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

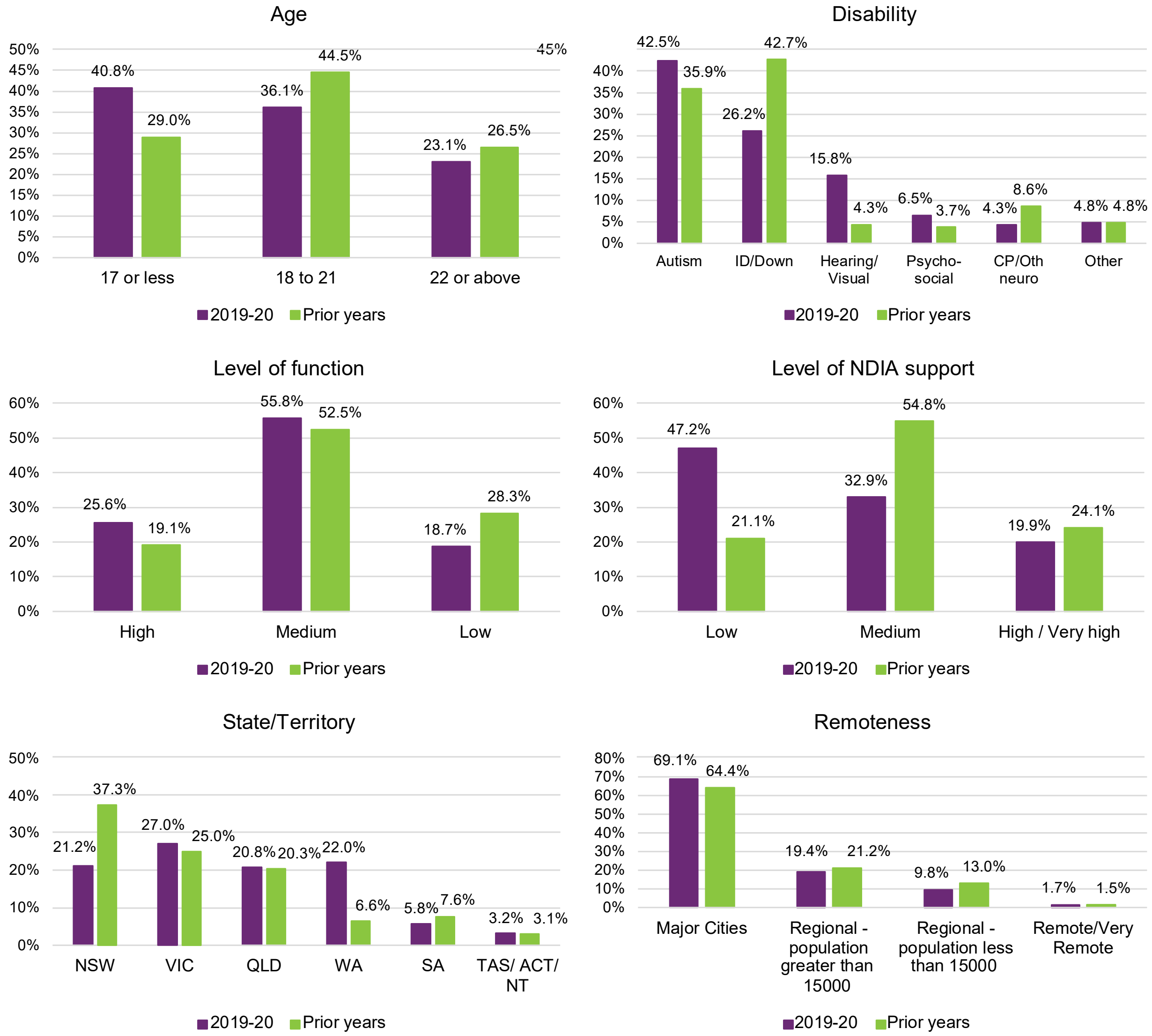
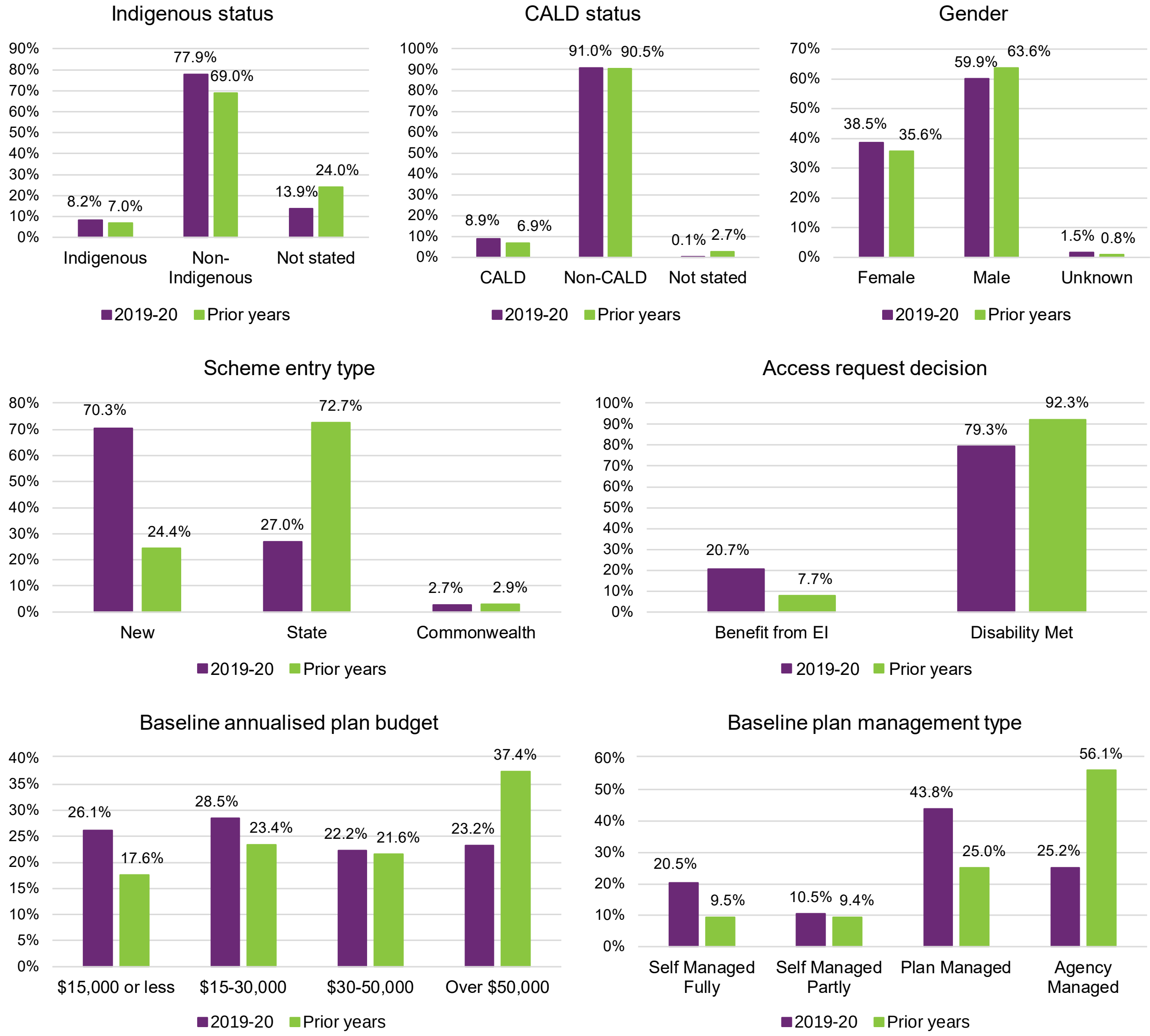


