Delivered by the
National Disability
Insurance Agency

Health and wellbeing of NDIS participants and their families and carers

Data at 30 June 2023

SUMMARY

Based on data collected from the Outcomes Framework questionnaires (Short Form and Long Form)

Contents

Section 1:

Introduction

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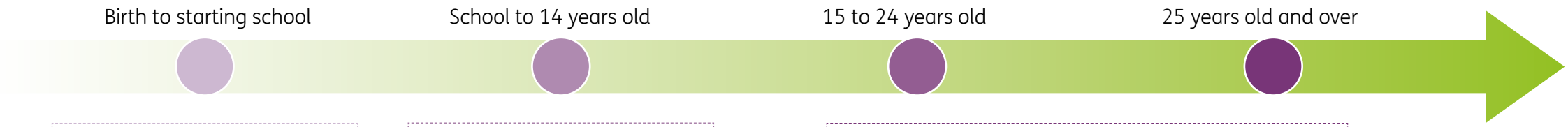
1.1
Outcomes Framework questionnaires

Outcomes Framework: Participants

A lifespan approach to measuring participants' goals and outcomes across main life domains has been used.

This report focuses on the health and wellbeing domain.

Lifespan approach: four age-based cohorts



Domain 1: Daily living
Domain 2: Choice and control
Domain 3: Relationships
Domain 4: Social, community and civic participation
Domain 5: Specialist services

Domain 1: Daily living
Domain 2: Lifelong learning
Domain 3: Relationships
Domain 4: Social, community and civic participation

Domain 1: Choice and control
Domain 2: Daily living
Domain 3: Relationships
Domain 4: Home
Domain 5: Health and wellbeing
Domain 6: Lifelong learning
Domain 7: Work
Domain 8: Social, community and civic participation

While most domains overlap, goals and outcomes may differ depending on the age group.

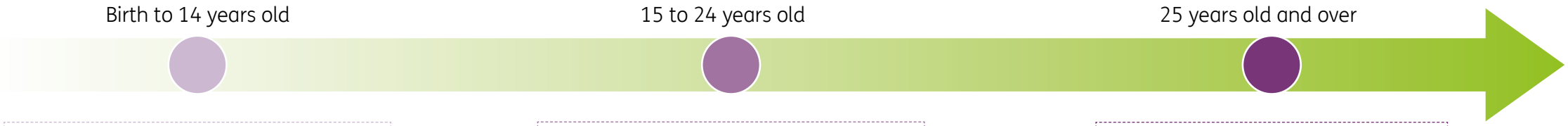
This approach facilitates monitoring of participants' progress over time, as well as benchmarking to Australians without disability and to other OECD countries.

Outcomes Framework: Families and carers

A lifespan approach to measuring family/carer outcomes across main life domains has also been used.

This report focuses on the health and wellbeing domain.

Lifespan approach: three cohorts, based on participant age



Domain 1: Rights and advocacy
Domain 2: Support
Domain 3: Access to services
Domain 4: Development
Domain 5: Health and wellbeing
Domain 6: Understanding of child's strengths, abilities and special needs

Domain 1: Rights and advocacy
Domain 2: Support
Domain 3: Access to services
Domain 4: Independence
Domain 5: Health and wellbeing
Domain 6: Understanding of child's strengths, abilities and special needs

Domain 1: Rights and advocacy
Domain 2: Support
Domain 3: Access to services
Domain 4: Succession plans
Domain 5: Health and wellbeing

Many of the issues faced by families and carers are similar regardless of participant age (for example, being able to work as much as they want), however there are some differences (for example, families and carers of young children will be focussed on helping their child's early development and learning, whereas families and carers of young adults will want to help their family member to become as independent as possible). As for participants, the approach facilitates monitoring of progress for families/carers, as well as benchmarking, for example, against the Australian Population as a whole.

Short Form (SF) and Long Form (LF)

The SF is completed by all participants and a family member or carer where possible, and contains questions useful for planning as well as key indicators to monitor and benchmark over time.

The LF is completed for a subset of participants, and includes some additional questions allowing more detailed investigation of participant and family/carer experience, and additional benchmarking.

For both the SF and the LF, participants are interviewed at baseline (Scheme entry), and are reinterviewed approximately annually, so that within-individual changes in outcomes can be tracked longitudinally over time.

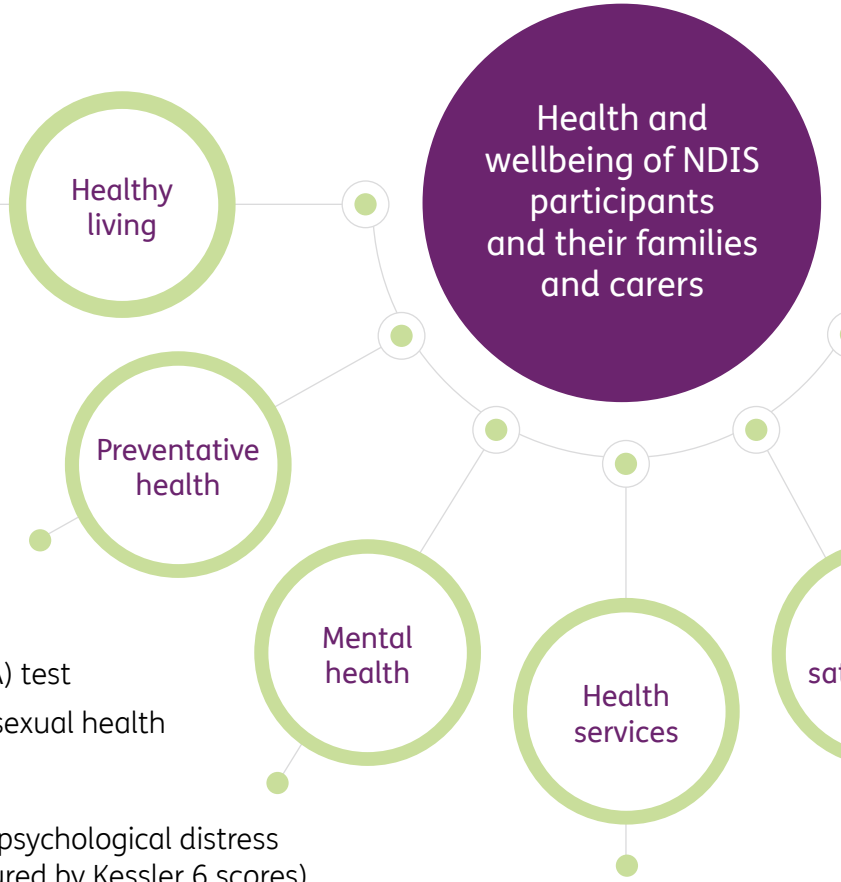
Baseline modelling by participant characteristics has been undertaken for both SF and LF data.

