

8. Participants aged 25 and over: outcome indicators

8.1 Key findings

Box 8.1: Overall findings for C3 cohort (participants who have been in the Scheme for three years)

- For participants with three years of Scheme experience, significant improvements were observed across a number of indicators, with improvements in the first year generally continuing into the second and third years of Scheme experience.
- The largest improvements were observed for the social, community and civic participation domain. The percentage participating in a community group in the last 12 months increased by 12.4% between baseline and third review, from 36.6% to 49.0%, including a 3.0% increase over the latest year. The percentage who know people in their community increased by 8.0%, from 59.2% to 67.2%, with a 1.6% increase in the latest year, and the percentage who spend their free time doing activities that interest them increased by 8.0%, from 69.1% to 77.1%, with a 2.1% increase in the latest year.
- There were also some improvements in health and wellbeing outcomes for participants aged 25 and over. The percentage of participants who had been to the hospital in the last 12 months decreased by 6.1% between baseline and the third review (including a 1.8% decrease in the latest year), from 40.2% to 34.1%, the percentage who had no difficulties accessing health services increased by 3.9% (2.1% in the latest year), from 70.1% to 73.9%, and the percentage who have a doctor they see on a regular basis increased by 7.8%, from 87.6% to 95.4%. However, the percentage of participants who rated their health as excellent, very good or good declined by 5.1%, from 51.2% to 46.2% (although there was little change in the most recent year).
- Lifelong learning: the percentage of participants who say they get opportunities to learn new things increased 5.0% between baseline and third review, from 47.1% to 52.2%, including a 1.7% increase over the latest year.
- Choice and control was a key concern of participants aged 25 and over, with the percentage of participants expressing a desire for greater choice and control increasing by 16.0% between baseline and third review (1.8% in the latest year), from 65.4% to 81.4%. The percentage of participants who felt able to advocate for themselves decreased by 5.2% between baseline and third review (0.9% in the latest year), from 50.1% to 44.8%.
- A higher percentage of participants wanted to see their friends and family more often after three years in the Scheme. The percentage who would like to see their friends more often increased by 7.5% between baseline and third review, from 47.5% to 54.9%, and the percentage who would like to see their family more often increased by 6.1%, from 34.4% to 40.6%. Increases of 0.5%-0.6% were observed in the latest year.

Box 8.2: Overall findings for C2 cohort (participants who have been in the Scheme for two years)

- For participants with two years of Scheme experience, similar improvements between baseline and second review were observed to those with three years of experience. In particular, improvements were observed in the areas of:
- Social, community and civic participation: the percentage of participants who have been actively involved in a community, cultural or religious group in the last 12 months increased by 9.1% between baseline and the second review, from 36.2% to 45.3%, including a 3.6% increase in the latest year. Further, the percentage of participants who spend their free time doing activities that interest them increased by 6.5% between baseline and the second review, from 66.0% to 72.5%, including a 2.5% increase in the latest year.
- Health and wellbeing: the percentage of participants who have been to the hospital in the last 12 months decreased by 6.2% (2.0% in the latest year), from 41.4% to 35.2%, the percentage who had no difficulties accessing health services increased by 3.3% (1.6% in the latest year), from 64.9% to 68.2%, and the percentage who have a doctor they see on a regular basis increased by 4.1% (1.4% in the latest year), from 90.7% to 94.8%. However, the percentage of participants who rated their health as excellent, very good or good declined by 3.2%, from 47.6% to 44.4%, with a decline of 1.7% in the latest year.
- Lifelong learning: the percentage of participants who say they get opportunities to learn new things increased 4.2% between baseline and the second review, from 41.9% to 46.1%, including a 1.4% increase over the latest year.
- Choice and control was also a concern for participants with two years of Scheme experience. The percentage who wanted more choice and control in their life increased by 7.8% between baseline and second review (2.7% in the latest year), from 77.8% to 85.6%. There was also a 3.0% decline (1.4% in the latest year) in the percentage of participants who felt able to advocate for themselves, from 49.7% to 46.7%.

Box 8.3: Overall findings for C1 cohort (participants who have been in the Scheme for one year)

- For participants with one year of Scheme experience, similar improvements between baseline and first review were observed to those who have been in the Scheme for a longer period. In particular, improvements were observed in the areas of:
- Social, community and civic participation: the percentage of participants who have been actively involved in a community, cultural or religious group in the last 12 months increased by 3.4% between baseline and the first review, from 38.1% to 41.5%. Further, the percentage of participants who spend their free time doing activities that interest them increased by 4.3% between baseline and the first review, from 61.6% to 65.9%.
- Health and wellbeing: the percentage of participants who have been to the hospital in the last 12 months decreased by 4.1%, from 41.9% to 37.8%, the percentage who had no difficulties accessing health services increased by 1.5%, from 65.0% to 66.5%, and the percentage who have a doctor they see on a regular basis increased by 2.6%, from 90.1% to 92.7%. However, the percentage of participants who rated their health as excellent, very good or good declined by 1.6%, from 45.9% to 44.3%.

Box 8.3: Overall findings for C1 cohort (participants who have been in the Scheme for one year) (continued)

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- Lifelong learning: the percentage of participants who got the opportunity to learn new things increased 2.7% between baseline and the first review, from 38.2% to 40.9%.
- Choice and control: the percentage who wanted more choice and control in their life increased by 3.9% between baseline and first review, from 79.8% to 83.7%.
- Relationships: there have been increases in the percentages who have someone outside their home to call on for practical support (8.0%) and emotional support (4.9%), and the percentage who often feel lonely has decreased by 4.5%.

Box 8.4: Outcomes by key characteristics for participants aged 25 and over

- The impact of disability type on outcomes varies by indicator. In longitudinal analyses, participants with a spinal cord injury or other physical injury were more likely to improve and less likely to deteriorate with regard to being able to advocate for themselves, however they were less likely to improve and more likely to deteriorate with regard to being in the hospital in the last 12 months.
- Longitudinal outcomes also vary with participant level of function. Participants with a higher level of function tend to exhibit higher rates of improvement than those with a lower level of function.
- Participants not living in major cities were more likely to improve with regard to being able to advocate for themselves.
- Indigenous participants were more likely to improve in knowing people in their community but less likely to improve and more likely to deteriorate in saying there was something they wanted to do but were unable to in the last 12 months.
- CALD participants were less likely to improve and more likely to deteriorate with respect to being able to advocate for themselves. They were also less likely to improve getting opportunities to learn new things.
- Older participants were more likely to change their response from “no” to “yes” with respect to wanting more choice and control in their lives.
- Participants in supported independent living (SIL) were generally more likely to improve and less likely to deteriorate compared with participants not in SIL. In particular, outcomes were more positive in all models for having been to the hospital in the last 12 months, and SIL participants were more likely to maintain having a regular doctor in all transitions from baseline. However, they were less likely to improve with respect to knowing people in their community between baseline and either first or second review.
- Relocating to a new LGA was significant in a large number of models, with the direction of the effect being mostly negative but sometimes mixed. In particular, the effect was negative for having been to hospital in the last 12 months, getting the opportunity to learn new things, saying there were certain things they wanted to do in the last 12 months but could not, and knowing people in their community.

Box 8.4: Outcomes by key characteristics for participants aged 25 and over (continued)

- COVID-19 variables were significant in at least one model for all indicators, however the direction of the effect was mixed, being favourable in some models but unfavourable in others. For example:
 - With respect to having a regular doctor, participants were less likely to deteriorate between baseline and second or third review, when the review occurred during the COVID period. There was also a favourable change in time trend post-COVID, with deterioration becoming less likely over time, for the transition from baseline to third review.
 - However, participants were less likely to improve with respect to knowing people in their community between baseline and second review, and between second and third review, when the later review took place during the COVID period.
 - Participants who gave their second response during the COVID period were less likely to change their response from “Yes” (wanting to see their family more often) to “No” (not wanting to see them) between baseline and first or second review, as well as between first and second review.

Box 8.5: Health and wellbeing outcomes for participants aged 25 and over, compared to the Australian population

- NDIS participants tend to have poorer baseline health and wellbeing outcomes than Australians overall, and despite improvements on some indicators, outcomes generally remain poorer at first, second and third review.
- At baseline, 37.4% of participants aged 25 and over who entered the Scheme in 2019-20 rated their health as good, very good or excellent, compared to 86.6% of Australians aged 25 to 64 overall³¹. There have been slight declines for this indicator longitudinally: from 51.2% to 46.2% (a decline of 5.1%) over three years for the C3 cohort, from 47.6% to 44.4% (a decline of 3.2%) over two years for the C2 cohort, and from 45.9% to 44.3% (a decline of 1.6%) over one year for the C1 cohort. Longitudinal data from the Household Income and Labour Dynamics in Australia (HILDA) survey suggest a somewhat smaller decline for the Australian population: approximately 3% over three years and 1% over one and two years.³²
- Participants also expressed lower overall life satisfaction than the general population. At baseline, 39.9% said they felt “delighted”, “pleased” or “mostly satisfied” with their life, compared to 76.9% of Australians aged 25 to 64 overall³³. Overall change from baseline on this indicator has been positive for all cohorts of NDIS participants, although the change was statistically significant only for the C2 cohort, (a 7.2% improvement over two years). However, for this cohort, the overall improvement was made up of a 13.3% improvement in the first year followed by a 6.2% deterioration in the second year.
- At baseline, 51.9% of participants aged 25 and over who entered the Scheme in 2019-20 said they had been to hospital in the last 12 months, compared to 11.4% of Australians aged 25 to 64³⁴. This indicator has also improved over time, reducing to 34% over three years for the C3 cohort, to 35% over two years for the C2 cohort, and to 38% over one year for the C1 cohort, but remains substantially above the percentage for Australians overall.
- From baseline responses of 2019-20 entrants, 59.3% of those who had been to hospital had had multiple visits, compared to a population figure of 25.7% for Australians aged 25 to 64³⁴. This percentage has not changed materially over time.
- At baseline, 42.7% of 2019-20 entrants said they had experienced some difficulty in getting health services. The baseline percentage was lower for entrants in earlier years (29.9-35.1%), and has improved over time, reducing by 1.5%-2.1% since Scheme entry depending on the cohort. The most common difficulty cited by 2019-20 entrants was lack of support (14.5% at baseline, 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).

³¹ ABS National Health Survey (NHS) 2017-18.

³² [HILDA Survey \(unimelb.edu.au\)](http://HILDA.Survey.unimelb.edu.au) Weighted to match the Australian population and adjusted for the NDIS age distribution.

