 42.2% for participants living in regional and remote areas respectively, compared to 32.9% in major cities)
- More likely to currently or previously attend school in a mainstream class (52.2% and 67.0% for participants living in regional and remote areas respectively, compared to 54.1% in major cities)
- More likely to spend their free time doing activities that interest them (73.1% and 67.6% for participants living in regional and remote areas respectively, compared to 67.3% in major cities), be a volunteer (11.3% and 9.8% compared to 9.1%) and know people in their community (50.7% and 62.7% compared to 37.5%).

Comparing 2019-20 entrants with prior year entrants, baseline outcomes show similar variations by State/Territory and remoteness, for most indicators. For both groups, participants in regional and remote areas tend to have more positive baseline results than those from major cities, being more likely to volunteer, to know people in their community, to feel safe getting out and about in their community, and to rate their health as excellent, very good or good. However, in both cases they were more likely to have difficulties accessing health services. There were some differences for the home domain, however. For prior year entrants, participants from regional and remote areas were less likely to be happy with their current home, whereas for 2019-20 entrants only participants living in large regional centres were less likely to be happy. For 2019-20 entrants, participants from all regional and remote areas were less likely than those from major cities to want to live in their home in five years time, whereas this was not observed for prior year entrants.

Plan management type[58,59]

Table 4.5 shows baseline participant outcomes for which plan management type is a significant (p<0.05) predictor in the multiple regression model, and the direction of the effect.

Table 4.5 Relationship of plan management type with the likelihood of selected outcomes

Outcome	Self-managed fully	Self-managed partly	Plan managed
Lives with their parents	⬆	⬆	⬆
Lives in private home owned or rented from private landlord	⬆	⬆	⬆
Choose who supports them			
Choose what they do each day	⬇		⬇
Make most decisions in their life			
Able to advocate for themselves			⬇
Want more choice and control in their life	⬆	⬆	⬆
Have someone outside their home to call when they need help	⬆		
Would like to see their family more often	⇩		
Would like to see their friends more often	⬆	⬆	⬆
No friends other than family or paid staff	⬇		
Happy with the home they live in	⬆		
Would like to live there in 5 years time			
Feel safe or very safe in their home			

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[58] Note that these baseline differences reflect characteristics of participants whose families/carers choose to self manage, rather than the self-management process itself (since the results are at the start of the participant's first plan).
[59] Reference category in the models is Agency-managed.

Outcome	Self-managed fully	Self-managed partly	Plan managed
Rate their health as excellent, very good or good	⬇	⬇	⬇
Have a doctor they see on a regular basis	↑	↑	↑
No difficulties accessing health services		⬇	⬇
Have been to the hospital in the last 12 months			⬆
Feel safe getting out and about in their community			⬇
Currently attend or previously attended school in a mainstream class	↑	↑	
Get opportunities to learn new things	↑	↑	⬇
Participate in education, training or skill development	↑	↑	
Wanted to do a course or training in the last 12 months, but could not	⬆	⬆	⬆
Currently working in a paid job	↑	↑	
Spend their free time doing activities that interest them	↑	↑	
Wanted to do certain things in the last 12 months, but could not	⬆	⬆	⬆
Currently a volunteer	↑	↑	↑
Actively involved in a community, cultural or religious group in the last 12 months	↑	↑	↑
Know people in their community	↑	↑	
Able to have a say with their support services most of the time or all of the time	↑		

There were significant differences by plan management type for 26 of the 30 baseline regression models.

Compared to participants with Agency-managed baseline plans, those with self-managed plans and those using a plan manager are:

- More likely to live with their parents (90.2% and 75.5% for self-managed fully and plan managed participants respectively, compared to 65.8% for Agency-managed

participants) and to live in a private home owned or rented from a private landlord (96.4% and 81.2% for self-managed fully and plan managed participants respectively, compared to 71.5% for Agency-managed participants).
- More likely to want more choice and control in their life (77.9% and 79.6% for self-managed fully and plan managed participants respectively, compared to 72.6% for Agency-managed participants).
- More likely to want to see their friends more often (60.5% and 68.9% for self-managed fully and plan managed participants respectively, compared to 59.6% for Agency-managed participants).
- Less likely to rate their health as excellent, very good or good (71.0% and 62.6% for self-managed fully and plan managed participants respectively, compared to 71.5% for Agency-managed participants) and more likely to have a doctor they see on a regular basis (83.5% and 79.0% compared to 71.7%). Partly self-managed and plan managed participants are more likely to have difficulties accessing health services (29.5% and 37.4% for partly self-managed and plan managed participants, compared to 26.4% for Agency-managed participants).
- More likely to say there was a course or training that they wanted to do in the last 12 months but could not (39.2% and 45.9% for partly self-managed and plan managed participants, compared to 36.9% for Agency-managed participants).
- More likely to currently volunteer (12.2% and 8.9% for self-managed fully and plan managed participants respectively, compared to 8.2% for Agency-managed participants) and be actively involved in a community, cultural or religious group in the last 12 months (36.8% and 26.6% for self-managed fully and plan managed participants respectively, compared to 26.2% for Agency-managed participants).

Those who self-manage fully are more likely to have someone outside their home to call on when they need help (87.1% compared to 82.9% for Agency-managed) and more likely to have friends other than family or paid staff (72.7% compared to 64.2% for Agency-managed). They are also more likely to be happy with the home that they live in (88.9% compared to 73.0% for Agency-managed), and feel able to have a say with their support services most of the time (44.0% compared to 36.4% for Agency-managed).

Those who self-manage at least partly show better outcomes related to lifelong learning, work and community participation. For example, they are more likely to currently attend or to have previously attended school in a mainstream class (68.9% and 57.6% for self-managed fully and self-managed partly participants, compared to 47.7% for Agency-managed participants), get opportunities to learn new things (72.1% and 66.5% compared to 55.4%), participate in education, training or skill development (54.9% and 47.1% compared to 37.2%), currently work in a paid job (26.0% and 28.3% compared to 18.5%), spend their free time doing activities that interest them (75.6% and 73.1% compared to 66.7%) and know people in their community (47.2% and 48.8% compared to 39.6%).

Controlling for disability and other factors in regression models, participants with a plan manager showed poorer outcomes compared to other plan management types in some indicators. In particular, plan managed participants were less likely to be able to advocate for themselves (22.0% compared to 29.2% for Agency-managed), more likely to have been to hospital in the last 12 months (31.4% compared to 27.8% for Agency-managed), less likely to feel safe getting out and about in the community (28.6% compared to 37.1% for Agency-managed) and less likely to get opportunities to learn new things (51.7% compared to 55.4% for Agency-managed).

Comparing 2019-20 entrants with those entering in prior years, similar trends by plan management type were observed for the two entry period cohorts. For both groups, participants with self-managed plans tended to have better baseline outcomes related to lifelong learning, work, and community participation.

Unemployment rate in participant's LGA of residence

Table 4.6 shows baseline participant outcomes for which the LGA unemployment rate (at entrance date) is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect.

Table 4.6 Relationship of unemployment rate in the participant's LGA of residence with the likelihood of selected outcomes

Outcome	Higher Unemployment rate
Choose who supports them	⬆
Able to advocate for themselves	⬇
Want more choice and control in their life	⇩
Have someone outside their home to call when they need help	⬇
No friends other than family or paid staff	⬆
Happy with the home they live in	⬆
Would like to live there in 5 years time	⬆
Feel safe getting out and about in their community	⬇
Currently attend or previously attended school in a mainstream class	⬇
Get opportunities to learn new things	⬇
Participate in education, training or skill development	⬇
Currently working in a paid job	⬇
Wanted to do certain things in the last 12 months, but could not	⬇
Currently a volunteer	⬇
Actively involved in a community, cultural or religious group in the last 12 months	⬇
Know people in their community	⬇

The unemployment rate was a significant predictor for 16 out of the 30 indicator. Participants living in a LGA with a higher unemployment rate were generally less likely to see positive outcomes in the domains of work, lifelong learning, relationships and community participation. Compared to participants located in LGA's with a lower unemployment rate, participants living in higher unemployment rate LGA's were:

- Less likely to be working in a paid job, or as a volunteer
- Less likely to attend (or to have previously attended) school in a mainstream class, less likely to get opportunities to learn new things, or to participate in education, training or skill development
- More likely to have no friends other than family or paid staff, and less likely to have someone outside their home to call when they need help
- Less likely to be actively involved in a community, cultural or religious group and less likely to know people in their community
- More likely to be happy with the home that they live in.

Impact of COVID-19

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.

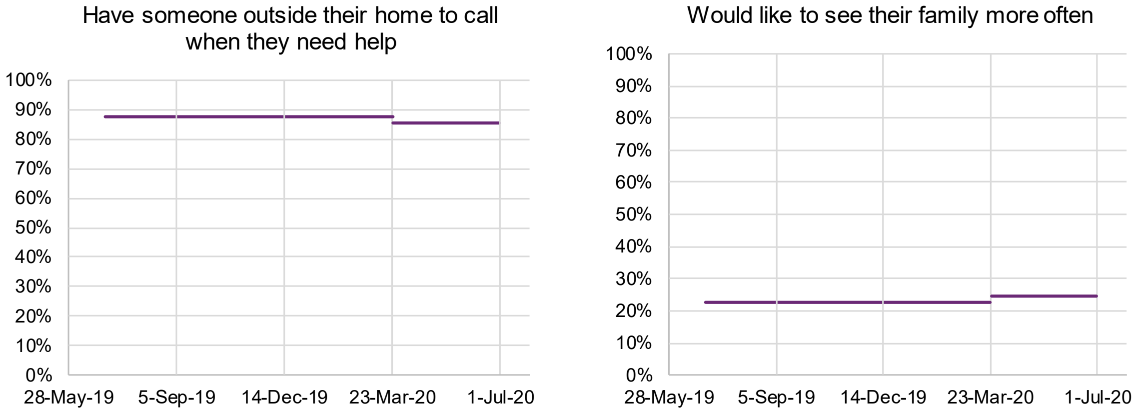
The methodology used to investigate which outcomes have been affected by the pandemic is outlined in the participant birth to starting school section of the report.

Results

For participants aged from 15 to 24 who entered the Scheme in 2019-20, there were 15 indicators (out of 30 indicators) for which the COVID step change term was significantly different from zero. (Whilst three of the models also identified a significant general trend, none identified a significant change in slope).

Interestingly, a negative impact (step change at assumed COVID date) was observed for only two of the 15 indicators: having someone outside the home to call on for help when needed, and wanting to see family more often. The estimated trends for these indicators are shown in Figure 4.7.

Figure 4.7 Estimated trend over time for indicators where there was a negative step change



Positive results were observed for the other 13 indicators, indicating that during the COVID period:

- Participants were more likely to say they choose who supports them (odds ratio estimate 1.19) and more likely to say they are able to have a say with their support services most of the time or all of the time (odds ratio estimate 1.26). They were also more likely to say they are able to advocate for themselves (odds ratio estimate 1.13).
- Participants were more likely to say they would like to live in their current home in five years' time, and more likely to say they feel safe or very safe in their home (odds ratio estimates 1.16 and 1.12, respectively).
- Participants were more likely to rate their health as excellent, very good or good, more likely to say they have no difficulty accessing health services, and less likely to have been to hospital in the last 12 months (odds ratio estimates 1.11, 1.16, and 0.88, respectively). They were also more likely to say they feel safe getting out and about in their community (odds ratio estimate 1.25). (This last result is perhaps unexpected during a pandemic. If it is a genuine effect of the pandemic, one possibility is that it is related to the lack of crowds).
- Participants were more likely to participate in education, training or skill development, more likely to spend their free time doing activities that interest them, and more likely to know people in their community (odds ratio estimates 1.19, 1.30 and 1.16, respectively).

The fitted trends for these indicators are shown in Figure 4.8 and Figure 4.9.

Figure 4.8 Estimated trend over time for indicators where there was a step change improvement