Due to the smaller volume of data available for the LF, longitudinal modelling has only been undertaken for the SF data.

From 14 November 2022 the NDIA commenced trialling a new data system in Tasmania. For the period of the trial, the SF is only being collected for new Tasmanian participants and their families and carers. In addition, at the time this report was being prepared, data from the new system was still undergoing testing. Hence SF data from Tasmanian participants entering the Scheme between 14 November 2022 and 30 June 2023 are not included in this report. The LF is not affected by this data system change.

1.2
Areas of health and wellbeing measured by the questionnaires

Areas of health and wellbeing



- Daily fruit and vegetable intake
- Alcohol use
- Smoking status
- Undertaking of exercises

- Health check
- Visiting a dentist
- Flu vaccination
- Cervical cancer screening
- Mammography screening
- Prostate specific antigen (PSA) test
- Educated and supported for sexual health

- Risk of psychological distress (measured by Kessler 6 scores)
- Level of resilience (measured by Brief Resilience Scale)

- Satisfaction with health services
- Number of hospital visits in the last 12 months
- Having a doctor to see regularly
- Difficulty getting health services

Participant and family/carer saying they feel “delighted”, “pleased”, “mostly satisfied”, “mixed”, “mostly dissatisfied”, “unhappy” or “terrible” about their life outlook

Participant and family/carer health, rated by themselves as “excellent”, “very good”, “good”, “fair” or “poor”

Has involvement with the NDIS improved the health and wellbeing of participants and their families or carers?

Section 2:

Methodology

2

Methodology

Analysis methods by outcome area

Methods of analysis vary by outcome area, as outlined below.

Baseline and longitudinal analysis

Where the Scheme is expected to play a major role in improving the outcome, it is important to consider two components of experience:

1. **Baseline** (Scheme entry), the starting point against which future outcomes will be compared. Recognising that participants do not all enter the Scheme on an equal footing, statistical modelling is used to identify factors that help explain the variation in baseline experience
2. **Longitudinal**, or how outcomes change over a participant's time in the Scheme. Longitudinal analysis tracks the same group of people over time in the Scheme. Statistical modelling is used to identify factors associated with changes in outcomes.

Baseline and longitudinal analysis is used for outcomes in the areas of mental health, health services, life satisfaction and self-rated health.

Cross-sectional analysis

In areas where the Scheme is not primarily responsible for directly influencing outcomes, cross-sectional analysis has been performed. This analysis tracks outcomes over calendar time and includes all available responses at each time point. Unlike longitudinal analysis, each time point includes potentially different groups of people and a mix of different durations in the Scheme. Statistical modelling is not performed as part of this analysis.

Cross-sectional analysis is used for outcomes in the areas of healthy living and preventative health.

Benchmarking

Baseline and cross-sectional outcomes are compared to the general Australian population where population benchmark data is available.

Analysis of linked data

In addition to the self-reported outcomes framework data, NDIS participant data has been linked to Medicare-subsidised health service usage data for financial year 2021–22 in the Person Level Integrated Data Asset (PLIDA)[1]. These results enable comparison of service usage between NDIS participants and the general Australian population. Types of service considered are GP, allied health and mental health services. The analysis includes proportions of participants accessing these services, and numbers of services accessed. Results are presented by age group, primary disability type, gender and Indigenous status.

1 Person Level Integrated Data Asset (PLIDA) | Australian Bureau of Statistics (abs.gov.au)

Methodology

Analysis methods by outcome area cont.

Perceptions of whether the NDIS has helped

The outcomes framework also asks participants and their family and carers whether they think their involvement with the NDIS has improved their health and wellbeing. Results are presented by reassessment time point, starting from reassessment 1 (since the Scheme has not had an opportunity to help at baseline). Statistical modelling is used to identify drivers of positive responses at reassessment 1 as well as drivers of changes in responses over time.

Further detail

Further discussion of the methodology is contained in the full version of the report.

Methodology

Population benchmarks

The table on the right lists the population benchmarks referenced in this report, survey question wordings in the benchmark, as well as the years in which each population benchmark is available.

Key to abbreviations

Abbreviation	Full name
AIHW	Australian Institute of Health and Welfare
HILDA	Household, Income and Labour Dynamics in Australia
NCIRS	National Centre for Immunisation Resarch and Surveillance
NHS	National Health Survey
PEIA	Patient Experience in Australia