³³ 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.

³⁴ ABS Patient Experience Survey (PES) 2018-19.

Box 8.5: Health and wellbeing outcomes for participants aged 25 and over, compared to the Australian population (continued)

- At baseline, 23.2% of participants who entered the Scheme in 2019-20 said they currently smoked. This is slightly higher than a 2017-18 population figure of 17.2% for 25 to 64 year olds.³⁵ However, there is considerable variation in smoking rates by disability. The percentage of participants with a psychosocial disability who smoke is 44%, approximately twice the percentage for other disabilities combined.

Box 8.6: Has the NDIS helped? – participants aged 25 and over

- Opinions on whether the NDIS has helped tend to be slightly more optimistic than the young adult cohort (apart from lifelong learning), but generally reflect a similar pattern by domain. The percentage who think the NDIS has helped is highest for daily activities (72.8% after one year in the Scheme, increasing to 79.0% after two years in the Scheme and 82.7% after three years in the Scheme), followed by choice and control (69.2% after one year in the Scheme, increasing to 74.1% after two years in the Scheme and 77.5% after three years in the Scheme). Percentages are lowest for home (30.7% after one year, 29.5% after two years and 31.7% after three years) and work (19.5% after one year, 18.1% after two years and 18.5% after three years).
- Higher plan utilisation is strongly associated with a positive response across all eight domains, after both one, two and three years in the Scheme. Perceptions also tended to improve with plan budget. Participants from WA and QLD tended to be more positive, and those from VIC and SA less positive.
- The percentage who think that the NDIS has helped increased by 1% to 10% between first and third review across all domains except work, where there was a 1% decrease. The likelihood of improvement/deterioration varied by some participant characteristics:
 - Female participants were more likely to improve in the daily living domain but more likely to deteriorate in choice and control.
 - Participants who self-manage were more likely to improve and/or less likely to deteriorate in the choice and control, daily living, and health and wellbeing domains.
 - Older participants were less likely to deteriorate in choice and control, daily living, home and health and wellbeing, however they were less likely to improve and/or more likely to deteriorate in lifelong learning and work.
 - Participants living in a regional area were more likely to improve and/or less likely to deteriorate in daily living, relationships, home, health and wellbeing, lifelong learning and social and community participation.
 - Participants in supported independent living (SIL) were more likely to improve and/or less likely to deteriorate for at least some transitions across all domains.

³⁵ ABS National Health Survey (NHS) 2017-18.

8.2 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 cohort comprises participants who are aged 25 or over when they enter the Scheme, and includes responses at all subsequent review time points.

8.3 Longitudinal indicators – overall

Summary of Significant Changes

Longitudinal analysis describes how outcomes have changed for participants during the time they have been in the Scheme. Included here are participants who entered the Scheme between 1 July 2016 and 30 June 2019, for whom a record of outcomes is available at Scheme entry (baseline) and at one or more of the three time points: approximately one year following Scheme entry (first review), approximately two years following Scheme entry (second review), and approximately three years following Scheme entry (third review).

For this year's report, results are shown separately by entry year cohort, including the value of the indicator at baseline and each yearly review, as well as the change in the latest year, and the change between baseline and latest review. For example, for 2016-17 entrants, results at baseline, first review, second review, and third review are shown, as well as the change between second review and third review, and the change from baseline to third review.

There have been a number of improvements across all domains for the time periods being considered. Often, improvements tend to be greater in the earlier years in the Scheme, with smaller improvements observed in later years. Hence the change from baseline to latest review tends to be greater than the change over the latest year, for participants who have been in the Scheme for more than a year.

Table 8.1 summarises changes for selected indicators across the two time periods. Indicators were selected for the tables if the change, either overall or for the latest year, was

statistically significant³⁶ and had an absolute magnitude greater than 0.02 for at least one entry year cohort.

Table 8.1 Selected longitudinal indicators for participants aged 25 and over

Domain (Form)	Indicator	Cohort	Baseline	Indicator at:			Change		Significant ³⁷	
				Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
Improvement										
REL (SF)	Of those who need help to care for others, % who don't get enough assistance	C3	79.0%	79.4%	80.5%	78.2%	-2.2%	-0.8%		
		C2	80.5%	78.7%	77.8%		-0.9%	-2.7%		*
		C1	77.7%	77.6%			-0.1%	-0.1%		
HW (SF)	% who have a doctor they see on a regular basis	C3	87.6%	92.3%	94.8%	95.4%	0.6%	7.8%	**	**
		C2	90.7%	93.5%	94.8%		1.4%	4.1%	**	**
		C1	90.1%	92.7%			2.6%	2.6%	**	**
HW (SF)	% who did not have any difficulties accessing health services	C3	70.1%	71.8%	71.9%	73.9%	2.1%	3.9%	**	**
		C2	64.9%	66.6%	68.2%		1.6%	3.3%	**	**
		C1	65.0%	66.5%			1.5%	1.5%	**	**
HW (SF)	% who have been to the hospital in the last 12 months	C3	40.2%	36.5%	36.0%	34.1%	-1.8%	-6.1%	*	**
		C2	41.4%	37.2%	35.2%		-2.0%	-6.2%	**	**
		C1	41.9%	37.8%			-4.1%	-4.1%	**	**
LL (SF)	% who get opportunities to learn new things	C3	47.1%	49.7%	50.4%	52.2%	1.7%	5.0%	**	**
		C2	41.9%	44.7%	46.1%		1.4%	4.2%	**	**
		C1	38.2%	40.9%			2.7%	2.7%	**	**
LL (SF)	% who wanted to do a course or training in the last 12 months, but could not	C3	33.5%	33.5%	33.0%	29.8%	-3.2%	-3.7%	**	**
		C2	36.4%	35.7%	34.1%		-1.6%	-2.3%	**	**
		C1	36.4%	35.2%			-1.2%	-1.2%	**	**
S/CP (SF)	% who spend their free time doing activities that interest them	C3	69.1%	73.3%	75.0%	77.1%	2.1%	8.0%	**	**
		C2	66.0%	70.0%	72.5%		2.5%	6.5%	**	**
		C1	61.6%	65.9%			4.3%	4.3%	**	**
S/CP (SF)	% who have been actively involved in a community, cultural or religious group in the last 12 months	C3	36.6%	41.4%	46.0%	49.0%	3.0%	12.4%	**	**
		C2	36.2%	41.7%	45.3%		3.6%	9.1%	**	**
		C1	38.1%	41.5%			3.4%	3.4%	**	**
S/CP (SF)	% who know people in their community	C3	59.2%	65.5%	65.6%	67.2%	1.6%	8.0%	**	**
		C2	63.1%	66.3%	67.3%		1.1%	4.3%	**	**
		C1	57.5%	60.3%			2.8%	2.8%	**	**
CC (LF)	% say they choose how they spend their free time	C3	80.2%	70.7%	83.2%	81.2%	-2.0%	1.0%		
		C2	64.3%	67.5%	68.3%		0.8%	4.0%		*
		C1	71.2%	74.7%			3.5%	3.5%	*	*
REL (LF)	% who have someone outside their home to call on for practical support	C3	81.2%	86.9%	89.1%	90.1%	1.0%	8.9%		
		C2	80.2%	82.3%	83.1%		0.8%	3.0%		
		C1	75.2%	83.2%			8.0%	8.0%	*	*
REL (LF)	% who have someone outside their home to call on for emotional support	C3	82.2%	77.8%	81.2%	89.1%	7.9%	6.9%		
		C2	78.2%	80.0%	81.0%		1.0%	2.8%		
		C1	76.2%	81.1%			4.9%	4.9%	*	*

³⁶ McNemar's test at the 0.05 level.

³⁷ ** statistically significant, p-value<0.001; * statistically significant, p-value between 0.001 and 0.05.

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant ³⁷	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
REL (LF)	% who often felt lonely	C3	21.8%	24.2%	13.9%	19.8%	5.9%	-2.0%		
		C2	18.7%	15.5%	16.1%		0.6%	-2.6%		
		C1	19.9%	15.5%			-4.5%	-4.5%	*	*
REL (LF)	% who feel happy with their relationship with staff	C3	69.2%	85.4%	89.0%	91.2%	2.2%	22.0%		*
		C2	85.9%	90.1%	91.8%		1.7%	5.9%		*
		C1	77.4%	91.0%			13.5%	13.5%	**	**
HW (LF)	% who felt delighted, pleased or mostly satisfied about their life now and in the future	C3	40.6%	46.5%	56.4%	50.5%	-5.9%	9.9%		
		C2	44.2%	57.6%	51.4%		-6.2%	7.2%	*	*
		C1	48.5%	54.4%			5.9%	5.9%		
HW (LF)	% had a health check in the last 12 months	C3	83.2%	94.9%	89.1%	92.1%	3.0%	8.9%		*
		C2	91.4%	92.4%	91.4%		-1.0%	0.0%		
		C1	91.1%	91.2%			0.2%	0.2%		
WK (LF)	For those currently working in a paid job, % who get the support they need to do their job.	C3	71.4%	92.0%	76.9%	92.9%	15.9%	21.4%		*
		C2	95.1%	96.6%	95.9%		-0.7%	0.8%		
		C1	90.3%	89.0%			-1.4%	-1.4%		
S/CP (LF)	% who currently have interests	C3	80.2%	83.8%	89.1%	91.1%	2.0%	10.9%		*
		C2	85.1%	89.8%	87.1%		-2.8%	2.0%		
		C1	84.9%	88.3%			3.4%	3.4%		
S/CP (LF)	% who have opportunity to try new things and have new experiences	C3	57.4%	68.7%	79.2%	77.2%	-2.0%	19.8%		*
		C2	68.7%	79.4%	74.7%		-4.7%	6.0%		*
		C1	69.0%	72.3%			3.4%	3.4%		
S/CP (LF)	% who are currently volunteering	C3	18.8%	16.2%	20.8%	23.8%	3.0%	5.0%		
		C2	12.9%	14.6%	15.1%		0.6%	2.2%		
		C1	13.9%	16.0%			2.1%	2.1%	*	*
S/CP (LF)	Of those taking part in leisure activities in the past 12 months, % who felt they were enjoyable	C3	<i>Numbers are too small</i>							
		C2	94.3%	98.0%	98.1%		0.1%	3.8%		*
		C1	96.6%	98.4%			1.8%	1.8%		
HW (LF)	% who have had a flu vaccination in the last 12 months	C3	49.5%	56.6%	62.4%	72.3%	9.9%	22.8%	*	**
		C2	59.2%	64.1%	70.1%		6.0%	11.0%	*	**
		C1	60.7%	62.4%			1.7%	1.7%		
HW (LF)	% whose Kessler 6 score is in the Probably Mental Illness/High Risk range	C3	23.5%	20.5%	15.2%	14.1%	-1.1%	-9.4%		*
		C2	18.7%	15.6%	14.9%		-0.7%	-3.8%		
		C1	17.8%	17.3%			-0.6%	-0.6%		
HW (LF)	% whose Brief Resilience Scale score is in the Low Resilience range	C3	52.9%	45.6%	40.3%	40.0%	-0.3%	-12.9%		*
		C2	39.0%	31.6%	30.0%		-1.5%	-9.0%		*
		C1	32.6%	31.6%			-1.0%	-1.0%		
Context dependent										
HM (SF)	% who live with parents	C3	26.0%	25.9%	23.8%	23.2%	-0.6%	-2.8%	**	**
		C2	23.0%	22.9%	21.7%		-1.2%	-1.3%	**	**
		C1	21.1%	20.6%			-0.6%	-0.6%	**	**
HM (SF)	% who live in a private home owned or rented from private landlord	C3	60.1%	61.3%	57.9%	57.0%	-0.9%	-3.1%	**	**
		C2	59.9%	60.0%	58.4%		-1.6%	-1.5%	**	**
		C1	61.0%	60.4%			-0.6%	-0.6%	**	**