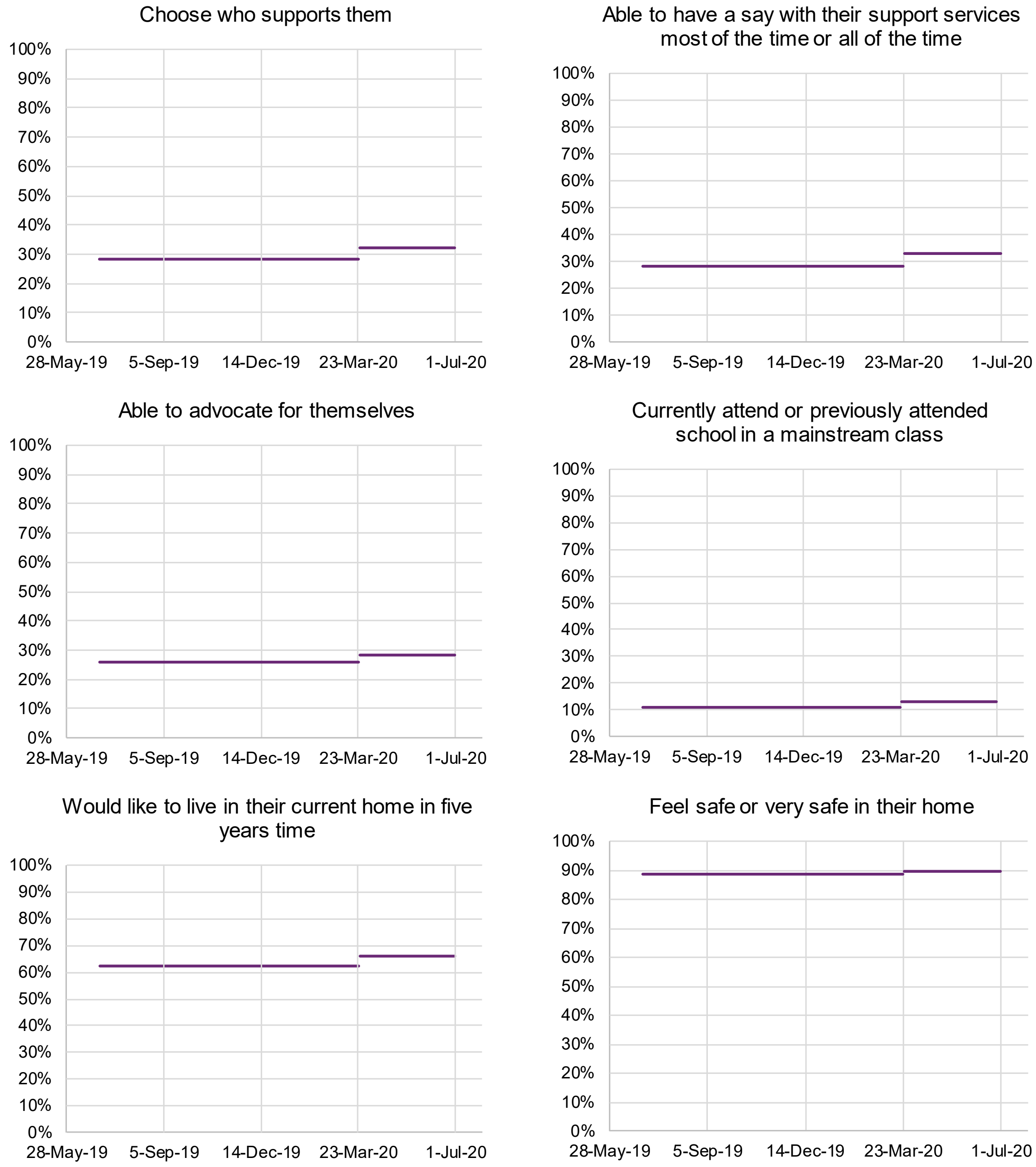
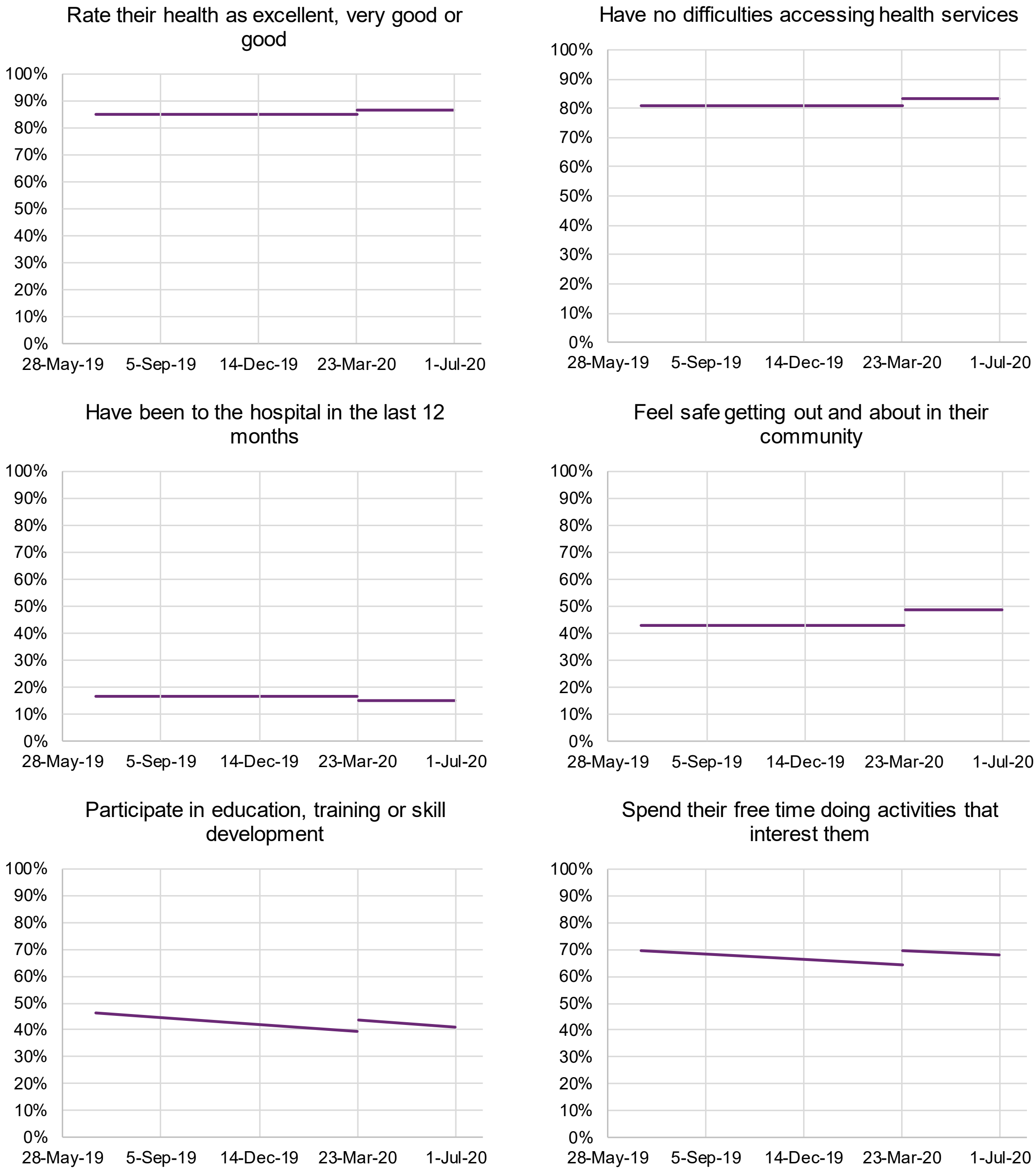


Figure 4.9 Estimated trend over time for indicators where there was a step change improvement



Rate their health as excellent, very good or good

Have no difficulties accessing health services

Have been to the hospital in the last 12 months

Feel safe getting out and about in their community

Participate in education, training or skill development

Spend their free time doing activities that interest them

Box 4.4 summarises the key findings from this section.

Box 4.4: Summary of findings

- Similar to participants who entered in prior years, better baseline outcomes have been observed from 2019-20 entrants with primary disability of hearing impairment, participants who are self-managing part or all of their plan, and participants with higher level of function.
- Less favourable baseline outcomes have been observed from 2019-20 entrants whose primary disability is a psychosocial disability, particularly in the areas of home, health and wellbeing, community participation, and work. Indigenous participants also showed poorer baseline outcomes across multiple domains, particularly in home, health and wellbeing, lifelong learning, work and community participation.
- Comparing baseline outcomes of participants who entered before and after the start of the global COVID-19 pandemic, baseline outcomes for those entering during the pandemic were more negative on two indicators and more positive on 13 indicators. On the negative side, participants entering during the pandemic were less likely to have someone outside the home to call on for help when needed, and more likely to want to see family more often. On the positive side, participants entering during the pandemic were more likely to say they choose who supports them, more likely to be able to advocate for themselves, more likely to feel safe in their current home and to want to live there in five years' time, and more likely to rate their health as good, very good or excellent. Additionally participants are more likely to participate in education, training or skill development, more likely to spend their free time doing activities that interest them, and more likely to know people in their community.

5. Participants aged 25 and over

5.1 Key findings

Box 5.1: Comparison of 2019-20 entrants with prior year entrants on key characteristics

- As at 30 June 2020, the combined baseline constitutes four years of experience (participants entering the Scheme between 1 July 2016 and 30 June 2020).

- The report focusses on baseline results for 2019-20 entrants, but also includes a brief comparison with results for prior year entrants. Differences between participants by key characteristics (such as disability type and level of function) can occur over time, for example due to phasing in the transition period.

- Compared to prior year entrants, participants aged 25 and over who entered the Scheme in 2019-20 tend to be:

- Older.

- Much more likely to have psychosocial disability and much less likely to have intellectual disability or Down syndrome.

- More likely to require a low level of NDIA support through the participant pathway and less likely to require a medium level of support.[60]

- Less likely to live in NSW and much more likely to live in WA.

- More likely to identify as either Indigenous (6.3% versus 4.5%) or non-Indigenous (79.2% versus 73.0%), with the percentage not stated being lower (14.5% compared to 22.5%).

- More likely to be from a CALD background (15.3% compared to 10.9%).

- Slightly more likely to live in major cities and slightly less likely to live in regional areas.

- Much more likely to have not received services from State/Territory or Commonwealth programs prior to entering the Scheme, more likely to have entered the Scheme for early intervention (4.3% compared to 1.9%) and less likely to have entered due to disability.[61]

- More likely to have baseline annualised plan budget between $30,000 and $100,000 and less likely to have annualised plan budget less than $30,000 or over $100,000, and more like to fully self-manage their baseline plan (9.3% compared to 5.9%) or use a plan manager (53.5% compared to 26.8%) rather than agency manage.

- Similar with respect to level of function, Indigenous status and gender.

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[60] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

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

Box 5.2: Baseline indicators for participants entering in 2019-20 – overall

- **Living and housing arrangements**

- By comparison with the younger adult cohort, participants aged 25 and over more likely to live alone (28.8%), with a spouse/partner and/or children (34.0%), or with people not related to them (12.2%).

- 64.6% of 2019-20 entrants live in a private home owned or rented from a private landlord, slightly higher than 59.8% of prior year entrants. 18.5% live in a private home rented from a public authority (16.7% of prior year entrants), and this appears to be higher than the population average. The proportion in supported accommodation is lower for 2019-20 entrants compared to prior year entrants (3.7% compared to 12.2%).

- **Choice and control**

- The majority of 2019-20 entrants (71.6%, higher than 58.6% for prior year entrants) said they made most of the decisions about their lives, and would like more choice and control in their life (75.5% compared to 77.1% of prior year entrants).

- **Daily living**

- For participants entering the Scheme in 2019-20, support for daily living was most needed for domestic tasks (87.8%) and travel and transport (76.8%).

- Where support was needed, it was most often received for problem solving (91.1%) and finances/money (62.8%). For those receiving support, the percentage of participants who felt it met their needs was also highest for problem solving (92.7%), followed by finances/money (51.1%).

- 17.2% of participants needed support in all of the eight areas surveyed at baseline, lower than the 24.0% of participants entering in prior years.

- **Relationships**

- 20.2% 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 22.1% had no-one to call on in a crisis. These percentages are much higher than a national figure of 6.4% for being unable to get support in times of crisis from someone outside the home (ABS General Social Survey (GSS) 2019).

- Compared to prior year entrants, the percentages with no-one outside their home to call on for practical support or in a crisis were slightly higher (20.2% and 22.1% of 2019-20 entrants, respectively, compared to 17.2% and 20.8% of prior year entrants), but the percentage with no-one to call on for emotional support was the same (23.4%).

- 37.6% of 2019-20 entrants said they did not have any friends apart from family or paid staff, higher than prior year entrants (29.4%). For those who are currently receiving services, 91.0% said they were happy with their relationships with staff, higher than 78.9% of prior year entrants. 26.5% said they often feel lonely, slightly higher than 21.2% of prior year entrants.

Box 5.2: Baseline indicators for participants entering in 2019-20 – overall (continued)

- **Home**

– The majority (64.2%) of adult participants were happy with their current home, lower than 73.6% of prior year entrants. 33.8% cited lack of support as a barrier to living in a home of their choice, with 32.2% citing lack of affordable housing.

– The majority (60.6%) felt safe or very safe in their home, lower than 74.1% of prior year entrants.

- **Health and wellbeing**

– Compared to the general Australian population aged 25 to 64 overall, NDIA participants generally rated their health as poorer (34.7% of participants rated their health as good, very good or excellent, compared to 86.6% in the population), expressed lower overall life satisfaction (39.9% of participants expressed a positive view compared to 76.9% in the population) and are more likely to go to hospital (51.9% of participants had been to hospital in the last 12 months, compared to 11.4% of the population).

– These indicators for 2019-20 entrants were generally less favourable than for prior year entrants: 46.8% of prior year entrants rated their health as good, very good or excellent, 44.2% had positive overall life satisfaction, and 42.0% had been to hospital in the last 12 months.

– 23.2% of adult participants said they currently smoked, and this is higher than a 2017-18 population figure for 25 to 64 year olds of 17.2%. It is also higher than for prior year entrants (18.7%).

- **Lifelong learning**

– Only 28.4% of participants said they get opportunities to learn new things, lower than 40.3% of prior year entrants. Conversely, 50.2% said they did not get opportunities but would like to learn new things, higher than 41.6% of prior year entrants.

– Only 6.6% of participants currently participate in education, training or skill development, lower than 11.8% of prior year entrants. Educational settings were different for 2019-20 entrants compared to prior year entrants. For example, 6.0% of 2019-20 entrants said they participated at a disability education facility (lower than 25.7% for prior year entrants), 25.0% at TAFE (higher than 14.5% of prior year entrants), and 20.0% at university (higher than 9.1% of prior year entrants).

- **Work**

– 18.7% of 2019-20 entrants were currently working in a paid job, lower than 23.7% of prior year entrants at baseline. Of those not currently working in a paid job, 35.8% said they would like one. 11.2% of participants who do not have a job said they were being assisted to get a job, slightly lower than 14.6% of prior year entrants.

– Only 18.2% said they had started planning for retirement, and regarding retirement planning, most of these said they made all of the decisions or made the important decisions with help from others.

Box 5.2: Baseline indicators for participants entering in 2019-20 – overall (continued)

- **Social, civic and community participation**

- 9.1% of 2019-20 entrants said they currently volunteered, and a further 28.5% expressed an interest in volunteering. 29.1% had been involved in a community, cultural or religious group in the last 12 months, lower than 37.3% for prior year entrants, with 89.4% feeling a sense of belonging to the group. 30.4% said they had negative experiences in their community in the past 12 months.

- Regarding safety, more than half (62.8%) of respondents said that they never go out alone. Of those who do go out alone, 56.1% said they felt safe or very safe whereas 27.2% said they felt unsafe or very unsafe, which is generally more negative than the population.

- NDIS participants were also less likely to feel able to have a say within the community on important issues. 61.3% felt able to have a say only a little of the time or none of the time compared to 42.0% among the population aged between 25 and 64.

Box 5.3: Baseline indicators for participants entering in 2019-20 – participant characteristics

- Across most domains, the participant's level of function, primary disability type, age, cultural background, where they live, plan management type and LGA unemployment rates were most predictive of outcomes in the multiple regression models, which control for other factors.
- The impact of disability type on outcomes varies by domain. At baseline, participants with Down syndrome or an intellectual disability have the lowest levels of choice and control, however those with Down syndrome tend to have better outcomes in the home, health and wellbeing, and community participation domains. Controlling for other factors, participants with spinal cord injury tend to have the most positive baseline outcomes, whereas those with a visual impairment have less positive outcomes. Participants with a hearing impairment also tend to have more positive baseline outcomes, and those with a psychosocial disability have less positive outcomes. Participants with autism had less positive outcomes in the relationships and participation domains, but more positive outcomes for some indicators in the home and health domains.
- Baseline outcomes also vary with participant level of function and/or annualised plan budget. Participants with a higher level of function / lower annualised plan budget tend to have better baseline outcomes and exhibit higher rates of improvement than those with a lower level of function / higher annualised plan budget. In particular, participants with higher level of function are more likely to live in a private home, get opportunities to learn new things and currently working in a paid job.
- Comparing baseline outcomes by age, older participants experienced more positive outcomes related to choice and control, home, and social, community and civic participation. However, older participants had more negative baseline outcomes in the domains of relationships, health, lifelong learning, and work.
- Female participants had better outcomes for indicators related to choice and control, and relationships, but worse baseline outcomes in the domains of home, health and wellbeing, and work, compared to male participants.
- At baseline, Indigenous participants tend to have slightly worse outcomes than non-Indigenous participants on a number of indicators. Indigenous participants were less happy with their home, less likely to feel safe at home, and had poorer health outcomes. Indigenous participants were more likely to smoke (47.1% compared to 21.8% overall). The one indicator for which Indigenous participants had a more positive outcome than non-Indigenous participants was knowing people in their community.
- In general, CALD participants tend to have poorer baseline outcomes related to choice and control, relationships, and work, but are more likely to have been involved in a community, cultural or religious group in the last 12 months. CALD participants were less likely choose what they do each day, make most decisions in their life, and get opportunities to learn new things.
- Results by remoteness were mixed with a number of baseline outcomes being more positive for participants living in regional and remote areas. Participants not living in major cities were more likely to spend their free time doing activities that interest them, to currently volunteer, and to know people in their community. However, participants living outside of a major city were less likely to have someone outside their home to call when they needed help, and less likely to be currently working in a paid job.