NDIS indicator	Benchmark source	Benchmark wording	Time points available in the benchmark						
			2016	2017	2018	2019	2020	2021	2022
Daily fruit intake	NHS	Usual daily servces of fruit		✓			✓		
Daily vegetable intake	NHS	Usual daily servces of vegetables		✓			✓		
Whether drink alcohol	NHS	Frequency of alcohol consumption in the last 12 months		✓			✓		
Alcohol frequency	NHS	Frequency of alcohol consumption in the last 12 months		✓			✓		
Standard drinks of alcohol per occasion	NHS	Number of standard drinks by day		✓			✓		
Smoking status	NHS	Daily smoker status		✓			✓		
Frequency of undertaking exercise	Not applicable		×	×	×	×	×	×	×
Frequency of vigorous exercise	Not applicable		×	×	×	×	×	×	×
Health check in the past past 12 months	HILDA	Have you had any of the health check-ups or tests in the last 12 months		✓				✓	
Dentist visit in the past 12 months	PEIA	Needed to and saw a dental professional	✓	✓	✓	✓	✓	✓	
Flu vaccination in the past 12 months	NCIRS	Recorded coverage of seasonal influenza vaccine				✓	✓	✓	
Education and support for sexual health	La Trobe University[1]	Who received RSE (relationships and sexual education)						✓	
Had a PAP test in the past 12 months	HILDA	Had check-up or test in last 12 months – Pap smear		✓					
Had a cervical screening in the past 5 years	AIHW	Had a screening HPV test between 1 January 2018 and 31 December 2021						✓	

1 Participants aged 14–15 only

Methodology

Population benchmarks cont.

Key to abbreviations

Abbreviation	Full name
AIHW	Australian Institute of Health and Welfare
HILDA	Household, Income and Labour Dynamics in Australia
NCIRS	National Centre for Immunisation Resarch and Surveillance
NHS	National Health Survey
PEIA	Patient Experience in Australia

NDIS indicator	Benchmark source	Benchmark wording	Time points available in the benchmark						
			2016	2017	2018	2019	2020	2021	2022
Had a mammogram in the past 12 months	HILDA	Had check-up or test in last 12 months – Breast screening		✓				✓	
Have had a PSA test	HILDA	Had check-up or test in last 12 months – Prostate check		✓				✓	
Psychological distress	HILDA	Kessler Psychological Distress Scale (K10) risk categories[1]		✓		✓		✓	
Mental resilience	Not applicable		×	×	×	×	×	×	×
Satisfaction with health services	Not applicable		×	×	×	×	×	×	×
Hospital visits in the past 12 months	HILDA	Number of hospital admissions (including 0)		✓				✓	
Whether have a regular doctor	HILDA	Is there one particular doctor you usually see if you are sick or need health advice		✓				✓	
Difficulty accessing health services	Not applicable		×	×	×	×	×	×	×
Participant life satisfaction	Not applicable		×	×	×	×	×	×	×
Family/carer life satisfaction	Not applicable		×	×	×	×	×	×	×
Participant self-rated health	HILDA	Self-assessed health	✓	✓	✓	✓	✓	✓	
Family/carer self-rated health	HILDA	Self-assessed health	✓	✓	✓	✓	✓	✓	
Participant saying the NDIS helped	Not applicable		×	×	×	×	×	×	×
Family/carer saying the NDIS helped	Not applicable		×	×	×	×	×	×	×

1 HILDA K10 scores have been mapped to NDIS K6 score when benchmarking is performed to align risk categories

Methodology

Explanatory variables considered in the models

The table on the following page presents lists of participant and family/carer characteristics that have been considered in the modelling described on slide 11.

Participant and family/carer models are distinguished by:

- Addition of carer age and respondent relationship to participant for families and carers
- Addition of SIL and YPIRAC (in residential aged care before age 65) status for participants.

Baseline and trend models are distinguished by the following:

- Addition of interaction terms between age and gender, as well as age and disability type in baseline models
- Addition of secondary psychosocial disability flag in baseline models
- Addition of plan funding, composition, management type, utilisation and time in Scheme in trend models.

Methodology

Modelled characteristics

Feature category	Characteristic	Participant models		Family/carer models	
		Baseline[1]	Trend[2]	Baseline[1]	Trend[2]
Demographics	Participant age	✓	✓	✓	✓
	Participant gender	✓	✓	✓	✓
	Family/carer age	×	×	✓	✓
	Respondent relation to participant	×	×	✓	✓
	CALD status	✓	✓	✓	✓
	Indigenous status	✓	✓	✓	✓
Scheme entry	Reporting entry type	✓	✓	✓	✓
	Scheme access criteria	✓	✓	✓	✓
Disability	Primary disability type	✓	✓	✓	✓
	Whether has secondary disabilities	✓	✓	✓	✓
	Whether has a secondary psychosocial disability	✓	×	✓	×
	Level of function	✓	✓	✓	✓
Geographical	State/Territory	✓	✓	✓	✓
	Remoteness	✓	✓	✓	✓
	Unemployment rate in LGA	✓	✓	✓	✓

Feature category	Characteristic	Participant models		Family/carer models	
		Baseline[1]	Trend[2]	Baseline[1]	Trend[2]
Living arrangement	Whether in Supported Independent Living (SIL)	✓	✓	×	×
	Whether been in residential aged care before age 65	✓	✓	×	×
Plan features	Annualised plan funding	×	✓	×	✓
	Composition of plan funding	×	✓	×	✓
	Plan management type	×	✓	×	✓
	Level of support to connect with NDIS	✓	✓	✓	✓
	Plan utilisation	×	✓	×	✓
Time variables	COVID-19 indicators	✓	✓	✓	✓
	General time trend	✓	✓	✓	✓
	Change in time trend after each COVID time point	✓	✓	✓	✓
	Time in Scheme	×	✓	×	✓
Other interactions	Select age and gender effects[3]	✓	×	✓	×
	Select age and disability effects[3]	✓	×	✓	×

1 Including models for "Has the NDIS Helped" questions at R1.
2 Including longitudinal changes in responses to "Has the NDIS Helped" questions after R1.
3 Required interaction terms are determined by observing two-way plots where gender/disability have a different effect on the health outcome at different age groups.

Section 3:

Key messages

3

Participant

Healthy living

Calendar-year trend and comparison with Australian population

Alcohol consumption
Compared to the Australian population, NDIS participants tend to drink less frequently, and consume less when they do drink.

Smoking
The percentage of the Australian population who have ever smoked decreased between 2017 and 2020, while the percentage of NDIS participants who have ever smoked has increased.