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant ³⁷	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
WK (SF)	% who are not working and not looking for work	C3	65.4%	64.7%	67.8%	67.6%	-0.2%	2.2%	*	**
		C2	64.8%	65.2%	66.3%		1.2%	1.5%	**	**
		C1	66.5%	67.0%			0.5%	0.5%	**	**
Participant Information (SF)	Of those who are studying, % who study full time	C3	23.6%	25.9%	20.4%	23.0%	2.6%	-0.7%	*	
		C2	25.5%	23.2%	20.3%		-2.9%	-5.2%	*	**
		C1	25.3%	24.1%			-1.2%	-1.2%		
CC (SF)	% who want more choice and control in their life	C3	65.4%	74.7%	79.6%	81.4%	1.8%	16.0%	**	**
		C2	77.8%	83.0%	85.6%		2.7%	7.8%	**	**
		C1	79.8%	83.7%			3.9%	3.9%	**	**
REL (SF)	% who would like to see their family more often	C3	34.4%	35.7%	39.9%	40.6%	0.6%	6.1%	**	**
		C2	40.7%	41.9%	43.5%		1.6%	2.8%	**	**
		C1	42.3%	43.9%			1.6%	1.6%	**	**
REL (SF)	% who would like to see their friends more often	C3	47.5%	50.2%	54.5%	54.9%	0.5%	7.5%	**	**
		C2	54.9%	57.2%	59.1%		1.8%	4.2%	**	**
		C1	60.2%	61.8%			1.6%	1.6%	**	**
S/CP (LF)	% who were eligible to vote in the last federal election	C3	84.2%	88.9%	88.1%	90.1%	2.0%	5.9%		*
		C2	63.9%	65.1%	63.3%		-1.7%	-0.6%		
		C1	70.3%	72.2%			1.9%	1.9%	*	*
Deterioration										
CC (SF)	% who feel able to advocate (stand up) for themselves	C3	50.1%	48.1%	45.8%	44.8%	-0.9%	-5.2%	**	**
		C2	49.7%	48.1%	46.7%		-1.4%	-3.0%	**	**
		C1	45.0%	44.1%			-0.9%	-0.9%	*	*
HM (SF)	% who feel safe or very safe in their home	C3	79.1%	77.9%	75.4%	76.5%	1.0%	-2.6%		**
		C2	75.4%	74.2%	73.7%		-0.5%	-1.7%		**
		C1	73.1%	71.8%			-1.4%	-1.4%	**	**
HW (SF)	% who rate their health as excellent, very good or good	C3	51.2%	48.6%	45.8%	46.2%	0.3%	-5.1%	*	**
		C2	47.6%	46.1%	44.4%		-1.7%	-3.2%	**	**
		C1	45.9%	44.3%			-1.6%	-1.6%	**	**
HW (SF)	% who feel safe getting out and about in their community	C3	49.5%	49.2%	46.1%	45.6%	-0.4%	-3.8%	**	**
		C2	47.4%	46.0%	44.9%		-1.1%	-2.5%	*	**
		C1	41.4%	41.1%			-0.3%	-0.3%	*	*
WK (SF)	% who are currently working in a paid job	C3	25.7%	25.7%	22.0%	23.3%	1.3%	-2.4%		**
		C2	25.3%	24.7%	24.1%		-0.6%	-1.2%	**	**
		C1	22.8%	22.6%			-0.2%	-0.2%	*	*
S/CP (SF)	% who wanted to do certain things in the last 12 months, but could not	C3	60.1%	65.4%	69.9%	69.1%	-0.8%	9.0%	**	**
		C2	68.0%	71.6%	73.0%		1.4%	5.1%	**	**
		C1	68.5%	71.4%			2.9%	2.9%	**	**
WK (LF)	% have had job(s) in the past 12 months	C3	45.5%	37.4%	39.6%	37.6%	-2.0%	-7.9%		*
		C2	34.1%	30.8%	28.6%		-2.2%	-5.6%		*
		C1	33.6%	30.3%			-3.3%	-3.3%	*	*

Key findings from Table 8.1 include:

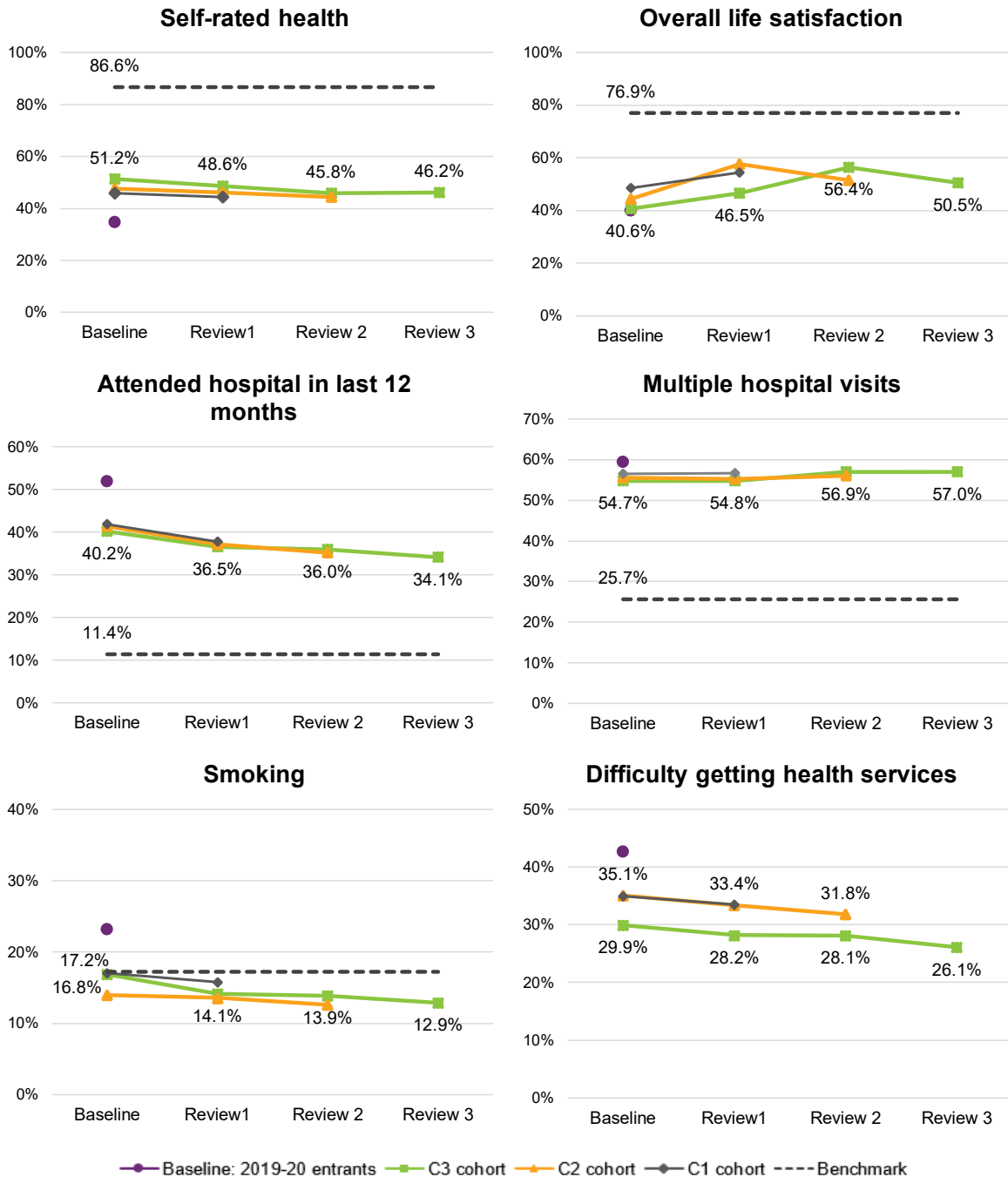
- There is considerable overlap with the 15 to 24 age group, with most indicators common to both age groups exhibiting changes in the same direction. However, for two of the employment indicators changes were in opposite directions: the

percentage who have had job(s) in the last 12 months (increasing for the 15 to 24 age group and decreasing for 25 and over), and the percentage who are not working and not looking for work (decreasing for the 15 to 24 age group and increasing for 25 and over). These differences are likely to reflect the younger adults transitioning from school to employment and the older adults transitioning from employment to retirement.

