

9. Participants aged 25 and over: Has the NDIS helped?

9.1 Results across all participants

For participants who have been in the Scheme for approximately one, two or three years as at 30 June 2020, Figure 9.1 shows the percentage of participants aged 25 who think that the NDIS has helped with outcomes related to each of the eight domains.

Figure 9.1 Percentage who think that the NDIS has helped with outcomes related to each domain

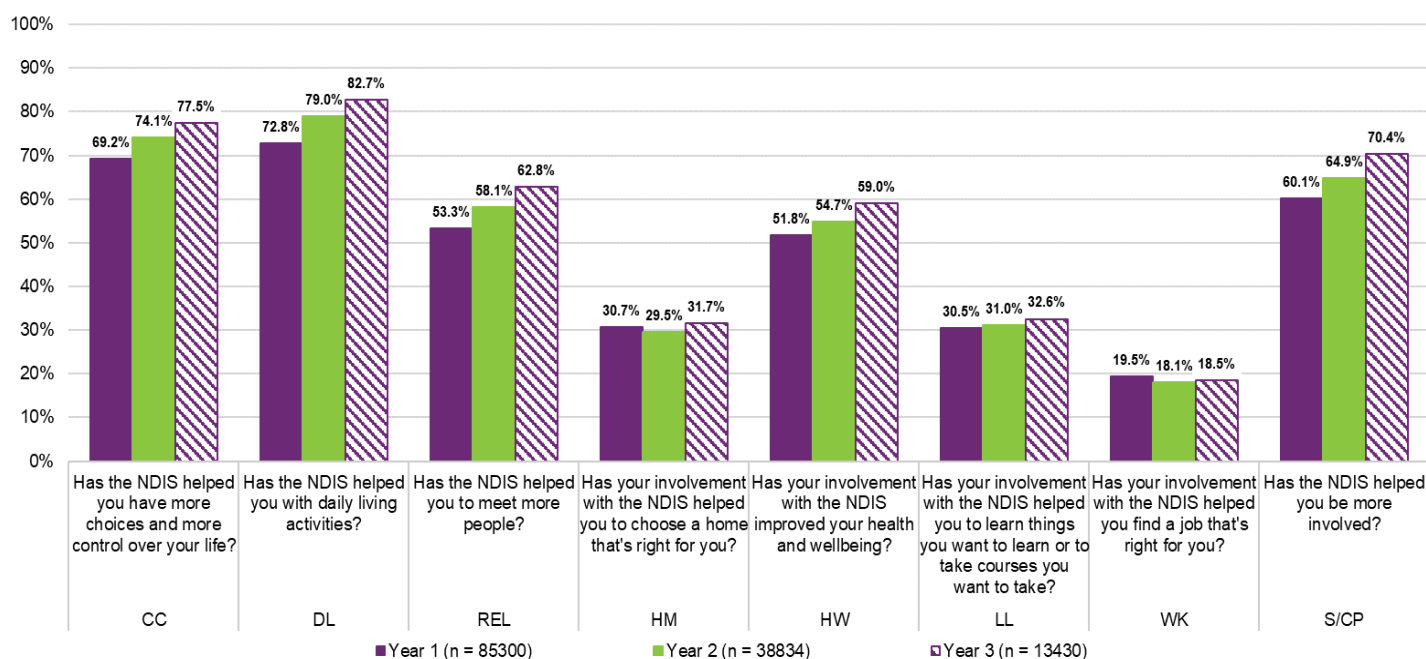


Figure 9.1 shows that opinions on whether the NDIS has helped vary considerably by domain for participants aged 25 and over. Compared to the 15 to 24 cohort, results tend to be more positive, but generally reflect a similar pattern by domain. However the young adult cohort is more likely to think that the NDIS has helped with education.

After one year in the Scheme, the percentage who think the NDIS has helped is highest for daily activities (72.8%), followed by choice and control (69.2%), participation (60.1%), and relationships (53.3%). These are all domains where the NDIS would be expected to have an impact. Percentages are still above 50% for health and wellbeing at the end of year one (51.8%), but are lower for lifelong learning (30.5%), home (30.7%) and work (19.5%). For health and wellbeing, lifelong learning and home, the mainstream service system will have a bigger role to play than the NDIS.

Continual improvements in the percentage of positive responses are observed for each additional year spent in the Scheme, for all domains except for work and home. For the two domains of work and home, slight decreases between the first and second year were followed by slight increases between the second and third years. For home, the percentage of participants who think the NDIS has helped at year three is 1.0% above the percentage at year one, whereas for work it is 1.0% below.

9.2 Results by participant characteristics

9.2.1 Year 1 ‘Has the NDIS Helped?’ indicators – participant characteristics

Year 1 (first review) indicators have been analysed by participant characteristics using one-way analyses and multiple regression modelling.

Table 9.1 summarises the results of the regression modelling, showing the relationship of different participant characteristics with the likelihood of the participant saying that the NDIS has helped after one year in the Scheme. The arrow symbols have the same interpretation as for Section 2, defined in Table 2.6.