Exercise
The proportion of NDIS participants who said they undertook exercise has increased between 2016 and 2021.

By age, primary disability type and level of function[1]

Fruit and vegetable consumption
Higher percentages of older participants meet the recommended daily intake according to Australian Recommended Guidelines (ARG) for fruit and vegetables.

Alcohol consumption
Participants with multiple sclerosis have the highest percentage drinking alcohol, but they tend to drink fewer standard drinks per occasion than other disability types.

The percentage of participants who do not drink alcohol is higher for participants with lower levels of function.

Smoking
Participants with psychosocial disability have the highest percentage that are current smokers.

1 One-way analyses, not controlling for other factors.

Participant

Preventative health

Calendar-year trend and comparison with Australian population

Health check
The percentage of NDIS participants who had a health check in the past 12 months is higher than that of the Australian population, with the difference being larger for males.

Flu vaccination
The percentage of NDIS participants who had a flu shot in the past 12 months increased steadily from 2016 to 2022 except for a small decrease in 2021, possibly due to COVID.

Screenings
The percentage of NDIS participants who have been screened for cervical cancer, breast cancer and prostate cancer decreased slightly over time.

By age, primary disability type and level of function[1]

Health check and dentist visit
The percentage of participants who have had a health check in the past 12 months increases with age after age 25.

Participants aged 15 to 17 have by far the highest percentage who have seen a dentist in the past 12 months.

Sexual health education
Younger participants, as well as participants with autism (possibly also age related) have notably higher percentages being educated and supported for sexual health.

Screenings
Older participants tend to see higher percentages being screened for breast cancer or prostate cancer.

1 One-way analyses, not controlling for other factors.

Participant

Mental health

Calendar-year trend and comparison with Australian population

- Participants who entered the Scheme later, as well as female participants, tend to see lower levels of resilience and higher psychological distress
- The percentage of NDIS participants experiencing high or very high distress is more than triple that of the Australian population.
- Participants who are less resilient tend to be more psychologically distressed
- Participants with psychosocial disability, whether primary or secondary, tend to experience high level of psychosocial distress and have low level of resilience.

Significant changes in outcomes longitudinally and drivers of changes

- Male participants tend to have greater improvements in resilience longitudinally
- The percentage of participants with high or very high psychological distress reduced by 4 percentage points after 2 years in the Scheme
- Increases in resilience are associated with reductions in psychological distress.

Participant

Health services 1/2

Drivers of baseline outcomes and comparison with Australian population

Satisfaction with health services
Participants with Down syndrome are more than twice as likely as those with intellectual disability to be satisfied with the health service they received.

Hospital visits
The percentage of NDIS participants who have been to the hospital in the past 12 months is more than triple the Australian population. The percentage is higher for females, as well as those who entered the Scheme in later years.

Difficulty accessing health services
Lower percentages of participants entering the Scheme in later years have no difficulty accessing health services.

Significant changes in outcomes longitudinally and drivers of changes

Hospital visits
The percentage of participants who have been to the hospital in the past 12 months decreased by around 5 percentage points in their first year in Scheme for all time-in-Scheme cohorts.

Regular doctor
Participants who utilised smaller proportions of their previous plan are less likely to start seeing a regular doctor and more likely to stop seeing their regular doctor.

Barriers to accessing health services
Of those having difficulty accessing health services, in later reassessments, lower percentages say lack of support is a reason, and higher percentages say it is due to access issues.

Participant

Health services 2/2

Proportion accessing Medicare-subsidised services and comparison to Australian population

Accessing Medicare-subsidised allied health services

Over half of the participants with multiple sclerosis and stroke accessed Medicare-subsidised allied health services, the highest among the disability types during FY2021/22.

Accessing Medicare-subsidised GP services

The highest proportion of NDIS participants accessing Medicare-subsidised GP services were those with multiple sclerosis, spinal cord injury and stroke during FY2021/22.

Accessing Medicare-subsidised mental health services

The proportion of NDIS participants accessing Medicare-subsidised mental health services was nearly twice the proportion for the Australian population.

Number of Medicare-subsidised services accessed and comparison to Australian population

Accessing Medicare-subsidised GP services

Participants with psychosocial disability consulted a GP the most often of all primary disabilities during the financial year. Conversely, participants with autism had one of the lowest levels of GP consultations among the various disability types.

Accessing Medicare-subsidised allied health services

Overall, the average number of allied health consultations by NDIS participants and the Australian population were the same during FY2021/22.

Accessing Medicare-subsidised mental health services

The number of mental health consultations by participant with psychosocial disability exceeded the NDIS participant average by nearly 50%.

Participant and families or carers

Life satisfaction (feeling “delighted”, “pleased” or “mostly satisfied”)

Drivers of baseline outcomes

- Life satisfaction at baseline is slightly worse for participants who entered in later years but slightly better for families and carers of participants who entered in later years
- The percentage of family/carers with a positive outlook is higher where the participant also has a positive life outlook
- Participants with intellectual disability are more likely than most other disability types to have a positive outlook; while among families and carers, mothers tend to be more pessimistic than most other relationship types.

Significant changes in outcomes longitudinally and drivers of changes

- The percentage of participants who have a positive life outlook increased by 17 percentage points for those who have been in the Scheme for 4 years
- Life satisfaction of participants with Down syndrome, intellectual disability, or sensory disability is more likely to improve and less likely to deteriorate, compared to those with psychosocial disability
- Mothers of NDIS participant who have been in the Scheme for 4 years see an increase of 8.5 percentage points in the percentage with a positive life satisfaction
- Compared to mothers, fathers’ life satisfaction is more likely to improve and less likely to deteriorate
- Among participants whose life satisfaction improved from baseline to latest reassessment, half (49.9%) of their family/carers’ life satisfaction also improved, compared to 35.7% of families and carers of participants whose life satisfaction did not change, and 24.5% for those deteriorated.