Box 5.3: Baseline indicators for participants entering in 2019-20 – participant characteristics (continued)

- Participants with self-managed plans had consistently better baseline outcomes than those with agency managed plans.
- Participants located in a LGA with a higher unemployment rate were less likely to experience positive baseline outcomes in the domains of work, lifelong learning, and community participation, but they tended to have more positive outcomes in the home domain.
- Participants who receive supported independent living supports were less likely to experience positive baseline outcomes in the choice and control domain. However, they tended to have positive outcomes in the domains of home, health and wellbeing, work and lifelong learning. Outcomes for the participation domain were mixed, with SIL participants being more likely to be involved in a community, cultural or religious group in the last 12 months, but less likely to know people in their community.
- COVID-19 was associated with a number of changes to participant outcomes, with most changes being positive. Participants were more likely to choose who supports them and be able to have a say with their support services, to make most decisions in their life, to feel safe in their current home and to want to live there in five years' time. However, they were less likely to who have someone outside their home to call on for help when needed, more likely to want to see their family more often, and less likely to volunteer.

5.2 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.

Participants answer the outcomes questionnaire applicable to their age/schooling status at the time of interview. Hence the 25 and over baseline cohort comprises participants who are aged 25 or over when they enter the Scheme.

5.3 Comparison of 2019-20 entrants with prior year entrants on key characteristics

As discussed in Section 2.3, differences between participants by key characteristics (such as disability type and level of function) can occur over time, for example due to phasing in the transition period. A brief summary of how 2019-20 entrants compare to participants entering in the earlier three year period with respect to key characteristics is provided in this section.

Figure 5.1 and Figure 5.2 summarise distributions by key characteristics for 2019-20 and prior year entrants.

Figure 5.1 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants

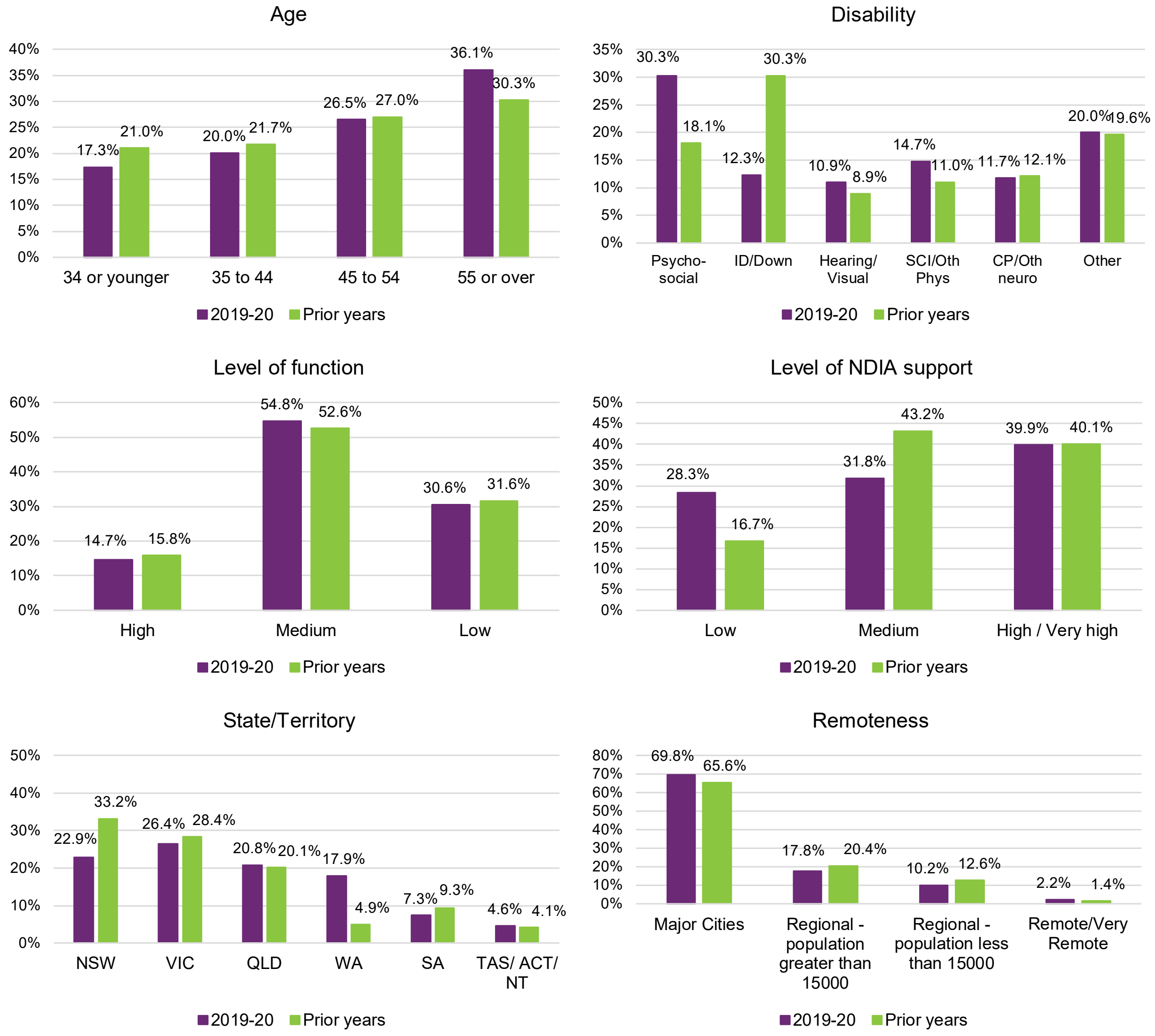
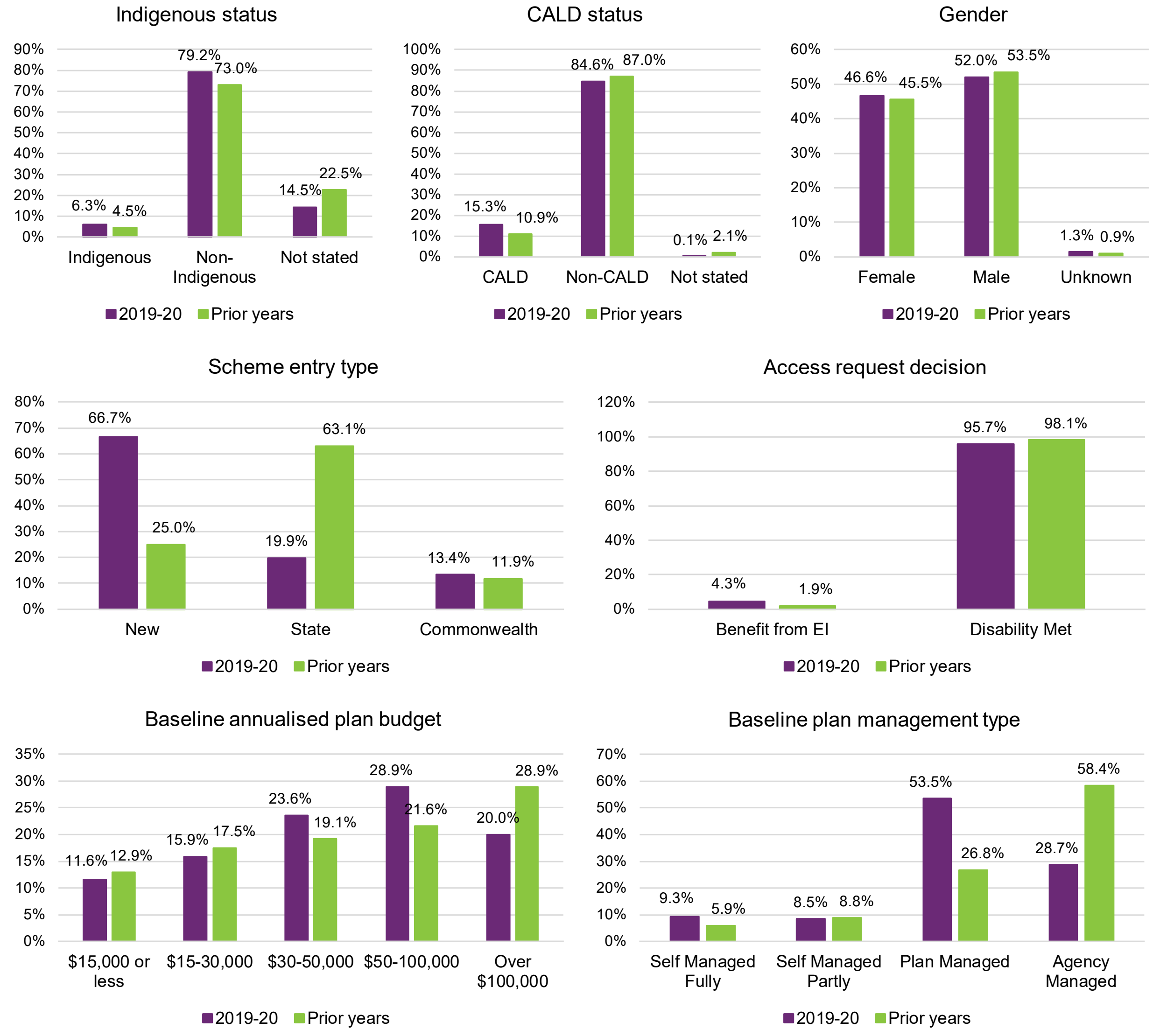


Figure 5.2 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants



The graphs in Figure 5.1 and Figure 5.2 show that compared to prior year entrants, participants who entered the Scheme in 2019-20 tend to be:

- Older (17.3% aged under 35 and 36.1% aged 55 or over, compared to 21.0% and 30.3% for prior year entrants).
- More likely to have a psychosocial disability (30.3% compared to 18.1% for prior year entrants), a hearing/visual impairment (10.9% compared to 8.9%) or spinal cord injury/another physical disability (14.7% compared to 11.0%), and much less likely to have an intellectual disability or Down syndrome (12.3% compared to 30.3%).
- More likely to required a low level of NDIA support through the participant pathway (28.3% compared to 16.7%) and less likely to require a medium level of support (31.8% compared to 43.2%).
- Less likely to live in NSW (22.9% compared to 33.2%) and more likely to live in WA (17.9% comared to 4.9%).
- Slightly more likely to have lived in major cities (69.8% compared to 65.6%) and slightly less likely to have lived in regional areas (28.0 compared to 33.0%).

- More likely to identify as either Indigenous (6.3% versus 4.5%) or non-Indigenous (79.2% versus 73.0%), with the percentage not stated being lower (14.5% compared to 22.5%).
- More likely to be from a CALD background (15.3% compared to 10.9%).
- Much more likely to have not received services from State/Territory or Commonwealth programs prior to entering the Scheme (66.7% compared to 25.0%).
- More likely to have entered the Scheme for early intervention (s24) (4.3% compared to 1.9%) and less likely to have entered due to disability (s25) (95.7% compared to 98.1%).
- More likely to have baseline annualised plan budget between $30,000 and $100,000 (52.5% compared to 40.8%) and less likely to have annualised plan budget less than $30,000 (27.5% versus 30.4%) or over $100,000 (20.0% versus 28.9%).
- More likely to fully self-manage their baseline plan (9.3% compared to 5.9%) or to use a plan manager (53.5% compared to 26.8%) and less likely to agency manage (28.7% compared to 58.4%).

However, distributions by level of function, Indigenous status, and gender are similar between 2019-20 entrants and prior year entrants.[62]

5.4 Baseline indicators for participants entering in 2019-20 – overall

Participant living and housing arrangements

By comparison with the younger adult cohort, participants aged 25 and over who entered the Scheme in 2019-20 were more likely to live alone (28.8%, higher than 24.2% of prior year entrants), or with a spouse/partner and/or children (34.0%, also higher than 25.0% of prior year entrants), or with people not related to them (12.2%, lower than 19.8% of prior year entrants). However, 14.6% live with their parents (lower than 21.6% of prior year entrants) and 5.1% live with other family members (similar to 5.0% of prior year entrants).

Data from the Household Income and Labour Dynamics in Australia (HILDA) survey suggest that a higher proportion of NDIS participants aged 25 and over live alone (28.8% compared to 11.4%), with their parents (14.6% compared to 7.9%) or with people not related to them (12.2% compared to 1.1%) and a much lower proportion live with their spouse/partner (with or without children) (27.6% compared to 70.2%).[63]

For participants aged 25 and over at baseline, the percentage in a private home either owned or rented from a private landlord is 64.6% (59.8% of prior year entrants). 18.5% of participants live in a private home rented from a public authority (16.7% of prior year entrants). 3.7% are in supported accommodation, 2.5% in residential care or a hostel and a further 2.2% in a boarding house, short-term crisis accommodation, or a temporary shelter. 2.3% live in a nursing home. The proportion in supported accommodation is lower for 2019-20 entrants compared to prior year entrants (3.7% compared to 12.2%).

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

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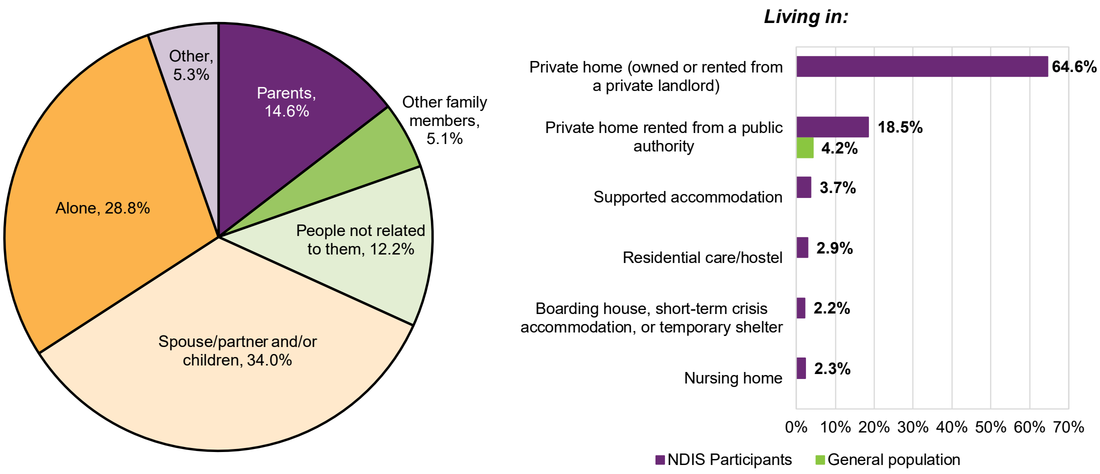
[62] Chi-squared tests for differences in the distributions were performed, but due to the large volume of baseline data, they are powered to detect very small differences. For participants aged 25 or over, all p-values were less than 0.0001.