Table 9.1 Relationship of participant characteristics with the likelihood of a positive response⁴¹

Reference Category	Characteristic	Relationship with:							
		Has NDIS helped improve participant's							
		CC	DL	RL	HM	HW	LL	WK	SCP
Entered the Scheme due to disability	Participant entered the Scheme for early intervention	↑	↑			↑			
N/A	Higher annualised plan budget	↓	↑	↑	↑	↑	↑	↑	
Non-Indigenous	Participant is Indigenous	↓	↓	↓	↓	↓	↓	↓	↓
Non-CALD	Participant is CALD	↓	↓		↓			↓	
N/A	General time trend	↑	↑	↑		↑	↓	↓	
Intellectual disability	Disability is acquired brain injury			↓	↓	↑	↓	↓	↓
Intellectual disability	Disability is autism			↓			↓	↓	↓
Intellectual disability	Disability is cerebral palsy			↓	↓		↓	↓	↓
Intellectual disability	Disability is Down syndrome	↑		↑	↑		↑	↑	↑
Intellectual disability	Disability is a hearing impairment	↓	↓	↓	↓	↓	↓	↓	↓
Intellectual disability	Disability is multiple sclerosis	↑	↑	↓	↓	↑	↓	↓	↓
Intellectual disability	Disability is another neurological disabilities		↑	↓	↓	↑	↓	↓	↓
Intellectual disability	Disability is another physical disability	↓	↓	↓	↓	↓	↓	↓	↓

⁴¹ The domains are: CC=Choice and Control, DL=Daily Living, RL=Relationships, HM=Home, HW=Health and Wellbeing, LL=Lifelong Learning, WK=Work, SCP=Social, Community and Civic Participation.

Reference Category	Characteristic	Relationship with:							
		Has NDIS helped improve participant's							
		CC	DL	RL	HM	HW	LL	WK	SCP
Intellectual disability	Disability is a psychosocial disability	↑	↑	↓	↓	↑	↓	↓	↓
Intellectual disability	Disability is spinal cord injury			↓	↓		↓	↓	↓
Intellectual disability	Disability is stroke		↑	↓	↓	↑	↓	↓	↓
Intellectual disability	Disability is a visual impairment		↑	↓	↓	↓	↓	↓	↓
N/A	Participant is older	↑	↑		↑	↑	↓	↓	
2016/17	Participant entered the Scheme in 2017/18						↑	↑	↑
2016/17	Participant entered the Scheme in 2018/19	↑			↑	↑	↑	↑	↑
Male	Participant is female	↑	↑			↑	↑	↓	
Major cities	Participant lives in regional area with population greater than 50,000	↓		↓	↓	↓	↓	↓	↓
Major cities	Participant lives in regional area with population between 15,000 and 50,000	↑	↑	↑	↑	↑			↑
Major cities	Participant lives in regional area with population between 5,000 and 15,000		↑	↑	↑			↑	↑
Major cities	Participant lives in regional area with population less than 5,000	↓				↓	↓	↓	
Major cities	Participant lives in remote/very remote areas	↓	↓	↓	↓	↓			↓
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	60-95% of supports are capacity building supports	↓	↓	↓	↓	↓	↓	↑	↓
0-15% capacity building supports	95-100% of supports are capacity building supports	↓	↓	↓	↓	↓	↓		↓
0-15% capacity building supports	5-100% of supports are capital supports		↓	↓			↓	↑	↓
Agency-managed	Plan is managed by a plan manager	↑	↑	↑	↓	↑	↑		↑

Reference Category	Characteristic	Relationship with:							
		Has NDIS helped improve participant's							
		CC	DL	RL	HM	HW	LL	WK	SCP
Agency-managed	Plan is fully self-managed	↑	↑	↑		↑	↑		↑
Agency-managed	Plan is partly self-managed	↑	↑	↑	↓	↑	↑		↑
Received State/Territory supports	Participant received services from Commonwealth programs before joining NDIS	↑		↑	↑		↑	↑	
Received State/Territory supports	Did not previously receive services from Commonwealth or State/Territory programs	↑		↓		↑		↓	
N/A	Lower level of function		↑	↑	↓		↓	↓	↑
NSW	Participant lives in ACT	↑	↑	↑	↑			↓	
NSW	Participant lives in NT				↑				
NSW	Participant lives in QLD	↑	↑	↑	↑	↑	↑		↑
NSW	Participant lives in SA	↓		↓		↓	↓		↓
NSW	Participant lives in TAS	↑	↑				↓	↓	↑
NSW	Participant lives in VIC	↓	↓	↓	↓	↓		↓	↓
NSW	Participant lives in WA	↑	↑	↑	↑	↑	↑	↑	↑
Medium level of NDIA support	Low level of NDIA support						↓		
Medium level of NDIA support	High level of NDIA support		↓		↑	↑	↑	↑	
N/A	Participant lives in an area with a higher unemployment rate			↑	↑		↑		
N/A	Higher baseline utilisation	↑	↑	↑	↑	↑	↑	↑	↑

Baseline plan utilisation

Participants with higher baseline plan utilisation were more likely to say that the NDIS has helped after one year in the Scheme, across all domains.