Participant and families or carers

Self-rated health (rating own health as “excellent”, “very good” or “good”)

Drivers of baseline outcomes and comparison with Australian population

- The percentage of participants rating their health positively at baseline decreased by around 20 percentage points from 2016 to 2021 for both males and females, while that of the Australian population remained relatively constant at a much higher level than NDIS participants
- NDIS fathers tend to rate their health more positively than mothers and spouse/partners but still less positively than Australian males overall
- For both participants and family/carers, there is a decreasing age trend in respondents rating their health positively from age 18 to 54
- Higher percentages of family/carers rate their health positively if the participant does so as well; in particular, mothers’ self-rated health is more sensitive to the participants’ than other relationship types.

Significant changes in outcomes longitudinally and drivers of changes

- Participants with higher levels of function, males, those who are not from an Indigenous or CALD background, those with no secondary disability, those living in Supported Independent Living (SIL) or who have ever been in residential aged care before age 65 (YPIRAC) are all more likely to improve and less likely to deteriorate in self-rated health
- Families and carers of participants with autism are less likely to improve and more likely to deteriorate in self-rated health compared to most other disability types
- Fathers are more likely to improve and less likely to deteriorate in self-rated health than mothers
- From baseline to latest reassessment, families/carers' self-rated health was more likely to improve when participants’ self-rated health improved.

Participant and families or carers

Has the NDIS helped (saying the NDIS improved their health and wellbeing)

Drivers of reassessment 1 outcomes

- The percentage of NDIS participants saying the NDIS improved their health and wellbeing at reassessment 1 has increased each year from 2018 to 2023
- The proportion of NDIS parents (mothers or fathers) saying the NDIS helped at reassessment 1 increased by around 10 percentage points from 2018 to 2021. Lower increases were observed for other carers
- For family/carers aged 18 to 44, the proportion saying the NDIS helped at reassessment 1 decreased with age for parents, but increased with age for spouse/partners
- Older participants are more likely to say the NDIS improved their health and wellbeing
- Families and carers living outside major cities are less likely to say the NDIS helped
- At reassessment 1, just 14.8% of families and carers said the NDIS helped if their participant said the NDIS did not help; compared to 63.1% of families and carers saying the NDIS helped if the participant said the NDIS helped.

Change in outcomes in reassessment 2 and beyond

- For both males and females, the percentage of participants saying the NDIS helped increased each year, from reassessment 1 to reassessment 6
- The percentage of NDIS parents saying the NDIS helped is lower at later reassessments, while this percentage is higher at later reassessments for spouse/partners, grandparents and siblings
- Participants who utilised lower percentages of their previous plan are less likely to improve and more likely to deteriorate in their rating of whether the NDIS helped.

Section 4:

Summary by health and wellbeing areas

4.1
Healthy living and preventative health:

Cross-sectional analysis

Key statistics

Healthy living and preventative health

Explanatory notes

- Where a population benchmark is available, comparison of NDIS experience to Australian population is performed at the latest timepoint where the population benchmark is available. For example, daily fruit intake uses NHS 2020 as a benchmark and the comparison is to NDIS responses during 2020.
- In the comparison of NDIS to Australian population, differences are categorised as: “much higher” if NDIS percentage is over 15 pp higher than the Australian population; “notably higher” if NDIS percentage is 5-15 pp higher than the Australian population; “slightly higher” if NDIS percentage is 2-5 pp higher than the Australian population; “similar” if NDIS percentage is +/-2 pp of the Australian population; “slightly lower” if NDIS percentage is 2-5 pp lower than the Australian population; “notably Lower” if NDIS percentage is 5-15 pp lower than the Australian population; “much lower” if NDIS percentage is over 15 pp lower than the Australian population.
- NDIS 2022 cross-sectional results and comparisons to Australian population are restricted to age range 15 to 64 as beyond age 65, age distributions for NDIS participants and Australian population are very different.
- For Long Form indicators, NDIS Long Form surveys are carried out in the second half of each calendar year and therefore do not necessarily coincide with survey times in the population benchmark.
- Results for smoking and alcohol are restricted to age range 18 and over.
- Results by age and disability presented in this Section are one-way analyses and do not control for other factors.
- Analysis by disability does not consider disability types where sample size is less than 20, or the “other” disability group.

Key statistics

Healthy living

Outcome indicators	Males		Females		By age group		By disability	
	Compared to Australian population	NDIS percentage 2022	Compared to Australian population	NDIS percentage 2022	Lowest %	Highest %	Lowest %	Highest %
Eating two or more servings of fruit per day	Notably higher	37.3%	Slightly higher	42.0%	45–49 (33.5%)	65+ (53.8%)	Psychosocial disability (32.3%)	Down syndrome (56.3%)
Eating five or more servings of vegetables per day	Similar	6.1%	Slightly higher	10.1%	15–17 (4.5%)	65+ (12.4%)	Intellectual disability (4.1%)	Multiple sclerosis (21.5%)
Drinking alcohol[1]	Much lower	52.8%	Much lower	49.0%	18–24 (44.1%)	30–34 (59.7%)	Down syndrome (10.3%)	Multiple sclerosis (65.3%)
Of those drinking alcohol, drinking less frequently than weekly[1]	Notably higher	51.8%	Much higher	64.3%	65+ (43.0%)	25–29 (74.6%)	Cerebral palsy & other neurological (46.4%)	Intellectual disability (71.3%)
Of those drinking alcohol, having two or fewer standard drinks per occasion[1]	Much higher	57.8%	Notably higher	71.8%	30–34 (54.2%)	65+ (81.6%)	Psychosocial disability (54.4%)	Multiple sclerosis (82.3%)
Past smoker[1]	Slightly lower	22.0%	Slightly lower	23.1%	18–24 (4.9%)	60–64 (38.1%)	Down syndrome (0.0%)	Multiple sclerosis (38.0%)
Current smoker[1]	Similar	19.9%	Similar	17.9%	18–24 (9.0%)	45–49 (31.9%)	Down syndrome (0.0%)	Psychosocial disability (37.4%)
Exercising twice per week or more	Not applicable	67.6%	Not applicable	60.9%	40–44 (58.4%)	15–17 (69.4%)	Psychosocial disability (62.5%)	Sensory disability (73.1%)
Undertaking vigorous exercise weekly or more	Not applicable	39.6%	Not applicable	27.8%	60–64 (18.1%)	15–17 (48.1%)	Psychosocial disability (24.9%)	Autism (42.9%)