[63] HILDA Survey (unimelb.edu.au) Weighted to match the Australian population and adjusted for the NDIS age distribution.

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 (7.4%, 6.9%, 8.4% and 18.5% for the four age cohorts) appears higher than the general population.

Figure 5.3 Participant living/housing arrangements – 2019-20 entrants – baseline



Choice and control

More participants chose, or had a say in, what they do each day (94.8%), how they spend their free time (93.3%) and who supports them (89.1%), than in where they live (78.0%) or who they live with (77.4%). By comparison, levels of choice and control for these indicators were slightly lower for prior year entrants, where the corresponding percentages were 90.7% choosing what they do each day, 90.6% choosing how they spend their free time, 81.0% choosing who supports them, 75.4% choosing where they live, and 74.0% choosing who they live with.

The majority (71.6%, higher than 58.6% for prior year entrants) said they made most of the decisions about their lives, with 20.0% (29.7% for prior year entrants) saying their family did, and 3.5% (6.9% for prior year entrants) that their service providers did. 72.7% said they had someone who supports them to make decisions, with a further 22.2% saying they didn't need anyone (compared to 75.8% and 19.8%, respectively, for prior year entrants). Overall, 75.5% said they would like more choice and control in their life (compared to 77.1% of prior year entrants at baseline).

Daily living

For participants entering the Scheme in 2019-20, support for daily living was most needed for domestic tasks (87.8%) and travel and transport (76.8%), and least needed for personal care (53.3%), technology (52.0%) and reading or writing (46.0%).

Where support was needed, it was most often received for problem solving (91.1%) and finances/money (62.8%), and least often received for using technology (32.8%). There has been a downward trend in these baseline percentages by entry year, with the percentages for 2019-20 entrants being 13.9% to 18.7% lower than for prior year entrants (apart from for problem solving).

For those receiving support, the percentage of participants who felt it met their needs was highest for problem solving (92.7%), followed by finances/money (51.1%). However, for other areas, generally low percentages (ranging from 10.8%, for getting out of the house, to

28.3%, for personal care) felt that it met their needs. These percentages for 2019-20 entrants were 17.1% to 21.0% lower than for prior year entrants.

17.2% of participants who entered the Scheme in 2019-20 needed support in all of the eight areas surveyed at baseline, lower than the 24.0% of participants entering in prior years.

Relationships

Looking at relationships, 20.2% 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 22.1% 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 69 year olds who said they were unable to get support was 6.4% for the 2019 survey.

Whilst only 16.8% of respondents said they provided care for others, 78.7% of these said they needed help to continue caring, and only 17.0% said they received enough help. By comparison, 14.2% of prior year entrants said they provided care for others at baseline, with 73.7% saying they need help to continue, and 16.0% saying they received enough help.

37.6% of participants said they did not have any friends apart from family or paid staff, higher than 29.4% of prior year entrants. For those who are currently receiving services, 91.0% said they were happy with their relationships with staff, higher than 78.9% of prior year entrants. 26.5% said they often feel lonely, slightly higher than 21.2% of prior year entrants.

Home

64.2% of adult participants were happy with their current home, lower than 73.6% of prior year entrants. However 16.9% said they would not want to live there in five years' time (similar to 16.8% of prior year entrants), with 9.7% saying this was because they wanted to choose their future home, 2.5% for reasons related to support needs, and 4.7% for another reason (compared to 8.8%, 2.5%, and 5.5%, respectively, for prior year entrants). 33.8% (32.5% of prior year entrants) cited lack of support as a barrier to living in a home of their choice, with 32.2% (28.7% of prior year entrants) citing lack of affordable housing. 60.6% said they felt very safe or safe in their home, lower than 74.1% of prior year entrants.

Health and wellbeing

People with disability generally rate their health as poorer than other Australians[64], and this holds true for NDIS participants. 34.7% 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[65]. The percentage for 2019-20 NDIS entrants is lower than for prior year entrants at baseline (34.7% compared to 46.8%).

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", 39.9% of participants responding to the LF said they felt either "delighted", "pleased" or "mostly satisfied", compared to 76.9% of Australians aged 25 to 64

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[64] Australian Institute of Health and Welfare (AIHW) (2020) Australia's Health 2020.
[65] ABS National Health Survey (NHS) 2017-18.

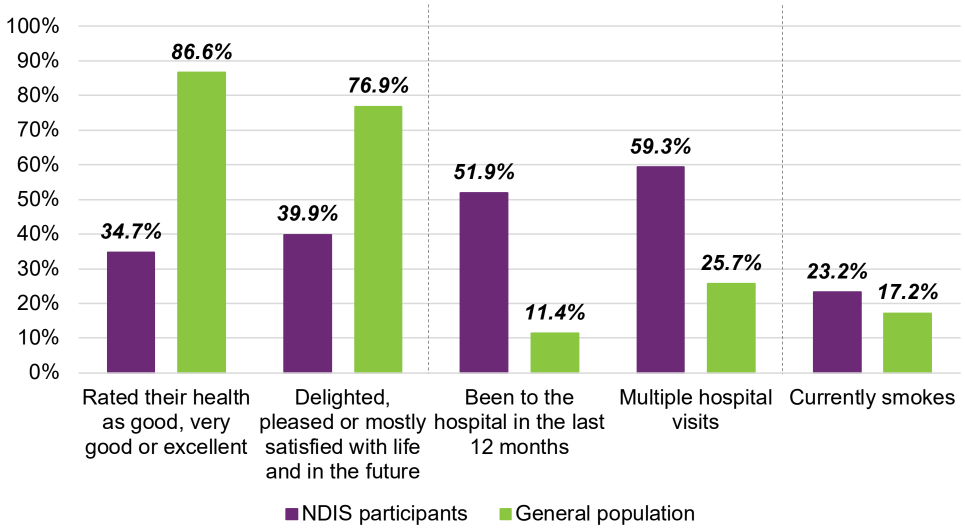
overall.[66,67] The percentage for 2019-20 NDIS entrants is slightly lower than for prior year entrants at baseline (39.9% compared to 44.2%).

NDIS participants are also more likely to go to hospital than Australians generally. 51.9% of participants 25 and over had been to hospital in the last 12 months, compared to 11.4% of Australians aged 25 to 64[68]. 2019-20 entrants were more likely to have been to hospital than prior year entrants (51.9% compared to 42.0%). Moreover, 59.3% of 2019-20 entrants who had been to hospital had multiple visits, compared to a population figure of 25.7% for Australians aged 25 to 64[68]. 2019-20 entrants were slightly more likely to have been to hospital multiple times than prior year entrants (59.3% compared to 56.3%).

42.7% of 2019-20 entrants said they had experienced some difficulty in getting health services, higher than 34.5% of prior year entrants. The most common reason cited was because they didn't have support (14.5%, higher than 9.2% for prior year entrants) and access issues (11.3%, higher than 9.7% for prior year entrants), however 5.5% said it was because of the attitudes and/or expertise of health professionals (similar to 5.7% for prior year entrants).

23.2% of adult participants said they currently smoked, and this is higher than a 2017-18 population figure for 25 to 64 year olds of 17.2%[65]. It is also higher than for prior year entrants (18.7%).

Figure 5.4 Health and wellbeing indicators for NDIS participants compared with the general population



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[66] 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.
[67] 16.1% of NDIS participants aged 25 and over responded "Don't know" to this question, compared to only 0.4% aged 18 to 24 for the GSS 2010. Excluding participants answering "Don't know", the percentage who said they felt either "delighted", "pleased" or "mostly satisfied" was 47.6%.
[68] ABS Patient Experience Survey (PES) 2019-20.

Lifelong learning

28.4% of participants said they get opportunities to learn new things, lower than 40.3% of prior year entrants. Conversely, 50.2% said they did not get opportunities but would like to learn new things, higher than 41.6% of prior year entrants.

Only 6.6% of participants currently participate in education, training or skill development, lower than 11.8% of prior year entrants. However, the percentage in a class for students with disability was much lower for 2019-20 entrants (17.8%) compared to prior year entrants (48.9%). Similarly, educational settings were different for 2019-20 entrants compared to prior year entrants. For example, 6.0% of 2019-20 entrants said they participated at a disability education facility (lower than 25.7% for prior year entrants), 25.0% at TAFE (higher than 14.5% of prior year entrants), and 20.0% at university (higher than 9.1% of prior year entrants).

37.7% said there was a course or training they wanted to do but were unable to do in the last 12 months, similar to 35.8% for prior year entrants. For both 2019-20 entrants and prior year entrants, most of the time this was due to lack of support.

Work

4.7% of those who entered the Scheme in 2019-20 said they were currently working in an unpaid job, whilst 18.7% were working in a paid job (lower than 23.7% of prior year entrants at baseline). Of those not currently working in a paid job, 35.8% said they would like one and 64.2% said they didn't want one. From the LF, 80.6% of adult participants said they had not had a job in the previous 12 months, 16.5% had had one job, and 2.9% more than one. 8.9% had done some casual work in the previous 12 months.

Also from the LF, 69.9% of participants currently in a paid job had held that job for more than two years and 15.1% for less than six months. 94.0% found their job suitable and 88.6% said they received the support needed to do their job. For those working in an ADE, 37.5% could see a pathway to open employment. For those not currently in a paid job, 82.8% had not applied for any jobs in the previous three months, 7.6% had applied for one or two jobs, and 9.6% for three or more.

From the SF, 11.2% of participants who do not have a job said they were being assisted to get a job, slightly lower than 14.6% of prior year entrants.

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. 13.4% 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 17.8% saying they couldn't find a job, and 3.2% saying travel was difficult, however the majority (65.6%) 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 health reasons. Similarly, when asked what assistance would help them get a job, 36.4% said more support, 7.7% said help with travel, 8.9% having a mentor, 7.2% educating employers, and 9.2% getting work experience, however 30.6% 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. Of those who said more support would help them get a job, 42.5% specifically identified support from a Disability Employment Services (DES) provider, 28.3% from further study or getting a qualification, 19.5% from families or support workers and 9.7% from assistive technologies.

Only 18.2% of adult participants responding to the LF said they had started planning for retirement (similar to 17.2% of prior year entrants), and regarding retirement planning, 84.5%

of these said they made all of the decisions or made the important decisions with help from others (higher than 78.2% of prior year entrants).

Social, civic and community participation

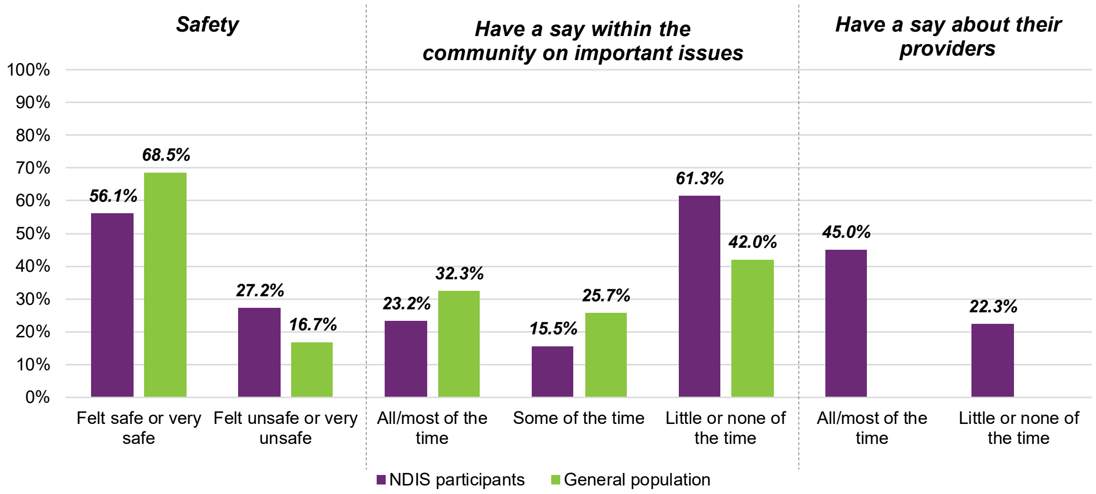
9.1% of participants said they currently volunteered, and a further 28.5% expressed an interest in volunteering (compared to 12.3% and 24.2%, respectively, for prior year entrants). 29.1% had been involved in a community, cultural or religious group in the last 12 months (lower than 37.3% for prior year entrants), with 89.4% of LF respondents feeling a sense of belonging to the group (similar to 90.7% of prior year entrants). Also from the LF, 30.4% said they had negative experiences in their community in the past 12 months (slightly higher than 25.0% of prior year entrants).

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 62.8% of respondents. Of those who do go out alone, 56.1% said they felt safe or very safe whereas 27.2% said they felt unsafe or very unsafe (similar to 58.8% and 29.3% for prior year entrants). 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: 23.2% of participants felt able to have a say all of the time or most of the time, 15.5% some of the time, and 61.3% a little of the time or none of the time (similar to 23.3%, 14.5% and 62.2%, respectively, for prior year entrants). From the 2019 GSS, the corresponding figures for 25 to 64 year olds were 32.3%, 25.7% and 42.0%.

45.0% of participants felt able to have a say with their support providers either all of the time or most of the time (similar to 46.4% for prior year entrants), however 22.3% were only able to have a say a little of the time or not at all (slightly lower than 25.1% of prior year entrants).

Figure 5.5 Social, community and civic participation indicators for NDIS participants compared with the general population



5.5 Baseline indicators for participants entering in 2019-20 – participant characteristics

Baseline indicators for participants entering the Scheme in 2019-20 have been analysed by participant characteristics using one-way analyses and multiple regression modelling.

Across most domains, the participant’s level of function, primary disability type, age, cultural background, where they live, plan management type and LGA unemployment rates were most predictive of outcomes in the multiple regression models, which control for other factors.

Key findings for each characteristic are summarised below. Tables summarising the direction of the effect for selected characteristics, in the regression models for selected outcomes, are also included. The arrow symbols in the tables indicate whether participants from a group are more likely (up arrow) or less likely (down arrow) to respond “Yes” to a question. Table 2.1 (in the participants from birth to starting school chapter) provides a key to aid interpretation of the arrow symbols, including some examples.

Primary disability

Most participant outcomes vary significantly by primary disability type. Typically, for a given disability type, the direction (positive or negative) of the relationship with outcomes is consistent across domains.

Table 5.1 shows baseline participant outcomes for which primary disability type is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect for selected disability types.[69]

Table 5.1 Relationship of disability type with the likelihood of selected outcomes

	Participant primary disability							
Outcome	Down syndrome	Psychosocial disability	Spinal cord injury	Other physical	Other neurological	Hearing impairment	Visual impairment	Autism
Lives with their parents	⬆	⇩	⇩	⇩	⇩	⇩	⇩	⇩
Lives in private home owned or rented from private landlord	⬆	⬇	⬆	⬆	⬆	⬆	⬆	⬆
Choose who supports them	⬇	⬆	⬆	⬆	⬆	⬆	⬆	⬆
Choose what they do each day	⬇	⬆	⬆	⬆	⬆	⬆	⬆	⬆

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[69] The reference category for the models is intellectual disability (the largest disability group for this age range). Hence the arrows are interpreted relative to participants with intellectual disability, for example, a green “up” arrow means better than participants with intellectual disability.

