'Having a go': Exploring the use of supports to make individualised living a reality

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This document

This report presents research findings exploring the use of capacity building supports for making individualised living a reality. The National Disability Insurance Agency (NDIA) and Scope partnered on this research.

The Research and Evaluation Branch

The NDIA's Research and Evaluation Branch is responsible for ensuring that trustworthy and robust evidence informs NDIA policies, practices, and priorities. This ensures that decisions are based on an understanding of what works and benefits participants and the Agency.

About Scope

Scope (Aust) Ltd (Scope) provides services to people with disability in Victoria and New South Wales and is one of the largest not-for-profit organisations in Australia. Scope's mission is to enable people with disability to live as empowered and equal citizens. Scope's services include Supported Independent Living, Short Term Accommodation, Therapy and Lifestyle options, and conducts research to improve the lives of people with disability.

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Views and recommendations of third parties in this report, do not necessarily reflect the views of the NDIA, or indicate a commitment to a particular course of action. However, this report may inform the implementation of home and living policies in the National Disability Insurance Scheme (NDIS).

Acknowledgements

Suggested citation

Contents

Abbreviations

ADL   Assistance with Daily Living

CALD   Culturally and Linguistically Diverse

CB   Capacity Building

ILC   Information, Linkages and Capacity Building

ILO   Individualised Living Options

LAC   Local Area Coordinator

LGBTIQA+   Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and + to represent the many more identities and affirmed genders

NDIA   National Disability Insurance Agency

NDIS   National Disability Insurance Scheme

PITC   Partner in the Community

SDA   Specialist Disability Accommodation

SIL   Supported Independent Living

SME   Subject Matter Experts

UNCRPD   United Nations Convention on the Rights of Persons with Disabilities

Glossary

Active Support

Active Support assists individuals to do as much as they can for themselves instead of doing things to or for them. Person-Centred Active Support plans describe individualised ways of working with people to maximise their involvement in daily activities.

Autism[1]

Autism involves brain-development differences that result in social and communication difficulties. Atypical activities and behaviours include difficulty switching tasks, being detail-oriented, and unusual sensory reactions.

Cerebral palsy

Cerebral palsy is a group of disorders that affect a person's ability to move and maintain balance and posture.

Dignity of risk

Dignity of risk means giving a person the right (or dignity) to take reasonable risks in their own lives so that they may experience greater independence and self-determination.

Down syndrome

Down syndrome is a genetic condition, also known as trisomy 21.

Formal supporters

NDIA planners and LACs, support coordinators, support workers, service providers, and allied health providers (paid).

Informal supporters

Parents, siblings, other family members, or members of the community who provide support (unpaid). Some informal supporters like friends and family may be paid.

Intellectual disability

Intellectual disability is a broad term for several conditions that start before a person turns 18 and make it hard for them to do things including intellectual functioning (such as learning), and adaptive functioning (such as communication and living independently).

NDIS participants

NDIS participants are people with disability who access NDIS funds.

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[1] People prefer different terms to describe autism. To acknowledge this, we use the terms autism spectrum and participant on the autism spectrum in this report. We have used person first language to be consistent with how we refer to the other target populations. However, we acknowledge that some NDIS participants prefer 'identity-first' language.

NDIS service delivery staff	NDIS service delivery staff includes NDIS planners, delegates, Local Area Coordinators (LACs), Subject Matter Experts (SMEs) and Partners in the Community (PITC).
Person-centred approaches	Each participant accesses supports that promote, uphold, and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds, and respects individual rights to freedom of expression, self-determination, and decision-making.
Psychosocial disability	Psychosocial disability refers to the social and economic consequences related to mental health conditions. The term describes the challenges, or limitations, a person experiences in life that are related to mental health conditions. The impact of psychosocial disability can vary over time because of the difficulties people experience with mental health conditions and many other factors in the individual's life. Not everyone living with mental health conditions will experience a significant psychosocial disability and individuals will experience psychosocial disability differently.
Qualitative research	Qualitative research methods such as focus groups and interviews allow researchers to hear people's unique stories and voices and then pull it together to look at common themes.
Quantitative research	Quantitative research seeks to answer questions such as how many people had the same experience or understanding.
Research participant	A research participant is a person who participates in the research.
Survey respondent	A survey respondent is someone who has filled in a survey.

Summary

Overview

The National Disability Insurance Agency (NDIA) and Scope wanted to find out:

- The support NDIS participants need to explore home and living options

- The supports and support practices that assist NDIS participants to learn, practice, and maintain skills for home and living options

- How building the relevant skills and knowledge can contribute to NDIS participants living how and where they want

- The barriers and enablers for NDIS participants to access the support they need to build daily living skills and knowledge

Who participated in the research?

- NDIS participants, family, and carers

- Disability service staff, NDIS staff and other formal supporters

What data did we use?

- Data from interview and focus groups (50 participants)

- Survey responses (302 participants)

- NDIS administrative data

What did we learn?

1. **Broadening possibilities for NDIS participants to explore options**

- Clear and accessible information about home and living options is needed
- Start exploring options early and at key life stages
- Location, safety, privacy and participant choice and control are important

2. **Enabling NDIS participants to have a go increases confidence and shifts expectations**

- Trialling different options helps participants choose
- Having experience outside the family home can broaden options
- Support to take risks assists participants to learn and grow

3. **Formal and informal supports to build, practice and maintain skills increases the home and living options available to NDIS participants**

- Active support assists participants to learn new skills
- Clear information and support about capacity building supports
- Individualised capacity-building support plans to develop the skills required for people to live the way they want to

4. **Flexible NDIS plans can support participants to build capacity at different stages**

- Capacity building supports change with participants' capacity and interests
- Flexible plan duration to scale supports up and down as needed
- Tailored timelines support participants to build capacity at their own rate.

The research will inform the new approach to Home and Living policy in the NDIS with the goal of supporting capacity building and broadening home and living options for NDIS participants.

Why we did this research

People with disability have the right to live in the community, and have 'choices equal to others,' including where they live, and who they live with (United Nations 2006). The objects and general principles of the NDIS Act 2013 (Cth) articulate the role of the NDIS on operationalising this principle, in addition to the role of other 'universal' service systems such as State and Territory operated public housing.

Most people with disability live with other people with disability, or in the family home (O'Donovan, Demetriou, Whittle, Duke, Aitkens, & Guastella 2021). Where needed, the NDIS supports participants with, and/or the supervision of, daily tasks to develop the skills to live as independently as possible. This support can be in a participant's home, regardless of property ownership, and can be in a shared or individual arrangement.

Supported Independent Living (SIL) funding is one type of home and living support. It includes support or supervision with daily tasks, like personal care or cooking. In December 2022, 71% of all participants who claimed SIL funding were either on the autism spectrum, or had cerebral palsy, down syndrome, intellectual disability, or a psychosocial disability.

The number of participants who claimed SIL supports (NDIS administration data, 2023) was:

- 22,392 from June 2021 to December 2021
- 24,771 from January 2022 to June 2022
- 28,601 from June 2022 to December 2022.

However, not all NDIS participants with SIL funding need the same level of in-home support. In December 2022, there were 60,398 NDIS participants aged 18 years or over from the above disability cohorts who did not use SIL funding as they either lived alone, with a spouse or partner, or with people not related to them. Of these, 70% had a low to moderate level of disability severity based on NDIA data. Comparatively, 34% of the 23,899 NDIS participants from the above cohorts who had used their SIL funding also had a low to moderate level of disability severity (NDIA administration data 2023). This indicates that some of the participants who currently receive SIL funding may be able to be supported in an alternative home and living arrangement that is individualised and suitable for them.

Other research in Australia supports this, finding that approximately 35% of people with intellectual disability in group homes have the same level of support needs as those living in homes with drop-in support (Bigby, Beadle-Brown & Bould 2018).

To ensure that NDIS participants are given the opportunity to consider different support packages which allows greater independence, Individualised Living Options (ILO) was introduced to the NDIS. ILO is a package of supports that enables NDIS participants to choose where and how they live in the way that best suits them.

The ILO funding does not pay for the accommodation itself, but NDIS participants can:

- explore different ways to live including with friends, family, housemates, or a host
- design a support package to assist them to live the way they choose.

ILO is best suited to people who do not require round-the-clock care. The NDIA is encouraging greater uptake of ILOs (for example, NDIS Service Improvement Plan, NDIS 2021) and the number of NDIS participants with an ILO is increasing.

The NDIA is committed to improving the NDIS experience and outcomes for participants who need NDIS funded home and living support and is working to develop a Home and Living framework.

The framework aims to support a major shift to contemporary best practice home and living support and a reduced reliance on older models of group-based care. This requires innovative and evidence-informed individualised living arrangements where participants have choice and control over who they live with and how their support is delivered.

The framework aims to remove the barriers that have driven participants into segregated models of support (where people with disability do not have the same opportunities to engage or participate in the community), while introducing support for participants and providers to develop alternative and more innovative solutions.

The NDIA and Scope wanted to find out what supports NDIS participants use to build their capacity to live how and where they want. We undertook research to find out the following:

- the support NDIS participants need to explore home and living options
- the supports and support practices that assist NDIS participants to learn, practice, and maintain skills for home and living options
- how building the relevant skills and knowledge can contribute to NDIS participants living how and where they want
- the barriers and enablers for NDIS participants to access the support they need to build daily living skills and knowledge.

How did we do this research

Who took part?

The research focused on NDIS participants, 18 years or older with the following 5 types of disabilities as they represent the 5 biggest users of SIL:

1. Autism
2. Cerebral palsy
3. Down syndrome
4. Intellectual disability

5. Psychosocial disability

What data did we collect and use?

We collected and used several different types of data to find out what we wanted to know. The types of data we used:

- **NDIS participant data** to look at how characteristics such as gender, age, disability, where someone lives, and if their NDIS funded supports are related to attainment of their goals. We assessed whether NDIS participants have built capacity by their answers to the NDIS short form outcomes questionnaire, which every NDIS participant completes when they enter the NDIS and then again at subsequent planning meetings.

- **Interviews and focus groups** with 31 adult NDIS participants and their family, carers, and other supporters, and 19 disability service staff. We asked people to tell us how they are building skills and capacity to live where and how they want, what the challenges are, and what support they need.

- **An online survey** which was completed by:
  - 143 NDIS participants (or their family, carers, or other informal supporters)
  - 159 formal supporters such as NDIA planners, Local Area Coordinators (LACs) and disability support workers, and disability service staff.

The survey asked about the support received by NDIS participants, or provided by family, carers, and/or formal supporters to build capacity so that NDIS participants can live how and where they want.

What did we learn from the research?

This research aimed to provide insights into support, skills, and knowledge that can facilitate individualised living for NDIS participants. By building capacity where needed some NDIS participants may have broader home and living options available to them, including having more choice and control over who they live with and the way they are supported through both informal and formal supports.

The research revealed 4 key insights for consideration by NDIS participants and their family and carers, the NDIA, and the broader disability ecosystem (for example, disability services and other government departments).

Broadening possibilities for NDIS participants to explore options

The complexity of information around home and living options can overwhelm NDIS participants and their supporters. More structured information is needed to increase their understanding of home and living options. With clearer, more accessible, and easy-to-understand information and decision-making support, NDIS participants should have greater capacity to exercise choice and control over where and how they live. Supporting them to

think about home and living possibilities early in life and at key life stages (such as getting ready to leave school) could assist them to build self-advocacy and resilience and learn practical skills at their own pace.

Being near family and friends, transport, shopping, formal supports, community activities and services as well as feeling safe at home are important home and living factors for NDIS participants. Taking these into consideration when exploring home and living options may support decision making.

Affordable housing, public housing waitlists and unavailability of suitable rentals are barriers to NDIS participants living how and where they want. Whole-of-government approaches may improve NDIS participants' access to affordable housing options.

Formal and informal supporters often support NDIS participants to weigh up various factors (such as pros and cons) when they explore their home and living options. However, supporters may benefit from building their capacity to better support NDIS participants to understand and explore home and living options. Streamlined information about home and living options including eligibility as well as resources they can use with NDIS participants could support this process.

Support coordinators, NDIA Planners, LACs, plan managers, and service providers need specific training, and enough time to work directly with NDIS participants and their families or carers to understand and explore home and living options.

Disability service providers, NDIA service delivery staff, and support workers could identify and support NDIS participants who may be interested in pursuing a new home and living goal.

Technology can also support NDIS participants to overcome constraints that may limit their home and living options. Some NDIS participants may need capacity building support to use technology in their home.

Enabling NDIS participants to have a go increases confidence and shifts expectations

Opportunities to keep trying new things is important for NDIS participants to improve confidence and life experience.

In addition to practical skills, learning and maintaining skills such as communication, time management, and conflict resolution gives NDIS participants a broader range of home and living options. Information about the benefit of these skills for home and living outcomes could be useful for NDIS service delivery staff, support coordinators, disability service staff, informal supporters, and NDIS participants.

Some NDIS participants may require ongoing support to maintain these skills and continuously build on new strengths and capacity. It is important that informal and formal supporters consider the length of time capacity building support is provided as well as the intensity of the support.

Trialling different living options supports NDIS participants to determine their preferences and experience a variety of options. Adequate and well supported transition time is also necessary. Transition programmes and short-term accommodation may provide opportunities for NDIS participants to try new things.

Informal and formal supporters can be concerned about risks associated with NDIS participants trying new things. Participants should be better supported to manage risk in pursuit of new goals, with service providers clear on their goals and limitations in such pursuits.

Formal and informal supports to build, practice and maintain skills increases the home and living options available to NDIS participants

Both informal and formal supporters (for example, family and support workers) can facilitate building an NDIS participant's capacity to live where and how they want by providing active support.

Some informal and formal supporters could benefit from capacity building in person-centred active support to move away from more passive support models. Person-centred active support describes individualised ways of working with people to maximise a participant's involvement in daily activities. This capacity building could increase opportunities for participants to build their skills and participate in their daily activities. Service providers should review policy, procedures, and support practice to embed active support in their organisations to ensure that these opportunities for capacity building are used. Informal supporters should have access to information about providing active support and to begin this early in an NDIS participant's life.

NDIS participants and their supporters need easy-to-understand information about the types of skills that could support them to live where and how they want and where to get it.

NDIS plans can include the areas in which participants want and need to build capacity so that they can live how and where they want.

Barriers to building skills, such as passive support models, risk avoidance, inflexible funding and low expectations about participants' capabilities need addressing so that access is not difficult.

In accordance with the general principles guiding the NDIS and the intent of individualised budgets, disability support and service delivery staff, informal supporters and allied health professionals should continue to identify the skills and knowledge that would support individual NDIS participants to work towards their desired home and living arrangement (for example, skills in daily tasks or participating in the community).

Person-centred approaches can identify specific skills and knowledge that participants may benefit from practicing, learning or participating in.

Flexible NDIS plans can support participants to build capacity at different stages

Capacity building support needs change with participants as they enter new life stages, their capacity grows, and their interests change. NDIS plans and reviews that respond to NDIS participants' changing needs and preferences enables service providers to support NDIS participants to trial living options and provide opportunities for capacity building supports that meet current needs and choices.

Supports need to be flexible across participants' plans to allow for scaling supports up and down as their needs and preferences change.

Depending on where a participant is in their journey towards living where and how they want, they may need additional funding for supports to explore their home and living options and learn essential skills.

At various times participants may need or want to build their capacity to go places and do things in the community, socialise, and have positive relationships with others, look after their health and wellbeing and undertake domestic tasks by themselves. NDIS participants may need reassuring that they can access supports in a flexible manner depending on their needs without losing funding. The length of time NDIS participants need to work towards their home and living goals is individualised and so capacity building supports needs to accommodate these difference.

Veronica, mother of Fleur, interview:

It was not about doing things perfectly. It is about having a go and knowing that you can actually do it… and then we blossom into other things. I always used to talk about the most important thing is to be safe inside the house, how you eat, how you use the hot water, making sure the door is locked. If you go back and think how she feels, she's in charge.

1. Introduction

1.1 NDIS Home and Living Supports

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) states that people with disability have the right to live in the community and exercise 'choices equal to others' including their place of residence and who they live with (United Nations 2006). The objects and general principles of the NDIS Act 2013 (Cth) articulate the role of the NDIS on operationalising this principle, in addition to the role of other 'universal' service systems such as State and Territory ran public housing.

The Australian Disability Strategy (2021–2031) supports these obligations by articulating a policy priority for housing that is "accessible and people with disability have choice and control about where they live, who they live with, and who comes into their home" (DSS 2021 p.10). Independent living is a way that people with disability enact choice and control but is not synonymous with living alone (United Nations 2017).