- There have been considerable improvements in the social, community and civic participation domain:
 - Participants are more involved in their community, with an increase in the percentage of participants who have been actively involved in a community, cultural or religious group in the last 12 months:
 - For the C3 cohort, by 12.4% over three years in the Scheme, including a 3.0% increase over the latest year
 - For the C2 cohort: by 9.1% over two years in the Scheme, including a 3.6% increase over the latest year
 - For the C1 cohort: by 3.4% over one year in the Scheme.
 - The percentage of participants who know people in their community has continued to increase (by 8.0% over three years for the C3 cohort, including an increase of 1.6% over the latest year; by 4.3% over two years for the C2 cohort, including an increase of 1.1% over the latest year; and by 2.8% over one year for the C1 cohort).
 - The percentage of participants who spend their free time doing activities that interest them has also continued to increase (by 8.0% over three years, 6.5% over two years, and 4.3% over one year for the C3, C2, and C1 cohorts, respectively. Increases of 2.1%-2.5% in the latest year were also observed for the C3 and C2 cohorts).
- The desire for greater choice and control has also continued to increase. For the C3 cohort, there has been a 16.0% increase over three years, including a 1.8% increase over the latest year. Increases have also been observed for the C2 (latest year and overall) and C1 cohorts.
- In the lifelong learning domain, more participants say they get opportunities to learn new things (increases of 5.0% over three years for the C3 cohort, including an increase of 1.7% over the latest year; 4.2% over two years for the C2 cohort, including an increase of 1.4% over the latest year; and 2.7% over one year for the C1 cohort). There has also been a reduction in the percentage who say they wanted to do a course or training in the last 12 months, but could not.
- There have been some continued improvements in the health and wellbeing domain. More participants have a doctor they see on a regular basis, more have had a flu vaccination in the last 12 months, and fewer have had difficulties accessing health services. The percentage who felt delighted, pleased or mostly satisfied with their life has increased from baseline, although there have been some reversals in this indicator for the C3 and C2 cohort over the most recent year. However self-rated health has continued to decline (possibly partly age-related): by 5.1% over three years for the C3 cohort, by 3.2% over two years for the C2 cohort, and by 1.6% over one year for the C1 cohort. Longitudinal data from the Household Income and Labour Dynamics in Australia (HILDA) survey suggest a somewhat smaller decline for the Australian population: approximately 3% over three years and 1% over one and two

years.³⁸ Figure 8.1 illustrates longitudinal results for the health domain, compared to the Australian population where possible.

Figure 8.1 Longitudinal health and wellbeing indicators for NDIS participants compared with the general population



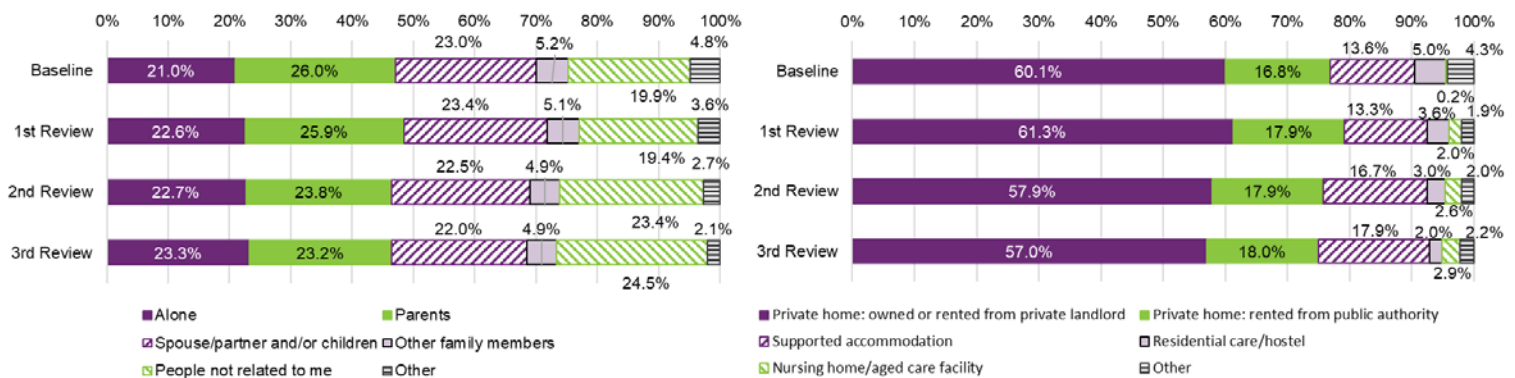
³⁸ [HILDA Survey \(unimelb.edu.au\)](https://unimelb.edu.au) Weighted to match the Australian population and adjusted for the NDIS age distribution.

Living and Housing Arrangements

For participants who have been in the Scheme for three years or more at 30 June 2020, the percentage living with people not related to them has increased by about 4.6% between baseline and third review, and the percentage living alone has increased by 2.3%. The percentage living with their parents has decreased by 2.8%, and the percentage who say they have “other” living arrangements decreased by 2.7%.

The percentage living in supported accommodation has increased by 4.3% between baseline and third review, from 13.6% to 17.9%. The percentage living in a nursing home/aged care facility has increased by 2.7%, and the percentage in public housing by 1.2%. A decrease of 3.1% were observed for the percentage living in a private home (owned or rented from a private landlord) and 3.0% for the percentage living in large or small residences.

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



8.4 Longitudinal indicators – participant characteristics

Section 2.4 describes the general methodology used to analyse longitudinal outcomes by participant characteristics.

Table 8.2 shows the five groups of transitions that have been modelled for participants aged 25 and over, and the transitions contributed by each of the C1, C2 and C3 cohorts. Improvements and deteriorations have been considered separately, resulting in 10 different models for each indicator.

Table 8.2 Transitions contributing to the models for cohorts C1, C2 and C3*

Cohort	1-year transitions			2-year transitions ³⁹	3-year transitions
	Baseline to first review	First review to second review	Second review to third review	Baseline to Second Review	Baseline to Third Review
C3	B → R1	R1 → R2	R2 → R3	B → R2	B → R3
C2	B → R1	R1 → R2		B → R2	
C1	B → R1				

*B=baseline, R1=first review, R2=second review. The arrow represents transition between the two time points.

Some key features of the analyses for selected indicators, for participants aged 25 and over, are summarised below. Table 2.3 in Section 2.4 includes a table explaining the meaning of the arrow symbols used in the tables.

³⁹ There is another two-year transition, from first review to third review, however the amount of data for this transition is smaller and to keep the presentation manageable it has not been included. Results from selected models for this transition were generally consistent with baseline to second review (but tended to identify a smaller number of predictors, due to the smaller amount of data).

I am able to advocate for myself

The percentage of participants reporting that they are able to advocate for themselves has decreased significantly from baseline to all reviews, with net decreases of 1.3%, 3.3% and 5.2% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 8.3 below.

Table 8.3 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort ¹		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	47,692	42,354	2,526	5.3%	3,713	8.8%	-1.3%
Baseline to Review 2	18,586	18,470	1,771	9.5%	3,009	16.3%	-3.3%
Baseline to Review 3	6,189	6,208	702	11.3%	1,350	21.8%	-5.2%

¹The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p < 0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 8.4 below.

Table 8.4 Key drivers of likelihood of transitions in “% who feel able to advocate for themselves” response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in VIC		↓		↓			↑	↓		
NSW	Participant lives in QLD	↑		↑		↑		↑			
NSW	Participant lives in SA	↑									
NSW	Participant lives in ACT, NT, TAS, WA	↑							↑		
Down Syndrome/Intellectual disability	Disability is autism				↑						

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Down Syndrome/Intellectual disability	Disability is cerebral palsy or another neurological disorder	↑	↓	↑	↓		↓	↑	↓	↑	↓
Down Syndrome/Intellectual disability	Disability is a psychosocial disability	↑	↓	↑	↓			↑	↓	↑	↓
Down Syndrome/Intellectual disability	Disability is a sensory disability	↑	↓	↑	↓		↓	↑	↓	↑	↓
Down Syndrome/Intellectual disability	Disability is spinal cord injury or other physical	↑	↓	↑	↓	↑	↓	↑	↓	↑	↓
Down Syndrome/Intellectual disability	Other disability	↑	↓	↑	↓		↓	↑	↓	↑	↓
N/A	Participant is older	↑	↓		↓			↑	↓		↓
Participant is male	Participant is female		↑						↓		
Non-Indigenous	Participant is Indigenous						↑				
Non-Indigenous	Participant Indigenous status is not stated				↓					↓	↓
Non-CALD	Participant is CALD	↓	↑	↓	↑			↓	↑	↓	
N/A	Lower level of function	↓	↑	↓	↑	↓		↓	↑	↓	↑
N/A	Higher annualised plan budget	↓	↑	↓		↓		↓		↓	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Not in SIL	Participant is in supported independent living (SIL)		↓				↓				
N/A	Higher Australian Disability Enterprise payments									↑	
N/A	Higher self-managed employment supports		↑	↑	↑					↑	
N/A	Higher plan utilisation				↑		↑		↓		
N/A	Higher utilisation of capacity building supports								↑		
N/A	Higher utilisation of capital supports	↑									
N/A	Higher utilisation of core supports		↑						↑		↑
0-15% capacity building supports	15%-30% of supports are capacity building supports								↓		
0-15% capacity building supports	30%-60% of supports are capacity building supports		↓	↑	↓	↑	↓	↑	↓		↓
0-15% capacity building supports	60-100% of supports are capacity building supports		↓		↓	↑	↓	↑	↓	↑	↓

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
0-15% capacity building supports	More than 5% of supports are capital supports	↑	↓	↑	↓		↓	↑	↓	↑	↓
Agency-managed	Plan is fully self-managed	↑	↓		↓		↓		↓		↓
Agency-managed	Plan is partly self-managed	↑	↓		↓			↑	↓		↓
Agency-managed	Plan is managed by a plan manager							↑			
Major cities	Participant lives outside a major city	↑		↑			↓	↑		↑	
Did not relocate	Participant relocated to a new Local Government Area (LGA)	↑	↑	↑	↑		↑	↑	↑		↑
Pre-COVID	Review during COVID period						↓			↓	↓
N/A	General time trend	↓	↓		↓			↓	↓		
N/A	Change in time trend post-COVID									↑	
2016/17	Participant entered the Scheme in 2017-18				↓						
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs	↑					↓	↑		↑	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Received State/Territory supports	Participant received services from Commonwealth systems before entering the NDIS										
Medium level of NDIA support	Lower level of NDIA support	↑	↓	↑				↑	↓		
Medium level of NDIA support	Higher level of NDIA support		↓		↓		↓	↑	↓		↓
N/A	Participant lives in an area with a higher average unemployment rate						↓				

Key findings from Table 8.4 include:

- Participants living outside a major city were more likely to improve (start feeling able to advocate for themselves) across all transitions excluding second review to third review.
- Participants with more than 30% of capacity building supports or more than 5% capital supports in their plan generally had more favourable transitions than those with less than 30% capacity building supports.
- Participants living in QLD were more likely to improve in all one-step and two-step transitions compared to those living in NSW.
- Participants with autism or Down Syndrome/Intellectual disability were less likely to improve and more likely to deteriorate in most transitions than participants with other disabilities. Participants with a spinal cord injury or other physical disability were more likely to improve and less likely to deteriorate than participants with Down Syndrome or an intellectual disability across all transitions.
- Participants from a CALD background were less likely to improve and more likely to deteriorate between baseline and first or second review, and between first and second review.
- SIL participants were less likely to deteriorate between baseline and third review, and between second and third review.