Outcome	Participant primary disability							
	Down syndrome	Psychosocial disability	Spinal cord injury	Other physical	Other neurological	Hearing impairment	Visual impairment	Autism
Make most decisions in their life	⬇	⬆	⬆	⬆	⬆	⬆	⬆	⬆
Able to advocate for themselves	⬇	⬆	⬆	⬆	⬆	⬆	⬆	⬇
Want more choice and control in their life		⬆	⬆		⇩		⬆	⬆
Have someone outside their home to call when they need help		⬇	⬆		⬆		⬇	⬇
Would like to see their family more often	⇩	⬆		⬆	⬆		⬆	
Would like to see their friends more often		⬆	⇩			⇩	⬆	⬆
No friends other than family or paid staff		⬆	⬇	⬇	⬇	⬇	⬇	⬆
Happy with the home they live in	⬆	⬇	⬇	⬇	⬇	⬇	⬇	
Would like to live there in 5 years time		⬇		⬇	⬇			⬇
Feel safe or very safe in their home	⬆	⬇	⬇	⬇	⬇	⬇	⬇	
Rate their health as excellent, very good or good	⬆	⬇	⬇	⬇	⬇		⬇	⬇
Have a doctor they see on a regular basis		⬆	⬆	⬆	⬆	⬇	⬆	⬆
No difficulties accessing health services	⬆	⬇		⬇	⬆	⬇	⬇	⬇

Outcome	Participant primary disability							
	Down syndrome	Psychosocial disability	Spinal cord injury	Other physical	Other neurological	Hearing impairment	Visual impairment	Autism
Have been to the hospital in the last 12 months	↓	↑	↑	↑	↑		↑	↓
Feel safe getting out and about in their community		↓	↑		↓		↓	↓
Get opportunities to learn new things	↑	↓	↑	↑	↑	↑	↓	
Participate in education, training or skill development					↓			
Wanted to do a course or training in the last 12 months, but could not	↓	↑			↓	↑	↑	↑
Currently working in a paid job	↑	↓	↑	↓	↓	↑	↓	↓
Spend their free time doing activities that interest them	↑	↓		↓		↑	↓	↓
Wanted to do certain things in the last 12 months, but could not	↓	↑	↑	↑	↑		↑	↑
Currently a volunteer		↓	↑	↓	↓	↓	↓	
Actively involved in a community, cultural or religious group in the last 12 months	↑	↓		↓	↓	↓	↓	↓
Know people in their community	↑	↓	↑	↑	↑	↑	↓	↓

Outcome	Participant primary disability							
	Down syndrome	Psychosocial disability	Spinal cord injury	Other physical	Other neurological	Hearing impairment	Visual impairment	Autism
Able to have a say with their support services most of the time or all of the time		⬆	⬆	⬆	⬆	⬆	⬆	

Disability type was a significant ($p<0.05$) predictor in all of the regression models.

Controlling for other variables, for participants aged 25 and over entering the Scheme in 2019-20:

- Participants with Down syndrome expressed lower levels of choice and control than those with an intellectual disability (the reference category), being less likely to choose who supports them (20.9% compared to 65.7% overall, on a one-way basis) and what they do each day (31.3% compared to 73.3%), to make most decisions in their life (11.6% compared to 71.6%), and to be able to advocate for themselves (13.1% compared to 41.5%). Participants with an intellectual disability ranked second lowest in terms of choice and control, with all other disability types being significantly more likely to respond positively on these four indicators.

  However, participants with Down syndrome responded more positively on many indicators for other domains, particularly home, health, and community participation. For example, they were more likely to feel happy with their current home (90.0% compared to 64.2% overall), more likely to have no difficulties accessing health services (75.4% compared to 57.3%) and more likely to have been actively involved in a community, cultural or religious group in the last 12 months (52.8% compared to 29.1%). They were also the most likely to still live with their parents (51.6% compared to 14.6% overall, on a one-way basis).

- Participants with a spinal cord injury had the most positive results for many of the indicators at baseline, after controlling for other factors.[70] In particular, they had the strongest results on all four choice and control indicators shown in Table 5.1. They were also the most likely to have someone outside their home to call on when they need help, to feel safe getting out and about in their community, and to get the opportunity to learn new things. In addition, they were the most likely to volunteer, to know people in their community (66.3% compared to 45.1% overall, on a one-way basis), and to be able to have a say with their support workers most of the time or all of the time (69.9% compared to 45.0%). They were the least likely to have no friends other than family or paid staff.

- Participants with a hearing impairment often have the most positive outcomes on a one-way basis, although the trend is often less strong after adjusting for other factors

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[70] Based on estimated odds ratios from the multiple regression models.

in the multiple regression models[71]. Nevertheless, they still tend to show more positive baseline outcomes than those with an intellectual disability on many indicators. For example, they are more likely to be working in a paid job (54.6% compared to 18.7% overall, noting that this is on a one-way basis), and more likely to spend their free time doing activities that interest them (72.4% compared to 47.0% overall, also on a one-way basis).

- By contrast, participants with a visual impairment tend to have the least positive outcomes on a number of indicators, after adjusting for other factors. They are the least likely to have no difficulties accessing health services, and to feel safe getting out and about in their community (17.4% compared to 27.5%, on a one-way basis). They tend to be more likely to express a desire for more choice and control, and for more opportunities to learn things and become more involved. For example, they are the most likely to want more choice and control in their life, the most likely to want to see family and friends more often, the most likely to say there was a course or training they wanted to do in the last 12 months but could not (45.9% compared to 37.7%), and the most likely to say there was something they wanted to do, but were unable to do, in the last 12 months (74.2% compared to 66.8%). In addition, they were the least likely to get opportunities to learn new things, and the least likely to say they spend their free time doing activities that interest them.
- Participants with a psychosocial disability tended to have less positive baseline outcomes compared to participants with an intellectual disability, and often compared to most other disabilities. They were the least likely to be living in a private home owned or rented from a private landlord (48.2% compared to 64.6% overall on a one-way basis), and the least likely to be currently working in a paid job (6.2% compared to 18.7%). They were also less likely to get opportunities to learn new things (18.3% compared to 28.4%), more likely to have no friends other than family or paid staff (54.7% compared to 37.6%), and less likely to rate their health as at least good (23.9% compared to 34.7% overall).

  Participants with a psychosocial disability also tended to have lower levels of community participation, being less likely to volunteer, to have been actively involved in a community, cultural or religious group in the last 12 months (22.7% compared to 29.1%), and to know people in their community (28.6% compared to 45.1%).
- Participants with autism were the least likely to have someone outside their home to call on when they need help (after controlling for other factors), and the most likely to have no friends other than family or paid staff (50.3% compared to 37.6%, on a one-way basis). They were also the least likely to know people in their community (33.7% compared to 45.1%), and less likely to be able to have a say with their service providers (40.2% compared to 45.0%).

  However, some outcomes in the home and health domain were more positive for participants with autism. For example, they were more likely to be happy with the home they live in (71.9% compared to 64.2% overall), and more likely to rate their health as good, very good or excellent (47.7% compared to 34.7% overall).

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[71] The difference between one-way and multiple regression results is likely to be at least partly due to a higher level of function for participants with hearing impairment on average: 65.4% of participants with a hearing impairment have high level of function compared to 14.7% of participants overall.

- Participants with other physical disabilities ranked second to those with a spinal cord injury on the four choice and control indicators modelled. For example, they were more likely to make most decisions in their life (90.6% compared to 71.6% overall, on a one-way basis) and more likely to feel able to advocate for themselves (69.0% compared to 41.5%). However, they had poorer outcomes for the home domain, being less likely to be happy with the home they live in (60.9% compared to 64.2% overall) and less likely to feel safe in their home (57.2% compared to 60.6%).
- Participants with other neurological disability were less likely to participate in education, training or skill development (3.4% compared to 6.6% overall), and to work in a paid job (11.6% compared to 18.7% overall). However, they were more likely to have no difficulty accessing health services (63.3% compared to 57.3%).

There were also some significant differences by disability for LF indicators. For example:

- Participants with psychosocial disability had generally poorer baseline outcomes across the LF indicators. In particular, they were more likely to often feel lonely (42.6% compared to 26.5% overall), to be a smoker (44.0% compared to 23.2% overall), to have had a negative experience in the community (44.4% compared to 30.4% overall), to have a Kessler 6 (K6)[72] score in the Probable Mental Illness / High Risk range (43.7% compared to 27.4% overall), and to have a Brief Resilience Scale (BRS)[73] score in the Low Resilience range.
- Participants with multiple sclerosis had generally better outcomes across the LF indicators. In particular, they were less likely to often feel lonely (8.7% compared to 26.5% overall) and more likely to feel mostly satisfied about their life (56.5% compared to 39.9% overall), choose how they spend their free time (87.0% compared to 77.1% overall), and to choose where they live (84.8% compared to 67.2% overall) and whom they live with (87.0% compared to 68.4% overall).
- Participants with autism were less likely to feel delighted, pleased or mostly satisfied about their life in general (21.6% compared to 39.9% overall), to have started planning for their retirement (5.9% compared to 18.2% overall, possibly due to a younger average age for participants with autism), and to feel they are able to have a say within the general community on issues that are important to them most of the time (13.7% compared to 23.2% overall, also possibly age-related).

  They were more likely to have been subject to restrictive practices in the past 12 months (15.7% compared to 8.8% overall), to have had a negative experience in the community (39.2% compared to 30.4% overall), to have a K6 score in the Probable Mental Illness / High Risk range (39.4% compared to 27.4% overall). However, they were more likely to have had jobs in the past 12 months (29.4% compared to 19.4% overall), to currently have interests (90.2% compared to 82.2% overall) and to take part in leisure activities over the past 12 months (92.2% compared to 85.1% overall),
- Participants with intellectual disability or Down syndrome were less likely to have had a health check in the last 12 months (85.3% compared to 91.6% overall), to choose how they spend their free time (64.0% compared to 77.1% overall), to choose where they lived (48.8% compared to 67.2% overall) and whom they live with (45.0%

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[72] 4817.0.55.001 - Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08
[73] The brief resilience scale: assessing the ability to bounce back - PubMed (nih.gov)

compared to 68.4% overall) and to feel they are able to have a say within the general community on issues that are important to them most of the time (16.1% compared to 23.2% overall).

However, they were more likely to try new things and experiences (81.5% compared to 65.2% overall) and to have taken part in leisure activities over the past 12 months (91.5% compared to 85.1% overall). They were also more likely, for those who are currently employed, to be working in ADE (33.3% compared to 14.5% overall).

- Participants with ABI had poorer outcomes in a few LF indicators. In particular, they were less likely to have had jobs in the past 12 months (9.7% compared to 19.4% overall), to choose how they spend their free time (62.5% compared to 77.1% overall), to have felt that they belonged to a group where they have been involved (80.6% compared to 89.4% overall) and to feel they are able to have a say within the general community on issues that are important to them most of the time (15.3% compared to 23.2% overall).
- Participants with cerebral palsy or other neurological disorders had better outcomes in a few LF indicators. In particular, they were more likely to have felt that they belonged to a group where they have been involved (96.7% compared to 89.4% overall) and to feel they are able to have a say within the general community on issues that are important to them most of the time (30.8% compared to 23.2% overall).

Comparing 2019-20 entrants with prior year entrants, baseline results by disability are generally similar. As for 2019-20 entrants, participants with hearing impairment tended to have better baseline outcomes and those with a psychosocial disability tended to have worse baseline outcomes in most areas.

Level of function / annualised plan budget[74]

Almost all baseline outcomes vary significantly with participant level of function and / or annualised plan budget. Baseline indicators are generally better for participants with higher level of function / lower annualised plan budget.

Table 5.2 shows baseline participant outcomes for which level of function and annualised plan budget are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.

Table 5.2 Relationship of level of function and plan budget with the likelihood of selected outcomes

Outcome	Higher level of function	Lower annualised plan budget
Lives with their parents	⇩	
Lives in private home owned or rented from private landlord	⬆	⬆

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[74] Note that variations in baseline outcomes by annualised plan budget reflect characteristics associated with having a higher or lower plan budget, rather than the amount of the plan budget itself, since participants are at the start of their first plan at baseline.

Outcome	Higher level of function	Lower annualised plan budget
Choose who supports them	⬆	⬆
Choose what they do each day	⬆	⬆
Make most decisions in their life	⬆	⬆
Able to advocate for themselves	⬆	⬆
Want more choice and control in their life	⇩	
Have someone outside their home to call when they need help	⬆	🡇
Would like to see their family more often	⇩	⇩
Would like to see their friends more often	⇩	⇩
No friends other than family or paid staff	⬇	
Happy with the home they live in	⬆	⬆
Would like to live there in 5 years time	🡇	
Feel safe or very safe in their home	⬆	⬆
Rate their health as excellent, very good or good	⬆	⬆
Have a doctor they see on a regular basis	🡇	
No difficulties accessing health services	⬆	🡇
Have been to the hospital in the last 12 months	⬇	⬇
Feel safe getting out and about in their community	⬆	⬆
Get opportunities to learn new things	⬆	
Participate in education, training or skill development	⬆	
Wanted to do a course or training in the last 12 months, but could not	⬇	

Outcome	Higher level of function	Lower annualised plan budget
Currently working in a paid job	⬆	⬆
Spend their free time doing activities that interest them	⬆	⬆
Wanted to do certain things in the last 12 months, but could not	⬇	⬇
Currently a volunteer	⬆	⬆
Actively involved in a community, cultural or religious group in the last 12 months	⬆	⬇
Know people in their community	⬆	
Able to have a say with their support services most of the time or all of the time	⬆	⬆

Level of function was a significant ($p<0.05$) predictor in all 29 regression models, whilst annualised plan budget was a significant predictor in 20 of the models.

Controlling for other variables, for participants entering the Scheme in 2019-20:

- Participants with higher level of function have better baseline outcomes for most of the indicators in Table 5.2 that are categorised as positive or negative across all domains. In particular, participants with a high level of function were more likely to:
    - Live in a private home owned or rented from a private landlord (81.0% compared to 64.8% and 56.2% for those with a medium to low level of function respectively)
    - Make most decisions in their life (88.3% compared to 75.2% and 57.1% for those with a medium to low level of function respectively) and feel able to advocate for themselves (63.9% compared to 42.5% and 29.1%)
    - Have friends other than family or paid staff (78.7% compared to 63.0% and 53.7% for those with a medium to low level of function respectively) and have someone outside their home to call when they need help (86.6% compared to 80.5% and 75.3%)
    - Be happy with the home that they live in (74.0% compared to 64.5% and 58.9% for those with a medium to low level of function respectively) and feel safe in their home (68.5% compared to 63.2% and 52.1%)
    - Rate their health as excellent, very good or good (59.8% compared to 36.6% and 19.2% for those with a medium to low level of function respectively), have no difficulties accessing health services (66.7% compared to 58.6% and 50.7%), to have not been to hospital in the last 12 months (64.2% compared to 50.2% and 36.8%) and to feel safe getting out and about in their community (45.1% compared to 30.3% and 14.0%)
    - Get opportunities to learn new things (45.5% compared to 29.7% and 17.9% for those with a medium to low level of function respectively) and to be participating in education, training or skill development (11.1% compared to 6.9% and 3.8%)
    - Be currently working in a paid job (43.0% compared to 18.5% and 7.2% for those with a medium to low level of function respectively)

  - Spend their free time doing activities that interest them (65.1% compared to 49.0% and 34.7% for those with a medium to low level of function, respectively), currently volunteer (13.8% compared to 9.9% and 5.4%), be actively involved in a community, cultural or religious group in the last 12 months (37.2% compared to 29.4% and 24.5%) and to know people in their community (61.0% compared to 46.6% and 34.9%)
  - Feel they are able to have a say with their support services most of the time (63.1% compared to 46.4% and 33.9% for those with a medium to low level of function respectively).

