

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.

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 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

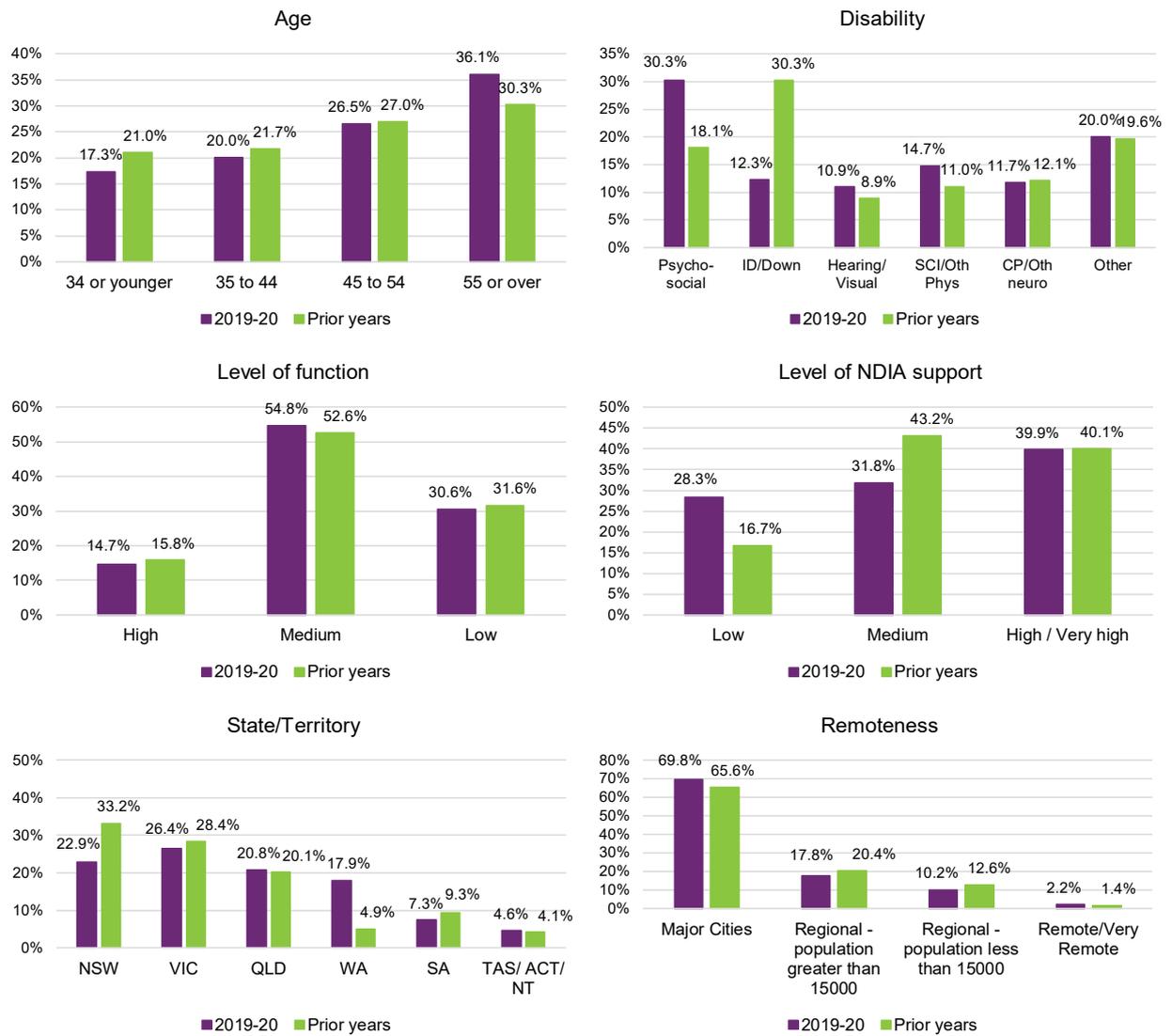
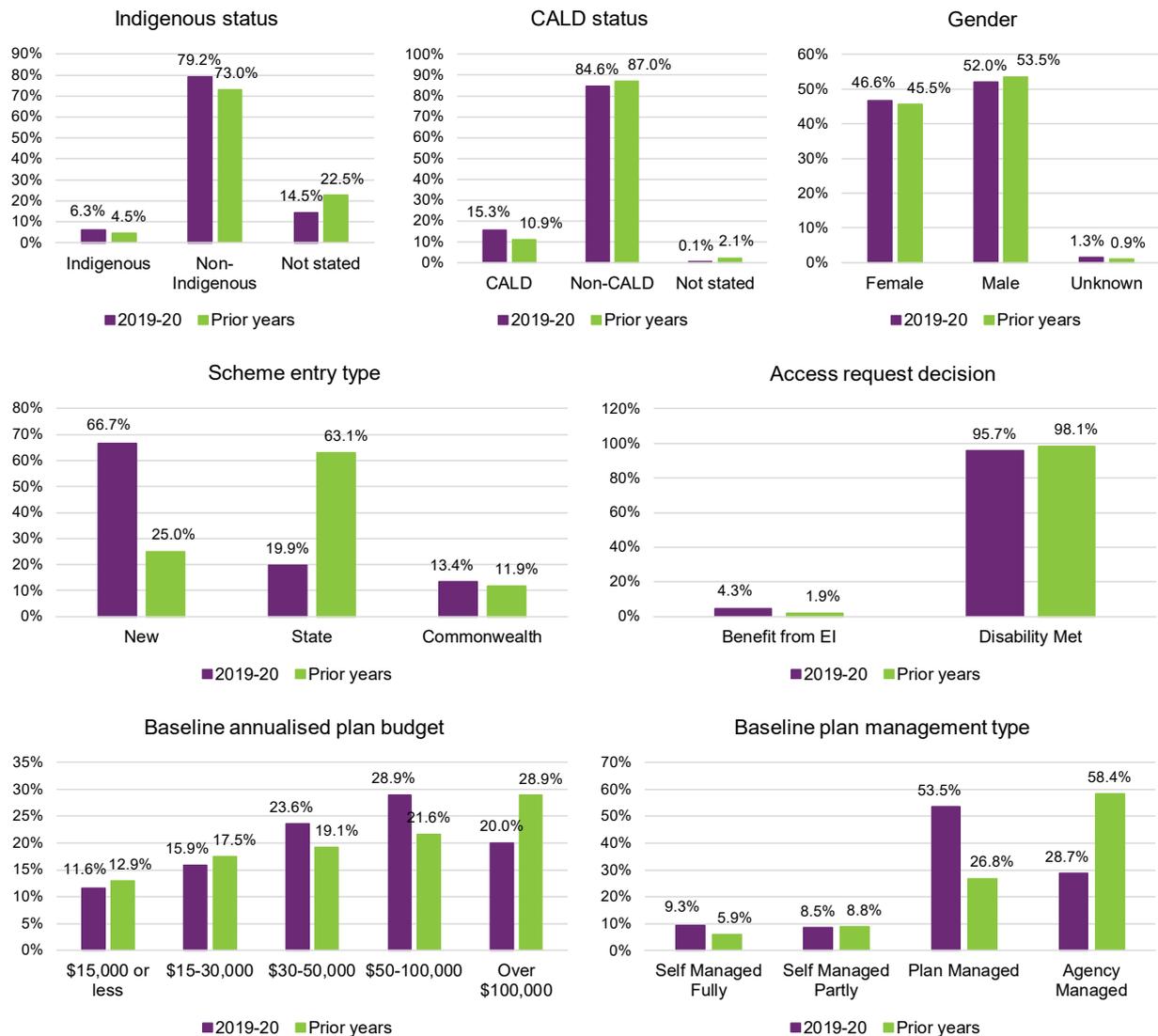