Housing supports are funded in a variety of ways. For example, State and Territory governments handle social and affordable housing, and subject to waiting periods, their programs should support most people to find affordable housing in the general rental housing market.

The NDIS funds:

- supports that build people's capacity to live independently in the community, including living skills, money and household management, social and communication skills, and behavioural management

- home modifications to the participant's own home or a private rental property and on a case-by-case basis in social housing

- support with personal care, such as assistance with showering and dressing

- support around the home where the participant is unable to undertake these tasks due to their disability, such as assistance with cleaning and laundry (NDIS 2020c).

The NDIS supports participants in congregate settings through SIL funding. SIL is mostly suitable for people with high support needs who need some level of support at home all the time. People who live on their own may also have SIL funding, however there may be other home and living supports that could suit them better.

The number of participants who claimed SIL supports between June 2021 and December 2021 was 22,392. Between June 2022 and December 2022, the number of participants who claimed SIL rose to 28,601. The top 4 disability groups with SIL funding are NDIS participants with a primary disability of:

- autism (11% of SIL, 34% of NDIS participants)
- cerebral palsy (9% of SIL, 3% of NDIS participants)
- intellectual disability or Down syndrome (53% of SIL, 18% of total NDIS participants)
- psychosocial disability (10% of SIL, 11% of NDIS participants).

However, not all NDIS participants with SIL funding need the same level of in-home support. In December 2022, there were 60,398 NDIS participants aged 18 years or over from the above disability cohorts who did not use SIL funding as they either lived alone, with a spouse or partner, or with people not related to them. Of these, 70% had a low to moderate level of disability severity based on NDIA data. Comparatively, 34% of the 23,899 NDIS participants from the above cohorts who had used their SIL funding also had a low to moderate level of disability severity (NDIA administration data 2023). Indicating that some of the participants who currently receive SIL funding may be able to be supported in alternative home and living arrangement that is individualised and suitable for them.

Other research undertaken in Australia supports this premise, reporting that approximately 35% of people with intellectual disability in group homes have the same level of support needs as those living in homes with drop-in support (Bigby, Beadle-Brown & Bould 2018). A recent systematic review outlined a number of benefits for people with disability to transition to individualised housing models, where they have choice about where and with whom they live, the support they receive, and their day-to-day activities. The benefits include improved independence, wellbeing, social inclusion (including attainment of socially valued roles), health and functioning and adaptive behaviour (O'Donovan et al., 2021).

To enable greater choice and control it is important participants are exposed to and offered the full range of available housing options and associated supports. One way to do this is with ILO funding, the benefit of ILOs is that a discovery phase is funded to empower NDIS participants to investigate different ways to live (for example, with housemates or a host) and then put supports in place to make that home and living option a reality. ILO is currently designed for people who do not require round-the clock care, although this does not preclude extending the model to participants with greater support needs in the future. As the NDIA is encouraging greater uptake of ILOs (for example, NDIS Service Improvement Plan, NDIS 2021) the numbers of NDIS participants with an ILO are increasing and it is anticipated that this will continue with a maturing ILO market.

## 1.2 NDIS participant outcomes in home and living

The NDIS supports individuals with a significant and permanent disability to be more independent and engage more socially and economically in the community (NDIS 2020b). To track changes to outcomes, such as social and economic participation, data is collected when NDIS participants join the NDIS and then again at subsequent planning meetings. Questions about daily living activities and being happy and feeling safe about where they live may show NDIS participants' independence in daily life and satisfaction with their home and living situation.

As of December 2021, between 6% and 12% of NDIS participant adults on the autism spectrum, or who have cerebral palsy, Down syndrome, intellectual disability, or a psychosocial disability had reported achieving greater independence with various daily living activities since joining the NDIS. Over the same period, between 17% and 33% of the same participants reported feeling safer and more satisfied with where they live (Figure 1).

The following differences between NDIS participants' reported outcomes based on their type and severity of disability provide context for this research:

- NDIS participants with a primary disability of Down syndrome are most likely to have improved feelings of safety and happiness at home since joining the NDIS (33% and 32%). Those with a primary disability of psychosocial disability are least likely to report a similar outcome (17% and 21%).

- NDIS participants with a less severe disability are more likely to report an improvement in all home and living related outcomes than NDIS participants with more severe disability, especially becoming happy with where they live and feeling safe at home.

- NDIS participants who live alone are up to 9% more likely to achieve positive home and living-related outcomes, while those who live with their parents seem less likely Participants living in public housing were 4% less likely to feel happy with where they lived compared to those in private housing. For example, those with Down syndrome who lived alone were 8.6% more likely to gain travel independence than those who lived in other arrangements. Whereas NDIS participants with Down syndrome who lived in public housing were less likely (-5.19%) to have reported that the support they receive enables them to care for themselves as much as possible.

- NDIS participants in public housing are less likely than those in other housing arrangements to report being happy where they live or feeling safe at home (up to -4.7%).

- NDIS participants who live outside of a major city (i.e., regional, or remote) are almost 10% more likely to report building independence around the various activities of daily living compared to those living in a major city. Non-metropolitan NDIS participants with a psychosocial disability, and to a lesser extent an intellectual disability, are up to 5% more likely to report becoming happier where they live and feeling safer at home.

- First Nations and culturally and linguistically diverse (CALD) NDIS participants are less likely than other NDIS participants to achieve most home and living-related outcomes. The main exception is First Nations NDIS participants with Down syndrome who are 18% more likely to report becoming happy where they lived compared to other NDIS participants with Down syndrome.

Figure 1: Using NDIS outcomes data: percentage of NDIS participants achieving each of the home and living related outcomes in 2021[2]
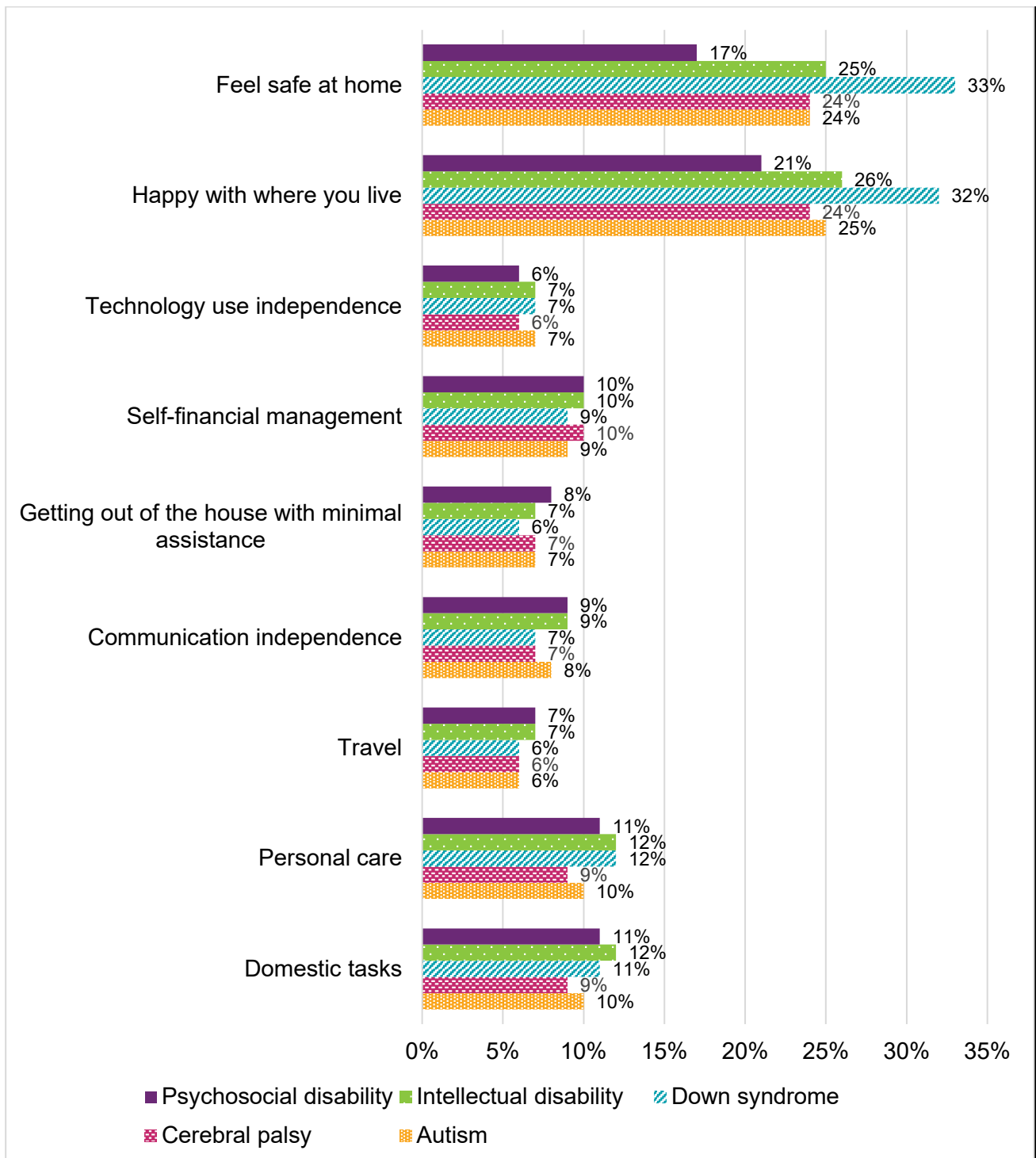
Source: Research and Evaluation Branch analysis of NDIS participant short form outcomes questionnaire data.

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[2] Not all NDIS participants have goals in each of these domains. For example, some NDIS participants do not have a goal for independent travel.

1.3 Goal setting and capacity building support

While not directly linked to NDIS funding, goal setting is an important part of NDIS planning processes. It is an opportunity for NDIS participants to identify what they would like to achieve and plan how they could get there. During this process, NDIS participants can identify what supports and strengths they already have that could facilitate them reaching their goals and what supports might assist them further. In the context of a home and living goal, an NDIS participant may identify that building their capacity to do more things could support them to work towards their home and living goal.

Individual capacity building means increasing independence and skills. For NDIS participants, capacity building can assist them to pursue their goals. Support for capacity building can come from a variety of places including both paid and unpaid supports:

- Informal supporters, for example family, carers, friends, housemates, and neighbours.

- Community supports, for example sporting clubs and community groups.

- Mainstream supports, for example, school/university/TAFE, doctors, health professionals.

- Support from disability services and support staff, for example house supervisors, support workers.

- NDIS funded capacity building supports for example, allied health professionals.

Family, carers, and friends often support NDIS participants to take part in daily activities and build capacity such as engaging them in domestic tasks like cooking. Other informal supporters and community members may contribute through engagement with NDIS participants in community activities and organisations. Mainstream services and supports where NDIS participants can build capacity include schools and health services. Disability services such as day programs may provide opportunities for NDIS participants to learn life skills. Core-funded supports, most notably support staff, may build capacity through their day-to-day interactions with NDIS participants and actively engage them in daily activities.

NDIS funded capacity building supports aim to build independence and skills so NDIS participants can pursue their goals. There are 9 NDIS capacity building support funding categories:

1. **Support coordination** - improves NDIS participants' capacity to coordinate and execute supports in their plans, as well as to take part more fully in the community.

2. **Improved living arrangements** - support to obtain/retain appropriate accommodation.

3. **Increased social and community participation** - individual life skills development and training including public transport training and support, developing skills for community, social and recreational participation.

4. **Finding and keeping a job** - employment related assessment and counselling.

5. **Improved relationships** - positive behavioural support strategies to reduce behaviours of concern.

6. **Improved health and wellbeing** - nutrition and exercise advice.

7. **Improved learning** - assistance moving from school to further education.

8. **Improved life choices** - training in planning and plan management.

9. **Improved daily living** - therapy aimed at building capacity to participate.

Further, the NDIS aims to build both individual and community/mainstream capacity through individualised NDIS funded supports, and the NDIA's partners in the community programs (Partners) (NDIS 2020).

The Information, Linkages, and Capacity Building (ILC) program provides funding to organisations to deliver projects in the community that benefit all Australians with disability, their carers and families. These projects create connections between people with disability and the communities they live in. Projects aim to build the knowledge, skills and confidence of people with disability, and improve their access to community and mainstream services.

1.4   This research

The aim of this research was to explore the types of capacity building supports that are, and could be, used by NDIS participants to live in more individualised ways. A participant advisory panel, Scope, and key internal NDIA stakeholders were consulted to identify the aims of this research. There were 4 specific research objectives:

- The support NDIS participants need to explore home and living options.

- The supports and support practices that assist NDIS participants to learn, practice, and maintain skills for home and living options.

- How building the relevant skills and knowledge can contribute to NDIS participants living how and where they want.

- The barriers and enablers for NDIS participants to access the support they need to build daily living skills and knowledge.

The research focused on the 5 NDIS participant disability cohorts with the highest use of SIL funding:

1. Autism
2. Cerebral palsy
3. Down syndrome
4. Intellectual disability
5. Psychosocial disability

2. Methods

2.1 Statistical analysis of NDIS outcome and expenditure data

We used data from the NDIA business system to test the association between NDIS participant characteristics and their use of capacity building supports, with their attainment of home and living-related outcomes.

Home and living-related outcomes came from longitudinal NDIS participant responses to items from the daily living activities and home domains of the NDIS participant short form outcomes questionnaire which is completed as part of their planning process. Two outcomes were explored:

- **Daily living activities** – including task independence; personal care; travel independence; communication independence; getting out of the house with minimal assistance; self- financial management; and using technology.

- **Home** – including if they are happy with where they live or not; and if they feel safe in their home.

NDIS participant use of NDIS capacity building supports was determined by annualised expenditure, adjusted for inflation, as per the NDIS price guide.

Regression models controlled for NDIS participant characteristics, time in the NDIS and expenditure on core and capital supports.

Analyses focused on NDIS participant expenditure on capacity building supports from the time they entered the NDIS and the first time they reported attaining the outcome of interest.

Appendix A describes the data and modelling in detail.

2.2 Focus groups and interviews

We conducted semi-structured interviews and focus groups with people from the 5 disability cohorts of NDIS participants, their family, friends, and other supporters, as well as NDIS service delivery staff and disability service staff. Discussion points included:

- Ideal home and living arrangements
- NDIS language and understanding about funded supports
- Use of formal and informal supports
- Barriers and enablers to support for capacity building
- The role of families
- The role of the NDIS.

Interviews and focus groups were via Microsoft Teams or telephone, depending on the person's preference. Focus groups and interviews lasted approximately an hour and were audio recorded and transcribed.

All research participants received plain language or easy read information explaining the research, prior to giving verbal consent. Carers, family members and other supporters were encouraged to ask permission from the NDIS participant to share their experiences.

Participation was voluntary and NDIS participants, family and carers who participated in an interview or focus group were paid for their time. Disability service staff were not paid.

2.2.1 Who took part?

Research participants were recruited via the NDIA's Participant First Engagement Initiative, the NDIA and Scope websites, disability representative and carer organisations, social media, advocacy groups and service providers. Research participants who expressed interest were selected according to their disability type, age, gender, state/territory, if they have a home and living goal or have experience with SIL or ILO funding.

Disability service staff were invited to participate if they have significant experience or subject matter expertise in home and living for people with disability.

A total of 31 NDIS participants, families, or carers and 19 disability service staff participated in an interview or focus group. Primary disability types represented by NDIS participants and family and carers included:

- autism spectrum (n=7)
- intellectual disability (n=10)
- Down syndrome (n=3)
- psychosocial disability (n=7)
- cerebral palsy (n=2)
- acquired brain injury (ABI) or other physical (n=2).

The sample of NDIS participants and family, carers, and other supporters lived across all states and territories of Australia except for Tasmania, the Northern Territory and Australian Capital Territory. Appendix B provides further detail on their characteristics.

2.2.2 Data analysis

We used NVivo to code interview and focus group transcripts and identify emerging themes and recurring patterns of interest according to the research aims. Coding was both inductive (from the data) and deductive (from pre-determined themes from the literature). The report presents themes with example quotes that have been edited for readability and to protect anonymity. No real names are used.

2.3   Online surveys

There were 3 related versions of a survey to further explore the main findings from the interviews and focus groups. The survey questions covered demographics, important factors in a home and living arrangements, and barriers and enablers to living in individualised ways. The survey also focused on 7 areas of skill building for home and living. These were skills to:

1. choose, find, or keep a place to live
2. get or use home and living supports in their NDIS plan
3. go places or do activities in the community
4. learn social skills
5. look after their health and wellbeing
6. do daily tasks on their own
7. use technology to do daily tasks on their own.