- Participants with a lower baseline plan budget had better baseline outcomes generally, reflecting the trends by level of function for most indicators. For example, participants with a lower baseline plan budget were more likely to:
  - Live in a private home owned or rented from a private landlord (decreases from 78.4% for those with a budget of $15,000 or less to 48.4% for those with a budget of over $100,000)
  - Make most decisions in their life (decreases from 84.9% for those with a budget of $15,000 or less to 53.7% for those with a budget of over $100,000) and feel able to advocate for themselves (decreases from 60.3% to 34.1%)
  - Be happy with the home that they live in (decreases from 75.0% for those with a budget of $15,000 or less to 57.1% for those with a budget of over $100,000) and feel safe in their home (decreases from 69.6% to 52.0%)
  - Not have been to the hospital in the last 12 months (decreases from 65.8% for those with a budget of $15,000 or less to 33.5% for those with a budget of over $100,000) and to feel safe getting out and about in their community (decreases from 50.5% to 16.7%).
  - Currently volunteer (decreases from 13.3% for those with a budget of $15,000 or less to 6.3% for those with a budget of over $100,000)
  - Feel that they are able to have a say with their support services most of the time (decreases from 62.2% for those with a budget of $15,000 or less to 37.0% for those with a budget of over $100,000).

From the regression modelling results in Table 5.2, there are some indicators which show opposite directions for the effect of a higher level of function and of lower annualised plan budget. A closer look at the one-way results on annualised plan budget show that these opposite effects are driven by a reversal of the trend with annualised plan budget between the two highest plan budget categories ($50,000-$100,000 and over $100,000). For example, 85.3% of participants with an annual budget of $15,000 or less had someone outside their home to call when they needed help, which decreases to 76.7% for those with a budget of $50,000-$100,000, and then increases to 80.3% for those with a budget of over $100,000.

There were also some significant differences by level of function and plan budget for LF indicators. For example, participants with higher level of function / lower plan budget were:

- Less likely to often feel lonely (17.1% for participants with a high level of function compared to 29.0% for those with a low level of function; 15.0% for plan budget less than $15,000 compared to 25.5% for plan budget over $100,000).
- More likely to feel delighted, pleased or mostly satisfied about their life in general (49.6% for participants with a high level of function compared to 36.7% for those with a low level of function; 50.0% for plan budget less than $15,000 compared to 40.0% for plan budget over $100,000).

- Less likely to have been subjected to restrictive practices in the past 12 months (2.4% for participants with a high level of function compared to 10.6% for those with a low level of function; 0.0% for plan budget less than $15,000 compared to 12.1% for plan budget over $100,000).
- More likely to choose where they lived (87.8% for participants with a high level of function compared to 52.4% for those with a low level of function; 88.3% for plan budget less than $15,000 compared to 47.4% for plan budget over $100,000).
- More likely, if eligible[75], to have voted in the last federal election (96.3% for participants with a high level of function compared to 82.0% for those with a low level of function; 100.0% for plan budget less than $15,000 compared to 76.3% for plan budget over $100,000).
- More likely to feel they are able to have a say within the general community about issues that are important to them (32.5% for participants with a high level of function compared to 18.4% for those with a low level of function; 36.7% for plan budget less than $15,000 compared to 18.6% for plan budget over $100,000).

Comparing 2019-20 entrants with participants entering in earlier years, baseline trends by level of function and annualised plan budget are very similar. For both 2019-20 entrants and prior year entrants, baseline indicators are generally better for participants with higher level of function / lower annualised plan budget.

Age, Gender, Indigenous status and CALD status

Table 5.3 shows baseline participant outcomes for which age, gender, Indigenous status or CALD status are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.

Table 5.3 Relationship of age, gender, Indigenous status and CALD status with the likelihood of selected outcomes

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Lives with their parents	⇩	⇩	⇩	⬆
Lives in private home owned or rented from private landlord	⬇	⬆	⬇	⬆
Choose who supports them	⬆	⬆	⬇	⬇
Choose what they do each day	⬆	⬆	⬇	⬇
Make most decisions in their life	⬆	⬆		⬇

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[75] People 18 and over with disability have the same rights and obligations to enrol and vote as other adult Australians. However, in certain circumstances a person can be excluded or removed from the electoral roll, for example, if they are deemed “incapable of understanding the nature and significance of enrolment and voting”.

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Able to advocate for themselves	⬆	⬇	⬇	⬇
Want more choice and control in their life	⇩	⬆		
Have someone outside their home to call when they need help	⬇			⬇
Would like to see their family more often	⬆	⬆	⬆	⇩
Would like to see their friends more often	⇩	⬆		⬆
No friends other than family or paid staff		⬇		⬆
Happy with the home they live in	⬆		⬇	
Would like to live there in 5 years time	⬆	⬆		⬆
Feel safe or very safe in their home	⬆	⬇	⬇	⬇
Rate their health as excellent, very good or good	⬇	⬇		⬇
Have a doctor they see on a regular basis	⬆	⬆	⬇	
No difficulties accessing health services	⬆	⬇		⬇
Have been to the hospital in the last 12 months	⬆	⬆		⬇
Feel safe getting out and about in their community		⬇		⬇
Get opportunities to learn new things	⬇		⬇	⬇
Participate in education, training or skill development	⬇	⬆		⬆
Wanted to do a course or training in the last 12 months, but could not	⬇	⬆		⬆

Outcome	Participant is older	Participant is female	Participant is Indigenous	Participant is from a CALD background
Currently working in a paid job	⬇	⬇	⬇	⬇
Spend their free time doing activities that interest them		⬇	⬇	⬇
Wanted to do certain things in the last 12 months, but could not	⬇	⬆		⬇
Currently a volunteer		⬆	⬇	⬇
Actively involved in a community, cultural or religious group in the last 12 months	⬆	⬆		⬆
Know people in their community	⬆	⬇	⬆	⬇
Able to have a say with their support services most of the time or all of the time	⬆		⬇	⬇

Age[76]

Age was a significant predictor in 25 of the 29 regression models.

Controlling for other factors, for participants entering the Scheme in 2019-20, older participants experienced more positive outcomes related to choice and control, home, and social, community and civic participation. In particular, older participants were more likely to:

- Make most decisions in their life, and feel able to advocate for themselves (45.4% for participants aged 55 and over, decreasing to 36.0% for those aged 34 or younger).
- Be happy with the home that they live in (67.8% for participants aged 55 and over, decreasing to 51.0% for those aged 34 or younger), and to want to live there in 5 years time (89.2 decreasing to 68.3%).
- Have been actively involved in a community, cultural or religious group in the last 12 months (30.2% for participants aged 55 and over, decreasing to 28.8% for those aged 34 or younger) and to know people in their community (50.1% decreasing to 39.8%).
- Feel they are able to have a say with their support services (47.5% for participants over 55, decreasing to 42.2% for those aged 34 or younger).

However, older participants had more negative baseline outcomes in the domains of relationships, health, lifelong learning, and work. In particular, older participants were:

- More likely to want to see their family more often (53.4% for participants aged 55 or over compared to 35.3% for those 34 or younger).

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[76] Note this is the cross-sectional effect of age on baseline outcomes, rather than longitudinal.

- Less likely to rate their health as excellent, very good or good (29.2% for participants aged 55 or over compared to 50.1% for those aged 34 or younger), and to have been in the hospital in the last 12 months (57.0% compared to 42.3%). However, they were more likely to have a doctor they see on a regular basis (88.4% compared to 79.4%).
- Less likely to get the opportunity to learn new things (24.7% for participants aged over 55 compared to 37.8% for those aged 34 or younger), and to currently participate in education, training or skill development (3.3% compared to 13.5%).
- Less likely to be working in a paid job (12.4% of participants aged over 55 compared to 27.0% for those aged 34 or younger).

Some of these effects are likely to be at least partly age-related (for example, health outcomes deteriorate with age, and older participants are more likely to be retired and hence less likely to be working in a paid job).

There were also some significant differences by age for LF indicators:

- The percentage of participants who have had jobs in the past 12 months decreased from 31.0% for those 34 or younger, to 11.7% for those 55 or over.
- The percentage of participants who were currently working, who have been in the job for more than a year increased from 68.6% for those 34 or younger to 100.0% for those 55 or over.
- The percentage of participants who have started planning for retirement increased from 7.6% for those aged 34 or younger, to 29.7% for those 55 or over.
- The percentage of participants who have taken part in leisure activities in the past 12 months decreased from 91.8% for those 34 or younger to 82.8% for those 55 or over.
- The percentage of participants who have had a flu vaccination in the last 12 months increased from 47.4% for those 34 or younger to 72.0% for those 55 or over.

Gender
Gender was a significant predictor in 25 of the 29 regression models.

Female participants had better outcomes for indicators relating to choice and control, and relationships. Controlling for other factors, female participants entering the Scheme in 2019-20 were more likely to:

- Choose who supports them (68.8% compared to 63.0% for male participants) and make most decisions in their life (74.2% compared to 69.1%).
- Have friends other than family or paid staff (63.6% compared to 61.4% for male participants). However, they were also more likely to want to see their family (51.0% compared to 45.0%) and friends (72.6% compared to 66.4%) more often.

Female participants had similar or marginally better outcomes than male participants in the domains of lifelong learning and community participation. For example, female participants were slightly more likely to participate in education, training or skill development (7.4% compared to 5.8% for males), to currently volunteer (9.9% compared to 8.3%) and to have been actively involved in a community, cultural or religious group in the last 12 months (30.0% compared to 28.2%).

On the other hand, in the domains of home, health and wellbeing, and work, female participants tended to have poorer outcomes in comparison to male participants. In particular, female participants were less likely to:

- Feel safe in their home (57.7% compared to 63.2% for male participants)
- Rate their health as excellent, very good or good (29.7% compared to 39.3% for male participants), have no difficulties in accessing health services (53.3% compared

to 61.0%) and to feel safe getting out and about in their community (22.7% compared to 31.7%)
- Be currently working in a paid job (17.4% compared to 19.8% for male participants).

There were also some significant differences by gender for LF indicators. For example, female participants were:

- Less likely to smoke (18.4% compared to 27.7% for male participants)
- Less likely to have had jobs in the past 12 months (15.9% compared to 22.7% for male participants)
- Less likely to have applied for jobs in the last quarter for those currently unemployed (8.8% compared to 22.7% for male participants)
- More likely to have chosen where they lived (72.3% compared to 62.3% for male participants) and whom they lived with (72.3% compared to 64.4%)
- More likely, if eligible, to have voted in the last federal election (91.0% compared to 85.1% for male participants)
- Less likely to feel safe walking along in their local area after dark (14.4% compared to 27.0% for male participants)
- More likely to feel they are able to have a say within the general community on issues that are important to them (24.2% compared to 21.8% for male participants)
- More likely to have a KS6 score in the Probable Mental Illness / High Risk range (31.0% compared to 23.8% for male participants) and a BRS score in the Low Resilience range (47.6% compared to 37.4%).

Indigenous status
Indigenous status was a significant predictor in 15 of the 29 regression models. For all but one of these, poorer baseline outcomes were observed for Indigenous participants.

Controlling for other factors, for participants entering the Scheme in 2019-20, Indigenous participants were less likely to:

- Live in a private home owned or rented from a private landlord (29.4% compared to 66.8% for non-Indigenous participants)
- Choose what they do each day (65.6% compared to 73.4% for non-Indigenous participants) and feel able to advocate for themselves (32.7% compared to 41.6%)
- Be happy with the home they live in (52.0% compared to 65.2% for non-Indigenous participants) and to feel safe in their home (53.7% compared to 61.2%)
- Have a doctor they see on a regular basis (77.4% compared to 85.8% for non-Indigenous participants)
- Get the opportunity to learn new things (20.4% compared to 29.2% for non-Indigenous participants)
- Be currently working in a paid job (7.5% compared to 19.5% for non-Indigenous participants)
- Spend their free time doing activities that interest them (41.6% compared to 47.5% for non-Indigenous participants), and to currently volunteer (5.0% compared to 9.5%)
- Feel they are able to have a say with their support services most of the time (35.6% compared to 45.6% for non-Indigenous participants).

The one indicator for which Indigenous participants had a more positive outcome than non-Indigenous participants was knowing people in their community (51.1% for Indigenous participants compared to 44.3% for non-Indigenous participants).

There were also some significant, mostly negative, differences by Indigenous status for LF indicators. For example, Indigenous participants were:

- More likely to smoke (47.1% compared to 21.8% for non-Indigenous participants)
- Less likely to have been eligible to vote in the last federal election (56.9% compared to 74.5% for non-Indigenous participants), and less likely, if eligible, to have voted (65.5% compared to 89.5%).

CALD status
CALD status was a significant predictor in 26 of the 29 regression models.

CALD participants tended to have poorer baseline outcomes on a number of indicators, particularly in relation to choice and control, relationships and social participation. Controlling for other factors, for participants entering the Scheme in 2019-20, CALD participants were less likely to:

- Choose what they do each day (68.3% compared to 74.2% for non-CALD participants), make most decisions in their life (67.2% compared to 72.4%) and feel able to advocate for themselves (34.6% compared to 42.8%). However, CALD participants were not significantly more likely to want more choice and control in their life compared to non-CALD participants (75.8% compared to 75.4% for non-CALD participants on a one-way basis).
- Have someone outside their home to call when they need help (75.6% compared to 80.6% for non-CALD participants) and have friends other than family or paid staff (56.6% compared to 63.5%).
- Feel safe in their home (56.1% compared to 61.4% for non-CALD participants)
- Have no difficulties in accessing health services (51.8% compared to 58.3% for non-CALD participants) and to feel safe getting out and about in their community (24.0% compared to 28.1%).
- Get opportunities to learn new things (22.8% compared to 29.4% for non-CALD participants).
- Be currently working in a paid job (17.9% compared to 18.8% for non-CALD participants).
- Spend their free time doing activities that interest them (40.6% compared to 48.1% for non-CALD participants), currently volunteer (6.4% compared to 9.6%), and know people in their community (42.0% compared to 45.7%).
- Feel they are able to have a say with their support services most of the time (38.0% compared to 46.3% for non-CALD participants).