Figure 5.2 Distributions by key characteristics – 2019-20 entrants compared with prior year entrants



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% compared 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%).

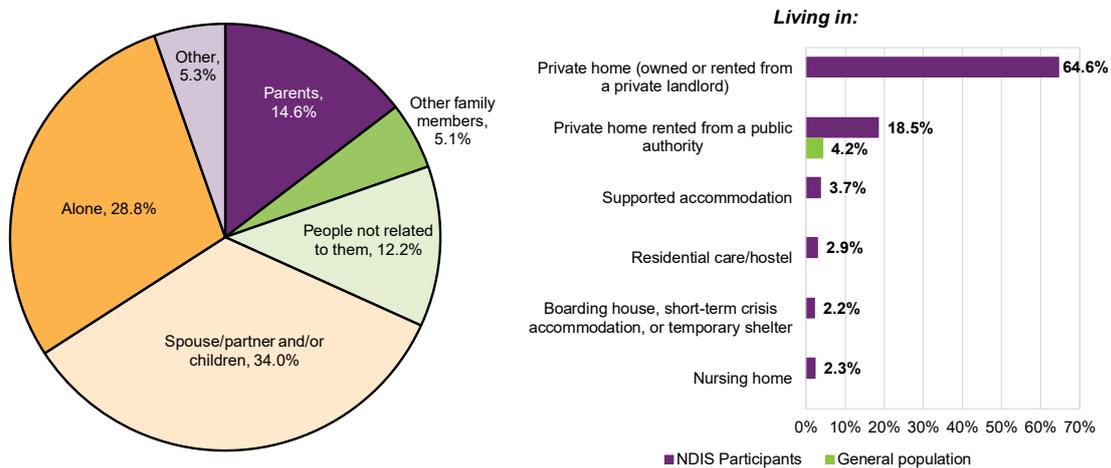
The ABS Census of Population and Housing 2016 found that 3.6% of households were in public housing (rented from State/Territory governments) and 4.2% were in some form of