1 Participants aged 18 and over only.

Key statistics

Preventative health

Outcome indicators	Males		Females		By age group		By disability	
	Compared to Australian population	NDIS percentage 2022	Compared to Australian population	NDIS percentage 2022	Lowest %	Highest %	Lowest %	Highest %
Had a health check in the last 12 months[1]	Much higher	85.6%	Notably higher	87.7%	25–29 (74.1%)	50–54 (93.9%)	Autism (80.2%)	Acquired brain injury (93.8%)
Seen a dentist in the last 12 months[1]	Slightly higher	52.7%	Similar	56.1%	40–44 (46.1%)	15–17 (74.2%)	Acquired brain injury (49.6%)	Autism (60.5%)
Have been flu-vaccinated in the last 12 months[1,2]	Much higher	60.7%	Much higher	64.2%	15–17 (48.1%)	65+ (80.0%)	Autism (48.6%)	Cerebral palsy & other neurological (78.0%)
Offered education and support for sexual health[1,3]	Much lower	20.7%	Much lower	24.8%	60–64 (6.8%)	15–17 (53.9%)	Multiple sclerosis (11.6%)	Autism (39.3%)
Screened for cervical cancer in the last 5 years (female 25+ only)[1]	Not applicable	Not applicable	Notably lower	55.9%	25–29 (30.8%)	35–39 (67.6%)	Acquired brain injury (41.0%)	Multiple sclerosis (68.6%)
Had a mammogram in the last 12 months (female 40+ only)[1]	Not applicable	Not applicable	Similar	35.6%	40–44 (13.3%)	60–64 (47.4%)	Autism (22.5%)	Multiple sclerosis (40.4%)
Have had a PSA test (male 50+ only)[1]	Not applicable	45.9%	Not applicable	Not applicable	50–54 (35.8%)	60–64 (59.5%)	Psychosocial disability (33.0%)	Cerebral palsy & other neurological (61.8%)

1 Those responding "not sure" are included in the denominator in all the statistics presented in this table.
2 The Australian population benchmark used for flu vaccination is not distinguished by gender.
3 Comparison to Australian population benchmark for education and support for sexual health is only available for participants aged 14 and 15.

4.2
Mental health, health services, life satisfaction and self-rated health:

Baseline and longitudinal analysis, PLIDA data linkage

Key statistics

Mental health, health services, life satisfaction and self-rated health

Explanatory notes

- Where a population benchmark is available, comparisons to NDIS baseline are performed at the latest timepoint where the population benchmark is available. For example, self-rated health uses HILDA 2021 as a benchmark and the comparison is to NDIS new entrants in 2021.
- In the comparison of NDIS baseline to Australian population, differences are categorised as: “much higher” if NDIS percentage is over 15 pp higher than the Australian population; “notably higher” if NDIS percentage is 5-15 pp higher than the Australian population; “slightly higher” if NDIS percentage is 2-5 pp higher than the Australian population; “similar” if NDIS percentage is +/-2 pp of the Australian population; “slightly lower” if NDIS percentage is 2-5 pp lower than the Australian population; “notably lower” if NDIS percentage is 5-15 pp lower than the Australian population; “much lower” if NDIS percentage is over 15 pp lower than the Australian population.
- The NDIS baseline results are for the combined baseline (all entry years are aggregated).
- Baseline analysis is restricted to age range 15 to 64 (only people under 65 are eligible to join the Scheme).
- In the “Baseline to latest reassessment changes by cohort”, arrows denote the direction of percentage point change from baseline to latest reassessment for statistically significant changes; “=” denotes that the change is not significant; “X” denotes the cohort is not reported due to small numbers. Position in the text string represents time in the Scheme, ordered (left to right) from 1 to 6 years. For example, “=↓↓↓=X” means that there were significant decreases between baseline and latest reassessment for those in the Scheme 2, 3 and 4 years; no change for those in the Scheme 1 and 5 years, and results are not shown for those in the Scheme for 6 years due to small numbers.
- For Long Form indicators, NDIS Long Form surveys are carried out in the second half of each calendar year and therefore do not necessarily coincide with survey times in the population benchmark.
- For the modelled baseline results, the “strongest negative” and “strongest positive” effects are the smallest and largest coefficient estimates, respectively, amongst categorical variables with coefficient estimates significantly different from zero at the 0.05 level (compared to the reference level). This assessment is based on point estimates of the coefficients, without regard to precision of estimation.
- For the trend modelling results, the effect is deemed “less likely” when the coefficient estimate is below 1 (less likely than the reference category); “more likely” when the coefficient estimate is above 1 (more likely than the reference category).

