Family/carer outcomes | Executive summary

To 30 June 2020

National Disability Insurance Agency

Contents

A separate presentation covers the impact of COVID-19 on participant and family/carer outcomes.

Outcomes framework questionnaires

Outcomes framework

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

Lifespan approach: three cohorts, based on participant age:

Birth to 14 years old	15 to 24 years old	25 years old and over
Domain 1: Rights and advocacy	**Domain 1:** Rights and advocacy	**Domain 1:** Rights and advocacy
Domain 2: Support	**Domain 2:** Support	**Domain 2:** Support
Domain 3: Access to services	**Domain 3:** Access to services	**Domain 3:** Access to services
Domain 4: Development	**Domain 4:** Independence	**Domain 4:** Succession plans
Domain 5: Health and wellbeing	**Domain 5:** Health and wellbeing	**Domain 5:** Health and wellbeing
Domain 6: Understanding of child's strengths, abilities and special needs	**Domain 6:** Understanding of family member's strengths, abilities and special needs	

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).

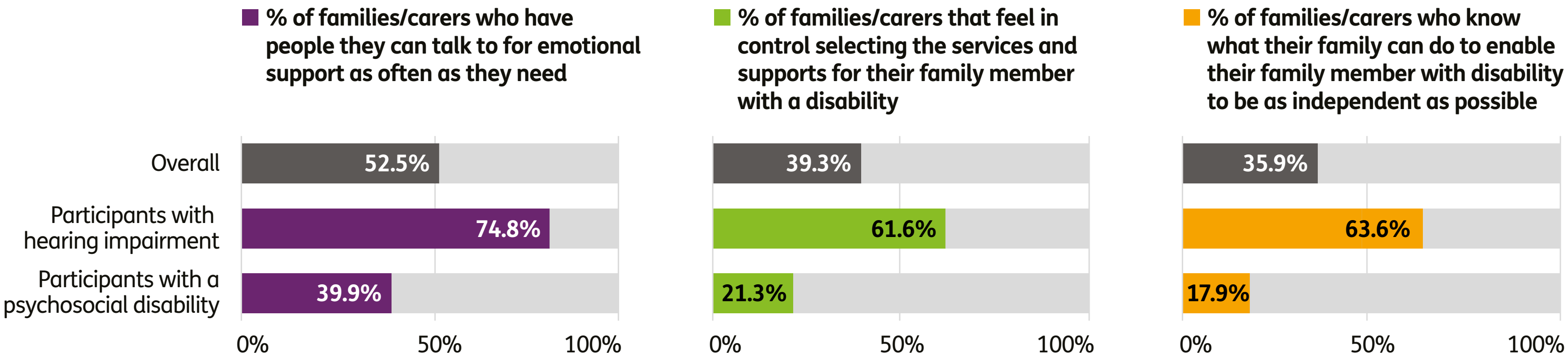
Baseline outcomes

Baseline outcomes for participants and families/carers vary by a number of factors, including:

- the nature and severity of the participant's disability
- the extent of support networks
- local community inclusiveness
- their general health

Example:
Families/carers of participants with a hearing impairment are more likely to experience better baseline outcomes, and families/carers of participants with a psychosocial disability are less likely.

Families/carers of participants aged 15 to 24



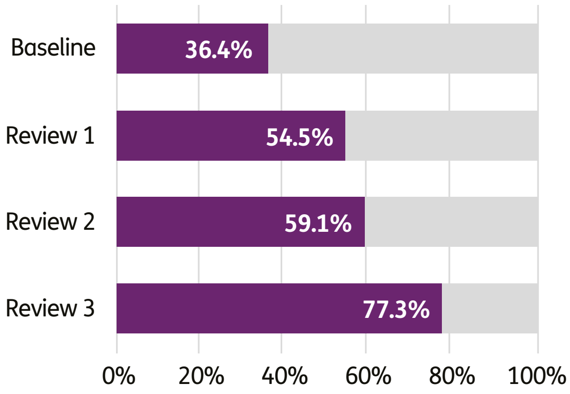
Progression towards better outcomes

Success should be measured on how far participants and their families and carers have come since entering the Scheme, acknowledging different starting points.