I want more choice and control in my life

The percentage of participants reporting that they want more choice and control in life has increased significantly from baseline to all reviews, with net increases of 4.8%, 9.3% and 16.0% from baseline to the first, second and third review, respectively. This was a result of changes from “Yes” to “No” and from “No” to “Yes” as set out in Table 8.5 below.

Table 8.5 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort ¹		Context Dependent: No to Yes		Context Dependent: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	20,013	69,197	5,311	26.5%	1,000	1.5%	+4.8%
Baseline to Review 2	9,271	27,470	4,101	44.2%	668	2.4%	+9.3%
Baseline to Review 3	4,294	8,099	2,281	53.1%	294	3.6%	+16.0%

¹The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p < 0.05$) on the likelihood of changes in the outcome are set out in Table 8.6 below.

Table 8.6 Key drivers of likelihood of transitions in “% who want more choice and control in their life” response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No
NSW	Participant lives in VIC	↓		↓				↓			
NSW	Participant lives in QLD	↑	↑	↑				↑	↑	↑	
NSW	Participant lives in SA	↓	↑						↑		
NSW	Participant lives in ACT, NT, TAS, WA		↑	↓					↑		
Down Syndrome/	Disability is cerebral palsy or another		↑								

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No		
Intellectual disability	neurological disorder										
Down Syndrome/ Intellectual disability	Disability is a sensory disability							↓			
N/A	Participant is older	↓	↑	↓	↑			↓	↑	↓	
Participant is male	Participant is female	↑		↑	↑			↑		↑	
Non-CALD	Participant is CALD		↓		↓				↓		
N/A	Higher annualised plan budget		↓						↓	↓	
Not in SIL	Participant is in supported independent living (SIL)	↓		↓				↓			
N/A	Higher Australian Disability Enterprise payments				↑						
2016/17	Participant entered the Scheme in 2017/18	↓						↓			
2016/17	Participant entered the Scheme in 2018/19	↓									
N/A	Higher plan utilisation	↑								↓	
N/A	Higher utilisation of capacity	↑				↑		↑		↑	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No
	building supports										
N/A	Higher utilisation of core supports		↓							↑	
N/A	15%-30% of supports are capacity building supports	↑						↑			
N/A	60-100% of supports are capacity building supports	↓									
N/A	More than 5% of supports are capital supports							↓			
Agency-managed	Plan is managed by a plan manager	↑	↓	↑				↓		↑	↓
Agency-managed	Plan is fully self-managed	↓								↓	
Major cities	Participant lives outside a major city	↑	↑		↑			↑		↓	↑
Did not relocate	Participant relocated to a new Local Government Area (LGA)	↑		↑				↑			
Pre-COVID	Review during COVID period			↑						↓	↓
N/A	General time trend		↓	↓	↓			↓		↑	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	
N/A	Change in time trend post-COVID			↓				↓			
Received State/Territory supports	Participant entered the scheme through Early Intervention									↓	
Medium level of NDIA support	Lower level of NDIA support	↓		↓			↑			↑	
Medium level of NDIA support	Higher level of NDIA support	↓	↓	↓	↓	↓	↓	↓	↓	↓	
N/A	Participant lives in an area with a higher average unemployment rate		↓					↓			

Key findings from Table 8.6 include:

- Participants living in Victoria were less likely to transition from “No” to “Yes” (go from not wanting more choice and control, to wanting more) between baseline and first or second review, and between first and second review than participants living in NSW.
- Age also has a significant impact. Participants who are older were less likely to transition from “No” to “Yes” and more likely to transition from “Yes” to “No” between baseline and first or second review, and between first and second review.
- CALD participants were less likely to transition from “Yes” to “No” between baseline and first or second review, and between first and second review.
- SIL participants were less likely to transition from “No” to “Yes” between baseline and first or second review, and between first and second review.
- Participants with a higher level of NDIA support were less likely to change their response in almost all transitions compared to participants with medium level of support.
- There was a general time trend for some transitions, with transitions from “Yes” to “No” becoming less likely over time (baseline to first or second review, and first to second review). Transitions from “No” to “Yes” between baseline and third review

became more likely over time. However, transitions from “No” to “Yes” between first and second review became less likely over time.

- One or more COVID-related variables was significant in four of the models. For transitions from “No” to “Yes” between first and second review, there was a step up in the probability of transitioning at the assumed COVID date, however the general decline over time became steeper after this date. For transitions from “No” to “Yes” between baseline and second review, there was also a negative change in slope following the assumed COVID date. For transitions between baseline and third review (either “No” to “Yes” or “Yes” to “No”), there was a step down in the probability of transitioning at the assumed COVID date, but no change in slope.

I would like to see my family more often

The percentage of participants reporting that they would like to see their family more often has increased significantly from baseline to all reviews, with net increases of 1.6%, 3.3% and 6.1% from baseline to the first, second and third review, respectively. This was a result of changes from “Yes” to “No” and from “No” to “Yes” as set out in Table 8.7 below.

Table 8.7 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort ¹		Context Dependent: No to Yes		Context Dependent: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	52,064	35,851	3,940	7.6%	2,565	7.2%	+1.6%
Baseline to Review 2	21,922	14,199	3,013	13.7%	1,810	12.8%	+3.3%
Baseline to Review 3	7,783	4,089	1,424	18.3%	695	17.0%	+6.1%

¹The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p < 0.05$) on the likelihood of changes in the outcome are set out in Table 8.8 below.

Table 8.8 Key drivers of likelihood of transitions in “% who would like to see their family more often” response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No
NSW	Participant lives in VIC		↓	↓		↓		↓	↓		↓

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No		
NSW	Participant lives in QLD	↑	↑	↑	↑			↑	↑	↑	↑
NSW	Participant lives in SA				↑				↑		
NSW	Participant lives in ACT, NT, TAS, WA		↑			↓		↓			
Down Syndrome/Intellectual disability	Disability is a psychosocial disability	↑						↑		↑	
Down Syndrome/Intellectual disability	Disability is a sensory disability									↑	
Down Syndrome/Intellectual disability	Disability is spinal cord injury/other physical							↑			
Down Syndrome/Intellectual disability	Disability is "Other"									↑	
N/A	Participant is older	↑	↓	↑	↓	↑		↑	↓	↑	↓
Participant is male	Participant is female	↑	↓					↑			
Non-Indigenous	Participant is Indigenous	↑						↑			
Non-CALD	Participant is CALD				↑						
2016/17	Participant entered the Scheme in 2017/18	↓						↓	↓		

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No		
2016/17	Participant entered the Scheme in 2018/19	↓									
N/A	Higher annualised plan budget	↑		↑	↓		↑	↓	↑		
Not in SIL	Participant is in supported independent living (SIL)		↓					↓	↓		
N/A	Higher Australian Disability Enterprise payments	↓	↑				↓	↑			
N/A	Higher plan utilisation						↓				
N/A	Higher utilisation of core supports	↑				↑	↑		↑		
N/A	Higher utilisation of capacity building supports						↑				
N/A	Higher utilisation of capital supports	↑									
0-15% capacity building supports	60-100% of supports are capacity building supports				↓				↓		
0-15% capacity building supports	More than 5% of supports are capital supports	↓			↓		↓		↓		

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No		
Agency-managed	Plan is managed by a plan manager		↓					↑			
Agency-managed	Plan is fully self-managed	↓					↓				
Agency-managed	Plan is partly self-managed	↓								↑	
Major cities	Participant lives outside a major city	↑					↑		↑		
Did not relocate	Participant relocated to a new Local Government Area (LGA)	↑	↑	↑	↑	↑	↑		↑		
Pre-COVID	Review during COVID period		↓		↓			↓			
N/A	General time trend		↓								
Medium level of NDIA support	Lower level of NDIA support							↓		↓	
Medium level of NDIA support	Higher level of NDIA support		↓		↓			↓		↓	
N/A	Participant lives in an area with a higher average unemployment rate		↓								

Key findings from Table 8.8 include:

- Older participants were more likely to change from not wanting to see their family more often, to wanting to see them, and less likely to change in the reverse direction.

- Participants with a psychosocial disability were more likely to change their response from “No” to “Yes” between baseline and first, second or third review compared with participants with an Down syndrome or an intellectual disability.
- Participants with higher annualised plan budget were more likely to change from not wanting to see their family more often, to wanting to see them, and less likely to change in the reverse direction.
- Female participants were more likely to change their response from “No” to “Yes”, and less likely to change from “No” to “Yes”, between baseline and first review. They were also more likely to change their response from “No” to “Yes” between baseline and second review.
- Indigenous participants were more likely to change their response from “No” to “Yes” between baseline and first or second review.
- SIL participants were less likely to change their response from “Yes” to “No” in all transitions from baseline.
- There were some differences by State/Territory. Participants living in Queensland were more likely to change their response (either from “No” to “Yes” or from “Yes” to “No”) between all time points except second to third review, whereas participants in Victoria were less likely to change their response across most transitions. Participants in SA were more likely to change from “Yes” to “No” between baseline and second review, and between first and second review. Participants from the State/Territory group ACT, NT, Tasmania and WA were more likely to change from “Yes” to “No” between baseline and first review, and less likely to change from “No” to “Yes” between second and third review, and between baseline and second review.
- Participants who relocated to a new LGA were more likely to change their response from “No” to “Yes” across all transitions. However, they were more likely to change from “Yes” to “No” between baseline and first review, and between first and second review.
- The COVID step-change variable was significant in three models. Participants with review during the COVID period were less likely to change their response from “Yes” to “No” between baseline and either first or second review, and between first and second review.

I would like to see my friends more often

The percentage of participants reporting that they would like to see their friends more often has increased significantly from baseline to all reviews, with net increases of 1.9%, 4.6% and 7.5% from baseline to the first, second and third review, respectively. This was a result of changes from “Yes” to “No” and from “No” to “Yes” as set out in Table 8.9 below.