Key statistics

Mental health

Outcome indicators	Males			Females			Kessler – BRS relationship	
	NDIS baseline compared to Australian population	NDIS percentage at baseline	Baseline to latest reassessment changes by cohort	NDIS baseline compared to Australian population	NDIS percentage at baseline	Baseline to latest reassessment changes by cohort	Baseline[1]	Trend[1]
Has high/very high psychological distress[2]	Much higher	22.8%	=↓====	Much higher	31.4%	=↓====	Higher distress, lower resilience	Larger increase in distress
Has normal/high resilience[2]	Not applicable	59.7%	↑===↑=	Not applicable	52.7%	======		larger decrease in resilience

Modelled results[1]	Baseline		Trend (one-step)			
			Improvement		Deterioration	
	Strongest negative effect	Strongest positive effect	Least likely to improve[3]	Most likely to improve[3]	Least likely to deteriorate[3]	Most likely to deteriorate[3]
Has high/very high psychological distress	Primary disability: **Down syndrome**	Has secondary psychosocial disability: **Yes**	Not applicable (trend modelling not performed due to small numbers)			
Has normal/high resilience	Primary disability: **Autism**	Primary disability: **Down syndrome**	Not applicable (trend modelling not performed due to small numbers)			

1 Estimated Pearson correlation coefficient significantly different from zero at the 0.05 level.
2 Excludes participants who did not provide a valid response to all 6 constituent survey questions.
3 The effect is considered "less likely" when the coefficient estimate is below 1 (less likely than the reference category); "more likely" when the coefficient estimate is above 1 (more likely than the reference category).

Key statistics

Health services (1/3)

Self-reported outcomes framework data

Outcome indicators	Males			Females		
	NDIS baseline compared to Australian population	NDIS percentage at baseline	Baseline to latest reassessment changes by cohort	NDIS baseline compared to Australian population	NDIS percentage at baseline	Baseline to latest reassessment changes by cohort
Satisfied with health services[1]	Not applicable	87.7%	======	Not applicable	86.6%	======
Have been to the hospital in the last 12 months	Much higher	40.2%	↓↓↓↓↓↓	Much higher	45.8%	↓↓↓↓↓↓
Have a doctor to see on a regular basis	Much higher	83.0%	↑↑↑↑↑↑	Notably higher	87.8%	↑↑↑↑↑↑
Have encountered difficulty accessing health services	Not applicable	34.0%	↓↓↓↓↓↓	Not applicable	59.2%	↓↓↓↓↓↓

1 Excludes participants who did not receive healthcare in the last 12 months.

Key statistics

Health services (2/3)

Modelled results[1]	Baseline		Trend (one-step)			
			Improvement		Deterioration	
	Strongest negative effect	Strongest positive effect	Least likely to improve	Most likely to improve	Least likely to deteriorate	Most likely to deteriorate
Satisfied with health services	Primary disability: **Autism**	Primary disability: **Down syndrome**	Not applicable (trend modelling not performed due to small numbers)			
Have been to the hospital in the last 12 months	Primary disability: **Down syndrome**	Primary disability: reported as "**Other**"[1]	Primary disability: reported as "**Other**"[1]	Has been in residential aged care before age 65: **Yes**	Primary disability: **Autism**	Primary disability: reported as "**Other**"[1]
Have a doctor to see on a regular basis	Remoteness: **Very remote**	Age group: **60–64**	Has been in residential aged care before age 65: **Yes**	Primary disability: **Multiple sclerosis**	Age group: **65+**	Utilisation of the previous plan budget: **0–20%**
Have encountered difficulty accessing health services	Primary disability: **Down syndrome**	Has secondary psychosocial disability: **Yes**	Age group: **45–49**	Has been in residential aged care before age 65: **Yes**	Has been in residential aged care before age 65: **Yes**	Remoteness: **Remote/very remote**

1 "Other" disabilities include disabilities where numbers are too small to be modelled separately, as well as those not included in the one of the 17 NDIS disability groups. It includes spinal cord injury, stroke, other physical disabilities as well as some degenerative conditions.

Key statistics

Health services (3/3)

PLIDA FY2021–22 data linkage results

Metrics	Males		Females		By age group[3]		By disability[3]	
	Compared to Australian population[1,2]	NDIS results FY2021/22[1]	Compared to Australian population[1,2]	NDIS results FY2021/22[1]	Lowest	Highest	Lowest	Highest
Proportion accessing Medicare-subsidised GP services	Notably higher	91.40%	Slightly higher	94.70%	7–14 (88.8%)	65+ (98.1%)	Other sensory/speech (84.4%)	Multiple sclerosis (98.8%)
Average number of Medicare-subsidised GP services accessed[4]	+2	9	+3	12	Not applicable	Not applicable	Other sensory/speech (5)	Psychosocial disability (19)
Proportion accessing Medicare-subsidised Allied health services	Similar	32.70%	Similar	44.20%	0–6 (23.4%)	65+ (61.8%)	Global developmental delay (22.0%)	Multiple sclerosis (60.1%)
Average number of Medicare-subsidised Allied health services accessed[4]	+2	3	+1	4	Not applicable	Not applicable	Other sensory/speech (2)	Psychosocial disability (4)
Proportion accessing Medicare-subsidised Mental health services	Notably higher	17.30%	Notably higher	25.50%	0–6 (7.1%)	35–44 (31.9%)	Global developmental delay (5.7%)	Psychosocial disability (47.5%)
Average number of Medicare-subsidised Mental health services accessed[4]	+1	5	+2	7	Not applicable	Not applicable	Global developmental delay (3)	Psychosocial disability (9)

1 In the "Compared to Australian population" columns, the "+" sign denotes that on average, NDIS participants access these services more frequently than the Australian population by the number that follows; number of visits are rounded to the nearest whole numbers. Differences are calculated from these rounded whole numbers.
2 Comparisons are performed for FY2021-22.
3 Results by age and disability presented here are one-ways and do not control for other factors.
4 Average numbers of services accessed are based on those individuals accessing that particular service at least once in FY 2021-22.