The 3 related versions of the survey were: an NDIS participant survey (in plain language) (online); an Easy Read NDIS participant survey (this downloadable PDF version was shorter than the plain language participant survey to ease participation); and a family, carer, staff, and other stakeholder survey (online). Survey respondents were not paid for completing the survey.

2.3.1   Who took part?

In total, 302 individuals responded to the survey as follows.

- **143 NDIS participants and family, carers, and other informal supporters** (each representing an NDIS participant. More than one disability type could be chosen):
  - autism spectrum (47%)
  - cerebral palsy (27%)
  - intellectual disability and/or Down syndrome (74%)
  - psychosocial disability (38%).

- **159 formal supporters completed the survey**:
  - disability service provider staff (25%)
  - NDIA planners or local area coordinators (LACs) (17%)
  - allied health providers (4%)
  - support coordinators (11%)
  - other formal supporters (3%)
  - did not specify (40%).

Of the 143 NDIS participants who took part or were represented by family and carers who completed the survey, 29% reported they have funding for improved daily living skills in their NDIS plan, 20% had SDA funding, 18% had SIL funding, and 11% had ILO funding (research respondents could choose more than one). Appendix B further describes the characteristics of survey respondents.

2.3.2 Data analysis

Frequencies and percentages were used to analyse survey data. Pearson's correlations were used to identify correlations between responses to various questions and respondent characteristics.

Responses were coded into numeric integers as follows: 1 to any "yes" or positive response; -1 to any "no" or negative response; and 0 to any "not sure", "do not know" or neutral response.

Any Boolean category was assigned a 1 if "true" and 0 if "false". For example, if an NDIS participant indicated they are on the autism spectrum, their autism response variable was assigned a 1, and all other respondents a 0.

2.4 Ethical approval

The research received ethics approval from Monash Health Human Research Ethics Committee (RES-21-0000-492A).

2.5 Strengths and limitations of this research

2.5.1 Strengths

The collaborative approach to designing and implementing the research was a key strength of this research. A participant advisory panel consisting of 5 NDIS participants, family, and carers contributed to the research focus, design, and the interpretation of findings. Stakeholders at the NDIA and Scope also guided data collection tools and the interpretation of findings.

Another key strength of this research is the mixed methods design which meant that the research questions could be explored from multiple points of view and data sources.

Another important strength is that over 350 NDIS participants, their family and carers, service provider staff and NDIS service delivery staff participated in one or more research activity.

2.5.2 Limitations

While the research is comprehensive there are limitations.

- Some of the NDIS participants, family, and carers who took part in focus groups and interviews were recruited via a list of persons registered as interested in offering input to the NDIA. As such, there is likely to be sampling bias towards people with something to say, meaning the findings may not be representative of all NDIS participants who are, or could, explore individualised living.

- Due to the sampling approach, data underrepresents culturally and linguistically diverse (CALD) NDIS participants, First Nations NDIS participants, people with profound or severe functional impairment, and those in the justice system.

- The online survey had technical difficulties and did not display the question about the age of NDIS participants, so the age is unknown.

- The NDIA currently measures the building of NDIS participant capacity using the NDIS short and long form outcomes framework questionnaires. The scales for many of the relevant questions are binary and only measure full attainment of outcomes and not incremental progress. This limited the sensitivity of statistical analyses to estimate the marginal effects of capacity building supports on home and living-related outcomes.

3. Research findings

This section presents the research findings under 4 themes:

1. Understanding what NDIS participants want from home and living
2. Supporting participants to know what choices are available
3. Building skills so NDIS participants can live how and where they want to
4. Providing tailored and flexible capacity building supports increases home and living options.

Within these themes is the presentation of NDIS participant outcomes data, interview, and survey findings.

3.1 Understanding what NDIS participants want from home and living

3.1.1 Key findings

When deciding where and how NDIS participants want to live, research participants identified several important factors:

- Safety, security, and privacy

- The right location (including access to parks, shopping, convenient for informal and formal supporters, near family and friends, in a familiar neighbourhood, access to health services, access to employment, close to public transport, and near service providers)

- Having support available when needed

- Choice in who NDIS participants live with

Things that made it hard to live where and how NDIS participants wanted included:

- Affordable housing through either public or private options.

Understanding what NDIS participants want from their home and living choices provides context to the capacity building that may support them to work toward their goal.

In the online survey, which included NDIS participants living in SIL with other people with disability, with family, or with ILO, 29% of NDIS participants and family and carers reported that they were not living where and how they wanted, 29% reported that they were, and 16% were not sure. Compared to the general Australian population in 2019-2020, the NDIS participants in this research reported less satisfaction with where and how they live (29% of the NDIS participants were happy with where they lived compared to 83% of Australians) (Australian Bureau of Statistics 2022).

Of the 29% who reported that they were not living where and how they wanted to:

- 45% said they wanted to live alone in their own home (rented or owned)
- 18% wanted to live in a share home with people with, or without disability, not with family
- 11% wanted to live in a group home (from a disability service provider)
- 5% wanted to live in the family home.

The online survey asked NDIS participants to report the 3 most important things for them in a home (Figure 2). The location of their home (i.e., near family, friends, transport, shopping, and activities) was identified as the most important factor about where they live (47% reported this in the 3 most important things).

Figure 2: Most important things in a home for NDIS participants (respondents could choose 3) (n=87)
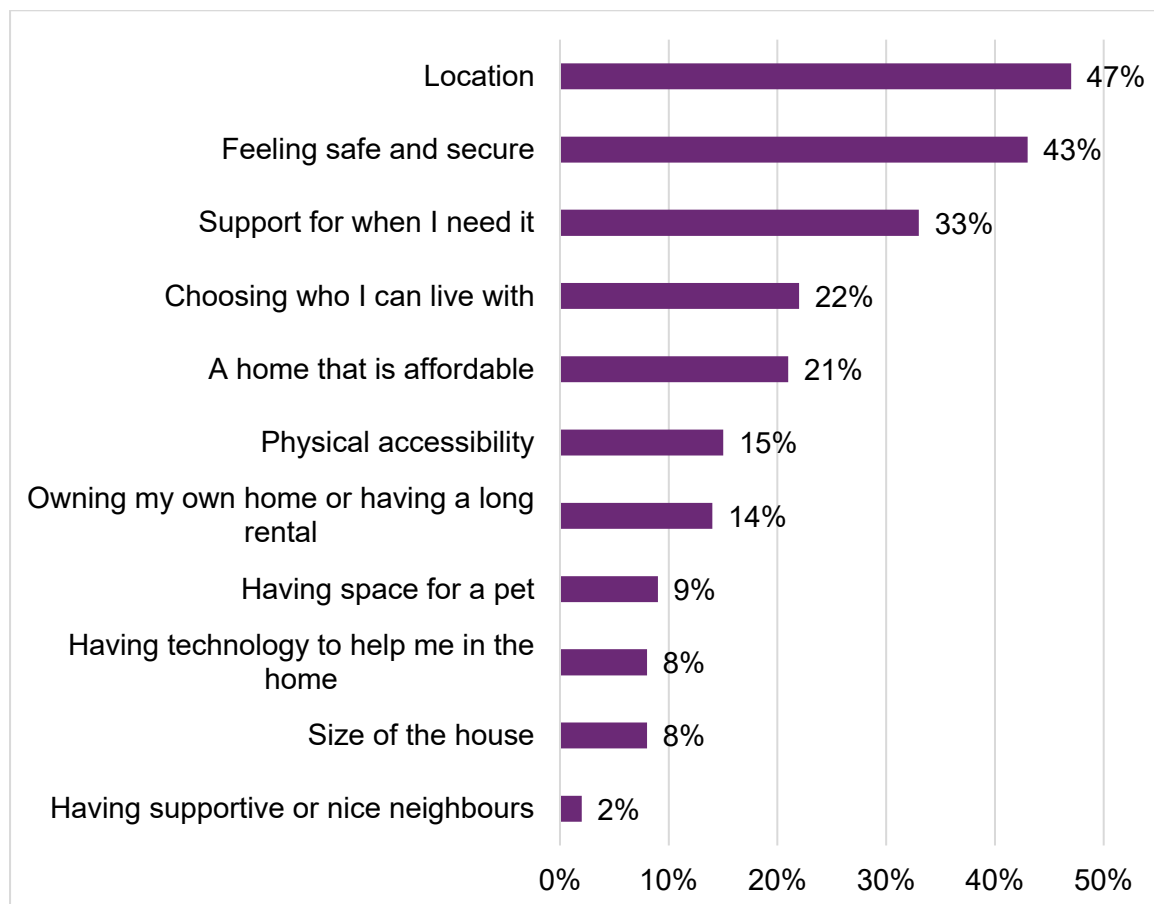
Source: Online NDIS participant survey (informal supporters were not asked this question).

During interviews and focus groups, NDIS participants and their family and carers reinforced these survey results, speaking about a desire to live in familiar communities, with friends,

family, and known community members nearby. Access to transport was also important for independence.

> Jane, mother of Sara, aged 30 years, Down syndrome, interview: An ideal home is living on a train line where she can get off and see her friends as she needs to, get to her day service, be fluid within the community but not stuck in a disability environment. She's been raised to be part of a community, not segregated.

The survey also found that feeling safe at home (43% reported this within their top 3 most important things) and having support when they need it (33% reported this in their top 3) are also important for NDIS participants. Some respondents shared that they were motivated to change where and how they lived because they did not feel safe at home or in the local community. Some NDIS participants reported that living in public housing made them feel unsafe due to the behaviour of their neighbours, with some afraid to leave their homes.

Staff from disability services often mentioned that the people with disability they worked with desired privacy and security. Disability service staff also emphasised the importance of keeping private spaces in shared living arrangements, such as SIL, for NDIS participants, their families, carers, and other supporters to spend time together.

NDIS participants and their family and carers reported that compatibility between housemates was essential to successful home and living arrangements, especially finding suitable housemates. Disability service staff also noted the importance of this, but some found it complicated to arrange, especially when NDIS participants had different support needs.

> Janice, Manager (Services), interview: We have a waiting list of various people, we try to navigate and say, "OK. Well, do we have 3 people that could live together in this particular housing? Is it suitable for them? They would all need a one-to-three ratio of support. And are they compatible?"

Approximately one in 5 NDIS participants who completed the survey, said that having an affordable home was in their top 3 most important things in a home. However, 81% of formal supporters and 45% of NDIS participants and informal supporters reported that not being able to find an affordable home is one of the top 3 things that makes it hard to live how and where they want (Figure 3). NDIS participants spoke of long wait times for public housing and unavailability of suitable private rentals in their preferred areas.

Figure 3: What made it hard for NDIS participants to live how and where they want (respondents could choose 3).
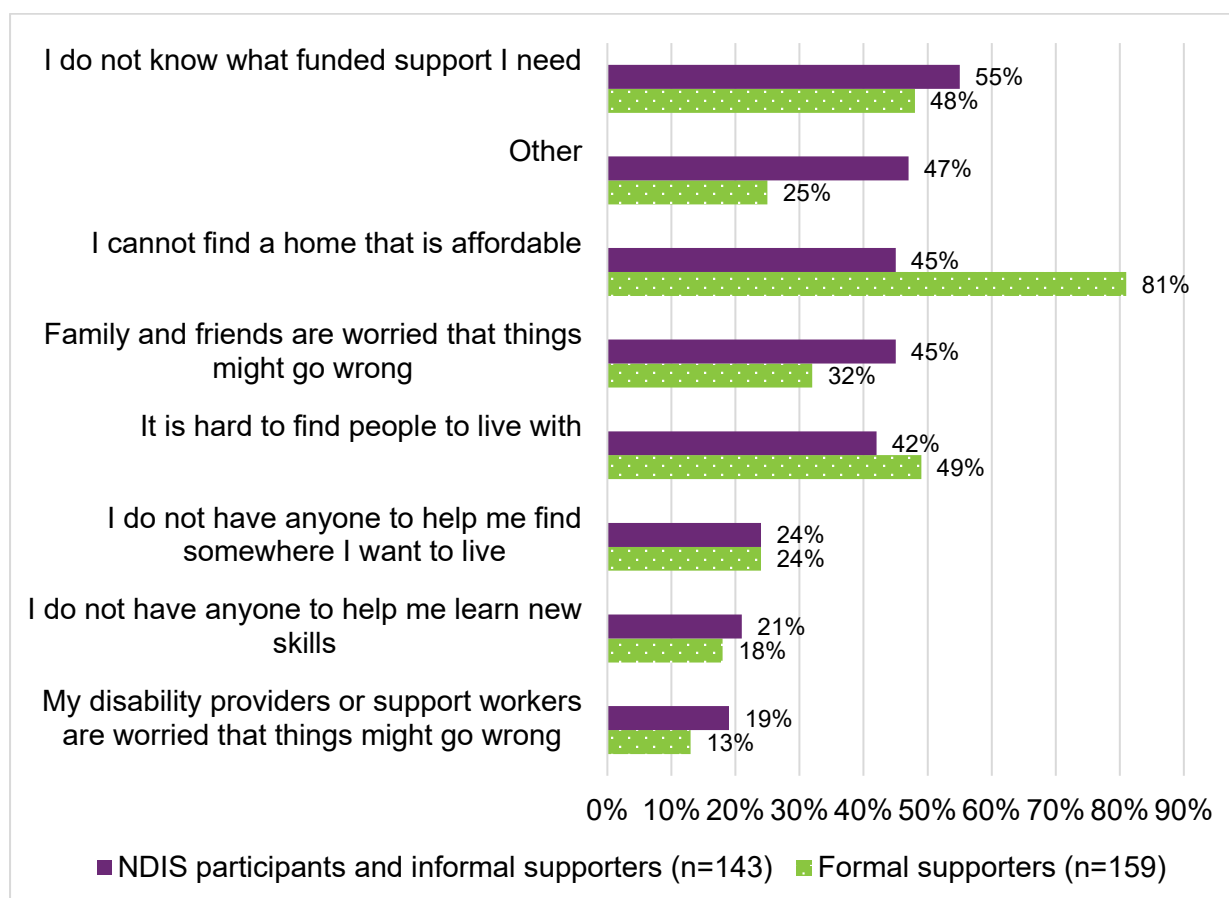
Source: Online NDIS participant and informal supporter survey and formal supporter survey.

Over half (55%) of the NDIS participants and informal supporters who responded to the survey ranked not knowing what funding was needed and how to access it, in their top 3 things that made it hard to live how and where they wanted. Almost half (49%) of formal supporter survey respondents reported that it was hard for NDIS participants to find people to live with, and 42% of NDIS participants and family and carers agreed. Almost 50% of NDIS participants and informal supporters chose to nominate another thing that made it hard to live where and how they want. The free text explanations included:

- Access to support workers (including those who are trained, regular, and known to the NDIS participant).

- Not having support to understand different housing options.

Having family and friends who were worried that things might go wrong was in the top 3 things that made it hard for participants to live how and where they want, for 45% of NDIS participants and informal supporters, with 32% of formal supporters also reporting that this would make it hard for NDIS participants.

3.2 Supporting participants to know what choices are available

3.2.1 Key findings

When looking at home and living options, research participants said that the following is useful:

- Clear and accessible information about home and living options and funding eligibility overall.

- Greater support to assist NDIS participants look at options, consider constraints and weigh-up pros and cons.

- Housing sector or disability service staff having sufficient time to educate NDIS participants on the available home and living options.

- Role models, such as siblings or peers, provide examples of what is possible for NDIS participants with limited experience.

About half of the NDIS participants and family and carers (48%) confirmed the usefulness of having more accessible information and guidance on various supports. Further, 40% reported that they would like more support to learn how to choose, find or keep a place to live.

During focus groups, NDIS participants and their carers were unsure if they were eligible for home and living capacity building supports. While family and carers often support NDIS participants to understand their options, this information is not always available and/ or they have difficulty understanding the information presented. More than half of the NDIS participants (55%) and formal supporters (48%) reported that they, or NDIS participants they work with, did not know how to access capacity building supports.

The lack of accessible information was also noted by disability service staff who also had difficulty navigating the information and want easy-to-understand resources including terminology and eligibility requirements for the various home and living options.

Janice, Manager (Services), focus group: I've certainly spent extended periods of time on the phone to support coordinators trying to educate them in what they need to do to help someone access a SIL opportunity as an example, because it's very clear that they don't necessarily know all the options and the terminology and what's available.

Several NDIS participants reported that they wanted to know how to find potential housemates and host families (including information about the role of host families), how to keep agreed-upon arrangements, and how to deal with potential changes to arrangements that may arise. As ILO is new, more available, and accessible information would support NDIS participants entering ILO arrangements.