Whilst some outcomes should improve relatively quickly (for example, access to services), others are much more long-term in nature (for example, employment), and measurable progress may take some years to emerge.

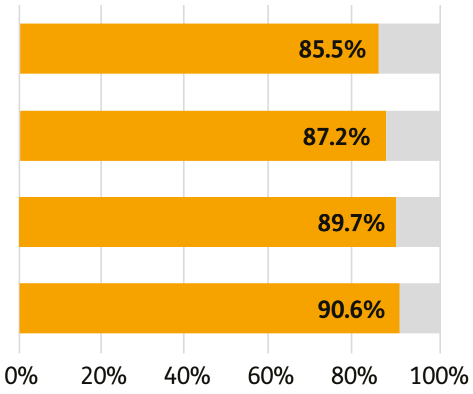
Families/carers of participants aged 25 and over

■ % who strongly agree or agree that the services and supports have helped them to better care for their family member with disabilty



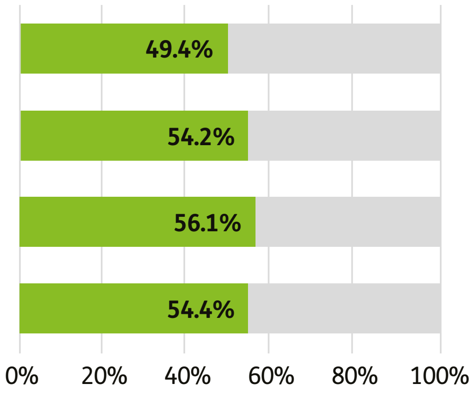
Families/carers of participants aged 0 to 14

■ % who say their relationship with services is good or very good



Families/carers of participants aged 15 to 24

■ % of families/carers who are in a paid job



Outcomes framework questionnaires

Longitudinal cohorts

Longitudinal results for outcome indicators are considered separately for three cohorts, namely families/carers of participants who have been in the Scheme:

- For three years at 30 June 2020 (C3 cohort)
- For two years at 30 June 2020 (C2 cohort)
- For one year at 30 June 2020 (C1 cohort)

These three cohorts are distinct (that is, a family member/carer contributing to the longitudinal analysis belongs to one cohort only).

The longitudinal analysis is also restricted to instances where the same person responded at each of the time points being considered.

For the regression models which consider factors affecting changes in outcomes (such as going from not having a paid job to having a paid job), the analysis includes changes from all three cohorts.

COVID-19 pandemic

The global pandemic that took hold from early 2020 is likely to have had an impact on at least some participant and family/carer outcomes, such as employment and community participation.

To investigate which outcomes may have been affected by the pandemic via quantitative modelling, additional time-related terms were included in the regression models.

These terms allow for:

1. A step change in the response probability at the date the pandemic is assumed to start affecting outcomes (23 March 2020)
2. A general time trend (not related to the pandemic)
3. Different time trends before and after the start of the pandemic.

Results which discuss the potential impact of the pandemic are contained in a separate presentation. Results by participant and family/carer characteristics discussed in this presentation control for potential COVID-19 effects.