CALD participants showed positive outcomes on a few indicators. In particular, CALD participants were less likely to have been to the hospital in the last 12 months (48.9% compared to 52.4% for non-CALD participants), and more likely to have been involved in a community, cultural or religious group in the last 12 months (33.1% compared to 28.3% for non-CALD participants).

There were also some significant differences by CALD status for LF indicators. For example, CALD participants were:

- More likely to choose whom they lived with (78.2% compared to 67.6% for non-CALD participants)
- Less likely, for those involved in a community, cultural or religious group, to have had a negative experience (20.9% compared to 31.2% for non-CALD participants)
- Less likely to have been eligible to vote in the last federal election (65.5% compared to 75.8% for non-CALD participants).

Comparing baseline outcomes by age, gender, Indigenous and CALD status for 2019-20 entrants with prior year entrants:

- Trends by age are largely consistent, with older participants experiencing more positive outcomes related to choice and control, home, and community participation, and less positive outcomes related to relationships, health and wellbeing, lifelong learning, and work.
- Differences by gender are also largely consistent, with females tending to have more positive outcomes related to choice and control and relationships, but less positive outcomes related to home, health and wellbeing, and work.
- For both 2019-20 entrants and prior year entrants, baseline indicators tended to be poorer for Indigenous participants. However for both cohorts, Indigenous participants were more likely to know people in their community.
- Differences by CALD status are generally consistent. For both entry period cohorts, CALD participants tend to have poorer baseline outcomes related to choice and control, relationships, and work, but are more likely to have been involved in a community, cultural or religious group in the last 12 months.

Geography

Table 5.4 shows baseline participant outcomes for which State/Territory or remoteness are significant ($p<0.05$) predictors in the multiple regression model, and the direction of the effect.[77,78]

Table 5.4 Relationship of State/Territory and remoteness with the likelihood of selected outcomes

	State/Territory							Remoteness				
Outcome	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**ACT**	**NT**	**2**	**3**	**4**	**5**	**6/7**
Lives with their parents		⇩	⇩		⇩	⇩			⇩	⇩		⬆
Lives in private home owned or rented from private landlord	⬆	⬆	⬇	⬆	⬇	⬇	⬇	⬆	⬆	⬆	⬆	
Choose who supports them			⬆	⬇	⬇			⬆	⬆	⬆	⬆	
Choose what they do each day			⬆						⬆	⬆		⬆
Make most decisions in their life	⬆		⬆	⬇						⬆		
Able to advocate for themselves		⬆	⬆	⬆	⬆		⬇		⬆		⬆	⬆
Want more choice and control in their life		⬆	⇩	⇩		⇩	⬆		⇩			⇩

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[77] Remoteness uses the Modified Monash Model (MMM), https://www.health.gov.au/resources/publications/modified-monash-model-fact-sheet 1=metropolitan, 2=regional centres, 3=large rural towns, 4=medium rural towns, 5=small rural towns, 6=remote communities, 7=very remote communities. 6 and 7 are combined due to small numbers.

[78] Reference categories in the models are NSW for State/Territory and 1 (metropolitan) for remoteness.

	State/Territory							Remoteness				
Outcome	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**ACT**	**NT**	**2**	**3**	**4**	**5**	**6/7**
Have someone outside their home to call when they need help			⬆	⬆	⬆			⬇	⬇		⬇	
Would like to see their family more often		⬆	⇩	⇩	⇩						⬆	⇩
Would like to see their friends more often		⬆	⇩	⇩	⇩			⇩	⇩	⇩	⇩	⇩
No friends other than family or paid staff			⬇		⬇		⬇			⬇		⬇
Happy with the home they live in		⬆	⬆	⬆	⬆				⬆			⬆
Would like to live there in 5 years time		⬇										
Feel safe or very safe in their home			⬆	⬆	⬆			⬇				⬆
Rate their health as excellent, very good or good			⬆	⬆	⬆					⬆		⬆
Have a doctor they see on a regular basis	⬇	⬆	⬇	⬆		⬇				⬆		⬇
No difficulties accessing health services	⬇	⬇	⬆	⬆			⬇		⬆		⬇	
Have been to the hospital in the last 12 months	⬇		⬇	⬇	⬇		⬇				⬇	⬇
Feel safe getting out and about in their community			⬆	⬆	⬆				⬆	⬆	⬆	⬆
Get opportunities to learn new things	⬇		⬆	⬆	⬆	⬆	⬇	⬆	⬆	⬆		
Participate in education, training or skill development					⬇		⬇					
Wanted to do a course or training in the last 12 months, but could not			⬇		⬇		⬇		⬇	⬇	⬇	
Currently working in a paid job	⬆		⬆	⬆			⬆	⬇	⬇	⬇	⬇	

	State/Territory							Remoteness				
Outcome	**VIC**	**QLD**	**SA**	**WA**	**TAS**	**ACT**	**NT**	**2**	**3**	**4**	**5**	**6/7**
Spend their free time doing activities that interest them	↓		↑	↑	↑			↑	↑	↑	↑	↑
Wanted to do certain things in the last 12 months, but could not		↑	↓			↓						↓
Currently a volunteer			↑	↑	↑				↑	↑	↑	
Actively involved in a community, cultural or religious group in the last 12 months	↓			↑								↑
Know people in their community	↓		↑		↑			↑	↑	↑	↑	↑
Able to have a say with their support services most of the time or all of the time		↑	↑	↑	↑		↓		↑	↑	↑	

State/Territory
State/Territory was a significant predictor in all of the models.

Controlling for other factors, for participants entering the Scheme in 2019-20, SA, WA and TAS had better outcomes overall when compared to NSW. For example, based on the regression modelling, participants in these States were more likely to be happy with the home they live in and to feel safe there, to rate their health as excellent, very good or good, to feel safe getting out and about in their community, to get opportunities to learn new things, to spend their free time doing activities that interest them, to be a volunteer and to have a say with their support services most of the time.

Outcomes for participants living in VIC, QLD, ACT and NT were mixed when compared to the outcomes of NSW participants:

- Participants living in VIC were more likely to make most decisions in their life, to have not been in hospital over the last 12 months (49.1% compared to 44.4% in NSW) and to be currently working in a paid job (18.8% compared to 15.8% in NSW). However, Victorian participants were less likely to have a doctor that they see on a regular basis, have no difficulties in accessing health services (51.2% compared to 56.7% in NSW), get opportunities to learn new things, spend their free time doing activities that interest them, be actively involved in a community, cultural or religious group in the last 12 months (26.3% compared to 27.8% in NSW), and to know people in their community (40.5% compared to 46.0% in NSW).
- Participants living in QLD were more likely to be able to advocate for themselves (44.8% compared to 41.3% for NSW), to want more choice and control in their life (79.4% compared to 77.2%) and to want to see family and friends more often, to have a doctor they see on a regular basis (87.7% compared to 85.4%) and to be able to have a say with their support services most of the time (47.0% compared to

43.6%). However, QLD participants were less likely to want to live in their home in five years time (80.4% compared to 83.5%) and to have no difficulties in accessing health services (54.6% compared to 56.7%).

- Participants living in ACT were less likely to to say there were certain things they wanted to do in the last 12 months but could not (60.6% compared to 66.2% in NSW). However, they were less likely to have a doctor they see on a regular basis (80.9% compared to 85.4% in NSW).
- Participants living in NT were more likely to have friends other than family or paid staff (68.6% compared to 60.9% in NSW). However, they were less likely to be able to advocate for themselves (30.2% compared to 41.3%), to have no difficulties accessing health services (42.8% compared to 56.7%), to get opportunities to learn new things (14.5% compared to 25.8%), to participate in education, training or skill development (2.6% compared to 6.8%) and to feel they are able to have a say with their support services most of the time (27.1% compared to 43.6%).

Remoteness

Remoteness was a significant predictor in 27 of the 29 regression models, with a number of baseline outcomes being more positive for participants living in regional and remote areas compared to those for participants living in major cities. Participants not living in major cities were:

- More likely to live in a private home owned or rented from a private landlord (81.8% for small rural towns compared to 63.0.% for major cities).
- More likely to choose who supports them (72.4% for small rural towns compared to 64.3% for major cities), choose what they do each day (78.8% for medium rural towns compared to 72.2% in major cities) and be able to advocate for themselves (50.1% for small rural town compared to 39.7% for major cities).
- Less likely to want to see their friends more often (59.6% for remote areas compared to 71.2% in major cities).
- More likely to be happy with the home they live in (66.0% for remote areas compared to 63.9% in major cities).
- More likely to feel safe getting out and about in the community (40.5% for remote areas compared to 26.2% in major cities).
- More likely to get opportunities to learn new things (31.3% for large rural towns compared to 27.9% for major cities).
- More likely to spend their free time doing activities that interest them (53.9% in remote areas compared to 45.4% in major cities), to currently volunteer (12.9% in small rural towns compared to 8.5% in major cities), and to know people in their community (72.2% in remote areas compared to 40.4% in major cities).
- More likely to feel able to have a say with their support services most of the time (51.9% in medium rural towns compared to 43.9% in major cities).

On the negative side, participants in regional and remote areas were less likely to:

- Have someone outside their home to call when they needed help (79.2% in small rural towns compared to 80.0% in major cities).
- Be currently working in a paid job (13.6% in medium rural towns compared to 19.8% in major cities).

Participants living in remote / very remote communities were more likely to feel safe or very safe in their home (65.7% compared to 60.6% for those in major cities). However, they were less likely to have a doctor they see on a regular basis (73.0% compared to 84.9% in major cities).

Comparing 2019-20 entrants with prior year entrants, baseline outcomes show similar variations by State/Territory and remoteness, for most indicators. However there is a greater tendency amongst 2019-20 entrants for participants living in regional and remote areas to have better baseline outcomes.

Plan management type[79,80]

Table 5.5 shows baseline participant outcomes for which plan management type is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect.

Table 5.5 Relationship of plan management type with the likelihood of selected outcomes

Outcome	Self managed fully	Self managed partly	Plan managed
Lives with their parents			⇑
Lives in private home owned or rented from private landlord	⬆	⬆	⬆
Choose who supports them	⬆	⬆	⬆
Choose what they do each day	⬆	⬆	⬆
Make most decisions in their life	⬆	⬆	⬆
Able to advocate for themselves	⬆	⬆	⬆
Want more choice and control in their life		⇑	⇑
Have someone outside their home to call when they need help	⬆	⬆	⬆
Would like to see their family more often	⇩	⇩	
Would like to see their friends more often			⇑
No friends other than family or paid staff	⬇	⬇	⬇
Happy with the home they live in	⬆	⬆	⬆
Feel safe or very safe in their home	⬆		

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[79] Note that these baseline differences reflect characteristics of participants whose families/carers choose to self manage, rather than the self-management process itself (since the results are at the start of the participant's first plan).

[80] Reference category in the models is Agency-managed.

Outcome	Self managed fully	Self managed partly	Plan managed
Rate their health as excellent, very good or good	⬆		⬇
Have a doctor they see on a regular basis	⬆	⬆	⬆
No difficulties accessing health services		⬇	⬇
Have been to the hospital in the last 12 months	⬇		
Feel safe getting out and about in their community	⬆		⬇
Get opportunities to learn new things	⬆	⬆	
Participate in education, training or skill development	⬆	⬆	⬆
Wanted to do a course or training in the last 12 months, but could not	⬆	⬆	⬆
Currently working in a paid job	⬆	⬆	⬆
Spend their free time doing activities that interest them	⬆	⬆	
Wanted to do certain things in the last 12 months, but could not	⬆	⬆	⬆
Currently a volunteer	⬆	⬆	⬆
Actively involved in a community, cultural or religious group in the last 12 months	⬆	⬆	⬆
Know people in their community	⬆	⬆	⬆
Able to have a say with their support services most of the time or all of the time	⬆	⬆	⬆

There were significant differences by plan management type for 28 of the 29 baseline regression models.

Compared to participants with Agency-managed baseline plans, those with self-managed plans and those using a plan manager tended to have better baseline outcomes. In particular, participants who fully or partly self-manage their baseline plan, or use a plan manager, were more likely to:

- Live in a private home owned or rented from a private landlord (93.8%, 84.4% and 64.3% for fully self-managed, partly self-managed and plan-managed participants respectively, compared to 49.5% for Agency-managed)
- Make most decisions in their life (85.9%, 78.2% and 72.7% for fully self-managed, partly self-managed and plan-managed participants respectively, compared to 62.9% for Agency-managed) and be able to advocate for themselves (69.0%, 60.3% and 38.0% compared to 33.8% for Agency-managed)
- Have friends other than family or paid staff (79.8%, 75.8% and 59.9% for fully self-managed, partly self-managed and plan-managed participants respectively, compared to 57.4% for Agency-managed)
- Be happy with the home they live in (76.6% for fully self-managed participants and 67.9% for partly self-managed compared to 62.9% for Agency-managed)
- Have a doctor they see on a regular basis (88.1%, 89.7% and 86.1% for fully self-managed, partly self-managed and plan-managed participants respectively, compared to 81.1% for Agency-managed)
- Participate in education, training or skill development (12.2%, 8.8% and 5.9% for fully self-managed, partly self-managed and plan-managed participants respectively, compared to 5.3% for Agency-managed)
- Be currently working in a paid job (43.1% and 33.1% for fully self-managed and partly self-managed participants respectively, compared to 15.2% for Agency-managed)
- Currently volunteer (17.4%, 13.8% and 8.4% for fully self-managed, partly self-managed and plan-managed participants respectively, compared to 6.2% for Agency-managed), be actively involved in a community, cultural or religious group in the last 12 months (37.7%, 36.0% and 27.8% compared to 26.5%) and to know people in their community (62.7%, 58.5% and 43.5% compared to 38.6%)
- Feel able to have a say with their support services most of the time (67.1%, 60.0% and 42.3% for fully self-managed, partly self-managed and plan-managed participants respectively, compared to 38.4% for Agency-managed).

However, participants with Agency-managed plans were less likely to say that there was a course or training they wanted to do in the last 12 months but could not, and less likely to say there was something that they had wanted to do in the last 12 months but had been unable to. Agency-managed participants were also significantly more likely to have no difficulties in accessing health services than partly self-managing participants. However, apart from these indicators, self-managing participants (fully or partly) had better baseline outcomes than Agency-managed participants.

There were a few indicators in which participants using a plan manager did not share the same positive outcomes of self-managing participants, particularly in the domain of health and wellbeing. Compared to Agency-managed participants, participants using a plan manager were less likely to:

- Rate their health as excellent, very good or good (29.2% compared to 39.2% for Agency-managed participants)
- Have no difficulties in accessing health services (52.4% compared to 63.1%)
- Feel safe getting out and about in their community (24.2% compared to 28.7%).

Comparing 2019-20 entrants with those entering in prior years, similar trends by plan management type were observed for the two entry period cohorts. For both groups, participants with self-managed plans had consistently better baseline outcomes than those with agency managed plans.