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 \(unimelb.edu.au\)](http://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 Australians⁶⁴, 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 overall⁶⁵. 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

⁶⁴ Australian Institute of Health and Welfare (AIHW) (2020) Australia's Health 2020.

⁶⁵ ABS National Health Survey (NHS) 2017-18.

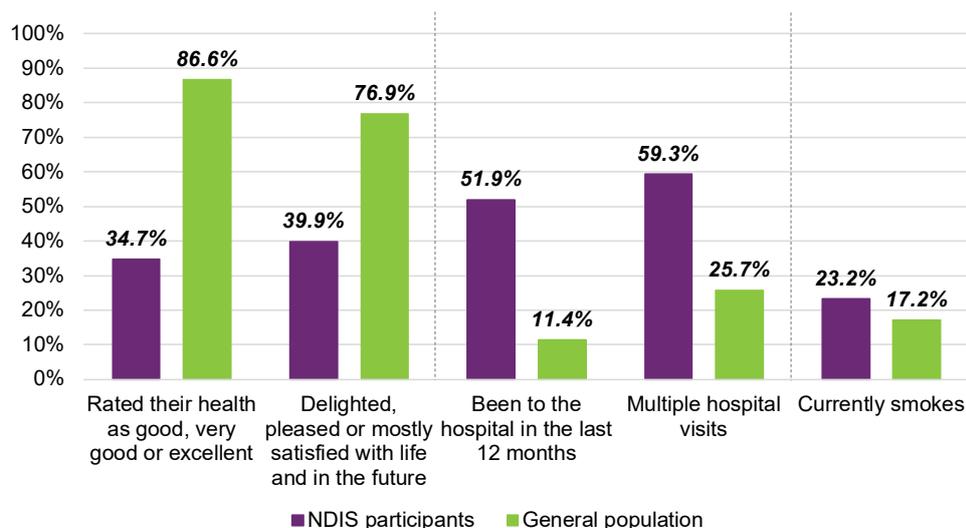
overall.^{66,67} The percentage for 2019-20 NDIS entrants is slightly lower than for prior year entrants at baseline (39.9% compared to 44.2%).

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 64⁶⁸. 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 64⁶⁸. 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



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

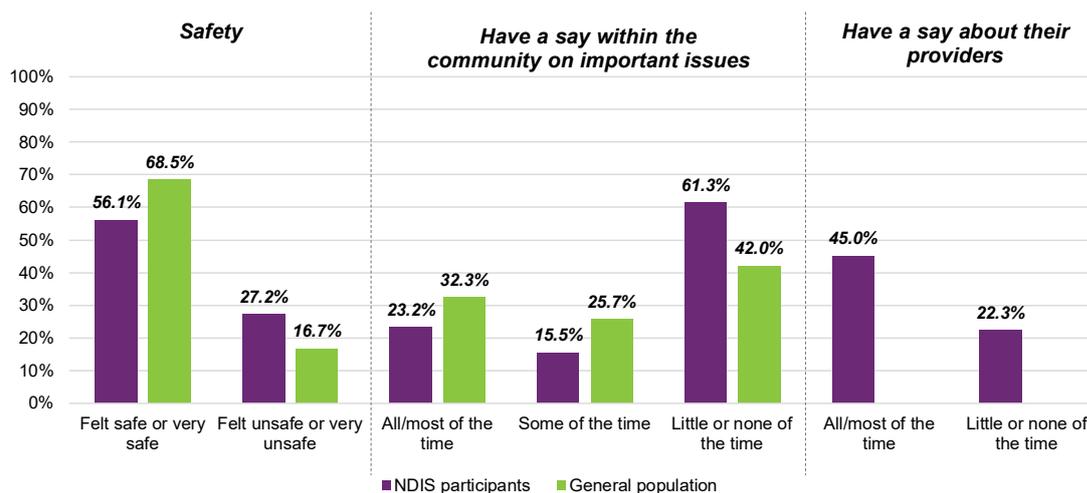
9.1% of participants said they currently volunteered, and a further 28.5% expressed an interest in volunteering (compared to 12.3% and 24.2%, respectively, for prior year entrants). 29.1% had been involved in a community, cultural or religious group in the last 12 months (lower than 37.3% for prior year 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

Outcome	Participant primary disability							
	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	↓	↑	↑	↑	↑	↑	↑	↑

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

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

in the multiple regression models⁷¹. 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).