Access request decision

Participants entering the Scheme for early intervention were more likely to think the NDIS has helped in areas relating to choice and control, daily living, and health and wellbeing. For these three domains, the percentage of participants who entered for early intervention programs typically answered 2-6% better than those entering due to disability.

Annualised plan budget

Higher annualised plan budget was generally positively correlated with better outcomes across all areas with the exception of two domains: for choice and control, participants with a higher annualised plan budget were less likely to think the NDIS helped, and for social and community participation the amount of annualised plan budget had no statistically significant impact.

Indigenous status

Compared to non-Indigenous participants, Indigenous participants were less likely to think the NDIS has helped for all domains. On a one-way basis, non-Indigenous participants answered 2-6% better than Indigenous participants for the majority of domains. For the home domain, non-Indigenous participants were marginally more likely to think the NDIS helped (31.6% vs 31.2%)

CALD status

CALD participants are less likely to say that the NDIS has helped for the domains of choice and control, daily living, home, and work. From the one-way analyses, there is a gap of 3-4% gap between CALD and non-CALD participants for these domains.

Disability type

Participants with Down syndrome, and those with an intellectual disability, tended to have the most positive opinions of whether the NDIS has helped. Participants with Down syndrome were the most likely to say that the NDIS has helped across five domains: relationships, home, lifelong learning, work, and social and community participation.

Participants with a hearing impairment, and those with another physical disability, were significantly less likely to have a positive response across all domains.

Participant age

Older participants are more likely to say the NDIS has helped for areas relating to choice and control, daily living, home, and health and wellbeing. However, older participants are less likely to say the NDIS has helped with lifelong learning or work.

Entry year

Compared to participants entering the Scheme in 2016-17, participants who entered later tended to be more likely to say the NDIS has helped. Participants who entered in 2017-18 were more likely to answer positively for areas relating to lifelong learning, work, and social and community participation. Participants who entered in 2018-19 were more likely to answer positively for all domains except daily living and relationships.

Gender

Female participants were more likely to say the NDIS has helped for the domains choice and control, daily living, health and wellbeing, and lifelong learning. In these areas, the percentage of female participants who answered positively was 1-4% higher than for males. However, female participants were less likely to say the NDIS has helped them find a job that's right for them (17.9% vs 20.9% for males).

Remoteness

Compared to participants living in major cities, participants living in regional areas with population greater than 50,000, regional areas with population less than 5,000, and remote/very remote areas tended to be less likely to say the NDIS has helped them. In particular, participants in these areas were all less likely to answer positively for questions relating to choice and control, and health and wellbeing.

However, participants living in regional areas with population between 5,000 and 50,000 were more likely to answer positively than those living in major cities, across most domains.

Support categories within plans

Participants whose plans have a higher percentage of capacity building supports were less likely to say the NDIS has helped, except in relation to work. Participants with 95-100% of capacity building supports were less likely to answer positively for every domain except for work. Participants on plans with 5-100% of capital supports also tended to be less positive for areas relating to daily living, relationships, lifelong learning, and social and community participation.

Plan management type

Controlling for other factors in the multiple logistic regression modelling, participants with fully or partly self-managed plans, and those using a plan manager were more likely to respond positively across all domains except for home and work.

From the one-way analyses, participants with fully self-managed plans responded the most favourably, followed by those with partly self-managed plans, plan-managed plans and Agency-managed plans.

Whilst plan management type was not a significant factor for the work domain, participants with plans that were plan-managed or partly self-managed were less likely to say the NDIS has helped them choose a home that's right for them. For this domain, 32.8% of participants with Agency-managed plans answered positively, compared to 30.3% of those with a plan-managed plan and 27.5% of those with partly self-managed plans.

Scheme entry type

Compared to participants who received services from State/Territory programs before joining the NDIS, those who previously received services from Commonwealth programs were more likely to say the NDIS has helped them in the areas of choice and control, relationships, home, lifelong learning, and work. For the work domain, 32.5% of those previously receiving services from Commonwealth programs thought the NDIS had helped, compared to 18.7% of those previously receiving services from State/Territory programs.

Responses from participants who did not receive services from Commonwealth or State/Territory programs before were mixed. While they were more likely to say the NDIS has helped with choice and control and health and wellbeing, they were less likely to answer positively regarding relationships and work. On a one-way basis, 47.6% of participants who previously did not receive any services thought that the NDIS had helped with relationships compared to 55.8% of those previously receiving State/Territory services.

Level of function

The impact of level of function also varied across the eight domains. Participants with lower level of function were more likely to think that the NDIS has helped with daily living, relationships, and social and community participation. However, participants with lower level of function were less likely to say the NDIS has helped for areas relating to home, lifelong learning, and work.

State/Territory

Compared to participants living in NSW, those living in Western Australia and Queensland were more likely to say the NDIS has helped across most domains, whereas participants living in Victoria, the Australian Capital Territory and South Australia tended to be less likely to respond positively.