Figure 4.2 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants



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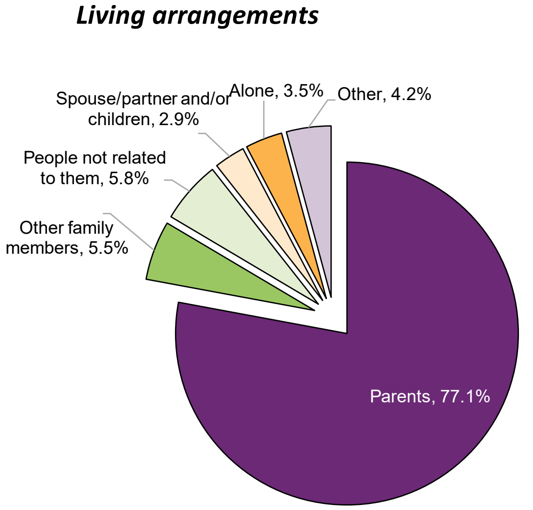
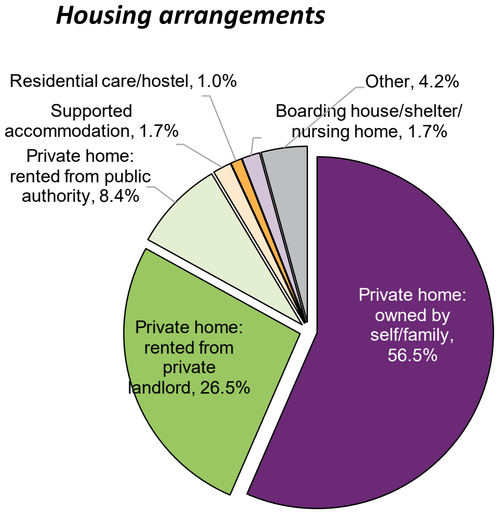
[39] Chi-squared tests for differences in the distributions were performed, but due to the large volume of baseline data, they are powered to detect very small differences. For participants aged 15 to 24, there was no significant difference for Indigenous status (p=0.75), but all other p-values were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

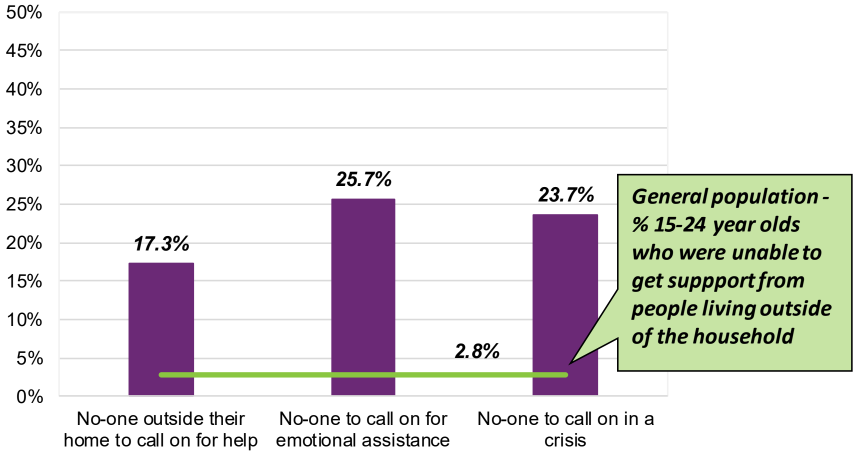
For those receiving support, generally low percentages (ranging from 15.3%, for getting out of the house, to 42.6%, for finances/money) felt that it met their needs. Again, these percentages were lower than for prior year entrants, where the range was from 27.6%, for getting out of the house, to 59.7%,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

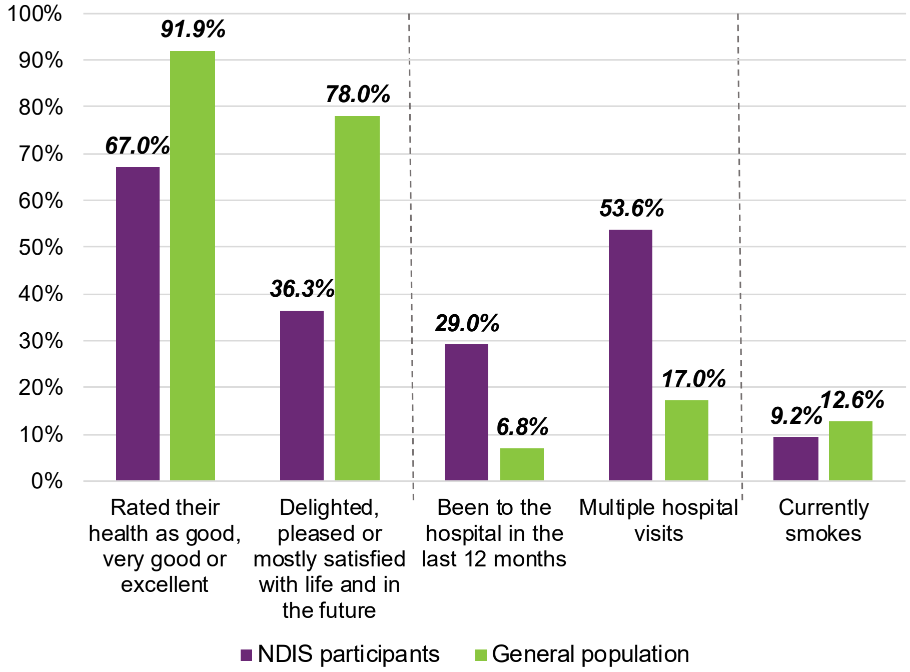
[43] ABS National Health Survey (NHS) 2017-18.