Table 8.9 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort ¹		Context Dependent: No to Yes		Context Dependent: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	35,653	47,913	3,920	11.0%	2,365	4.9%	+1.9%
Baseline to Review 2	15,878	18,129	3,139	19.8%	1,559	8.6%	+4.6%
Baseline to Review 3	5,788	5,234	1,447	25.0%	625	11.9%	+7.5%

¹The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p < 0.05$) on the likelihood of changes in the outcome are set out in Table 8.10 below.

Table 8.10 Key drivers of likelihood of transitions in “% who would like to see their friends more often” response

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No		
NSW	Participant lives in VIC	↓	↓	↓				↓	↓		
NSW	Participant lives in QLD	↑	↑		↑			↑	↑		↑
NSW	Participant lives in SA	↓	↑		↑			↓	↑		
NSW	Participant lives in ACT, NT, TAS, WA		↑	↓	↓						
Down Syndrome/Intellectual disability	Disability is autism	↑									↓
Down Syndrome/Intellectual disability	Disability is a sensory disability	↓				↓					↓
Down Syndrome/Intellectual disability	Disability is psychosocial					↓					↓
Down Syndrome/Intellectual disability	Disability is spinal cord injury or other physical	↓									
Down Syndrome/Intellectual disability	Disability is “Other”					↓					↓
Male	Participant is female	↑		↑				↑		↑	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No		
Non-CALD	Participant is CALD	↑	↓								
N/A	Lower level of function	↑	↓				↑	↓	↑	↓	
N/A	Higher annualised plan budget			↑	↓						
Not in SIL	Participant is in supported independent living (SIL)	↓		↓	↑	↓	↓		↓		
N/A	Higher Australian Disability Enterprise payments	↓	↑	↓	↑		↓	↑	↓	↑	
N/A	Higher payments to self-managed employment supports		↑								
N/A	Higher plan utilisation budget						↓				
N/A	Higher utilisation of capacity building supports		↓		↓		↑	↓	↑	↓	
N/A	Higher utilisation of capital supports	↑									
N/A	Higher utilisation of core supports	↑				↑	↑				
0-15% capacity building supports	15%-30% of supports are capacity	↑		↑			↑		↑		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No		
	building supports										
0-15% capacity building supports	Between 60% and 100% of supports are capacity building supports	↓								↓	
0-15% capacity building supports	More than 5% of supports are capital supports	↓		↓				↓		↓	
Agency-managed	Plan is fully self-managed			↓				↓			
Agency-managed	Plan is managed by a plan manager	↑ ↓		↑				↑ ↓			
Major cities	Participant lives outside a major city	↓ ↑		↓ ↑				↑			
N/A	Participant lives in an area with a higher unemployment rate				↓			↓		↑	
Did not relocate	Participant relocated to a new Local Government Area (LGA)	↑		↑		↑		↑		↑	
Pre-COVID	Review during COVID period		↓		↓						
N/A	General time trend		↓					↓			
2016/17	Participant entered the Scheme in 2017-18		↓		↓			↓			

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No	No to Yes	Yes to No
2016/17	Participant entered the Scheme in 2018-19	↓	↓								
Medium level of NDIA support	Lower level of NDIA support	↓				↓	↑	↓		↓	
Medium level of NDIA support	Higher level of NDIA support	↓	↓	↓		↓		↓	↓	↓	
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs									↑	

Key findings from Table 8.10 include:

- State/Territory has a significant impact on changes in the indicator “I would like to see my friends more often”. For example, participants living in Queensland were more likely to transition (either “No” to “Yes” or “Yes” to “No”) from baseline to first and second reviews than participants living in New South Wales.
- Australian Disability Enterprise payments also have a significant impact. Participants with higher Australian Disability Enterprise payments were less likely to transition from “No” to “Yes” and more likely to transition from “Yes” to “No” from baseline to first, second and third reviews and from first review to second review.
- Participants who relocated to a new LGA were more likely to change their response from “No” to “Yes” across all transitions than those who remained within the same LGA.
- Participants with a higher level of NDIA support were less likely to transition from “No” to “Yes” across all transitions and were less likely to transition from “Yes” to “No” from baseline to first review and from baseline to second review.
- Female participants were more likely than male participants to transition from “No” to “Yes” from baseline to first, second and third reviews and from first review to second review.

- Participants with review during the COVID period were less likely to change their response from “Yes” to “No” between baseline and first review, and between first and second review.
- Participants entering the Scheme in 2018-19 were less likely than those entering in 2016-17 to change their response (either “No” to “Yes” or “Yes” to “No”) between baseline and first review. Those entering in 2017-18 were less likely to change from “No” to “Yes” between first and second review, and between baseline and second review, and were also less likely to change their response from “Yes” to “No” between baseline and first review.
- Participants who received supports for supported independent living were less likely to change their response from “No” to “Yes” across all transitions than those who did not receive supported independent living supports.

I have a doctor I see on a regular basis

The percentage of participants reporting that they have a doctor they see on a regular basis has increased significantly from baseline to all reviews, with net increases of 2.9%, 4.8% and 7.8% from baseline to the first, second and third review, respectively. This was a result of improvements and deteriorations as set out in Table 8.11 below.

Table 8.11 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort ¹		Improvement: No to Yes		Deterioration: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	9,034	80,751	3,284	36.4%	640	0.8%	+2.9%
Baseline to Review 2	3,686	33,286	2,145	58.2%	380	1.1%	+4.8%
Baseline to Review 3	1,541	10,856	1,104	71.6%	138	1.3%	+7.8%

¹The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p < 0.05$) on the likelihood of changes in the outcome are set out in Table 8.12 below.

Table 8.12 Key drivers of likelihood of transitions in “% who have a doctor they see on a regular basis” response

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in VIC	↓				↑		↓		↓	↑

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in QLD	↑	↑	↑			↑		↑		↑
NSW	Participant lives in SA	↓	↑		↑		↑		↑		
NSW	Participant lives in ACT, NT, TAS, WA	↑					↑		↑	↓	↑
Down Syndrome/Intellectual disability	Disability is cerebral palsy or another neurological disorder	↑									
Down Syndrome/Intellectual disability	Disability is a sensory disability	↓					↓	↓			
Down Syndrome/Intellectual disability	Disability is psychosocial						↑			↑	
Down Syndrome/Intellectual disability	Disability is spinal cord injury or other physical injury							↓			
Down Syndrome/Intellectual disability	Disability is "Other"	↑	↓					↓			
N/A	Participant is older	↑	↓		↓	↑		↑	↓	↑	↓
Male	Participant is female	↑						↑		↑	↓
Non-CALD	Participant is CALD					↓					↓
N/A	Lower level of function			↑				↓		↑	
N/A	Higher annualised plan budget		↓		↓			↑			↓

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Not in SIL	Participant is in supported independent living (SIL)		↓					↓			↓
N/A	Higher self-managed employment supports										↓
N/A	Higher other employment supports										↓
N/A	Higher plan utilisation					↓		↓		↓	↓
N/A	Higher utilisation of capacity building supports	↑				↑	↑			↑	↓
N/A	Higher utilisation of capital supports										↓
N/A	Higher utilisation of core supports		↓								↑
0-15% capacity building supports	Between 60% and 100% of supports are capacity building supports		↑		↓						
Agency-managed	Plan is managed by a plan manager				↓			↑			
Major cities	Participant lives outside a major city		↑		↑				↑	↑	↓
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		↑		↑		↑	↓	↑

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Pre-COVID	Review during COVID period								↓		↓
N/A	General time trend	↓	↓	↓				↓			↑
N/A	Change in time trend post-COVID										↓
Entry due to disability	Participant entered the scheme through Early Intervention										↑
Medium level of NDIA support	Lower level of NDIA support										↓
Medium level of NDIA support	Higher level of NDIA support	↓		↓		↓		↓		↓	
N/A	Participant lives in an area with a higher average unemployment rate										↑

Key findings from Table 8.12 include:

- A large number of variables are significant predictors of transitioning from having a regular doctor at baseline, to not having one at third review (the far right column). Overall, for participants with responses at both baseline and third review, there are 10,856 participants who had a regular doctor at baseline, and only 138 (1.3%) of these participants did not have a regular doctor at third review. Whilst the overall sample size is large, the number of events is relatively small and odds ratios estimated by maximum likelihood may be subject to some bias away from one.⁴⁰ Nevertheless some significant associations appear to exist. For example, looking at the impact of relocation to a new LGA: amongst those who do not relocate the

⁴⁰ King G. and Zeng L. (2001). Logistic regression in rare events data. *Political Analysis* 9(2): 137-163.

percentage going from having a regular doctor to not having one is 1.0% (odds 0.0099), whereas amongst those who do relocate the percentage is 3.6% (odds 0.0377), yielding an unadjusted relative risk estimate of 3.69 and an unadjusted odds ratio estimate of 3.80. From the logistic regression model, the adjusted odds ratio estimate (controlling for other variables) is 4.37 with a 95% confidence interval (4.36,4.40). Further analysis of this model, including other estimation techniques which account for potential bias, will be undertaken.

- State/Territory has a significant effect on transitioning. For example, participants from SA were more likely to deteriorate in all one-step transitions and from baseline to second review. Participants living in NSW were less likely to deteriorate between second and third review.
- Participants who relocated to a different LGA between reviews were more likely to deteriorate across all transitions, and were less likely to improve between baseline and third review.
- Participants with a higher level of NDIA support were less likely to improve across all transitions.
- Older participants were more likely to improve from baseline to first, second and third reviews and from second review to third review. They were also less likely to deteriorate from baseline to first, second and third review and from first review to second review.

I have been in the hospital in the last 12 months

The percentage of participants reporting that they have been in the hospital in the last 12 months has decreased significantly from baseline to all reviews, with net decreases of 4.0%, 5.9% and 6.1% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 8.13 below.

Table 8.13 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort ¹		Improvements: Yes to No		Deteriorations: No to Yes		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	51,263	36,283	9,984	27.5%	6,499	12.7%	-4.0%
Baseline to Review 2	21,085	14,822	6,131	41.4%	4,014	19.0%	-5.9%
Baseline to Review 3	7,110	4,783	2,261	47.3%	1,539	21.7%	-6.1%

¹The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p < 0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 8.14 below.