> Jasmine, mother of Tessa, intellectual disability, focus group: Another thing that's needed is an organisation [with] a range of people who want to share with people with a disability. That would be fantastic to have some sort of bank that you could go to.
>
> Faith, NDIS participant, psychosocial disability, focus group: I have money in my plan for ILO – I don't even know what that money can do. Like I have no idea what it can do.

Disability service staff reported that, at times, new NDIS terms and funding models were difficult to understand which can put people off from the start.

> John, Manager (Services), focus group: I think it confuses the family members. I honestly think it does. It's not simple for them, it's not straightforward, especially when people start to look into these options, they don't necessarily know what they need to look for, it can be quite tedious. Sometimes they'll turn around and go, 'You know what? It's not worth it. I'll just look at this in a year's time. I'm not doing it right now.'

Interview and focus group research participants spoke about how being supported with decision making can facilitate NDIS participants to think through the options available and the pros and cons of these. This includes exploring who and how many people they would like to live with, what skills would assist and what support they need. It was noted that this support would relieve the anxiety involved in making these decisions.

> Faith, NDIS participant, psychosocial disability, focus group: Having support to make decisions would certainly make it a little less scary. I'm petrified of moving but I'm petrified of not.

The experiences of family and friends can also assist NDIS participants and their families know what is possible. Having siblings and social networks who live in various ways demonstrates the options and can set expectations for NDIS participants.

> Sonia, mother of Lucy, intellectual disability, interview: OK, well I think a lot of it is based on the sort of role models of her older brother and sister. That's probably the only vision that Lucy would have had is that she just wanted to do what her older brother and sister were doing and so, I'm trying to look at what Lucy is looking at and just go 'Ok, how do I make that happen?'

3.3 Building skills so NDIS participants can live how and where they want to

3.3.1 Key findings

The NDIS participant outcomes data revealed that:

- Long term use of capacity building support seems to be more effective than intensive support for shorter time lengths.

- The current NDIS-funded Capacity building supports seem to assist NDIS participants with intellectual disability the most, although the effects are small.

- NDIS Capacity building supports focused on social and community participation and employment seem to have the biggest impact on home and living-related outcomes. Capacity building in daily living activities and NDIS plan management seem to have the least impact.

Surveys, focus groups and interviews found that:

- Unpaid family and friends and paid support workers mostly provided skill building support to NDIS participants across the 5 disability cohorts. However, family and friends were often time and energy poor.

- Establishing *formal circles of support* or Microboards helped some informal supporters to share the roles and responsibilities of providing capacity building support.

- NDIS participants and their supporters carefully chose support workers to match their support needs, characteristics, and interests. They wanted support workers who actively engaged them in their daily activities.

- NDIS participants, family, and friends wanted more support to build skills and gain knowledge across key areas. They especially wanted to build their understanding about access to supports that focused on choosing, finding, or keeping a place to live, and learn how to use technology to do daily tasks.

- Both formal supporters and NDIS participants and informal supporters agreed that it was difficult or very difficult to get support to learn skills in all 7 areas that were explored.

- Learning how to go places and do things in the community was an important skill for living how and where NDIS participants wanted, according to survey and focus group respondents.

3.3.2 The impact of NDIS capacity building supports

Statistical modelling explored the association between NDIS participant use of capacity building supports and whether they achieve home and living-related outcomes. Specifically, the modelling looked at the impact of:

- Each additional $1,000 spent per year on capacity building supports.

- Each additional year of using capacity building supports.

Appendix A details the method and Appendix D presents detailed results, but in summary:

- Capacity building supports improve the widest range of home and living-related outcomes for participants with an intellectual disability, followed by participants with Down syndrome and autism.

- The greatest benefits seem to be the length of time that participants use capacity building supports rather than the intensity of support. There is no evidence that increasing the annual amount of capacity building supports aids participants in achieving home and living-related outcomes unless the duration of use also increases.

- Social and Community Participation capacity building supports seem to benefit the widest range of participants, especially for participants with autism, cerebral palsy, Down syndrome, or an intellectual disability. The greatest benefits include improved personal care and independent communication. Similarly, interview and focus group participants told us that encounters with community members provide opportunities for NDIS participants to learn and practice daily living skills such as attending appointments, making transactions in shops and banks, and interacting with community members.

Veronica, mother of Fleur, Down syndrome, interview: It is fantastic to see your people on the street. She goes to the bank by herself. She goes to the Doctor by herself. She goes to the supermarket. They all know her, not as someone who stands out as being special, but just as a person.

- Finding and Keeping a Job and Capacity building, Health and Wellbeing supports appear to assist some participants achieve home and living-related outcomes, especially feeling safe at home and independence around personal care. This is especially so for participants with a psychosocial disability around feeling safe at home and participants with Down syndrome around personal care.

- Daily Living and Capacity building: Life Choices (plan and financial management) supports seem to have the least benefits for assisting participants achieve home and living-related outcomes.

3.3.3 Using capacity building supports to learn skills to live how and where participants choose

As the above analysis of the NDIS outcomes data has shown, many NDIS participants have not achieved positive home and living-related outcomes since joining the NDIS. To further explore this, the survey asked respondents whether they receive support to learn skills in the 7 areas detailed in Section 2.3 above.

Figure 4 shows the following based on NDIS participants and informal supporters' responses to the survey:

- Around three-quarters of participants, or their informal supporters, reported having support for community participation, learning to look after their health and wellbeing and learning skills for independence.

- Half of respondents reported having support to learn how to choose, find, or keep a place to live and one-third wanted this support.

- Many NDIS participants and their informal supporters (42%) reported that they want support to learn how to get and use home and living supports.

- Less than half of respondents reported having supports to learn how to use technology to support greater independence. Of those who do not currently receive this support, half said they would benefit from it. Given the potential for technology to support NDIS participant independence at home, this may suggest that there is a need for greater education and promotion of the benefits of assistive technology.

Figure 4: Participants who have had or want support (NDIS participants and informal supporters) (n=143)
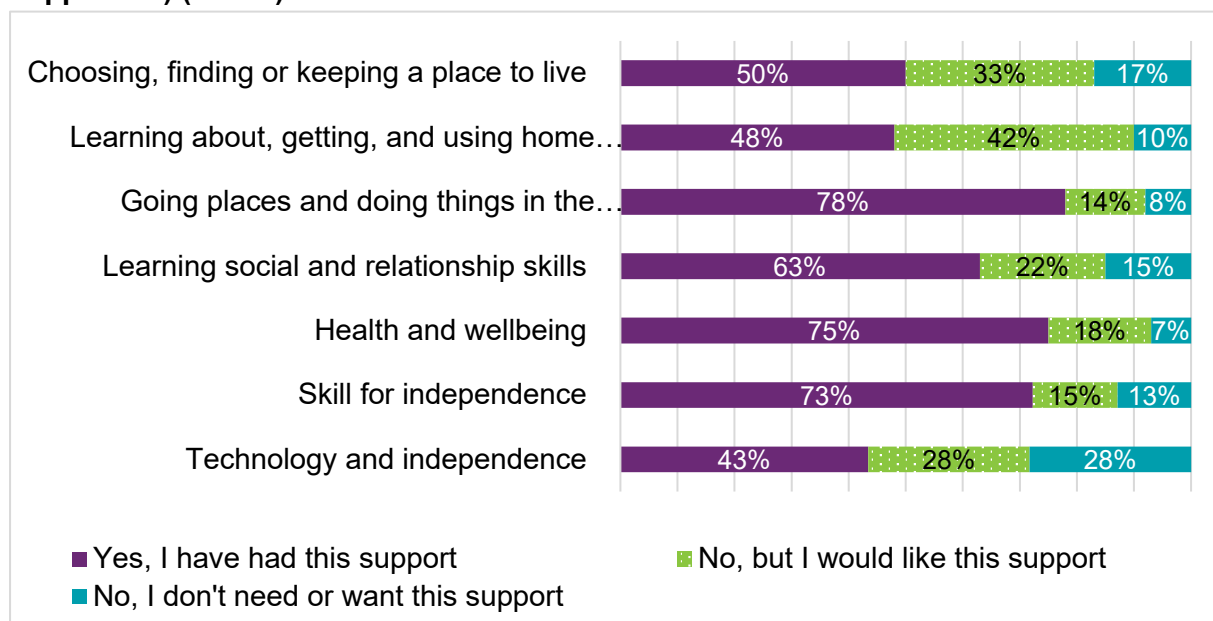
Source: Online participant and informal supporter survey.

NDIS participants and informal supporters were asked how easy it was to get support to learn skills in each of the 7 areas (Figure 5.) Formal supporters who completed the online survey were also asked about the ease of getting supports to learn these skills from their perspective (Figure 6) Findings from both surveys include:

- NDIS participants and informal supporters, and formal supporters agreed that it was difficult or very difficult to get support to learn skills in all 7 areas. A higher percentage of formal supporters reported that it was difficult/very difficult to get support to learn how to use technology for independence (50%) compared to NDIS participants and informal supporters (35%).

- Getting support to choose, find and keep a place to live was reported as difficult/very difficult by NDIS participants and informal supporters who had this support (66%), and formal supporters (75%).

Figure 5: Ease of getting support to learn skills (NDIS participants and informal supporter survey)
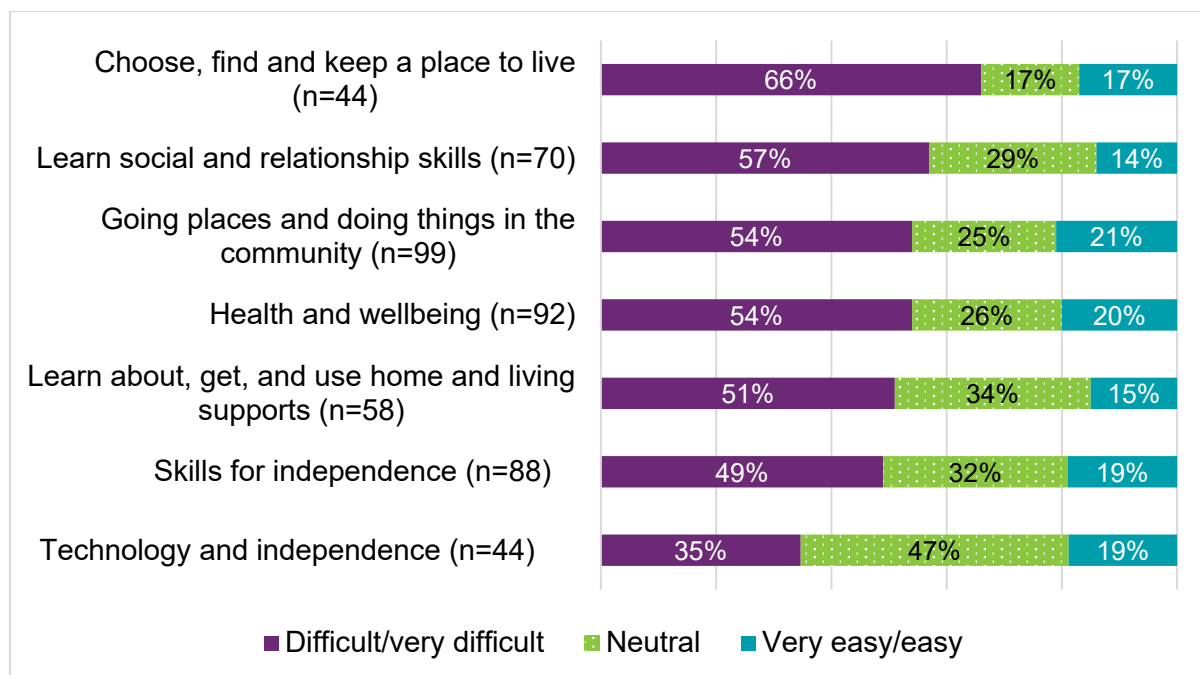
Source: Online NDIS participant and informal supporter survey.

Figure 6: Ease of getting support to learn skills (from the perspectives of formal supporters)

Skill	Difficult/very difficult	Neutral	Very easy/easy
Choose, find and keep a place to live (n=91)	75%	19%	7%
Learn about, get, and use home and living supports (n=67)	66%	24%	10%
Going places and doing things in the community (n=128)	53%	27%	20%
Learn social and relationship skills (n=96)	58%	27%	15%
Health and wellbeing (n=84)	48%	38%	14%
Skills for independence (n=108)	44%	30%	27%
Technology and independence (n=56)	50%	30%	20%

Source: Online formal supporter survey.

The survey also asked NDIS participants and informal supporters whether they are getting enough support. Figure 7 shows that around 50% of respondents who receive support do not believe that it is enough to help them achieve these skills.

Figure 7: Are NDIS participants getting enough support to learn each specific home and living skill (NDIS participants and informal supporter survey)

Skill	Yes, get enough support	No, do not get enough support	Not sure
Choosing, finding or keeping a place to live (n=44)	41%	48%	11%
Learning about, getting, and using home and living supports (n= 58)	27%	48%	25%
Going places and doing things in the community (n=99)	35%	49%	16%
Learning social and relationship skills (n= 70)	38%	49%	13%
Health and wellbeing (n= 92)	40%	49%	11%
Skill for independence (n= 85)	39%	44%	18%
Technology and independence (n=44)	39%	45%	16%
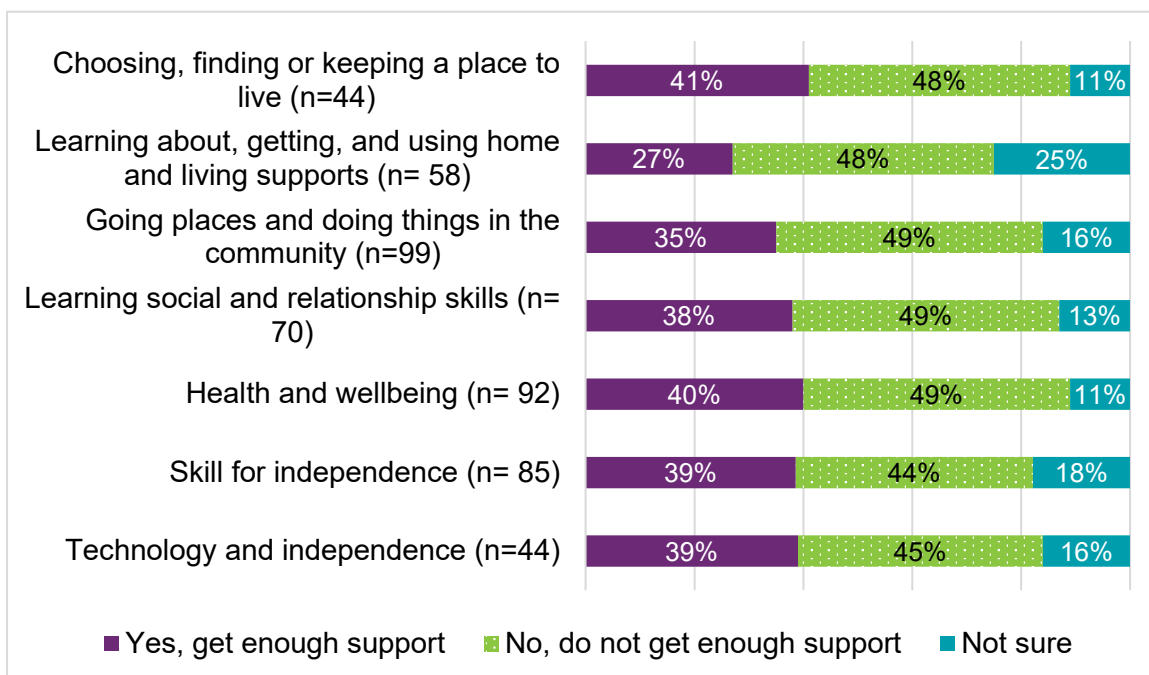
Source: Online NDIS participant and informal supporter survey.

In general, NDIS participants and informal supporters reported that they do not get enough support to learn essential home and living skills. However, survey respondents were not asked to specify if it was the intensity or duration of capacity building support that was lacking. Correlations between disability type and whether they reported receiving enough support are presented in Figure 8. No correlations were significant (see Appendix E).

The survey only asked this question if respondents said they get this support.