[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

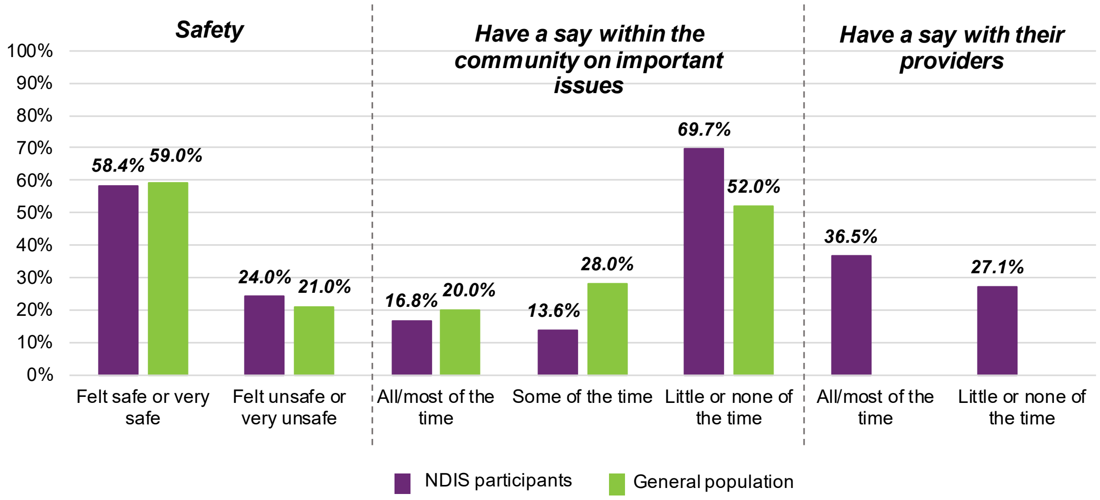
9.8% of participants said they currently volunteered, and a further 30.6% expressed an interest in volunteering. 29.6% had been involved in a community, cultural or religious group in the last 12 months, with 85.4% of LF respondents feeling a sense of belonging to the group. Also from the LF, 31.7% said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

	Participant primary disability					
Outcome	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.

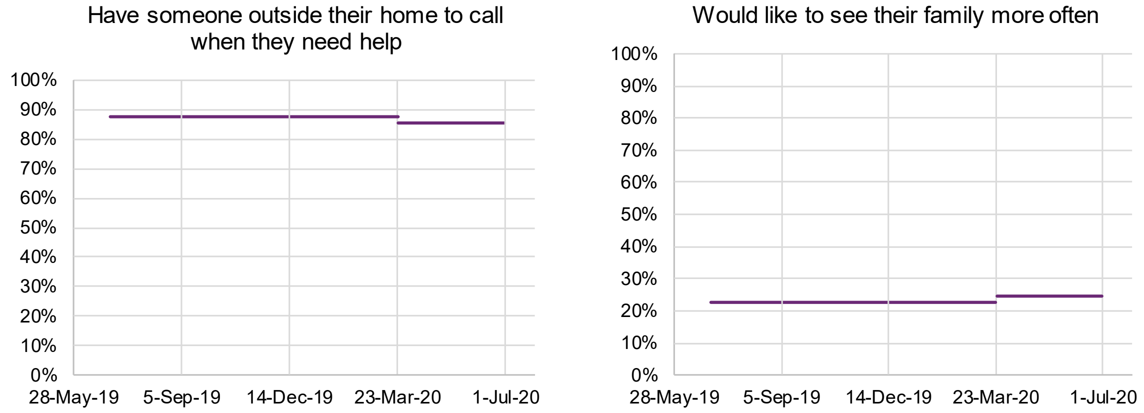
The methodology used to investigate which outcomes have been affected by the pandemic is outlined in the participant birth to starting school section of the report.