Whilst participants living in the Australian Capital Territory answered more positively for the first four domains, they were less likely to think the NDIS has helped with work. From the one-way analyses, 16.2% of Australian Capital Territory participants answered positively for this domain, compared to 20.5% of New South Wales participants.

Level of NDIA support

Compared to participants with medium levels of NDIA support, participants receiving lower levels of support were less likely to say the NDIS had helped with lifelong learning. Participants receiving high/very high levels responded more positively for the domains home, health and wellbeing, lifelong learning, and work. However, they were less likely to say the NDIS had helped with relationships.

Unemployment rate

Participants living in areas with higher levels of unemployment were more likely to think that the NDIS had helped with relationships, home, and lifelong learning.

9.2.2 Longitudinal ‘Has the NDIS Helped?’ indicators – participant characteristics

Analysis of longitudinal indicators by participant characteristics has been examined in two ways:

1. A simple comparison of the percentage reporting that the NDIS had helped after two and three years in the Scheme with the percentage reporting that the NDIS had helped after one year in the Scheme. The difference (percentage after two and three years minus percentage after one year) is compared for different subgroups.
2. Multiple regression analyses modelling the probability of improvement / deterioration over the participant’s time in the Scheme.

Some key features of the analyses for helped question indicators are summarised below.

Has the NDIS helped you have more choices and more control over your life?

The percentage of participants reporting that the NDIS helped them have more choice and control increased 8.7% from 65.6% to 74.3% between the first review and the second review, and 10.4% from 67.3% to 77.7% between the first review to the third review. Of those who responded negatively at first review, 32.0% improved at second review and 41.9% at third review. Table 9.2 sets out the breakdown of the movements of responses.

Table 9.2 – 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	%	
Review 1 to Review 2	10,776	20,503	3,453	32.0%	732	3.6%	+8.7%
Review 1 to Review 3	3,252	6,688	1,362	41.9%	330	4.9%	+10.4%

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

Table 9.3 – Key drivers of likelihood of transitions in “Has the NDIS helped you have more choices and more control over your life?” response

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of Det.
Entry due to disability	Participant entered the Scheme for early intervention	↓	↓		
Major cities	Participant lives in regional area	↑			
Agency-managed	Plan is partly or fully self-managed, or managed by a plan manager.	↑	↓	↑	
NSW	Participant lives in QLD	↑		↑	
Medium level of NDIA support	High level of NDIA support	↑		↑	
Not in SIL	Participant is in supported independent living (SIL)		↓		
N/A	Higher baseline utilisation	↑	↓	↑	↓
N/A	General time trend		↓	↓	
Intellectual disability	Disability is ABI, cerebral palsy, Down syndrome, or multiple sclerosis		↓		
Intellectual disability	Disability is not ABI, cerebral palsy, Down syndrome, or multiple sclerosis		↑		
N/A	Participant is older		↓		↓
Male	Participant is female		↑	↑	↑
N/A	Lower level of function	↑	↓	↑	
Less than 15% of supports are capacity building supports	More than 5% of supports are capital supports				↓
N/A	Participant lives in an area with a higher average unemployment rate		↓		↑

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of	Relationship with likelihood of	Relationship with likelihood of	Relationship with likelihood of
		Imp.	Det.	Imp.	Det.
N/A	Higher annualised plan budget		↓		
N/A	Higher utilisation of capacity building supports		↓		
Pre-COVID	Review during COVID period	↓	↓		
N/A	Change in time trend post-COVID		↓		
2016/17	Participant entered the Scheme in 2017/18		↓		
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		

Key findings from Table 9.3 include:

- Compared to those on Agency-managed plans, participants with partly or fully self-managed plans, or plan-managed plans were more likely to improve from first review to second review, and first review to third review. In addition, they were less likely to deteriorate from first review to second review.
- Participants with higher baseline plan utilisation were more likely to improve and less likely to deteriorate between first review and second review, and between first review and third review.
- Participants with lower level of function were also more likely to improve between first review and second review, and between first review and third review. They were also less likely to deteriorate from first review to second review.

Has the NDIS helped you with daily living activities?

The percentage of participants reporting that the NDIS had helped them with daily living activities increased by 9.5% from 69.6% to 79.1% between first review and second review, and by 11.8% from 70.7% to 82.5% between first review and third review. Of those who responded negatively at first review, 38.7% improved at second review and 50.9% at third review. Table 9.4 sets out the breakdown of the movements of responses.