Table 8.14 Key drivers of likelihood of transitions in “% who have been to the hospital in the last 12 months” response

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in VIC	↓					↑			↓	
NSW	Participant lives in QLD	↑		↑				↑			
NSW	Participant lives in SA	↑					↑				
Down Syndrome/Intellectual disability	Disability is autism		↓		↓				↓		↑
Down Syndrome/Intellectual disability	Disability is sensory impairment				↑						
Down Syndrome/Intellectual disability	Disability is cerebral palsy or another neurological disorder	↓	↑	↓	↑			↓	↑	↓	
Down Syndrome/Intellectual disability	Disability is a psychosocial disability	↓	↑	↓	↑	↓		↓	↑	↓	↑
Down Syndrome/Intellectual disability	Disability is spinal cord injury or other physical	↓	↑	↓	↑	↓		↓	↑	↓	↑
Down Syndrome/Intellectual disability	Disability is “Other”	↓	↑	↓	↑	↓		↓	↑	↓	↑
N/A	Participant is older	↓	↑	↓	↑		↑	↓	↑		↑
Male	Participant is female		↑		↑			↓	↑		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Participant is CALD				↓						
Non-Indigenous	Participant is Indigenous	↓									↑
Non-Indigenous	Participant did not state their indigenous status						↑				
N/A	Lower level of function	↓	↑	↓			↑	↓	↑		↑
N/A	Higher annualised plan budget	↓	↑	↓	↑	↓		↓	↑	↓	↑
Not in SIL	Participant is in supported independent living (SIL)	↑	↓	↑	↓	↑	↓	↑	↓	↑	↓
N/A	Higher Australian Disability Enterprise payments	↑	↓	↑	↓			↑	↓	↑	↓
N/A	Higher self-managed employment supports	↑									
N/A	Higher plan utilisation					↑		↑	↓		
N/A	Higher utilisation of capacity building supports					↓		↓	↑	↓	↑
N/A	Higher utilisation of core supports		↑								
0-15% capacity building supports	15%-30% of supports are capacity building supports	↓	↑								
0-15% capacity building supports	More than 5% of supports are capital supports	↓	↑		↑		↑	↓			↑

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Agency-managed	Plan is partly self-managed					↓					
Major cities	Participant lives outside a major city	↑	↑					↑	↑		
Did not relocate	Participant relocated to a new Local Government Area (LGA)	↓	↑		↑			↓			
Pre-COVID	Review during COVID period	↓	↓	↓				↓			
N/A	General time trend										↑
N/A	Change in time trend post-COVID	↑									
Entry due to disability	Participant entered the scheme through Early Intervention				↑			↓			
Received State/Territory supports	Participant received services from Commonwealth systems before entering the NDIS	↑	↓	↑				↑	↓		
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs		↑								
Medium level of NDIA support	Lower level of NDIA support		↓			↑					
Medium level of NDIA support	Higher level of NDIA support	↓	↓	↓				↓		↓	

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Participant lives in an area with a higher average unemployment rate	↓		↑				↓			

Key findings from Table 8.14 include:

- There is significant variation by disability type for changes in hospital visits. In general, participants with autism and those with Down syndrome or an intellectual disability (the reference category) tend to have more favourable transitions. Participants with a psychosocial disability, a spinal cord injury or other physical disability, or a disability in the “Other” category (which includes ABI, stroke and some smaller groups) are less likely to improve across all transitions and more likely to deteriorate across all transitions except for second review to third review, compared to participants with Down Syndrome or an intellectual disability.
- State/Territory has a significant impact whether participants have been in hospital in the last 12 months. For example, participants from Queensland were more likely to improve from baseline to first review, from baseline to second review and from first review to second review than participants living in New South Wales.
- Participants who received supports for supported independent living were more likely to improve and less likely to deteriorate across all transitions compared with those who did not receive these supports.
- CALD participants were less likely to deteriorate from from first review to second review than non-CALD participants.
- Participants with higher Australian Disability Enterprise payments were more likely to improve from baseline to second and third reviews and from first review to second review. They were also less likely to deteriorate from baseline to first, second and third reviews and from first review to second review.
- Participants with a review during the COVID period were less likely to improve from baseline to first and second reviews and from first review to second review than those with a review before the COVID period. They were also less likely to deteriorate from baseline to first review.
- Female participants were more likely to deteriorate between baseline and first or second review, and between first and second review.

I get opportunities to learn new things

The percentage of participants reporting that they get opportunities to learn new things has increased significantly from baseline to all reviews, with net increases of 2.7%, 4.2% and 5.0% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 8.15 below.

Table 8.15 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort ¹		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	53,200	35,852	5,213	9.8%	2,771	7.7%	+2.7%
Baseline to Review 2	20,863	15,737	3,617	17.3%	2,088	13.3%	+4.2%
Baseline to Review 3	6,432	5,728	1,498	23.3%	884	15.4%	+5.0%

¹The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p < 0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 8.16 below.

Table 8.16 Key drivers of likelihood of transitions in “% who get opportunities to learn new things” response

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in VIC		↓		↓				↓	↑	↓
NSW	Participant lives in QLD	↑		↑	↓		↓	↑		↑	↓
NSW	Participant lives in SA	↑	↓					↑			
NSW	Participant lives in ACT, NT, TAS, WA	↑	↓		↓		↓		↓		↓
Down Syndrome/Intellectual disability	Disability is autism		↑							↓	↑
Down Syndrome/Intellectual disability	Disability is sensory impairment	↓						↓		↓	↑
Down Syndrome/	Disability is cerebral palsy or another	↓	↑	↓	↑			↓	↑	↓	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Intellectual disability	neurological disorder										
Down Syndrome/Intellectual disability	Disability is a psychosocial disability	↓	↑					↓			↑
Down Syndrome/Intellectual disability	Disability is spinal cord injury or other physical	↓		↓	↓			↓		↓	
Down Syndrome/Intellectual disability	Disability is "Other"	↓	↑	↓				↓	↑	↓	↑
N/A	Participant is older	↓	↑	↓	↑	↓		↓	↑	↓	↑
Male	Participant is female	↑									
Non-CALD	Participant is CALD	↓	↑					↓	↑	↓	
Non-indigenous	Participant is Indigenous	↓						↓		↓	
N/A	Lower level of function	↓		↓				↓	↑	↓	↑
N/A	Higher annualised plan budget				↑	↓	↑			↓	
Not in SIL	Participant is in supported independent living (SIL)		↓		↓	↑	↓		↓		
N/A	Higher Australian Disability Enterprise payments	↑	↓	↑	↓				↓		
N/A	Higher other employment supports			↑							

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Higher plan utilisation budget	↑			↓	↑	↓		↓	↑	↓
N/A	Higher utilisation of capacity building supports	↑						↑	↓	↑	
N/A	Higher utilisation of core supports	↑	↓	↑							
N/A	Higher utilisation of capital supports									↓	
0-15% capacity building supports	15%-30% of supports are capacity building supports		↑						↑		↑
0-15% capacity building supports	30%-60% of supports are capacity building supports		↑						↑		↑
0-15% capacity building supports	Between 60% and 100% of supports are capacity building supports		↓					↑			
0-15% capacity building supports	More than 5% of supports are capital supports	↓						↓			
Agency-managed	Plan is fully self-managed	↑	↓	↑	↓		↓	↑	↓	↑	↓
Agency-managed	Plan is partly self-managed	↑	↓		↓			↑	↓	↑	↓
Agency-managed	Plan is managed by a plan manager		↓		↓			↑			
Major cities	Participant lives outside a major city	↑		↑				↑			
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		↑		↑		↑		

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Pre-COVID	Review during COVID period	↓		↓	↓	↓			↓	↓	
N/A	General time trend	↓		↓				↓			
Entry due to disability	Participant entered the scheme through Early Intervention										↑
Received State/Territory supports	Participant received services from Commonwealth systems before entering the NDIS				↑				↑		
Medium level of NDIA support	Lower level of NDIA support		↓			↑					
Medium level of NDIA support	Higher level of NDIA support	↓	↓				↓	↓			
N/A	Participant lives in an area with a higher average unemployment rate	↓	↑	↓			↑	↓		↓	↑

Key findings from Table 8.16 include:

- State/Territory has a significant impact whether participants get to learn new things. For example, participants living in ACT, NT, TAS or WA were less likely to deteriorate across all transitions and more likely to improve from baseline to first review than those living in New South Wales.
- Disability also has a significant impact. Participants with cerebral palsy or another neurological disorder were less likely to improve across all transitions except for between second and third review, and more likely to deteriorate from baseline to first and second reviews and from first review to second review, compared to participants with Down syndrome or an intellectual disability.

- Participants with higher overall plan utilisation tended to be more likely to improve and less likely to deteriorate across most transitions. Participants with higher utilisation of capacity building supports were more likely to improve from baseline to first, second and third reviews.
- Participants with fully self-managed plans were more likely to improve and less likely to deteriorate than participants with Agency-managed plans. Participants with partly self-managed plans also tended to be more likely to improve and less likely to deteriorate across most transitions.
- Participants who received supports for supported independent living were less likely to deteriorate in all one-step transitions and from baseline to second review, compared to those without supported independent living supports. They were also more likely to improve between second and third review.
- Participants who moved to a new LGA were more likely to deteriorate.
- CALD and Indigenous participants were less likely to improve between baseline and first, second or third review. CALD participants were also more likely to deteriorate between baseline and first or second review.

I have wanted to do certain things in the last 12 months, but could not

The percentage of participants reporting that they have wanted to do certain things in the last 12 months, but could not has increased significantly from baseline to all reviews, with net increases of 3.4%, 6.0% and 9.0% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 8.17 below.

Table 8.17 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort ¹		Improvements: Yes to No		Deteriorations: No to Yes		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	29,301	60,400	2,875	4.8%	5,941	20.3%	+3.4%
Baseline to Review 2	12,446	24,491	1,967	8.0%	4,168	33.5%	+6.0%
Baseline to Review 3	4,940	7,454	818	11.0%	1,934	39.2%	+9.0%

¹The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p < 0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 8.18 below.