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

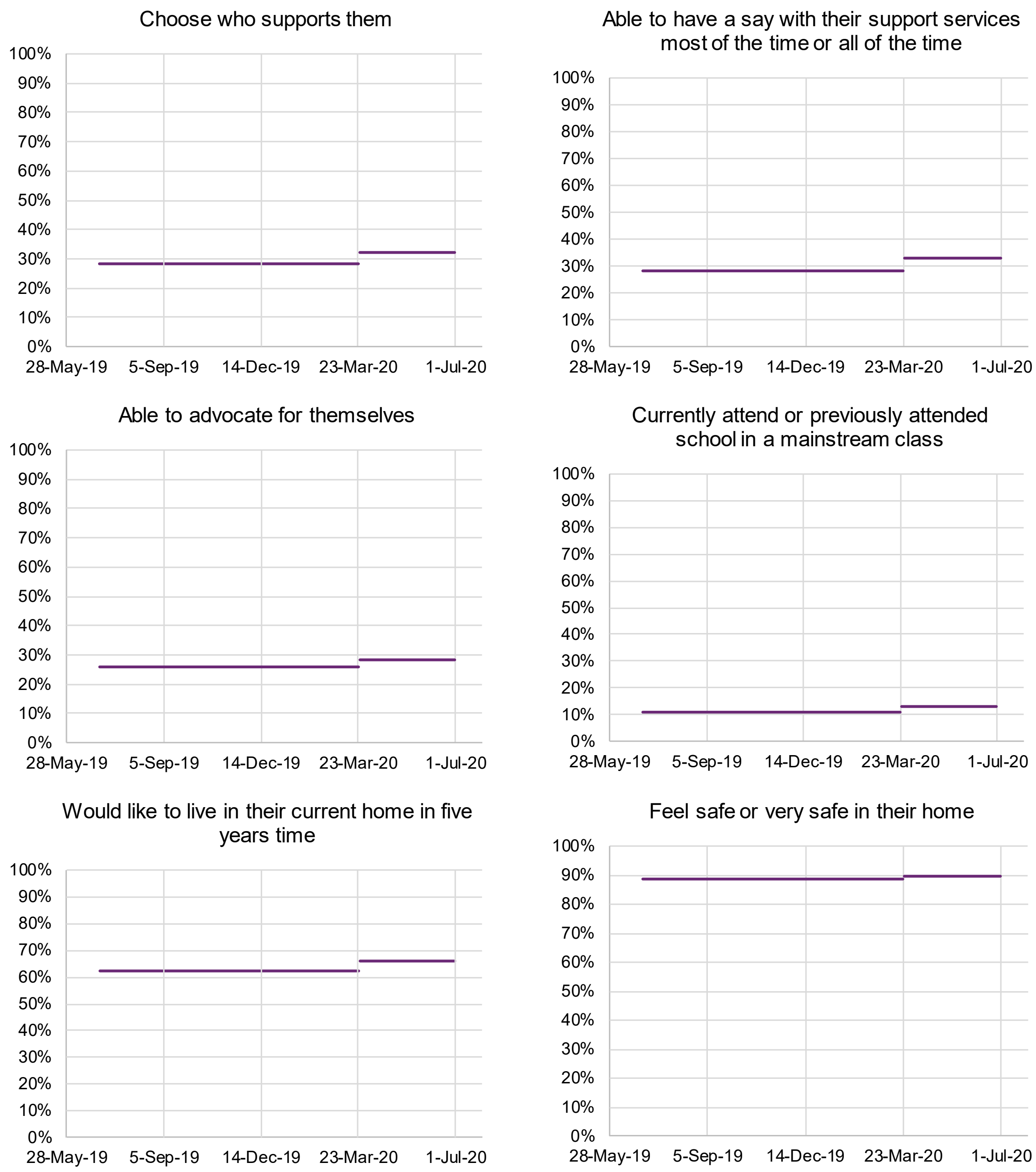


Positive results were observed for the other 13 indicators, indicating that during the COVID period:

- 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


Choose who supports them

Able to have a say with their support services most of the time or all of the time

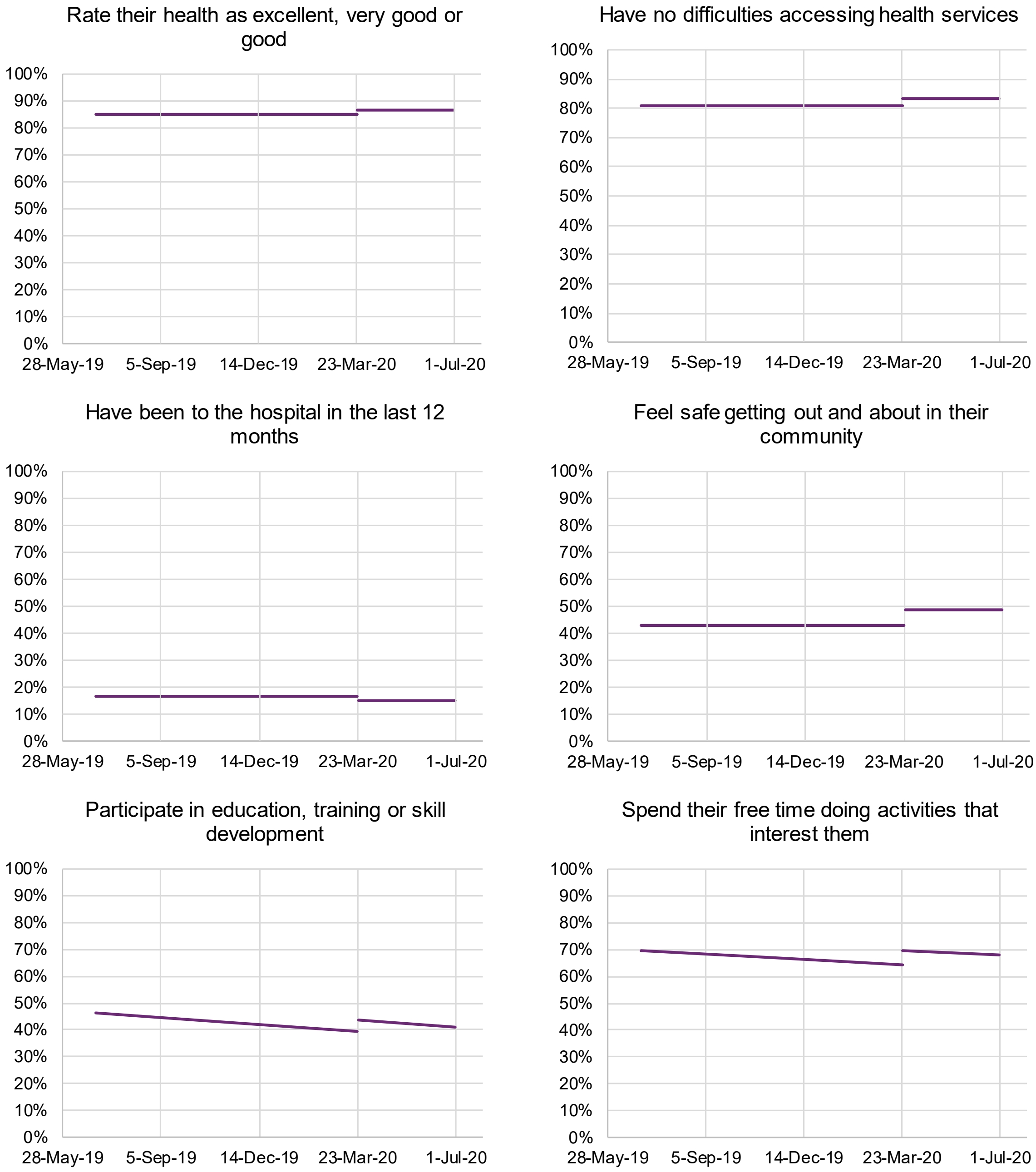
Able to advocate for themselves

Currently attend or previously attended school in a mainstream class

Would like to live in their current home in five years time

Feel safe or very safe in their home

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.