Table 9.4 – 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	%	
Review 1 to Review 2	9,745	22,285	3,771	38.7%	730	3.3%	+9.5%
Review 1 to Review 3	2,972	7,186	1,513	50.9%	317	4.4%	+11.8%

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

Table 9.5 – Key drivers of likelihood of transitions in “Has the NDIS helped you with daily living activities?” response

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of Imp.	Det.	Relationship with likelihood of Imp.	Det.
Entry due to disability	Participant entered the Scheme for early intervention				↑
Not in SIL	Participant is in supported independent living (SIL)				↓
Major cities	Participant lives in regional area	↑	↓		
Agency-managed	Plan is managed by a plan manager	↑			
Agency-managed	Plan is partly self-managed	↑	↓	↑	↓
NSW	Participant lives in ACT, NT, TAS, WA		↓	↑	↓
NSW	Participant lives in QLD	↑		↑	↓
NSW	Participant lives in SA		↓		
NSW	Participant lives in VIC				↓
Medium level of NDIA support	High level of NDIA support			↑	↓
Medium level of NDIA support	Very high level of NDIA support	↓			

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	Higher baseline utilisation	↑	↓	↑	
N/A	General time trend		↓		
Intellectual disability	Disability is a hearing impairment		↑		
Intellectual disability	Disability is multiple sclerosis		↓		
Intellectual disability	Disability is "Other"		↑		
N/A	Participant is older		↓		↓
Male	Participant is female	↑		↑	
N/A	Lower level of function	↑		↑	
Less than 15% of supports are capacity building supports	More than 30% of supports are capacity building supports	↓	↑	↓	
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs			↓	
N/A	Higher annualised plan budget	↑		↑	
N/A	Higher utilisation of capacity building supports	↑	↓		
Pre-COVID	Review during COVID period	↓			
N/A	Higher utilisation of core supports	↑		↑	↓
Did not relocate	Participant relocated to a new Local Government Area (LGA)				↑
N/A	Higher utilisation of capital supports			↑	

Key findings from Table 9.5 include:

- Participants with partly self-managed plans were more likely to improve, and less likely to deteriorate after two and three years in the Scheme.
- Generally, States and Territories other than New South Wales were more likely to improve and less likely to deteriorate. In particular, participants living in the Australian Capital Territory, Northern Territory, Tasmania, and Western Australia group were less likely to deteriorate between first review and second or third review. They were also more likely to improve between first review and third review.
- Participants with higher baseline plan utilisation were more likely to improve and less likely to deteriorate between first and second review. They were also more likely to improve between first review and third review.
- Participants with higher utilisation of capacity building supports were more likely to improve and less likely to deteriorate between first and second review.
- Participants living in regional areas were more likely to improve and less likely to deteriorate between first and second reviews.
- Females, and participants with lower level of function, were more likely to improve, and older participants were less likely to deteriorate.

Has the NDIS helped you to meet more people?

The percentage of participants reporting that the NDIS helped them meet more people increased 7.0% from 50.6% to 57.6% between first review and second review, and 9.4% from 52.4% to 61.8% between first and third review. Of those who responded negatively at first review, 20.6% responded positively at the second review and 29.9% responded positively at the third review. Table 9.6 sets out the breakdown of the movements of responses.

Table 9.6 – 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	%	
Review 1 to Review 2	15,667	16,076	12,439	20.6%	1,016	6.3%	+7.0%
Review 1 to Review 3	4,802	5,282	1,438	29.9%	487	9.2%	+9.4%

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

Table 9.7 – Key drivers of likelihood of transitions in “Has the NDIS helped you to meet more people?” response

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Major cities	Participant lives in regional area		↓		↓

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Agency-managed	Plan is managed by a plan-manager	↑			
Not in SIL	Participant is in supported independent living (SIL)		↓		↓
NSW	Participant lives in ACT, NT, TAS, WA	↓			
NSW	Participant lives in SA	↓			
N/A	Higher baseline utilisation	↑		↑	
N/A	General time trend		↓	↓	
Intellectual disability	Disability is acquired brain injury or other	↓	↑		
Intellectual disability	Disability is Down syndrome	↑	↓		
Intellectual disability	Disability is multiple sclerosis or a visual impairment	↓		↓	
Intellectual disability	Disability is a hearing impairment, psychosocial disability, spinal cord injury, stroke, or another neurological/physical disability	↓	↑	↓	
N/A	Lower level of function	↑	↓	↑	
Less than 15% of supports are capacity building supports	15% to 60% of supports are capacity building supports	↓		↓	
Less than 15% of supports are capacity building supports	More than 60% of supports are capacity building supports	↓	↑		
Less than 15% of supports are capacity building supports	More than 5% of supports are capital supports	↓	↑		

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of Det.
Received State/Territory supports	Participant received services from Commonwealth programs before joining NDIS	↑			
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs	↓		↓	
N/A	Higher annualised plan budget	↑		↑	
N/A	Higher utilisation of capacity building supports		↓	↑	
Pre-COVID	Review during COVID period	↓	↓		
N/A	Higher utilisation of core supports	↑		↑	↓
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		↑

Key findings from Table 9.7 include:

- Participants with Down syndrome, followed by those with an intellectual disability, tended to be more likely to improve and less likely to deteriorate than participants with other disabilities.
- Participants with lower level of function were more likely to improve between first review and second review, and between first review and third review. They were also less likely to deteriorate from first review to second review.
- Participants with higher utilisation of core supports were more likely to improve and less likely to deteriorate between first and third review. Participants with higher utilisation of capacity building supports were also more likely to improve their opinions by their third review.
- Participants who relocated to a different LGA were more likely to deteriorate.
- Participants living in regional areas were less likely to deteriorate.
- SIL participants were less likely to deteriorate.