Table 8.18 Key drivers of likelihood of transitions in “% who have wanted to do certain things in the last 12 months, but could not” response

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in VIC	↓		↓		↓		↓		↓	
NSW	Participant lives in QLD	↑	↑	↑				↑	↑		↑
NSW	Participant lives in SA	↑	↓					↑			
NSW	Participant lives in ACT, NT, TAS, WA		↓			↓					
Down Syndrome/Intellectual disability	Disability is autism									↓	
Down Syndrome/Intellectual disability	Disability is cerebral palsy or another neurological disorder	↓	↑						↑		
Down Syndrome/Intellectual disability	Disability is a psychosocial disability	↓	↑	↓				↓	↑		
Down Syndrome/Intellectual disability	Disability is a sensory disability	↓		↓				↓		↓	
Down Syndrome/Intellectual disability	Disability is spinal cord injury or other physical	↓		↓				↓		↓	
Down Syndrome/Intellectual disability	Disability is “Other”	↓	↑		↑			↓	↑		
N/A	Participant is older				↓			↑	↓		↓

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions		
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review		
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	
Male	Participant is female				↑				↑			
Non-indigenous	Participant is Indigenous	↓	↑									
Non-indigenous	Participant Indigenous status is not stated		↓									
N/A	Higher annualised plan budget	↓	↑					↓		↓		
Not in SIL	Participant is in supported independent living (SIL)		↓		↓		↓		↓		↓	
2016/17	Participant entered the Scheme in 2017/18		↓					↓	↓			
2016/17	Participant entered the Scheme in 2018/19		↓									
N/A	Higher Australian Disability Enterprise payments	↑	↓		↓			↑	↓		↓	
N/A	Higher other employment support payments	↓										
N/A	Higher plan utilisation budget								↓		↑	
N/A	Higher utilisation of capacity building supports	↓	↑		↑		↓		↓	↑	↓	↑
N/A	Higher utilisation of core supports		↑						↑		↓	
0-15% capacity	15%-30% of supports are	↓	↑						↓		↑	

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
building supports	capacity building supports										
0-15% capacity building supports	30%-60% of supports are capacity building supports		↑								
0-15% capacity building supports	Between 60% and 100% of supports are capacity building supports		↓			↑					↓
0-15% capacity building supports	More than 5% of supports are capital supports	↓						↓			
Agency-managed	Plan is fully self-managed	↑		↓							
Agency-managed	Plan is managed by a plan manager	↓	↑	↓				↓	↑		↑
Major cities	Participant lives outside a major city	↑						↑	↑		
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		↑			↓	↑	↓	↑
N/A	Participant lives in an area with a higher average unemployment rate			↓							
Pre-COVID	Review during COVID period		↓	↓				↓	↓		
N/A	General time trend	↓			↓						
N/A	Change in time trend post-COVID							↑			

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Entry due to disability	Participant entered the scheme through Early Intervention	↓									
Received State/Territory supports	Participant received services from Commonwealth systems before entering the NDIS			↑							
Medium level of NDIA support	Lower level of NDIA support		↓					↓		↓	
Medium level of NDIA support	Higher level of NDIA support	↓	↓	↓			↓	↓	↓	↓	

Key findings from Table 8.18 include:

- State/Territory has a significant impact whether participants have wanted to do certain things in the last 12 months, but could not. For example, participants living in Victoria were less likely to improve across all transitions than participants living in New South Wales.
- Disability also has a significant impact. Participants with a psychosocial disability were less likely to improve and more likely to deteriorate between baseline and first or second review, and less likely to improve between first and second review than participants with Down syndrome or an intellectual disability.
- Indigenous participants were less likely to improve and more likely to deteriorate than non-Indigenous participants from baseline to first review.
- Higher utilisation of capacity building supports resulted in participants being less likely to improve and more likely to deteriorate from baseline to first, second and third reviews. They were also more likely to deteriorate from first review to second review and less likely to improve from second review to third review.
- Participants who received supported independent living supports were less likely to deteriorate across all transitions than participants who did not receive these supports.
- Female participants were more likely to deteriorate from baseline to second review and from first review to second review than male participants.
- Participants who relocated to a new LGA tended to be more likely to deteriorate, and were less likely to improve between baseline and second and third review.

I know people in my community

The percentage of participants reporting that they know people in their community has increased significantly from baseline to all reviews, with net increases of 3.2%, 5.1% and 8.0% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 8.19 below.

Table 8.19 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort ¹		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	36,301	53,055	5,147	14.2%	2,273	4.3%	+3.2%
Baseline to Review 2	14,044	22,764	3,519	25.1%	1,656	7.3%	+5.1%
Baseline to Review 3	5,056	7,341	1,707	33.8%	713	9.7%	+8.0%

¹The cohort is selected as all those with non-missing responses at the relevant surveys.

Participant characteristics that had a statistically significant effect ($p < 0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 8.20 below.

Table 8.20 Key drivers of likelihood of transitions in “% who know people in their community” response

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in VIC	↓		↓			↓		↓		
NSW	Participant lives in QLD	↑		↑			↓		↑		↑
NSW	Participant lives in SA							↑			↑
NSW	Participant lives in ACT, NT, TAS, WA	↑		↓			↓				
Down Syndrome/Intellectual disability	Disability is autism	↓	↑						↑		

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Down Syndrome/ Intellectual disability	Disability is cerebral palsy or another neurological disorder		↓					↓			↓
Down Syndrome/ Intellectual disability	Disability is a psychosocial disability	↓	↑		↑			↓	↑		↑
Down Syndrome/ Intellectual disability	Disability is spinal cord injury or other physical	↑	↓		↓		↓	↑	↓		↓
Down Syndrome/ Intellectual disability	Disability is "Other"		↓		↓		↓		↓		↓
N/A	Participant is older				↓						
Non-CALD	Participant is CALD				↑		↑		↑		
Non-indigenous	Participant is Indigenous				↑				↑		
Non-indigenous	Participant Indigenous status is not stated				↓				↓		
2016/17	Participant entered the Scheme in 2017/18				↓				↓		↓
2016/17	Participant entered the Scheme in 2018/19				↓						
N/A	Lower level of function	↓	↑	↓	↑		↑	↓	↑	↓	↑

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Higher annualised plan budget										↓
Not in SIL	Participant is in supported independent living (SIL)	↓						↓			
N/A	Higher Australian Disability Enterprise payments	↑	↓				↓		↓		↓
N/A	Higher other employment support payments			↑				↑			
N/A	Higher utilisation of capacity building supports			↑				↑		↑	
N/A	Higher utilisation of core supports	↑									
N/A	Higher utilisation of capital supports						↑				
0-15% capacity building supports	30%-60% of supports are capacity building supports										↓
0-15% capacity building supports	More than 5% of supports are capital supports		↓						↓		↓
Agency-managed	Plan is managed by a plan manager	↑	↓				↓		↓		
Agency-managed	Plan is fully self-managed	↑	↓		↓	↑	↓		↓	↑	

Reference Category	Variable	1-step transitions						2-step transitions		3-step transitions	
		Baseline to First Review		First Review to Second Review		Second Review to Third Review		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Agency-managed	Plan is partly self-managed	↑	↓		↓	↑			↓	↑	
Major cities	Participant lives outside a major city	↑	↓	↑	↓	↑		↑	↓	↑	↓
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		↑		↑	↓	↑		↑
N/A	Participant lives in an area with a higher average unemployment rate	↓	↑					↓			↑
Pre-COVID	Review during COVID period					↓		↓			
N/A	General time trend	↓	↓	↓	↓	↑					
Received State/Territory supports	Participant received services from Commonwealth systems before entering the NDIS	↓									
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs		↑						↑		
Medium level of NDIA support	Lower level of NDIA support		↓	↑				↑	↓		
Medium level of NDIA support	Higher level of NDIA support	↓	↓	↓	↓	↓	↓	↓	↓	↓	

Key findings from Table 8.20 include:

- Participants who live outside a major city were more likely to improve across all transitions and less likely to deteriorate from baseline to first, second and third reviews and from first review to second review, compared to those living in a major city.
- Participants living in Queensland were more likely to improve from baseline to first, second and third reviews and from first review to second review than those living in New South Wales.
- Participants with a psychosocial disability were less likely to improve and more likely to deteriorate between baseline and first or second review than participants with Down syndrome or an Intellectual disability. They were also more likely to deteriorate between baseline and third review, and between first and second review.
- Participants were less likely to improve between baseline and second review, and between second and third review, when the later review took place during the COVID period.
- Participants who relocated to a new LGA were more likely to deteriorate across all transitions.
- SIL participants were less likely to improve between baseline and first or second review.

A summary of key findings from this section is contained in Box 8.6.

Box 8.6: Summary of findings: longitudinal indicators by participant characteristics

- The impact of disability type on outcomes varies by indicator. In longitudinal analyses, participants with a spinal cord injury or other physical injury were more likely to improve and less likely to deteriorate with regard to being able to advocate for themselves, however they were less likely to improve and more likely to deteriorate with regard to being in the hospital in the last 12 months.
- Longitudinal outcomes also vary with participant level of function. Participants with a higher level of function tend to exhibit higher rates of improvement than those with a lower level of function.
- Participants not living in major cities were more likely to improve with regard to being able to advocate for themselves.
- Indigenous participants were more likely to improve in knowing people in their community but less likely to improve and more likely to deteriorate in saying there was something they wanted to do but were unable to in the last 12 months.
- CALD participants were less likely to improve and more likely to deteriorate with respect to being able to advocate for themselves. They were also less likely to improve getting opportunities to learn new things.
- Older participants were more likely to change their response from “no” to “yes” with respect to wanting more choice and control in their lives.

Box 8.6: Summary of findings: longitudinal indicators by participant characteristics (continued)

-
- Participants in supported independent living (SIL) were generally more likely to improve and less likely to deteriorate compared with participants not in SIL. In particular, outcomes were more positive in all models for having been to the hospital in the last 12 months, and SIL participants were more likely to maintain having a regular doctor in all transitions from baseline. However, they were less likely to improve with respect to knowing people in their community between baseline and either first or second review.
- Relocating to a new LGA was significant in a large number of models, with the direction of the effect being mostly negative but sometimes mixed. In particular, the effect was negative for having been to hospital in the last 12 months, getting the opportunity to learn new things, saying there were certain things they wanted to do in the last 12 months but could not, and knowing people in their community.
- COVID-19 variables were significant in at least one model for all indicators, however the direction of the effect was mixed, being favourable in some models but unfavourable in others. For example:
 - With respect to having a regular doctor, participants were less likely to deteriorate between baseline and second or third review, when the review occurred during the COVID period. There was also a favourable change in time trend post-COVID, with deterioration becoming less likely over time, for the transition from baseline to third review.
 - However, participants were less likely to improve with respect to knowing people in their community between baseline and second review, and between second and third review, when the later review took place during the COVID period.
 - Participants who gave their second response during the COVID period were less likely to change their response from “Yes” (wanting to see their family more often) to “No” (not wanting to see them) between baseline and first or second review, as well as between first and second review.