Unemployment rate in participant’s LGA of residence

Table 5.6 shows baseline participant outcomes for which the LGA unemployment rate (at entrance date) is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect.

Table 5.6 Relationship of unemployment rate in the participant’s LGA of residence with the likelihood of selected outcomes

Outcome	Higher Unemployment rate
Lives with their parents	↑
Lives in private home owned or rented from private landlord	↓
Choose who supports them	↑
Able to advocate for themselves	↓
No friends other than family or paid staff	↑
Happy with the home they live in	↑
Would like to live there in 5 years time	↑
Feel safe or very safe in their home	↑
Get opportunities to learn new things	↓
Participate in education, training or skill development	↓
Wanted to do a course or training in the last 12 months, but could not	↓
Currently working in a paid job	↓
Currently a volunteer	↓
Actively involved in a community, cultural or religious group in the last 12 months	↓
Know people in their community	↓
Able to have a say with their support services most of the time or all of the time	↓

The unemployment rate was a significant predictor for 16 out of the 29 indicators modelled. Participants located in a LGA with a higher unemployment rate were less likely to experience positive baseline outcomes in the domains of lifelong learning, work and community participation. However, they tended to have more positive outcomes in the home domain.

Supported Independent Living

Table 5.7 shows baseline participant outcomes for which receipt of supported independent living (SIL) supports is a significant ($p<0.05$) predictor in the multiple regression model, and the direction of the effect.

Table 5.7 Relationship of whether the participant receives supported independent living supports with the likelihood of selected outcomes

Outcome	Receiving SIL supports
Lives with their parents	⇩
Lives in private home owned or rented from private landlord	⬇
Choose who supports them	⬇
Make most of the decisions in their life	⬇
Want more choice and control	⇩
Have someone outside their home to call when they need help	⬆
No friends other than family or paid staff	⬇
Would like to see friends more often	⇩
Happy with the home they live in	⬆
Would like to live there in 5 years time	⬆
Feel safe or very safe in their home	⬆
Rate their health as excellent, very good or good	⬆
No difficulties accessing health services	⬆
Have been to the hospital in the past 12 months	⬇
Feel safe getting out and about in their community	⬆

Outcome	Receiving SIL supports
Get opportunities to learn new things	⬆
Participate in education, training or skill development	⬆
Wanted to do a course or training in the last 12 months, but could not	⬇
Currently working in a paid job	⬆
Spend free time doing activities that interest them	⬆
Wanted to do certain things in the last 12 months, but could not	⬇
Actively involved in a community, cultural or religious group in the last 12 months	⬆
Know people in their community	⬇
Able to have a say with their support services most of the time or all of the time	⬆

Supported independent living was a significant predictor for 24 out of the 29 indicators modelled. Participants who receive supported independent living supports were less likely to experience positive baseline outcomes in the choice and control domain. However, they tended to have positive outcomes in the domains of home, health and wellbeing, work and lifelong learning. Outcomes for the participation domain were mixed, with SIL participants being more likely to be involved in a community, cultural or religious group in the last 12 months, but less likely to know people in their community.

Impact of COVID-19

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.

The methodology used to investigate which outcomes have been affected by the pandemic is outlined in the participant birth to starting school section of the report.

Results

For participants aged from 25 and over who entered the Scheme in 2019-20, there were 15 indicators (out of 29 indicators) for which one or both of the COVID-related terms was significantly different from zero. For one of these indicators there was a significant change in slope at the assumed COVID date, and for the other 14 indicators a step change only.

Interestingly, a negative step change was observed for only three of the indicators: having someone outside the home to call on for help when needed (odds ratio estimate 0.94), wanting to see family more often (odds ratio estimate 1.13), and currently being a volunteer (odds ratio estimate 0.83).

Other key results indicate that during the COVID period, participants were:

- More likely to say they choose who supports them (odds ratio estimate for step change term 1.10).
- More likely to say they are able to have a say with their support services most of the time or all of the time. The model for this indicator included a significant step increase at the assumed COVID date (odds ratio estimate 1.12), a general negative time trend prior to the assumed COVID date, and a change in slope at that date resulting in a positive time trend post-COVID.
- More likely to say they are able to advocate for themselves (odds ratio estimate 1.11) and make most decisions in their life (odds ratio estimate 1.12).
- More likely to be happy in their current home, to say they would like to live there in five years' time, and more likely to say they feel safe or very safe in their home (odds ratio estimates 1.06, 1.13 and 1.09, respectively). They were also more likely to say they feel safe getting out and about in their community (odds ratio estimate 1.09).
- Less likely to have been unable to do certain things that they wanted to do in the last 12 months (odds ratio estimate 0.92).

The fitted trends for these indicators are shown in Figure 5.6 and Figure 5.7.

Figure 5.6 Estimated trend over time for selected indicators where one or both COVID-related terms was significantly different from zero

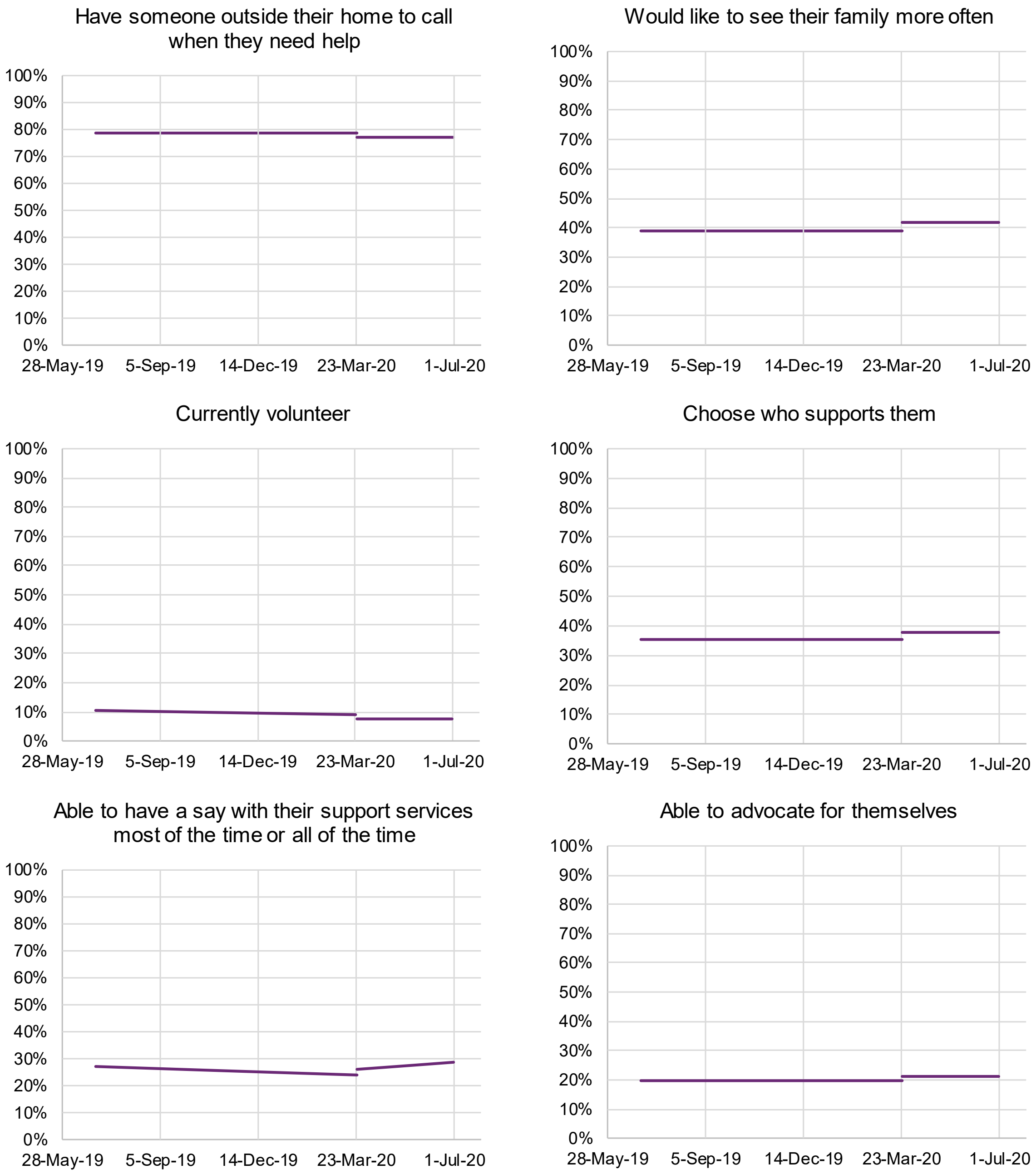
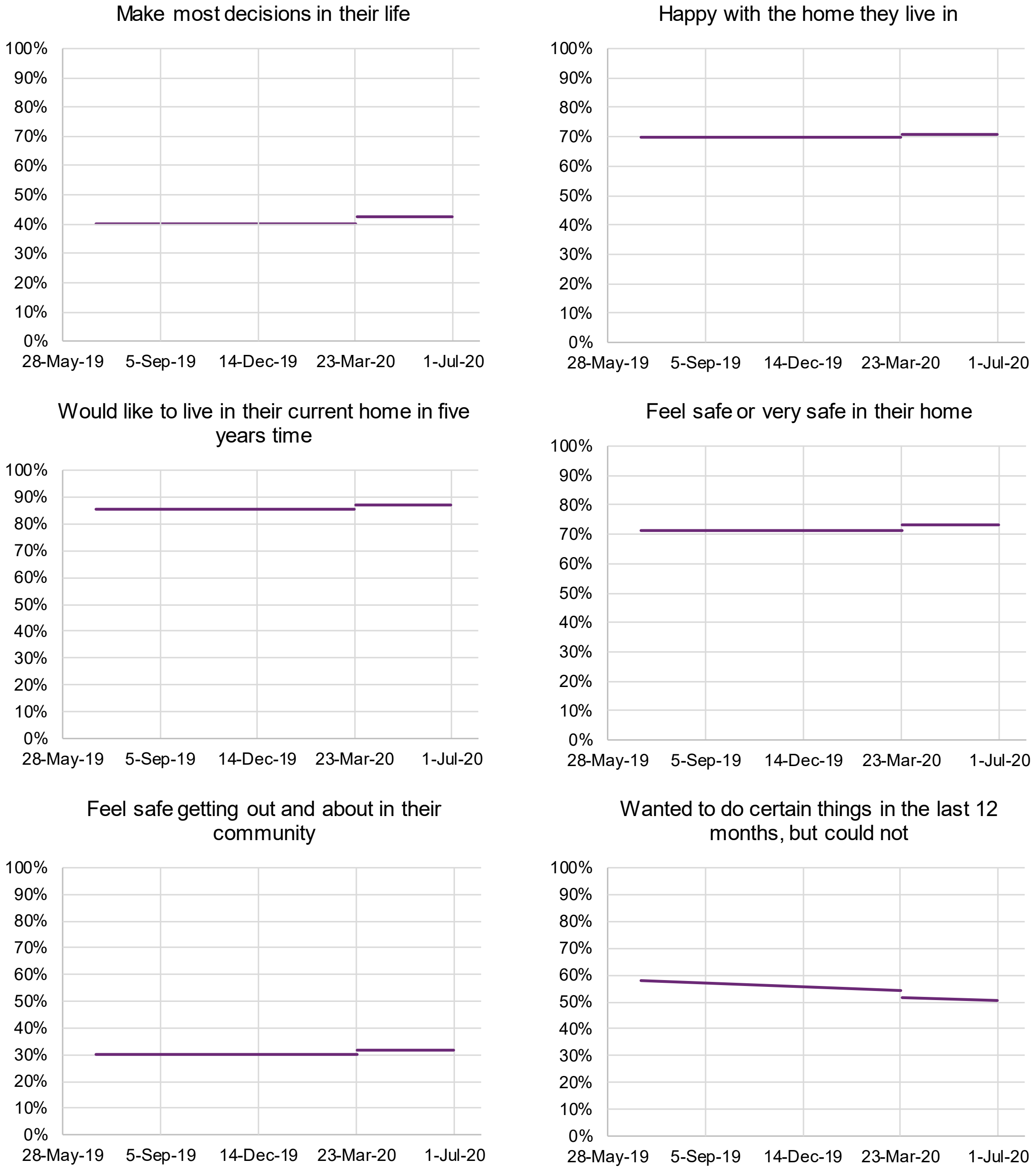


Figure 5.7 Estimated trend over time for selected indicators where one or both COVID-related terms was significantly different from zero



Box 5.4 summarises the key findings from this section.

Box 5.4: Summary of findings

- The impact of disability type on outcomes varies by domain. At baseline, participants with Down syndrome or an intellectual disability have the lowest levels of choice and control, however those with Down syndrome tend to have better outcomes in the home, health and wellbeing, and community participation domains. Controlling for other factors, participants with spinal cord injury tend to have the most positive baseline outcomes, whereas those with a visual impairment have less positive outcomes. Participants with a hearing impairment also tend to have more positive baseline outcomes, and those with a psychosocial disability have less positive outcomes. Participants with autism had less positive outcomes in the relationships and participation domains, but more positive outcomes for some indicators in the home and health domains.
- Baseline outcomes also vary with participant level of function and/or annualised plan budget. Participants with a higher level of function / lower annualised plan budget tend to have better baseline outcomes than those with a lower level of function / higher annualised plan budget.
- Older participants experienced more positive outcomes related to choice and control, home, and social, community and civic participation. However, older participants had more negative baseline outcomes in the domains of relationships, health, lifelong learning, and work.
- Female participants had better outcomes for indicators relating to choice and control, and relationships, but worse baseline outcomes in the domains of home, health and wellbeing, and work, compared to male participants.
- At baseline, Indigenous participants tend to have slightly worse outcomes than non-Indigenous participants on a number of indicators. Indigenous participants were less happy with their home, less likely to feel safe at home, and were less likely to have a regular doctor. The one indicator for which Indigenous participants had a more positive outcome than non-Indigenous participants was knowing people in their community
- In general, CALD participants tend to have poorer baseline outcomes related to choice and control, relationships, and work, but are more likely to have been involved in a community, cultural or religious group in the last 12 months.
- Results by remoteness were mixed, with a number of baseline outcomes being more positive for participants living in regional and remote areas.
- Participants with self-managed plans had consistently better baseline outcomes than those with agency managed plans.
- Participants located in a LGA with a higher unemployment rate were less likely to experience positive baseline outcomes in the domains of work, lifelong learning, and community participation, but tended to have positive outcomes in the home domain.
- SIL participants were less likely to experience positive baseline outcomes in the choice and control domain. However, they tended to have positive outcomes in the domains of home, health and wellbeing, work and lifelong learning. Community participation outcomes were mixed.

Box 5.4: Summary of findings (continued)

- COVID-19 was associated with a number of changes to participant outcomes, with most changes being positive. Participants were more likely to choose who supports them and be able to have a say with their support services, to make most decisions in their life, to feel safe in their current home and to want to live there in five years' time. However, they were less likely to have someone outside their home to call on for help when needed, more likely to want to see their family more often, and less likely to volunteer.