Has your involvement with the NDIS helped you to choose a home that's right for you?

The percentage of participants reporting that the NDIS has helped them choose a home that's right for them increased marginally by 0.3% from 27.7% to 27.9% between first review and second review, and by 0.4% from 29.0% to 29.4% between first and third review. Of those who responded negatively at the first review, 7.0% responded positively at the second

review and 10.7% at the third review. These improvements were offset by deteriorations after two and three years in the Scheme. Table 9.8 sets out the breakdown of the movements of responses.

Table 9.8 – 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	%	
Review 1 to Review 2	22,619	8,651	1,579	7.0%	1,499	17.3%	+0.3%
Review 1 to Review 3	7,073	2,889	760	10.7%	717	24.8%	+0.4%

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

Table 9.9 – Key drivers of likelihood of transitions in “Has your involvement with the NDIS helped you to choose a home that’s right for you?” response

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Major cities	Participant lives in regional area				↓
NSW	Participant lives in ACT, NT, TAS, WA		↓		↓
NSW	Participant lives in QLD		↑		
NSW	Participant lives in VIC	↓		↓	
Not in SIL	Participant is in supported independent living (SIL)	↑	↓	↑	↓
Medium level of NDIA support	Low level of NDIA support		↓		
Medium level of NDIA support	High level of NDIA support	↑	↓	↑	↓
Medium level of NDIA support	Very high level of NDIA support	↑	↓		↓
N/A	Higher baseline utilisation	↑			
Intellectual disability	Disability is acquired brain injury			↓	

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Intellectual disability	Disability is a psychosocial disability, spinal cord injury or another physical disability		↓		
Intellectual disability	Disability is stroke			↑	
N/A	Participant is older	↑	↓		↓
N/A	Lower level of function	↑			
Less than 15% of supports are capacity building supports	More than 60% of supports are capacity building supports		↓		
N/A	Participant lives in an area with a higher average unemployment rate		↓		
Received State/Territory supports	Participant received services from Commonwealth programs before joining NDIS	↑			↓
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs				↓
N/A	Higher annualised plan budget	↑		↑	
N/A	Higher utilisation of capacity building supports		↓		
Pre-COVID	Review during COVID period		↓		
Did not relocate	Participant relocated to a new Local Government Area (LGA)	↑		↑	

Key findings from Table 9.9 include:

- Participants living in the Australian Capital Territory, Northern Territory, Tasmania, and Western Australia were less likely to deteriorate at both reviews. Participants living in Victoria were less likely to improve.
- SIL participants more likely to improve and less likely to deteriorate between first review and second or third reviews.

- Participants with a high level of NDIA support were more likely to improve and less likely to deteriorate at second or third review.
- Older participants were more likely to improve at second or third review. They were also less likely to deteriorate between first review and second review.
- Participants who relocated to a new LGA were more likely to improve for the home domain at both reviews, as were participants with a higher annualised plan budget.

Has your involvement with the NDIS improved your health and wellbeing?

The percentage of participants reporting that the NDIS improved their health and wellbeing increased by 6.7% from 47.9% to 54.6% between first review and second review, and by 8.7% from 50.1% to 58.8% between first and third review. Of those who responded negatively at the first review, 19.8% responded positively at the second review and 28.1% at the third review. Table 9.10 sets out the breakdown of the movements of responses.

Table 9.10 – 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	%	
Review 1 to Review 2	16,396	15,059	3,239	19.8%	1,130	7.5%	+6.7%
Review 1 to Review 3	4,011	5,021	1,410	28.1%	533	10.6%	+8.7%

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

Table 9.11 – Key drivers of likelihood of transitions in “Has your involvement with the NDIS improved your health and wellbeing?” response

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Major cities	Participant lives in regional area	↑	↓		↓
Agency-managed	Plan is managed by a plan manager	↑			
Agency-managed	Plan is fully self-managed	↑	↓		
Agency-managed	Plan is partly self-managed	↑	↓	↑	
NSW	Participant lives in ACT, NT, TAS, WA		↓		↓
NSW	Participant lives in SA		↓		

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
NSW	Participant lives in VIC			↓	
Not in SIL	Participant is in supported independent living (SIL)	↑	↓	↑	↓
Medium level of NDIA support	Low level of NDIA support		↓		
Medium level of NDIA support	High level of NDIA support		↓		↓
N/A	Higher baseline utilisation	↑		↑	↓
N/A	General time trend	↓		↓	↓
Intellectual disability	Disability is autism			↓	
Intellectual disability	Disability is cerebral palsy		↓		
Intellectual disability	Disability is a hearing impairment	↓		↓	
Intellectual disability	Disability is multiple sclerosis			↓	
Intellectual disability	Disability is another neurological disability	↑	↓	↑	
Intellectual disability	Disability is a psychosocial disability	↑		↑	
N/A	Participant is older		↓		↓
Male	Participant is female		↑		
Less than 15% of supports are capacity building supports	More than 15% of supports are capacity building supports	↓			
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs				↓
N/A	Higher utilisation of capacity building supports	↑	↓	↑	