Figure 8: Correlation between disability type and if a participant reports getting enough support to learn essential home and living skills
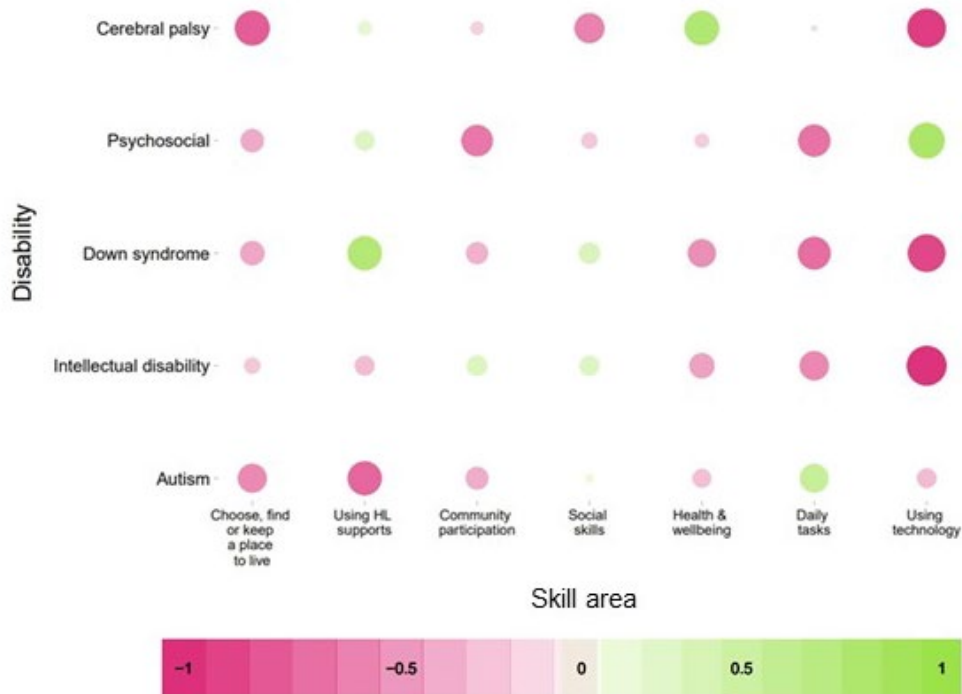
Source: Online NDIS participant and informal supporter survey.

Note: The larger the circle and darker the shade of green or red, the stronger the positive or negative correlation, respectively.

The focus groups and interviews also reinforced how important it is to build participant skills to choose, find, and keep a place to live. A lack of support and skills in this area could lead to difficulties negotiating housing requirements, such as leases and inspections. It also makes it emotionally draining, time-consuming, and frustrating for participants to navigate the housing system and power disparities with property owners and public housing, even with advocacy support.

Tim, NDIS participant, cerebral palsy, interview: It's so stressful and I've made really bad decisions like I signed a two-year lease when I didn't know I shouldn't. (Oscar, NDIS participant, autism spectrum, focus group)

When I moved in, I couldn't let people into my apartment due to not having an automatic door. I had to go down to bring people up. I've been fighting for one year for something that should have been easy.

Some focus group and interview participants said technology supported them as their capacity grew or filled gaps in what they could do alone. This includes visual or virtual prompting, as well as video or voice features to read out recipes or other home instructions. Research participants explained that alarms and doorbell cameras can make NDIS participants feel more secure in their homes, and induction cook tops are a safe method to use the stove. Some NDIS participants and families sought the assistance of occupational therapists to identify what technology could be useful and how to integrate it into their lives. However, some commented that it is intimidating to use technology and they struggle to know what is available and how it could support them.

Maeve, aged 41 years, other physical disability, focus group: I'm now a gadget girl 'cause I've got all sorts of gadgets which make my life so much easier. I have Wi-Fi light globes, so I can turn on and off lights by voice.

3.3.4 Who provides skill building and where?

Figure 9 shows that, based on the online survey, NDIS participants and informal supporters reported that they receive most skill building from unpaid family and friends, and support workers. Health professionals also provide support for social and relationship skills to nearly three-quarters of participants (67%). Allied health professionals (for example, psychologists, occupational therapists) are funded through the NDIS to support participants in emotional regulation, social skills training, and developing support programs.

Although not obvious in the survey, some participants in interviews and focus groups have sought support from a school or training centre to learn specific skills.

Sonia, mother of Lucy, intellectual disability, interview: I started off looking for cooking lessons, you know. Beginner cooking. I found one at TAFE. So, we signed her up.

The balance of who provides support for which skills depends on the skill area. As mentioned above, unpaid family and friends provide the most support to assist participants choose, find, or keep a place to live or to learn how to get and use home and living funding. The survey also confirmed that participants receive around half of their skill building at home with the rest in other formal settings (data not shown).

Figure 9: Who supports NDIS participants to build home and living skills (NDIS participant and informal supporter survey)

Choosing, finding or keeping a place to live (n= 54)
- Someone else: 15%
- Healthcare professional: 33%
- Housemates or host family: 2%
- Support workers: 46%
- Family or friends who are not paid: 81%
- Family or friends who are paid: 4%

Learning about, getting, and using home and living supports (n= 53)
- Someone else: 28%
- Healthcare professional: 28%
- Housemates or host family: 21%
- Support workers: 51%
- Family or friends who are not paid: 81%
- Family or friends who are paid: 4%

Going places and doing things in the community (n= 99)
- Someone else: 9%
- Healthcare professional: 31%
- Housemates or host family: 5%
- Support workers: 87%
- Family or friends who are not paid: 62%
- Family or friends who are paid: 4%

Learning social and relationship skills (n= 70)
- Someone else: 11%
- Healthcare professional: 67%
- Housemates or host family: 6%
- Support workers: 76%
- Family or friends who are not paid: 71%
- Family or friends who are paid: 6%

Health and wellbeing (n= 92)
- Someone else: 5%
- Healthcare professional: 30%
- Housemates or host family: 50%
- Support workers: 77%
- Family or friends who are not paid: 74%
- Family or friends who are paid: 5%

Skill for independence (n= 85)
- Someone else: 8%
- Healthcare professional: 36%
- Housemates or host family: 19%
- Support workers: 88%
- Family or friends who are not paid: 72%
- Family or friends who are paid: 7%

Technology and independence (n= 44)
- Someone else: 14%
- Healthcare professional: 41%
- Housemates or host family: 5%
- Support workers: 66%
- Family or friends who are not paid: 80%
- Family or friends who are paid: 7%

Legend:
- Someone else
- Healthcare professional
- Housemates or host family
- Support workers
- Family or friends who are not paid
- Family or friends who are paid

Source: Online NDIS participant and informal supporter survey.

Percentages total more than 100% as respondents could choose more than one option.

Research participants discussed that it was important for decisions about what skills could support NDIS participants to live in their chosen home and living option were informed by their interests, goals, and understanding of what it means to be independent.

> Melissa, NDIS participant, psychosocial disability, focus group: I'd like help to stop clutter and I would also like help sometimes with grocery shopping and with cooking it would be good just because I drop things a lot and I can be very clumsy. But also like if you're cooking with somebody, it's really motivating, and I can do that with the support worker.

For some, this meant doing things at home with minimal support. Having a daily routine helped participants to build their abilities in everyday activities.

> Jane, mother of Sara, Down syndrome, focus group: She's good at the daily stuff, overseeing the basic, getting ready for work. It's the getting the shopping list together, organising the shopping [where she needs support].

Receiving support from unpaid family or friends

The online survey shows that for many skill building areas, NDIS participants included in the research are most likely to get support from unpaid friends and family in their home. This may seem the most natural environment to build a participant's skills to live where and how they choose. However, the survey findings suggest it is challenging for unpaid family and friends to provide adequate skill building at home.

Participants and informal supporters confirmed these challenges during interviews and focus groups. Some expressed worry about what would happen if or when they are no longer able to provide this support.

> Lynn, mother of Noah, intellectual disability, focus group: I'm in my mid 60s and I worry about what's gonna happen to him once I'm no longer able to manage it on his behalf. He doesn't even have brothers and sisters who might pick up some of this stuff.

Providing adequate and consistent skill building support took time and energy that unpaid family and friends did not always have. For some, this affected other parts of their lives such as work commitments.

> Wendy, mother of Elijah, autism spectrum, interview: I have to work my whole work life around that, so I now only work school terms because I know I've gotta come up here. And I'm the only income earner at the moment.

Being responsible for providing skill building support also meant that some family members felt that their relationship with their adult child was as a supporter rather than a parent.

> Annie, mother of Brian, Down syndrome, focus group: When have I last said, "I love you, you're my son, let's go and do something together as mother and son?" We don't have those conversations. We have, "have you changed the head on your toothbrush? Have you changed your sheets?"

Establishing 'formal circles of support' or 'Microboards' is one way that some families are preparing for the future by sharing the roles and responsibility for capacity building support

amongst friends and family. However, this is easier for NDIS participants and informal supporters who already have the social capital and networks to draw on.

> Ivy, supporter for Tim, cerebral palsy, interview: Tim has a fantastic public housing not for profit representative and lawyer working pro bono, and me. But that is not something that everybody in this situation would be able to have.

Receiving support from support workers

The online survey showed that apart from unpaid family or friends, paid support workers provide most participants with support to learn the necessary skills to live how and where they choose. However, the perceived adequacy of this support by NDIS participants and their families is mixed. Furthermore, the survey showed that two-thirds of participants rate difficulty finding support workers as a barrier to learning skills to live how and where they want.

During interviews and focus groups, NDIS participants and informal supporters confirmed the importance of support workers. However, they noted the importance of finding support workers with the right skills, communication, and mindset to support the participant achieve their goals.

> Cath, mother of Grace, intellectual disability, interview: And she's desperate to be independent but really needs guidance as she just doesn't know how to approach things. So, support workers help her with budgeting, they help her with shopping. They've taught her how to organise her cooking and to wash dishes and to dry them.
>
> Prue, mother of Carl, autism spectrum, focus group: We'd probably want to do the recruitment ourselves, but we would be looking for more mentors. People that are looking to build capacity more than just come in and baby sit because he doesn't need a babysitter.

Families also noted the importance of having consistent support workers to build knowledge and understanding of the NDIS participant.

> Sonia, mother of Lucy, intellectual disability, interview: After having this absolutely wonderful transition into her own home, with people that she knew, with continuity of support, with role models who had life skills and housekeeping skills to actually provide Lucy with that degree of competency. I'm now dealing with younger, inexperienced support workers.

Housemates and host families

The survey showed that housemates and host families most commonly provide support for participants to learn how to look after their own health and well-being. However, during interviews and focus groups, some NDIS participants and their informal supporters commented that they struggle to find host families and housemates. Establishing agreements between NDIS participants and housemates/host families requires careful consideration about support roles, even with support from ILO providers.

Jasmine, mother of Tessa, intellectual disability, focus group: We've got to draw up an agreement with the flatmate. The things that we want around the support that they give. And the agreement about what we're wanting from that support.

3.4 Providing tailored and flexible capacity building supports increases home and living options

3.4.1 Key findings

Enablers that supported NDIS participants try new things included:

- Flexible delivery of support could mean that NDIS participants can access it when needed.

- Learning daily living skills early supported NDIS participants to build agency, resourcefulness, and resilience.

- Learning skills such as time management and conflict resolution assisted NDIS participants to build confidence and resilience.

- Creating and identifying opportunities to try new things.

- Enabling and managing risk so NDIS participants can grow and learn from mistakes and experiences.

- Using active support to assist NDIS participants to engage in daily living activities.

- Tailoring home and living timelines to NDIS participants so they can learn new daily living skills, feel comfortable and safe, and make other adjustments at their own pace.

During focus groups and interviews, research participants spoke about how learning new skills and knowledge increases their confidence and participation in community life. Receiving the right amount of support to practice and learn new skills means NDIS participants do not need to be completely independent if this is not yet possible for them. The following explores the key themes from focus groups and interviews about building participant capacity to try new things.

Having the flexibility to scale support up and down as needed and flexible rosters of care in group homes, supported NDIS participants to learn, keep or regain necessary skills to live more independently.

Jane, mother of Sara, aged 30 years, Down syndrome, focus group: We don't need someone to be permanently, or on blocks of time, coming in. We need to have the flexibility in the NDIS to support them coming in one, two, 3 or 4 times a week to just check how she's going. To help her with her periodical things, and to make sure she's sorted, and she's written through what she wants to do.

Disability service staff in focus groups spoke about the importance of raising awareness about the role of capacity building to support NDIS participants to move towards individualised living arrangements. However, some research participants felt that there was a disincentive to report increases in capacity in case it resulted in funding differences between plans which led to ability being downplayed.

Susan, Manager (STAA/Services), focus group: I think, historically, families have had to build up people's inability to do things to get more funding. So, we've always said, "No, we should just add that they can't do this, because that means we'll get more funding, which will mean that we can actually provide the support you need," so people have been built up to make their inabilities worse than what they actually are, which is quite challenging for a lot of families."

Building capacity in early years was seen to assist NDIS participants to see themselves as capable as well as increase their self-efficacy and resilience, according to family and disability service staff.

Formal supporter, online survey: More investment in values-based thinking and exploration for people and their families starting at a young age is needed. If folks are not exposed to concepts such as inclusion, self-direction, and a person-centred approach early on, they are hard to introduce later.

Veronica, mother of Fleur, Down syndrome, interview: Yes, I think quite early in the piece when she was a little youngster, I said, to my husband, 'Listen, Fleur's life is going to be public transport. It's not about her just jumping in the car with you and going wherever she needs to go. She actually also needs to learn good public transport skills.'

As well as practical daily living skills, some research participants saw skills such as self-advocacy, communication, decision-making, initiation, and time management as foundational. Negotiation and conflict resolution skills were also identified as important for interacting positively with housemates, neighbours, support workers and housing providers..

NDIS participant, intellectual disability and psychosocial disability, online survey: Cooperating with other people in the household. Having a go. Learning by my mistakes, like loud music, to be considerate.

Having experiences outside the family home provided opportunities for capacity building. Focus group and interview participants noted that this can shift family expectations, which in turn, can create incentives for informal supporters to facilitate more opportunities for capacity building.

Betty, Coordinator, STAA, focus group: But sometimes the families have expectations that we can't meet, and sometimes we find people come here and do a lot more than what they do at home with their family, because at home, the family's always done it for them, whereas here, if the support workers are saying, 'Make your own lunch,' or 'do this' or 'do that,' that they will do that, and they'll gain those skills.

Family and carers often oversaw and facilitated capacity building opportunities.

Polly, mother of Lila, intellectual disability, interview: When she was living with us, she had the run of the back end of the house. So, I told her, 'you keep that clean and you can organise that and you follow what you need to do, then we will think about it.' She did it. So, we moved her out into her own place.

While research participants emphasised the importance of capacity building, they also reported on the factors that make it hard to get support to learn these skills. Figure 10 shows that finding support workers (66% of NDIS participants and informal supporters) or supports/programs not working for people (48% of NDIS participants and informal supporters) were the most reported barriers to learning skills. Many respondents also reported that not having NDIS funding, or not having friends and family to support them, made it hard to get support to learn skills to live how and where they wanted. Ongoing disability workforce challenges could be the reason for this. Many NDIS participants and informal supporters (42%) indicated other barriers to getting support to learn skills. Of the 30 who provided text responses about the other barriers they experienced; the most common answers (n=7) were about not having the right funded supports to learn these skills.