Key statistics

Life satisfaction

Outcome indicators	Participant feeling "delighted", "pleased" or "mostly satisfied"[1]		Family/carer feeling "delighted", "pleased" or "mostly satisfied"[1]					Participant vs family/carer[2]
	Males	Females	Mothers	Fathers	Siblings	Spouse/partner	Grandparents	
NDIS percentage at baseline	48.5%	44.8%	52.6%	58.6%	58.8%	51.0%	56.3%	Positive relationship
Baseline to latest reassessment changes by cohort	==↑↑==	↑↑=↑==	↑=↑↑↑=	====XX	===XXX	====XX	XXXXXX	Positive relationship

Modelled results[1]	Baseline		Trend (one-step)			
			Improvement		Deterioration	
	Strongest negative effect[3]	Strongest positive effect[3]	Least likely to improve[3]	Most likely to improve[3]	Least likely to deteriorate[3]	Most likely to deteriorate[3]
Participant feeling "delighted", "pleased" or "mostly satisfied"	Primary disability: **Psychosocial disability**	Remoteness: **Very remote**	Has secondary disability: **Yes**	Primary disability: **Down syndrome**	Primary disability: **Down syndrome**	Age group: **Aged 15–17**
Family/carer feeling "delighted", "pleased" or "mostly satisfied"	Primary disability: **Psychosocial disability**	Respondent relationship to participant: **Carer (not a family member)**	Carer age group: **45–49**	Participant age group: **45–54**	Participant age group: **45–54**	Respondent relationship to participant: **Spouse/partner**

1 Excludes respondents who answered "Don't know".
2 The conclusions are based on observation from graphs, and do not control for other factors.
3 The effect is considered "less likely" when the coefficient estimate is below 1 (less likely than the reference category); "more likely" when the coefficient estimate is above 1 (more likely than the reference category).

Key statistics

Self-rated health

Outcome indicators	Participant feeling "excellent", "very good" or "good"[5]		Family/carer feeling "excellent", "very good" or "good"					Participant vs family/carer[1]
	Males	Females	Mothers	Fathers	Siblings	Spouse/partner	Grandparents	
NDIS percentage at baseline[2]	51.6%	40.6%	72.8%	77.0%	73.3%	61.5%	48.7%	Positive relationship
NDIS Baseline compared to Australian population	Much lower	Much lower	Notably lower	Somewhat lower	Not applicable[2]	Not applicable[2]	Not applicable[2]	Not applicable
Baseline to latest reassessment changes by cohort[3]	↓↓↓↓↓↓	↓↓↓↓↓↓	↓↓↓↓↓↓	↓↓↓↓↓=	=↓↓↓=X	↓↓↓↓↓X	=↓↓↓XX	Positive relationship

Modelled results[1]	Baseline		Trend (one-step)			
			Improvement		Deterioration	
	Strongest negative effect[3]	Strongest positive effect[3]	Least likely to improve[3]	Most likely to improve[3]	Least likely to deteriorate[3]	Most likely to deteriorate[3]
Participant rating their health as "excellent", "very good" or "good"	Age Group: **50–54**	Primary disability: **Down syndrome**	State/Territory: **TAS**	Age Group: **18–24**	Level of function: **High**	Level of NDIA support: **Complex support structure**
Family/carer rating their health as "excellent", "very good" or "good"	Primary disability: **Multiple sclerosis**	Respondent relationship to participant: **Other family member**[3]	Level of NDIA support: **High/very high**	Carer Age Group: **Under 25**	Respondent relationship to participant: **Siblings**	Response time relative to the start of Delta COVID lockdown: **After**

1 Correlation coefficients have not been calculated. These conclusions are based on observation of graphs.
2 Benchmarking for family/carer are only performed on parents (fathers benchmarked against Australian males and mothers against Australian females).
3 The effect is considered "less likely" when the coefficient estimate is below 1 (less likely than the reference category); "more likely" when the coefficient estimate is above 1 (more likely than the reference category).
4 "Other family member" is a respondent to the family/carer questionnaire that is a family member, but not a parent, grandparent, sibling or spouse/partner of the participant.

4.3
Has the NDIS helped?

Key statistics

Has the NDIS helped?

Outcome indicators	Participant saying the NDIS improved their health and wellbeing		Family/carer saying the NDIS improved their health and wellbeing					Participant vs family/carer[4]
	Males	Females	Mothers	Fathers	Siblings	Spouse/partner	Grandparents	
NDIS percentage at reassessment 1[1]	50.5%	53.1%	45.2%	46.5%	45.1%	45.6%	28.0%	Positive relationship
Change from reassessment 1 to reassessment 6[2]	8.70%	9.30%	-11.40%	-10.30%	+11.3% (R5)	+9.6% (R5)	+8.6% (R4)	Positive relationship

Modelled results[5]	Reassessment 1		Trend (one-step)			
			Improvement		Deterioration	
	Least likely[6]	Most likely[6]	Least likely to improve[6]	Most likely to improve[6]	Least likely to deteriorate[6]	Most likely to deteriorate[6]
Participant saying the NDIS improved their health and wellbeing	Primary disability: **Sensory disability**	State/Territory: **ACT**	Utilisation of the previous plan budget: **0–20%**	Primary disability: **Multiple sclerosis**	Age group: **65+**	Utilisation of the previous plan budget: **0–20%**
Family/carer saying the NDIS improved their health and wellbeing	State/Territory: **TAS**	Participant age group: **60–64**	Utilisation of the previous plan budget: **0–20%**	Primary disability: **Multiple sclerosis**	Participant age group: **0–6**	Utilisation of the previous plan budget: **0–20%**

1 All reassessment years are aggregated; baseline measure is not available for this question since the Scheme has not had an opportunity to help at baseline.
2 Where numbers are too small for reassessment 6, results are shown for the latest reassessment with sufficient sample size, and a bracket denoting the reassessment time point.
3 Excludes respondents who answered "It's my first plan".
4 The conclusions are based on observation from graphs, and do not control for other factors.
5 Amongst categorical variables with coefficient estimates significantly different from zero at the 0.05 level. Based on central estimates of the coefficients, without regard to precision of estimation. All the characteristics mentioned in this table are compared to their respective reference categories, which are specified on slides 159, 162, 166 and 169.
6 The effect is considered "less likely" when the coefficient estimate is below 1 (less likely than the reference category); "more likely" when the coefficient estimate is above 1 (more likely than the reference category).

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