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Pre-COVID	Review during COVID period		↓		
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		↑

Key findings from Table 9.11 include:

- Participants living in a regional area were more likely to improve between first and second or third review, compared to participants living in a major city. In addition, they were less likely to deteriorate between first review and second review.
- SIL participants more likely to improve and less likely to deteriorate between first review and second or third reviews.
- Participants with partly self-managed plans were more likely to improve at both the second and third reviews. They were also less likely to deteriorate between the first and second review.
- Participants with higher baseline utilisation were more likely to improve and less likely to deteriorate at third review. They were also more likely to improve between first review and second review.
- Compared to participants with an intellectual disability, participants with another neurological disability, or a psychosocial disability were more likely to improve at both the second and third review. On the other hand, participants with a hearing impairment were less likely to improve.
- Participants with a higher utilisation of capacity building supports were more likely to improve at both the second and third review. They were also less likely to deteriorate between first review and second review.
- Participants living in the Australian Capital Territory, Northern Territory, Tasmania, and Western Australia were less likely to deteriorate at both reviews. Participants in Victoria were less likely to improve.
- Participants who relocated to a new LGA were more likely to deteriorate at both reviews.

Has your involvement with the NDIS helped you to learn things you want to learn or to take courses you want to take?

The percentage of participants reporting that the NDIS has helped them to learn things they want to learn or to take courses they want to take has only changed slightly between first review and subsequent reviews. The proportion of positive responses has increased by 0.8% between both first review and second review, and first review and third review. Table 9.12 sets out the breakdown of the movements of responses.

Table 9.12 – 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	%	
Review 1 to Review 2	22,026	9,246	1,608	7.3%	1,354	14.6%	+0.8%
Review 1 to Review 3	6,846	3,067	766	11.2%	690	22.5%	+0.8%

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

Table 9.13 – Key drivers of likelihood of transitions in “Has your involvement with the NDIS helped you to learn things you want to learn or to take courses you want to take?” response

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Major cities	Participant lives in regional area				↓
Agency-managed	Plan is managed by a plan manager	↑	↓		
Agency-managed	Plan is fully or partly self-managed		↓		
NSW	Participant lives in ACT, NT, TAS, WA	↓		↓	↓
NSW	Participant lives in QLD	↑		↑	
NSW	Participant lives in VIC	↑		↑	↓
Not in SIL	Participant is in supported independent living (SIL)	↑	↓	↑	
Medium level of NDIA support	High level of NDIA support				↓
N/A	Higher baseline utilisation	↑			↓
N/A	General time trend	↓		↓	
Intellectual disability	Disability is ABI, cerebral palsy, multiple sclerosis or, spinal cord injury	↓		↓	

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Intellectual disability	Disability is Down syndrome		↓		
Intellectual disability	Disability is a hearing impairment	↓	↑		
Intellectual disability	Disability is "Other"			↓	
Intellectual disability	Disability is another neurological or physical disability	↓	↑	↓	
Intellectual disability	Disability is stroke	↓	↑		
N/A	Participant is older	↓	↑	↓	↑
N/A	Higher utilisation of capacity building supports	↑		↑	
Pre-COVID	Review during COVID period	↓			
N/A	Higher utilisation of core supports	↑		↑	
N/A	Change in time trend post-COVID		↓		
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		

Key findings from Table 9.13 include:

- SIL participants were more likely to improve between first review and second or third review, and less likely to deteriorate between first and second review.
- Compared to New South Wales residents, participants living in Victoria and Queensland were more likely to improve, while participants in the Australian Capital Territory, Northern Territory, Tasmania, and Western Australia were less likely to improve.
- Participants with Down syndrome or an intellectual disability tended to be more likely to improve and less likely to deteriorate across most transitions.
- Older participants were less likely to improve and more likely to deteriorate between the first review and both the second and third reviews.

Has your involvement with the NDIS helped you find a job that's right for you?

The percentage of participants reporting that the NDIS has helped find a job that's right for them decreased by 1.1% from 18.7% to 17.6% between first review and second review, and by 2.3% from 20.3% to 18.0% at third review. Of those who responded negatively at the first review, 3.4% responded positively at the second review and 5.1% responded positively at the third review. Table 9.14 sets out the breakdown of the movements of responses.

Table 9.14 – 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	%	
Review 1 to Review 2	24,987	5,729	838	3.4%	1,164	20.3%	-1.1%
Review 1 to Review 3	7,770	1,975	399	5.1%	621	31.4%	-2.3%

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

Table 9.15 – Key drivers of likelihood of transitions in “Has your involvement with the NDIS helped you find a job that's right for you?” response

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
NSW	Participant lives in VIC		↓		
N/A	Higher baseline utilisation	↑			
N/A	General time trend		↓		
Not in SIL	Participant is in supported independent living (SIL)	↑	↓	↑	↓
Intellectual disability	Disability is ABI, autism, multiple sclerosis, a psychosocial disability, stroke, or another neurological/physical disability.		↓		↓
Intellectual disability	Disability is Down syndrome				↓
Intellectual disability	Disability is a visual impairment		↓		