Figure 10: What makes it hard for NDIS participants to get support to learn skills to live how and where they want (respondents could choose 3)
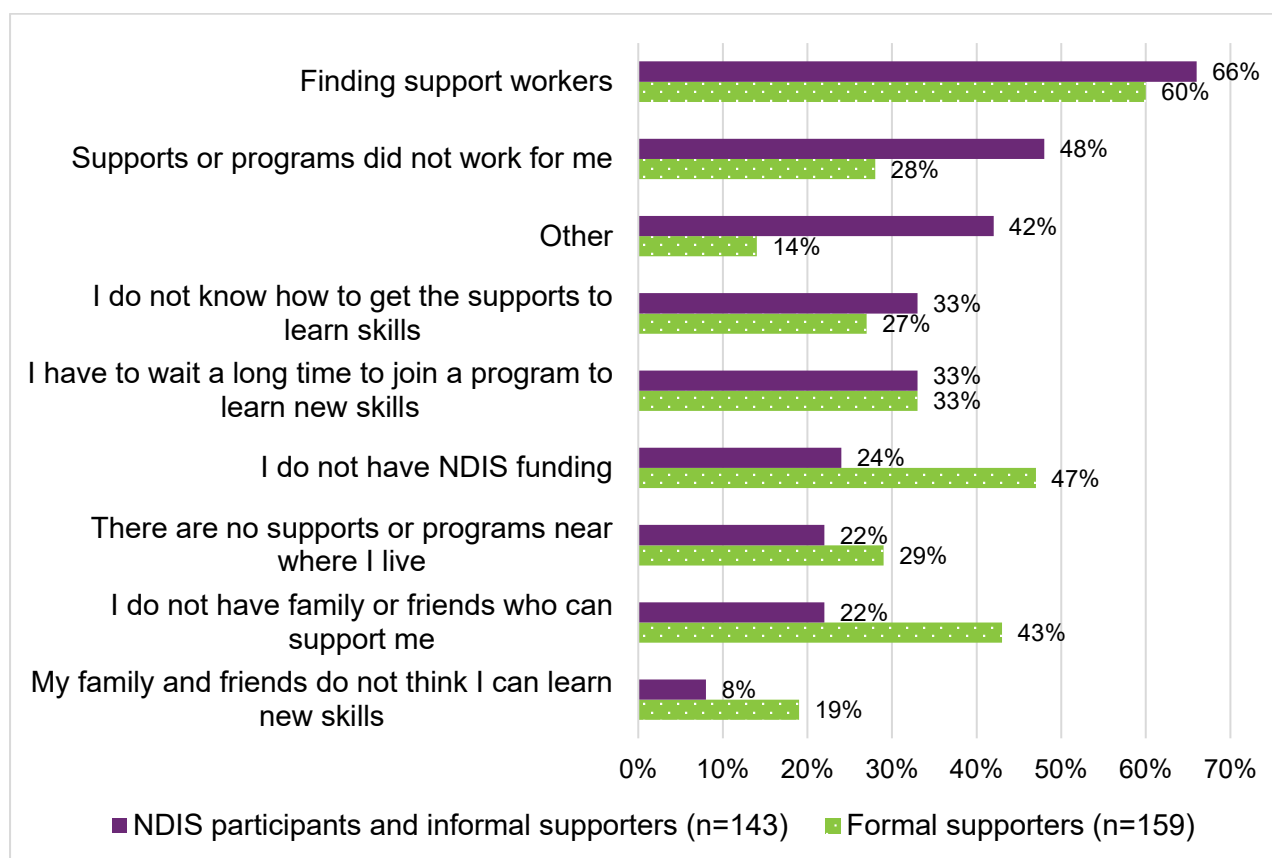
Category	NDIS participants and informal supporters (n=143)	Formal supporters (n=159)
Finding support workers	66%	60%
Supports or programs did not work for me	48%	28%
Other	42%	14%
I do not know how to get the supports to learn skills	33%	27%
I have to wait a long time to join a program to learn new skills	33%	33%
I do not have NDIS funding	24%	47%
There are no supports or programs near where I live	22%	29%
I do not have family or friends who can support me	22%	43%
My family and friends do not think I can learn new skills	8%	19%

Source: Online NDIS participant and informal supporter survey and formal supporter survey.

Survey respondents explained in free text responses what would assist them and the people they support to get support to learn skills to live how and where they want. Of the 58 NDIS participants and informal supporters who answered this question, 25 mentioned paid support in their responses including the type of support practice, and the consistency of supporter who got to know the NDIS participant well. Information about the types of skills needed to live how the participant wants and how to access this support was mentioned as potentially helpful by 8 survey respondents. Having access to allied health professionals was also wanted (n=7).

Formal supporters (n=41) noted similar things that would support NDIS participants to access support to learn skills for home and living, including:

- skilled support workers (n=11)
- access to allied health professionals (n=7)
- more paid supports (n=5).

Enabling dignity of risk was an important learning opportunity for NDIS participants to build resilience, according to some interview and focus group participants. However, some family, carers and formal supporters were sceptical about giving too much freedom due to potential

risks. Nearly half (45%) of NDIS participants and family and 32% of formal supporters reported that family and friend's concern that something might go wrong makes it hard to live where and how they want (Figure 3). Having the right support in place enabled NDIS participants to take everyday risks which built confidence in managing issues. Formal supporters discussed how they could enable risk in their everyday practice, including asking where the responsibility sits (with the service provider, the family, or the NDIS participant themselves) when NDIS participants want to take risks and try different living options. One formal supporter explained how they try to 'balance' the dignity of risk for the people they support in the context of their practice.

> Lucy, Support Coordinator, focus group: So, I guess that's what I'm facing, is like trying to balance that dignity of risk for a participant to live how anyone else would live, move into a house, and say, 'Hey, I don't like these people. This is not my vibe, I don't want to be here,' and have the option to then move somewhere else.

Active support fostered a sense of achievement and strengthened NDIS participants' skills and abilities. Many NDIS participants, family, and carers wanted support workers to be proactive (for example, suggest daily activities to do together) rather than leaving it to the participant to instigate. In focus groups, disability service staff agreed about the importance of active support practices and spoke about promoting a culture of person-centred active support amongst their frontline staff.

> Lesley, Supervisor (Accommodation), focus group: I am just constantly frustrated by staff who are perhaps an older generation who have come from the school of thought that we do everything for our customers. I'm just trying to get them to understand that the customers can do the things for themselves, and they actually love doing the things.

Likewise, focus group and interview participants explained that the expectations of NDIS participants, providers, and support workers influenced how support was delivered and how involved NDIS participants were in their daily activities. These expectations could either increase or decrease opportunities for capacity building while being supported.

> Owen, formal supporter to Ainsley, psychosocial disability, interview: Sometimes, she told me, she just doesn't bother with her cooking, cleaning her house and that she would then use funding for someone to clean or cook or get food delivered. And I said, 'you can't use the NDIS arrangement like your own personal servants. This is to help develop your own skills to be independent.'

Disability service staff spoke about how emotionally draining home and living transitions can be for NDIS participants and families. Enabling NDIS participants to experience new daily living skills, feel comfortable and safe, and make other adjustments to their own timelines improved the transition experience. Further, easing into a new home through sleepovers, respite, increasing number of days over time, or moving with informal supporters to begin with, paved the way. Trials in new living options also facilitated NDIS participants and

families to transition more smoothly, overcome fears, and provided a safety-net if it did not work out.

> Janice, Manager (Services), focus group: We also used to have a unit that was specifically for people to come and practice their independent living skills, so they could stay for a weekend or a week and would have specifically designed training programs while they were there as a transitional approach, to assess their ability for what kind of living situation might suit them, but also to help them build their skills along the way.

4. Key insights for consideration

This research aimed to provide insights into support, skills, and knowledge that can facilitate individualised living for NDIS participants. By building capacity where needed, some NDIS participants may have broader home and living options available to them, including having more choice and control over who they live with, and the way they are supported through both informal and formal supports.

This section includes 4 key insights for consideration by NDIS participants and their family and carers, the NDIA, and the broader disability ecosystem (for example, disability services and other government departments). The 4 insights are:

1. Broadening possibilities for NDIS participants to explore options.
2. Enabling NDIS participants to have a go increases confidence and shifts expectations.
3. Formal and informal supports to build, practice and maintain skills increases the home and living options available to NDIS participants.
4. Flexible NDIS plans can support participants to build capacity at different stages.

4.1 Broadening possibilities for NDIS participants to explore options

4.1.1 Access to information

The complexity of information around home and living options can overwhelm NDIS participants and their supporters. More structured information is needed to increase their understanding of home and living options.

With clear, accessible, and easy-to-understand evidence-based information and decision-making support, NDIS participants will have greater capacity to exercise choice and control over where and how they live.

Supporting NDIS participants to think about home and living options early in life and at key life stages (such as getting ready to leave school) could assist them to build self-advocacy and resilience and learn practical skills at their own pace.

4.1.2 Access to infrastructure

Being near family and friends, transport, shopping, formal supports, community activities and services as well as feeling safe at home are important home and living factors for NDIS participants. Taking these into consideration when exploring home and living options may support decision making.

Affordable housing, public housing waitlists and unavailability of suitable rentals are barriers to NDIS participants living how and where they want. Whole-of-government approaches may improve NDIS participants' access to affordable housing options.

Formal and informal supporters often support NDIS participants to weigh up various factors (such as pros and cons) when they explore their home and living options. However, they may benefit from building their capacity to better support NDIS participants to understand and explore home and living options. Streamlined information about home and living options including eligibility as well as resources they can use with NDIS participants could support this process.

4.1.3 The role of supporters

Support coordinators, NDIA Planners, LACs, plan managers, and service providers need specific training, and enough time to work directly with NDIS participants and their families or carers to understand and explore home and living options.

It is important that participants have access to trained specialist home and living support. Trained specialists are supporters with experience and expertise in disability and housing, knowledge of the local community and connections with community, mainstream and social housing networks, tenancy supports, advocates and providers.

Disability service providers, NDIA service delivery staff, and support workers could identify and support NDIS participants who may be interested in pursuing a new home and living goal.

Technology can also support NDIS participants to overcome constraints that may limit their home and living options. Some NDIS participants may need capacity building support to use technology in their home.

4.2   Enabling NDIS participants to have a go increases confidence and shifts expectations

4.2.1 Having a go at opportunities to grow

Opportunities to keep trying new things is important for NDIS participants to improve confidence and life experience.

In addition to practical skills, learning and maintaining skills such as communication, time management, and conflict resolution gives NDIS participants a broader range of home and living options. Information about the benefit of these skills for home and living outcomes could be useful for NDIS service delivery staff, support coordinators, disability service staff, informal supporters, and NDIS participants.

- Trained specialist supports need to work closely with participants to share tailored information and resources and help make connections to NDIS community and mainstream housing supports. This includes having conversations that will set expectations for what is possible.

Some NDIS participants may need ongoing support to keep these skills and continuously build on new strengths and capacity. It is important that informal and formal supporters consider the length of time capacity building support is provided as well as the intensity of the support.

4.2.2 Having a go at different options

Trialling different living options supports NDIS participants to decide their preferences and experience a variety of options.

Adequate and well supported transition time is also necessary.

Transition programmes and short-term accommodation may provide opportunities for NDIS participants to try new things.

4.2.3 Having a go with support

Informal and formal supporters can be concerned about risks associated with NDIS participants trying new things. NDIS participants should be better supported to manage risk in pursuit of new goals, with service providers clear on their goals and limitations in such pursuits.

4.3 Formal and informal supports to build, practice and maintain skills increases the home and living options available to NDIS participants

4.3.1 Supporter capacity

Both informal and formal supporters (for example, family and support workers) can facilitate building an NDIS participant's capacity to live where and how they want by providing active support.

Some informal and formal supporters could benefit from capacity building in person-centred active support to move away from more passive support models. This could increase the opportunities available to participants to build their skills and participate in their daily activities.

Service providers should review policy, procedures, and support practice to embed active support in their organisations to ensure that these opportunities for capacity building are used. Informal supporters should have access to information about providing active support and to begin this early in an NDIS participant's life.

4.3.2 Information

NDIS participants and their supporters need easy-to-understand information about the types of skills that could support them to live where and how they want.

4.3.3 NDIS Plans

NDIS plans should include the areas in which participants want and need to build capacity so that they can live how and where they want.

Barriers to building skills, such as passive support models, risk avoidance, inflexible funding and low expectations about participants' capabilities need addressing so that access is not difficult.

4.3.4 Person-centred approach

In accordance with the general principles guiding the NDIS and the intent of individualised budgets, disability support and service delivery staff, informal supporters and allied health professionals should continue to identify the skills and knowledge that would support individual participants to work towards their desired home and living arrangement (for example, skills in daily tasks or participating in the community).

Person centred approaches can identify specific skills and knowledge that individual participants may benefit from practicing, learning or participating in.

4.4 Flexible NDIS plans can support participants to build capacity at different stages

4.4.1 Plans that change with participants

Capacity building support needs change with participants as they enter new life stages, their capacity grows, and their interests change.

NDIS plans that respond to NDIS participants' changing needs and preferences enables service providers to support NDIS participants to trial living options and provide opportunities for capacity building supports that meet current needs and choices.

Home and living goals will change as participants move through different life stages. Therefore, conversations with participants about how they want to live need to be ongoing and start as early as they are ready. Ongoing relationships with trained specialist support are important to support life stage changes, with conversations held as often as needed about the things that are important to the participant.

4.4.2 Flexible supports

Supports need to be flexible across participants' plans to allow for scaling supports up and down as their needs and preferences change.

Depending on where a participant is in their journey towards living where and how they want, they may need additional funding for supports to explore their home and living options and learn essential skills.

At various times participants may need or want to build their capacity to go places and do things in the community, socialise, and have positive relationships with others, look after their health and wellbeing and undertake domestic tasks by themselves.

NDIS participants may need reassuring that they can access supports in a flexible manner depending on their needs without losing funding.

4.4.3 Flexible plan duration

The length of time NDIS participants need to work towards their home and living goals is individualised and so capacity building supports need to accommodate these differences.

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Appendix A. Detailed statistical method

This appendix outlines in detail the data and statistical modelling to analyse associations between participant characteristics, the use of capacity building supports and home and living-related outcomes.

A1. Data sources for statistical analyses

Table A1: Data sources

Description	Business table
Used to create a master file for all plans, allowing linkage of SFOF survey responses and demographics to participant plans.	DSREPMA_PlanDtl_2112
More details about the participants come from this table such as their demographics, when the plan started and when their first plan was approved.	ACARRMA_ R03_reg_all_plans_2112
Reference list for mapping the questions and answers for different outcome surveys.	DSNAROM_OUTCOMES_QA_MAPS
This is the location for the questions and answers for the participant outcome surveys.	DSNAROM_ P_QUESTIONSLONG_2112
Information on the goals of a participant.	DSNAROM_ GOALS_2112
Payment information at a participant level including the support category and when the support started.	DSREPMA_PMTTXN_2112
The geographic location of the where the participant lives.	DSREPMA_ AdrsGeogrclDtl_2112
Participant address history that can be matched to the geographic location.	DSREPMA_ PrsnAdrsDtlHist_2112
Information on the index rate for the different support categories.	DSREPMA_ SUPPCATINDXTN_2112
Date of birth of a participant allowing calculation of whether the participant is 18 and suitable for inclusion in the sample.	DSREPMA_ PRSNDEMOGS_2112

A2. Sample selection

The modelling is based on identification of when participants improved their outcomes from one survey to the next if they had previously reported a negative outcome.

Hence the sample for each analysis consisted of participants who recorded a negative previous survey question response to the respective item.

The sample included all participants aged 18 years or older when they completed a baseline survey that met the inclusion criteria (that is they reported a negative response), and if they were in one of following 5 primary disability cohorts:

1. Autism

2. Cerebral palsy

3. Down syndrome

4. Intellectual disability

5. Psychosocial disability

The characteristics of participants included in the models was based on information recorded in the previous plan.

All participants in the sample must have one of the following characteristics:

- Have ever had SIL funding in their plan.

- Have ever had ILO funding in their plan.

- Have a goal in the same domain as the relevant outcome question analysed (see Section 2.3 below).

- Completed the short form outcomes framework questionnaire at least twice.

- Have ever reported non-attainment of the relevant H&L outcome modelled and then reported attainment or non-attainment of the outcome at a later time.

A3. Outcomes

Analyses used the following participant self-reported home and living-related outcomes from the short form outcomes questionnaires for cohorts aged 15-24 years and 25+ years.

Domain - Daily living activities:

- Does the support you currently receive enable you to perform [daily living] tasks yourself as much as possible? (Yes/ No)

- Does the support you currently receive enable you to care for yourself as much as possible? (Yes/ No)

- Does the support you currently receive allow you to travel by yourself as much as possible? (Yes/ No)

- Does the support you currently receive enable you to communicate as independently as possible? (Yes/ No)

- Does the support you currently receive enable you to get out of the house with as little assistance as possible? (Yes/ No)

- Does the support you currently receive enable you to manage finances/money by yourself where possible? (Yes/ No)

- Does the support you currently receive enable you to use technology by yourself where possible? (Yes/ No).

Domain – Home:

- Thinking about where you currently live in relation to your disability support needs: Are you happy? (Yes/ No, I want to choose my home/ No, because of other factors related to my support needs/ No, for another reason – collapsed to Yes/No)

- How safe or unsafe do you feel in your home? (Very safe/ Safe/ Neither safe nor unsafe/ Unsafe/ Very unsafe).

A4. Model specification

We used the following the MFX, MASS, ocME, Prediction R statistical packages to run separate logistic or ordered logistic regression models to evaluate the association between participant use of capacity building supports and achievement for each of the above outcomes for each disability group.

Main effects

The modelling captured a lifetime or cumulative capacity building support 'dose' approach to participant outcomes.

For **binary logistic regression** models, we identified participants who recorded a negative outcome in the previous survey. Those who improved in the next survey were assigned a one, with those who did not improve assigned a zero.

For the question about **participants feeling safe at home,** which uses an ordinal scale, we identified the participants who recorded a neutral or negative response in their previous survey. We then grouped participants into 3 groups:

1. Those who felt very safe or safe
2. Those who felt neither safe nor unsafe
3. Those who felt very unsafe or unsafe

The rationale was that very few of the in-scope participants recorded feeling very safe or very unsafe. This possibly suggests a systematic aversion by participants to the extremes of the scale or that most participants (or NDIS planning staff completing the short form outcomes questionnaire on their behalf) are unable to practically distinguish between very safe (or very unsafe) and safe (or unsafe).