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%

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 budget⁷⁴

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	↑	↑

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 eligible⁷⁵, 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	↑	↑		↓

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	↑		↓	↓

Age⁷⁶

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).

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

Outcome	State/Territory							Remoteness				
	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		↑	↓	↓		↓	↑		↓			↓

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.

Outcome	State/Territory							Remoteness				
	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	↑		↑	↑			↑	↓	↓	↓	↓	

Outcome	State/Territory							Remoteness				
	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 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	↑		

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

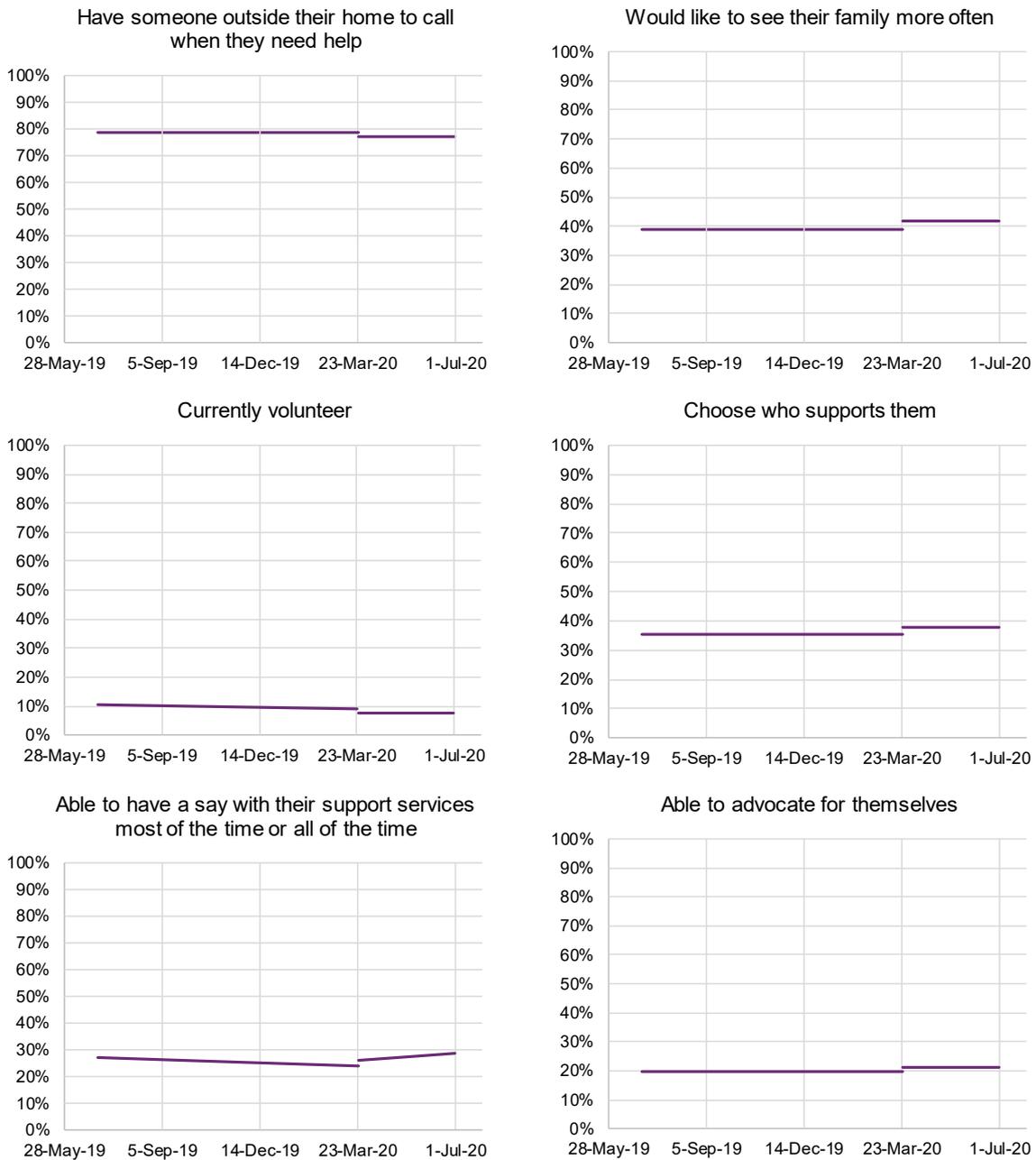
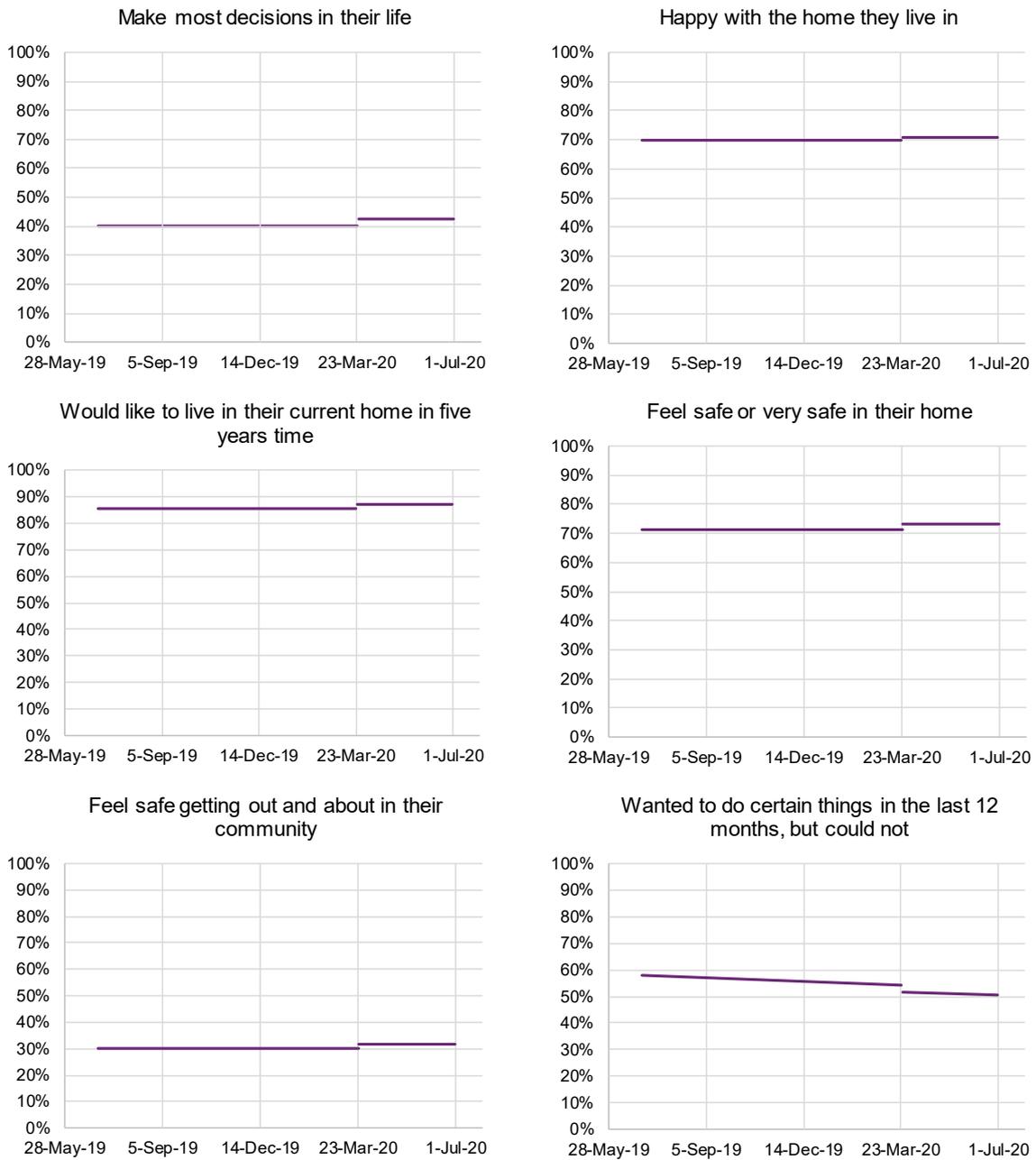


Figure 5.7 Estimated trend over time for selected indicators where one or both COVID-related terms was significantly different from zero



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.