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	Participant is older	↓			
N/A	Lower level of function	↓		↓	↑
Less than 15% of supports are capacity building supports	More than 15% of supports are capacity building supports	↑	↓	↑	↓
Less than 15% of supports are capacity building supports	More than 5% of supports are capital supports	↑			
N/A	Participant lives in an area with a higher average unemployment rate		↓		
Received State/Territory supports	Participant received services from Commonwealth programs before joining NDIS	↑		↑	↓
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs	↓		↓	
N/A	Higher annualised plan budget		↑		
N/A	Higher utilisation of capacity building supports	↑	↓	↑	↓
N/A	Change in time trend post-COVID		↓		
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		

Key findings from Table 9.15 include:

- Participants with higher utilisation of capacity building supports were more likely to improve and less likely to deteriorate across all transitions.
- SIL participants were also more likely to improve and less likely to deteriorate across all transitions.
- Participants with lower level of function were less likely to improve between first review and second review, and between first review and third review. They were also more likely to deteriorate from first review to third review.

- Participants with more than 15% of capacity building supports in their plan were more likely to improve and less likely to deteriorate across all reviews.
- Participants who previously received support from a Commonwealth program were more likely to improve at both second and third review, and were also less likely to deteriorate from first to third review. New participants, who did not previously receive any support from a Commonwealth or State/Territory program were less likely to improve at the second and third reviews.

Has the NDIS helped you be more involved?

The percentage of participants reporting that the NDIS has helped them be more involved increased by 7.5% from 57.2% to 64.7% between first review and second review, and by 10.2% from 59.5% to 69.7% between first review and third review. Of those who responded negatively at the first review, 23.8% responded positively at second review and 33.9% responded positively at third review. Table 9.16 sets out the breakdown of the movements of responses.

Table 9.16 – 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	%	
Review 1 to Review 2	13,404	17,945	3,190	23.8%	851	4.7%	+7.5%
Review 1 to Review 3	4,033	5,924	1,367	33.9%	349	10.2%	+10.2%

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

Table 9.17 – Key drivers of likelihood of transitions in “Has the NDIS helped you be more involved?” response

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Major cities	Participant lives in a regional area	↑	↓	↑	
Major cities	Participant lives in remote/very remote area	↑		↑	
Agency-managed	Plan is managed by a plan manager or partly self-managed	↑			
Medium level of NDIA support	High level of NDIA support	↑		↑	
Not in SIL	Participant is in supported independent living (SIL)			↑	↓

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	Higher baseline utilisation	↑	↓	↑	
N/A	General time trend		↓		
Intellectual disability	Disability is acquired brain injury	↓			↓
Intellectual disability	Disability is cerebral palsy	↓			
Intellectual disability	Disability is Down syndrome			↑	
Intellectual disability	Disability is a hearing impairment or multiple sclerosis	↓		↓	
Intellectual disability	Disability is "Other"	↓			↑
Intellectual disability	Disability is a visual impairment or another neurological disability	↓			
Intellectual disability	Disability is spinal cord injury or another physical disability	↓	↑	↓	
Intellectual disability	Disability is a psychosocial disability	↓	↑		
Intellectual disability	Disability is stroke	↓	↑	↓	↓
N/A	Participant is older		↓		
N/A	Lower level of function	↑	↓	↑	
Less than 15% of supports are capacity building supports	More than 15% of supports are capacity building supports	↓			
Less than 15% of supports are capacity building supports	More than 5% of supports are capital supports	↓			
N/A	Participant lives in an area with a higher average unemployment rate	↓			

Reference Category	Variable	First Review to Second Review		First Review to Third Review	
		Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of Det.
N/A	Higher utilisation of capacity building supports	↑			
Pre-COVID	Review during COVID period	↓			
N/A	Higher utilisation of core supports	↑			↓
N/A	Change in time trend post-COVID		↓		
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑		↑

Key findings from Table 9.17 include:

- Participants living in a regional area were more likely to improve after their second or third review, compared to participants living in a major city, and were less likely to deteriorate between first review and second review. Participants in remote/very remote areas were also more likely to improve.
- Participants with higher baseline plan utilisation were more likely to improve and less likely to deteriorate at second review. They were also more likely to improve between first review and third review.
- Disability was important in determining the percentage of participants who say the NDIS has helped them be more involved. Most disabilities, compared to participants with intellectual disability tended to be more likely to deteriorate and less likely to improve. One exception are participants with Down syndrome who were more likely to improve between first review and third review.
- Participants with lower level of function were more likely to improve between first review and second review, and between first review and third review. They were also less likely to deteriorate from first review to second review.
- SIL participants were more likely to improve and less likely to deteriorate between first and third reviews.
- Participants who relocated to a new LGA were more likely to deteriorate.

Box 9.1 summarises the results of this section.

Box 9.1: Has the NDIS helped? – by participant characteristics

After one year in the Scheme:

- Higher plan utilisation is strongly associated with a positive response across all eight domains after one year 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.

Changes between one and three years in the Scheme:

- 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.