We isolated the effects of capacity building support categories by including the following variables regarding their payments:

- Their average daily payments for each capacity building support category since first using those supports (dollar per day).

- The number of days between first accessing supports within each capacity building support category and first reporting outcome attainment (duration of support).

- Interactions between the two.

Model covariates

All models included the following covariates to control for participant characteristics that could impact the effectiveness of capacity building supports:

- Normalised severity score (1-15 – continuous)

- Regional (MMM 2 and 3) (base = 1)

- Remote (MMM 4 plus) (base = 1)

- Agency managed (Full) (base = self, plan or partially Agency managed)

- Streamed super-intensive/intensive (base = general and supported)

- Stream complex (base = general and supported)

- Aboriginal and/or Torres Strait Islander (base = no)

- Culturally and linguistically diverse (CALD) (base = country of birth Australia, United Kingdom, United States of America, Canada or South Africa, or primary language spoken at home is English)

- Age (years) (continuous)

- Age squared (years)

- State or Territory (base = NSW)

- Type of housing they live in (private, public, residential, supported, other (base = private)

- Who the participant lives with (Alone, parents, (people not related to me and other)) (base = spouse/partner and child(ren).

- Have had SIL in their plan (base = no)

- Have had ILO in their plan (base = no)

- Average Core expenditure per day from first payment until survey of interest

- Average Capital expenditure per day from first payment until survey of interest.

Post model estimation

Following model estimation, we calculated the average marginal effect for each coefficient. For ease of interpretation, we centred average daily payments for each capacity building support category and the number of days accessing those supports on the mean values. This makes the interaction term 0 at the mean for either variable. The values of the non-interacted coefficients represent the average marginal effect of either variable on the probability of attaining the relevant outcome, at either the average spend per day or duration.

A5. Limitations

The main limitation of analyses is the binary format of most of the relevant questions in the short form outcomes questionnaire. This means that incremental attainment may not be measurable until a participant achieves a certain threshold of functional improvement. Therefore, it is likely that the results of this paper underestimate the impacts of some, and possibly most, capacity building supports on home and living-related outcomes.

Other limitations are:

- Participants generally complete the short form outcomes questionnaire yearly, although less often for some participants. Hence when a participant first attains a home and living-related outcome is not clear. A participant could attain an outcome a month after their last survey. Due to this it is impossible to pinpoint when a participant attains the outcome and exclude all expenditure from this time. This could bias estimates of effect.

- To standardise expenditure across plans of different lengths, 'dosage' used average payments per day across a plan. However, within a period, actual dosage could be higher if participants use all their capacity building support budget over say a month rather than a year. Hence, participants may receive a higher intensity over a short period which is not consistently visible in payments data. Again, this could bias estimates.

- The short form outcomes questionnaire is supposed to be completed by an NDIS planner during their meeting with the participant or their nominee. The outcomes of the survey potentially affect budgets and so there may be an incentive for staff to report that participants are not achieving outcomes so that they can access funding.

It is not recorded whether planners fill in the responses with the participant, after the meeting or carry over previous responses. The latter two scenarios could also bias results and give an inaccurate reflection of a participant's outcomes.

Appendix B. Research participant demographics

Table B1: Focus group and interview demographics of NDIS participants, families, carers, and other supporters

Notes:

- ID = Intellectual disability, A = Autism, DS = Down syndrome, PSD = Psychosocial disability, CP = Cerebral palsy, ABI = Acquired brain injury
- M= male, F = female
- Unknown = response was not collected

Pseudonym	Pseudonym family etc.	Disability	State	Gender	Age	CALD	First Nations	Language at home	Ever lived in group home	Lives with	Home and Living funding type
Amelia	Jenny	ID	NSW	F	25	No	No	English	No	Parents	SIL
Thomas	Peter	PSD	Vic	M	49	No	No	English	Yes	Others with disability	No
Sara	Jane	DS	Vic	F	30	No	No	English	No	Parents	No
Brian	Annie	DS	NSW	M	43	No	No	English	Yes	Alone	ILO
Luca	Bryanna	A	Vic	M	25	No	Yes	English	No	Parents	No
Oscar	NA	A	Vic	M	34	No	No	English	No	Alone	No
Sam	NA	A	Unknown	F	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

Pseudonym	Pseudonym family etc.	Disability	State	Gender	Age	CALD	First Nations	Language at home	Ever lived in group home	Lives with	Home and Living funding type
Clover	NA	PSD	NSW	F	28	No	No	English	No	Alone	No
Thomas	NA	PSD	Vic	M	49	No	No	English	Yes	Other people with disability	No
Melissa	NA	PSD	-	F	43	No	Missing	English	No	Other people with disability	No
Faith	NA	PSD	Qld	F	50	No	No	English	No	Alone	ILO
Noah	Lynne	ID	NSW	M	39	No	No	English	No	Housemates	No
Feng	Jolene	ID	Vic	M	59	Yes	No	Mandarin	No	Partner/children	No
Tessa	Jasmine	ID	Vic	F	37	No	No	English	No	Housemates	Yes, but do not know what it is called
Carl	Prue	A	WA	M	18	No	No	English	No	Parents	No
Elijah	Wendy	A	WA	Trans	21	No	No	English	No	Alone	No
Ainsley	Owen	PSD	Qld	F	42	No	No	Auslan	Yes	Alone	Yes, but do not know what it is called
Simon	Graham	ID	NSW	M	21	No	No	English	Yes	Alone	SIL
Maeve	NA	Other physical	WA	F	41	No	No	English	No	Alone	No

Pseudonym	Pseudonym family etc.	Disability	State	Gender	Age	CALD	First Nations	Language at home	Ever lived in group home	Lives with	Home and Living funding type
Greg	Clare	ABI	NSW	M	47	No	No	English	No	Partner/children	No
Cindy	NA	PSD		F	54	No	No	Auslan	No	Alone	No
Sue	Lynne	ID	NSW	F	60	No	No	English	Yes	Alone	No
Lila	Polly	ID	Vic	F	36	No	No	Nonverbal	Yes	other people with disability	SIL
Stephen	Lauren	ID	NSW	M	53	No	No	English	Yes	other people with disability	SIL
Fleur	Veronica	DS	Vic	F	48	No	No	English	No	Alone	No
Tim	Ivy	CP	Vic	M	31	No	No	English	No	Alone	No
Lucy	Sonia	ID	Vic	F	29	No	No	English	No	Alone	No
Ron	David	A	Vic	M	33	No	No	English	Yes	Alone	SIL and SDA
Mary	Judith	CP	SA	F	44	No	Yes	English	No	Mother	SIL
Joan	Aaron	A	SA	M	34	No	No	English	No	Parents	SIL
Cath	Grace	ID	SA	F	62	No	No	English	No	Alone	Yes, but unsure which type

Source: Interview and focus groups participant data.

Table B2: Focus group demographics of disability service staff

Notes:

- F = female, M = male.
- PWD = People with disability.
- Unknown = response was not collected.

Pseudonym	Gender	State	Role	Years in organisation	Years working with PWD	Years working with PWD & housing	Cohort of people with disability
Zac	M	Vic	Customer Engagement	8	40	3.5	PWD (range of disabilities and ages)
Alice	F	Vic	Customer Engagement	1.5	1.5	1.5	Adults with disability living in SIL home and DLOs
Lucy	F	Vic	Support Coordinator	<1	10	<1	Adults with disability ineligible for SDA
Lillian	F	NSW	Manager (Services)	<1	40	40	PWD (range of disabilities and ages)
Hanna	F	NSW	Manager (Support Coordination)	<1	Unknown	5	PWD (range of disabilities and ages)
John	M	Vic	Manager (Services)	6.5	8	8	PWD with physical, intellectual, and multiple disabilities in DLOs
Katy	F	Vic	Manager (Accommodation)	11	Unknown	11	PWD (range of disabilities and ages)
Harriot	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

Pseudonym	Gender	State	Role	Years in organisation	Years working with PWD	Years working with PWD & housing	Cohort of people with disability
Jess	F	Vic	Manager	30	35	30	People with complex and multiple disability
Susan	F	Vic	Manager (STAA / Services)	24	28	18	PWD (range of disabilities and ages)
Lesley	F	Vic	Supervisor (Accommodation)	6	30	20	Older adults with mild ID
Betty	F	Vic	Coordinator (STAA)	4	4	4	PWD (range of disabilities and ages)
Josie	F	WA	Support Coordinator	1	15	2	PWD (range of disabilities and ages)
Ruth	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Kim	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Janice	F	SA	Manager (Services)	32	32	32	PWD (range of disabilities and ages) in STA and SIL
Kerry	F	SA	Manager (Services)	1.5	18	1.5	High and complex needs. Range of disabilities and ages. All in shared housing.
Audrey	F	SA	Practice Leader	26	26	26	People with physical and intellectual disability
Leah	F	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

Source: Focus group disability service staff data.

Table B3: Survey demographics of NDIS participants and informal supporters (n=143)

Notes:

- Due to a technical issue with the Forms.io survey platform, not all demographic characteristics are available for all respondents.
- Except for disability type questions were not mandatory and not all survey respondents answered each question.
- Survey respondents could choose more than one answer for disability type or housing support type.

Disabilities	Autism (n=67)	Intellectual disability and/or Down Syndrome (n=106)	Psychosocial Disability (n=55)	Cerebral Palsy (n=38)	Total	%
Male	16	31	13	12	43	30%
Female	25	34	25	14	56	39%
Transgender	2	2	1	0	3	2%
Gender diverse	5	0	2	0	5	3%
First Nations	0	0	0	2	2	1%
CALD	10	10	9	0	17	12%
LGBTIQA+	11	0	5	0	11	8%
Living alone in own home	11	12	14	6	21	15%
Living in family home	20	28	14	6	44	31%
Living in group home (i.e., SIL)	4	20	3	10	22	15%
Living in share house (not with family)	1	2	1	1	1	1%
Other living arrangements	8	6	7	2	13	9%
Living with supporter	25	41	17	15	61	43%

Disabilities	Autism (n=67)	Intellectual disability and/or Down Syndrome (n=106)	Psychosocial Disability (n=55)	Cerebral Palsy (n=38)	Total	%
Living where they want	19	34	17	11	42	29%
Hours of support: 0	6	5	6	0	10	7%
Hours of support: 1 – 5 hours	15	13	15	3	31	22%
Hours of Support: 6 – 11 hours	6	14	10	4	17	12%
Hours of support: 12 – 23 hours	8	7	3	3	13	9%
Hours of support: 24 hours	11	28	6	15	32	22%
Receives overnight support	12	34	11	18	75	52%
ILO funding in NDIS plan	6	15	5	5	16	11%
SIL funding in NDIS plan	6	19	3	11	26	18%
SDA funding in NDIS plan	14	26	6	9	28	20%
Improved daily living skills funding in plan	16	21	19	7	42	29%

Table B4: Survey demographics of formal supporters (n=159)

Notes:

- 40% of respondents did not specify their role.
- Due to a technical issue with the Forms.io survey platform, not all demographic characteristics are available for all respondents.
- Survey respondents could choose more than one answer for disability type of the person or people they support.

Role	NDIA planner or LAC (n=27)	Support coordinator (n=18)	Disability support worker (n=39)	Allied health provider (n=6)	Other (n=5)	Total	%
Supports participants with ILO funding	11	10	20	3	4	37	23%
Supports participants with SIL funding	25	16	25	5	4	72	45%
Supports participants with SDA funding	20	14	24	4	4	54	34%
Supports participants with improved daily living skills funding	25	17	36	6	4	70	44%
Supports people with ASD	26	16	33	5	5	148	93%
Supports people with intellectual disability	26	18	39	6	5	154	97%
Supports people with Down Syndrome	23	13	23	2	4	126	79%
Supports people with PSD	26	18	42	6	5	147	92%
Supports people with Cerebral palsy	23	15	24	5	4	123	77%

Appendix C. Characteristics associated with improved outcomes

Table C1: Marginal effects for demographic variables that are significant for participants with autism (p<0.05)

Notes:

- Marginal effects only shown for variables where the association with outcome attainment is significant at a 5% level of confidence p<0.05; ns = not significant at a 5% level of confidence (p=>0.05).
- Dash represents significance not tested.

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy with where lives	Feel safe at home
% that improve	10.2	10.4	6.3	7.8	6.5	9.2	7.2	25.3	23.9
Disability severity (1-15)	-0.41	ns	-0.27	-0.48	-0.30	-0.68	-0.45	ns	-1.03
Regional	3.57	2.51	1.60	3.00	1.85	3.97	3.50	ns	ns
Remote	5.73	4.85	ns	4.21	3.06	6.16	6.30	ns	ns
Fully agency managed	ns	2.31	ns	2.78	ns	ns	ns	ns	ns
Intensive/super intensive	ns	-3.91	ns	ns	ns	ns	ns	-5.03	ns
Stream Complex	-4.24	-4.81	ns	-3.18	ns	ns	ns	ns	ns

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy with where lives	Feel safe at home
First Nations	ns	ns	ns	ns	ns	ns	ns	-6.29	ns
CALD	ns	ns	-1.87	ns	ns	ns	ns	ns	ns
Lives with parents	-2.82	ns	ns	ns	ns	ns	ns	ns	ns
Lives alone	ns	ns	ns	ns	4.09	ns	ns	ns	-12.44
Lives with others	ns	ns	ns	ns	3.85	ns	ns	ns	ns
Ever had SIL in plan	4.29	5.04	ns	ns	ns	ns	ns	10.70	5.97
Ever had ILO in plan	ns	ns	ns	ns	ns	ns	ns	-16.93	ns
Number of participants	11,725	6,576	11,153	9,178	10,488	10,170	3,674	3,131	2,234

Source: Research and Evaluation Branch analysis of participant outcomes and payments data. Expenditure represents 2022-23 values as per the NDIS Price Guide.

Table C2: Marginal effects for demographic variables that are significant for participants with cerebral palsy (p<0.05)

Notes:

- Marginal effects only shown for variables where the association with outcome attainment is significant at a 5% level of confidence p<0.05; ns = not significant at a 5% level of confidence (p=>0.05).
- Dash represents significance not tested.

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy with where lives	Feel safe at home
% that improve	9.2	9.3	6.1	7.4	6.6	9.5	6.3	24.3	24.1
Disability severity (1-15)	-0.31	ns	ns	-0.29	ns	ns	ns	ns	ns
Regional	3.29	3.52	ns	2.67	3.60	ns	4.63	ns	ns
Remote	4.15	7.47	3.29	4.45	4.81	6.14	9.40	ns	ns
Stream Intensive/super intensive	ns	ns	ns	ns	ns	ns	ns	-4.95	ns
First Nations	ns	ns	-2.37	ns	ns	ns	-3.72	ns	ns
CALD	ns	-3.12	ns	-3.94	ns	ns	ns	ns	ns
Public housing	ns	ns	ns	ns	2.65	ns	ns	-4.78	-4.69
Residential housing	ns	-5.37	ns	-5.96	ns	-5.81	ns	-	-11.14

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy with where lives	Feel safe at home
Supported housing	ns	ns	ns	ns	ns	ns	ns	-7.73	ns
Lives with parents	ns	ns	-2.41	ns	ns	ns	ns	ns	ns
Lives alone	ns	ns	ns	ns	ns	ns	ns	9.20	ns
Lives with others	ns	ns	ns	ns	ns	ns	ns	9.09	9.15
Ever had SIL in plan	ns	ns	ns	ns	ns	3.79	ns	13.08	ns
Ever had ILO in plan	ns	ns	ns	ns	ns	ns	ns	-15.29	ns
Number of participants	6,055	5,099	6,095	3,936	5,738	4,187	2,991	2,021	1,466

Source: Research and Evaluation Branch analysis of participant outcomes and payments data. Expenditure represents 2022-23 values as per the NDIS Price Guide.

Table C3: Marginal effects for demographic variables that are significant for participants with Down syndrome (p<0.05)

Notes: Marginal effects only shown for variables where the association with outcome attainment is significant at a 5% level of confidence p<0.05; ns = not significant at a 5% level of confidence (p=>0.05).

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy with where lives	Feel safe at home
% that improved	10.8	11.9	6.1	7.4	6.0	8.6	7.0	32.0	33.2
Regional	5.42	5.90	2.90	2.73	3.81	4.12	ns	ns	ns
Remote	3.95	ns	ns	7.29	3.74	5.85	ns	ns	ns
First Nations	ns	ns	-4.79	ns	-3.34	ns	ns	18.35	ns
CALD	ns	ns	ns	ns	-3.32	ns	ns	ns	ns
Public housing	ns	-5.19	ns	-4.57	ns	ns	ns	ns	ns
Residential housing	10.65	ns	ns	ns	ns	ns	ns	ns	ns
Other housing	-4.79	ns	ns	ns	ns	ns	ns	ns	ns
Lives alone	ns	ns	8.61	ns	ns	ns	ns	ns	ns
Ever had SIL in plan	ns	ns	ns	ns	ns	ns	ns	9.36	ns

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy with where lives	Feel safe at home
Ever had ILO in plan	ns	ns	ns	ns	ns	ns	-7.06	ns	ns
Number of participants	5,050	3,821	5,784	4,152	5,255	4,794	2,861	1,073	681

Source: Research and Evaluation Branch analysis of participant outcomes and payments data. Expenditure represents 2022-23 values as per the NDIS Price Guide.

Table C4: Marginal effects for demographic variables that are significant for participants with intellectual disability (p<0.05)

Notes: Marginal effects only shown for variables where the association with outcome attainment is significant at a 5% level of confidence p<0.05; ns = not significant at a 5% level of confidence (p=>0.05).

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy with where lives	Feel safe at home
% that improve	11.60	11.60	7.10	9.01	7.3	9.5	7	26.40	24.90
Disability severity (1-15)	-0.53	-0.36	-0.34	-0.46	-0.32	-0.36	-0.24	ns	ns
Regional	3.55	4.74	2.82	3.37	3.47	2.93	2.49	3.40	ns
Remote	5.62	6.50	3.66	4.98	5.65	4.45	4.46	2.70	ns
Fully agency managed	1.37	ns	0.92	ns	ns	1.07	1.90	ns	3.36

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy with where lives	Feel safe at home
Stream Intensive/super intensive	ns	ns	ns	ns	ns	ns	ns	-4.50	-5.51
Stream Complex	ns	ns	ns	ns	ns	ns	ns	-10.30	-8.59
First Nations	ns	ns	ns	ns	ns	ns	ns	-3.37	ns
CALD	ns	ns	ns	ns	ns	ns	ns	-4.60	-5.54
Public housing	ns	ns	ns	ns	ns	-1.33	ns	-3.17	ns
Other housing	-2.23	ns	-1.87	ns	-1.83	ns	ns	ns	ns
Lives with parents	ns	-2.23	ns	ns	ns	ns	ns	ns	ns
Lives alone	4.01	ns	3.00	ns	2.88	2.53	ns	ns	ns
Ever had SIL in plan	2.41	3.75	2.06	2.21	1.50	ns	2.94	ns	5.54

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy with where lives	Feel safe at home
Number of participants	26,236	16,428	27,480	19,640	24,814	24,157	12,781	9,212	6,837

Source: Research and Evaluation Branch analysis of participant outcomes and payments data. Expenditure represents 2022-23 values as per the NDIS Price Guide.

Table C5: Marginal effects for demographic variables that are significant for participants with psychosocial disability (p<0.05)

Notes: Marginal effects only shown for variables where the association with outcome attainment is significant at a 5% level of confidence p<0.05; ns = not significant at a 5% level of confidence (p=>0.05).

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy where lives	Feel safe at home
% that improved	10.9	11.1	7.3	9.0	7.7	10.1	5.7	20.9	17.4
Disability severity (1-15)	ns	ns	-0.51	ns	-0.26	ns	ns	-0.61	-0.46
Regional	5.31	4.83	ns	3.70	3.56	2.71	ns	4.86	2.85
Remote	5.13	5.06	ns	4.87	4.78	3.29	4.27	3.48	ns
Fully agency managed	ns	ns	ns	ns	2.21	2.51	2.73	ns	ns
Stream Intensive/super intensive	ns	ns	ns	ns	ns	ns	ns	-4.82	-5.04
Stream Complex	ns	ns	ns	ns	4.19	4.21	ns	-7.15	-6.36
First Nations	-2.48	ns	ns	-2.74	-3.30	ns	ns	ns	ns
CALD	-2.41	-4.15	ns	-2.36	ns	-3.39	ns	ns	ns

Variable	Task independence	Personal care	Travel independence	Communication independence	Get out of the house with minimal assistance	Self-financial management	Technology use	Happy where lives	Feel safe at home
Public housing	ns	ns	ns	ns	ns	ns	ns	-4.28	-3.10
Residential housing	-4.65	ns	ns	ns	ns	ns	ns	-4.42	ns
Lives with parents	ns	ns	ns	ns	ns	-2.77	ns	ns	ns
Lives alone	ns	ns	ns	ns	1.62	ns	ns	ns	3.15
Lives with others	ns	-4.54	ns	ns	ns	ns	ns	ns	3.91
Ever had SIL in plan	ns	3.39	ns	ns	ns	ns	ns	ns	ns
Number of participants	12,130	4,789	9,584	7,364	10,263	8,298	3,274	8,197	6,798

Source: Research and Evaluation Branch analysis of participant outcomes and payments data. Expenditure represents 2022-23 values as per the NDIS Price Guide.

Appendix D. Detailed statistical outputs for capacity building supports

Table D1: Capacity building support categories with a significant impact on H&L outcomes

Notes:

- Table D1 presents the capacity building support categories where there is a significant association between expenditure and home and living-related outcomes. In all cases the duration of receiving support is significant rather than the average daily amount of expenditure, although in some cases the interaction between duration and average daily expenditure is significant.
- % change in likelihood per additional $1,000 per year (range) at the average duration in days between first receiving supports in the support category and the survey of interest.
- % change in likelihood per additional year of receiving support (range) at the average daily expenditure between first receiving supports in the support category and the survey of interest.
- The range covers the average marginal effect for all outcomes where models estimated an effect at a 5% level of significance.
- Where no value is reported against "% change in likelihood per additional $1,000 per year (range)", the interaction between average daily expenditure and the duration of support was significant at a 5% level of significance. However, the marginal effect of average daily expenditure alone was not significant. This means that average daily expenditure only has a significant impact on outcome attainment as the duration of receiving support increases or decreases.

CB support category	Primary disability	Outcomes attained	% change in likelihood per additional $1,000 per year (range)	% change in likelihood per additional year of receiving support (range)
Support coordination	Intellectual	• Undertake domestic tasks independently • Communication independently	-	(0.62 - 0.66)

CB support category	Primary disability	Outcomes attained	% change in likelihood per additional $1,000 per year (range)	% change in likelihood per additional year of receiving support (range)
Support coordination	Autism	• Travel independently	-0.092	0.51
Support coordination	Psychosocial	• Undertake domestic tasks independently • Feel safe at home	0.05 -	1.05 1.16
Daily living	Psychosocial	• Travel independently	-	1.21
Life choices	Cerebral palsy	• Happy with where you live[4]	1.98	-1.07
Social and community participation	Cerebral palsy	• Communication independently	-	1.96
Social and community participation	Down Syndrome	• Personal care	-	1.96
Social and community participation	Intellectual	• Undertake domestic tasks independently • Leave the house with minimal assistance • Manage finances independent	-	(0.70 - 1.06)
Social and community participation	Autism	• Undertake domestic tasks independently	-0.07	-0.37
Finding and keeping a job	Autism	• Travel independently • Manage finances independent	-	(0.81 – 1.02)

CB support category	Primary disability	Outcomes attained	% change in likelihood per additional $1,000 per year (range)	% change in likelihood per additional year of receiving support (range)
Finding and keeping a job	Intellectual	• Travel independently	0.03	0.06
Finding and keeping a job	Down Syndrome	• Personal care	-	2.99
Finding and keeping a job	Psychosocial	• Feel safe at home		3.04
Health and wellbeing	Intellectual	• Leave the house with minimal assistance • Feel safe at home	0.05 -	(- 0.75 - 3.47)
Health and wellbeing	Down Syndrome	• Communication independently • Leave the house with minimal assistance	-	(1.68 – 2.08)

Source: Research and Evaluation Branch analysis of participant outcomes and payments data.

Table D2: Capacity building support categories with a significant impact on H&L outcomes, by primary disability

Notes:

- Table D2 presents the same data by the 5 included primary disability cohorts.
- "% change in likelihood per additional $1,000 per year (range)" is at the average duration in days between first receiving supports in the support category and the survey of interest.
- "% change in likelihood per additional year of receiving support (range)" is at the average daily expenditure between first receiving supports in the support category and the survey of interest.
- The range covers the average marginal effect for all outcomes where models estimated an effect at a 5% level of significance.
- Where no value is reported against "% change in likelihood per additional $1,000 per year (range)", the interaction between average daily expenditure and the duration of support was significant at a 5% level of significance. However, the marginal effect of average daily expenditure alone was not significant. This means that average daily expenditure only has a significant impact on outcome attainment as the duration of receiving support increases or decreases.

Primary disability	CB support category	Outcomes attained	% change in likelihood per additional $1,000 per year (range)	% change in likelihood per additional year of receiving support (range)
Autism	Social and community participation	• Undertake domestic tasks independently	-0.07	-0.37
Autism	Support coordination	• Travel independently	-0.92	0.51
Autism	Finding and keeping a job	• Travel independently • Manage finances independent	-	(0.81 – 1.02)

Primary disability	CB support category	Outcomes attained	% change in likelihood per additional $1,000 per year (range)	% change in likelihood per additional year of receiving support (range)
Cerebral palsy	Social and community participation	• Personal care • Communication independently	0.001 -	0.62 1.96
Cerebral palsy	Life choices	• Happy with where you live	1.98	-1.07
Down syndrome	Social and community participation	• Personal care	-	1.96
Down syndrome	Finding and keeping a job	• Personal care	-	2.99
Down syndrome	Health and wellbeing	• Communication independently • Leave the house with minimal assistance	-	(1.68 – 2.08)
Intellectual disability	Support coordination	• Undertake domestic tasks independently • Communication independently	-	(0.62 - 0.66)
Intellectual disability	Social and community participation	• Undertake domestic tasks independently • Leave the house with minimal assistance • Manage finances independent	-	(0.70 - 1.06)

Primary disability	CB support category	Outcomes attained	% change in likelihood per additional $1,000 per year (range)	% change in likelihood per additional year of receiving support (range)
Intellectual disability	Finding and keeping a job	• Travel independently	0.03	0.06
Intellectual disability	Health and wellbeing	• Leave the house with minimal assistance • Feel safe at home	0.05 -	-0.75 - 3.47
Psychosocial	Support coordination	• Undertake domestic tasks independently • Feel safe at home	0.05 -	1.05 1.16
Psychosocial	Daily living	• Travel independently	-	1.21
Psychosocial	Finding and keeping a job	• Feel safe at home	-	3.04

Source: Research and Evaluation Branch analysis of participant outcomes and payments data.

Appendix E. Correlation coefficients between participant and informal supporter survey responses

Table E1: NDIS participant and informal supporter reported correlation between the adequacy of support to develop skills and disability type

Note: Asterisk indicates statistically significant correlation (p>0.10)

Skill area	Choosing, finding, and keeping a place to live	Getting and using home and living funding	Community participation	Social skills	Health and wellbeing	Daily tasks	Using technology to assist with daily tasks
Autism	-0.128	-0.189	-0.07	0.004	-0.042	0.126	-0.047
Intellectual Disability	-0.028	-0.048	0.053	0.05	-0.091	-0.132	**-0.273***
Down Syndrome	-0.083	0.192	-0.065	0.06	-0.119	-0.174	-0.239
Psychosocial	-0.074	0.05	-0.157	-0.028	-0.02	-0.166	0.215
Cerebral palsy	-0.201	0.019	-0.016	-0.14	0.197	-0.002	**-0.254***

Source: Research and Evaluation Branch analysis of online participant and informal supporter survey.

Table E2: NDIS participant and informal supporter reported correlation between the adequacy of support to develop skills and who provides support

Note: Asterisk indicates statistically significant correlation (p>0.10)

Skill area	Choosing, finding, and keeping a place to live	Getting and using home and living funding	Community participation	Social skills	Health and wellbeing	Daily tasks	Using technology to assist with daily tasks
Family or friends who are paid	0.015	-0.188	**0.203**[*]	0.165	**-0.232***	0.065	0.119
Family or friends who are not paid	-0.038	0.051	0.07	0.093	0.017	-0.004	-0.038
Support workers	0.113	0.16	0.042	0.001	-0.056	**-0.180**[*]	**-0.263**[*]
Housemates or host family	0.157	0.018	0.138	0.165	0.083	0.025	-0.103
Healthcare professional	0.014	-0.105	**-0.172**[*]	0.111	0.094	**0.282**[*]	-0.191
Someone else	-0.078	-0.066	0.087	0.192	-0.026	0.157	-0.018

Source: Research and Evaluation Branch analysis of online participant and informal supporter survey.

Table E3: NDIS participant and informal supporter reported correlation between the adequacy of support to develop skills and where that support is provided

Note: Asterisk indicates statistically significant correlation (p>0.10)

Skill area	Choosing, finding, and keeping a place to live	Getting and using home and living funding	Community participation	Social skills	Health and wellbeing	Daily tasks	Using technology to assist with daily tasks
In my home	**0.449***	0.133	-0.022	0.214	0.157	-0.072	0.22
Someone else's home	-0.083	-0.098	-0.071	**0.252***[*]	0.036	0.072	0.043
School or training centre	-0.039	0.224	-0.075	0.044	0	0.072	0.086
Disability service	0.032	0.051	0.065	0.014	0.014	0.223	-0.13
Health clinic	0	-0.128	0.038	-0.058	0.042	**0.249***	0.043
Telehealth	0.228	0.051	-0.005	0.058	0.067	0.063	-0.012

Source: Research and Evaluation Branch analysis of online participant and informal supporter survey.

Table E4: NDIS participant and informal supporter reported correlation between the adequacy of support to develop skills and home and living arrangement and funding

Note: Asterisk indicates statistically significant correlation (p<0.10)

Skill area	Choosing, finding, and keeping a place to live	Getting and using home and living funding	Community participation	Social skills	Health and wellbeing	Daily tasks	Using technology to assist with daily tasks
Alone	0.35	0.447	0.083	0.33	0.083	0.335	0.158
Family Home	0	0	-0.052	-0.072	0.045	0	0.25
Group Home	0	0	0.145	-0.22	-0.131	-0.256	0
Shared House	0.076	-0.333	0.145	-0.323	0.083	0	-0.189
Other living arrangement	-0.459	-0.333	-0.374	-0.072	-0.083	-0.14	-0.189
ILO funding	0.189	**0.404***	-0.028	0.079	0.04	0.072	0.24
SIL funding	0.028	0.06	0.144	0.122	0.16	-0.036	0.126
SDA funding	0.132	0.316	0.206	0.039	0.018	**0.309***	-0.012
Improved daily living skills funding	0.169	0.065	0.075	0.15	0.074	0.104	-0.072

Source: Research and Evaluation Branch analysis of online participant and informal supporter survey.

Table E5: Formal supporter reported correlation between the adequacy of support to develop skills and disability type

Note: Asterisk indicates statistically significant correlation (p<0.10)

Skill area	Choosing, finding, and keeping a place to live	Getting and using home and living funding	Community participation	Social skills	Health and wellbeing	Daily tasks	Using technology to assist with daily tasks
Autism	0.083	-0.09	-0.107	**-0.174***	-0.176	-0.107	0.027
Intellectual Disability	-0.134	-0.18	**-0.149***	-0.083	0.008	0.014	0.155
Down Syndrome	-0.136	-0.132	**0.148***	-0.036	-0.077	-0.038	0.004
Psychosocial	-0.021	0.044	-0.04	-0.08	-0.120	-0.116	-0.184
Cerebral palsy	0.007	-0.053	0.13	-0.002	-0.138	-0.059	-0.088

Source: Research and Evaluation Branch analysis of online participant and informal supporter survey.

Table E6: Formal supporter reported correlation between the adequacy of support to develop skills and who provides support

Note: Asterisk indicates statistically significant correlation (p<0.10)

Skill area	Choosing, finding, and keeping a place to live	Getting and using home and living funding	Community participation	Social skills	Health and wellbeing	Daily tasks	Using technology to assist with daily tasks
Family or friends who are paid	-0.019	0.031	-0.041	-0.062	-0.057	-0.100	-0.033
Family or friends who are not paid	-0.166	-0.06	0.148	0.166	-0.135	-0.038	-0.011
Support workers	-0.084	-0.048	**0.089***	0.181	0.055	0.156	-0.248
Housemates or host family	-0.011	0.051	-0.054	**-0.134***	0.139	-0.001	**0.042***
Healthcare professional	0.074	-0.143	-0.021	0.091	0.086	-0.005	0.063

Source: Research and Evaluation Branch analysis of online participant and informal supporter survey.