Families/carers of participants **from birth to age 14**

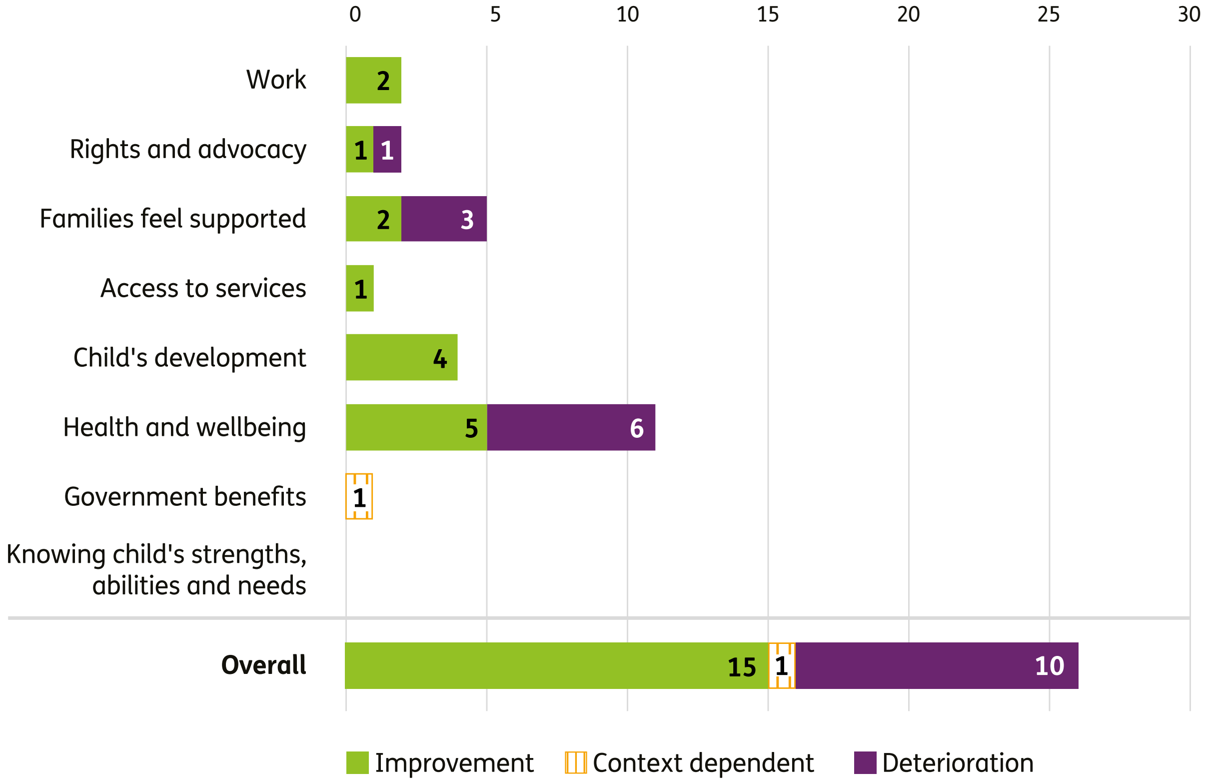
Families/carers of participants from birth to age 14

For families/carers of participants aged 0 to 14, the outcomes framework seeks to measure the extent to which:

- **Families know their rights and advocate effectively for their child with disability** (domain RA)
- **Families feel supported** (domain SP)
- **Families are able to gain access to desired services, programs and activities within the community** (domain AC)
- **Families help their children develop and learn** (domain DV)
- **Families enjoy health and wellbeing** (domain HW)
- **Government benefits** (domain GB)
- **Families understand their child's strengths, abilities and special needs** (domain UN)

Families/carers of participants from birth to age 14

Number of indicators with significant and material overall change by domain[1]:



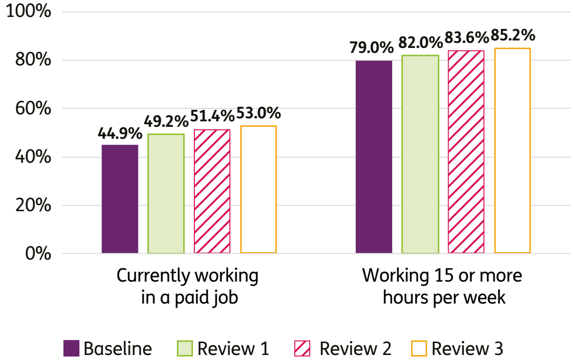
[1] McNemar test significant at the 5% level, absolute value of change (either overall or in latest year) greater than 0.02.

Families/carers of participants from birth to age 14:

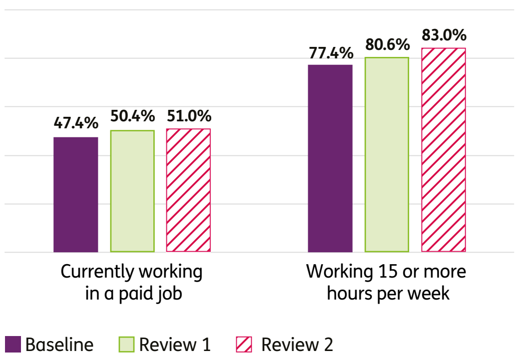
Employment

Employment outcomes have improved across all three cohorts. The percentage of families/carers working in a paid job has increased every year. Of those with a paid job, the percentage working 15 or more hours per week has increased every year.

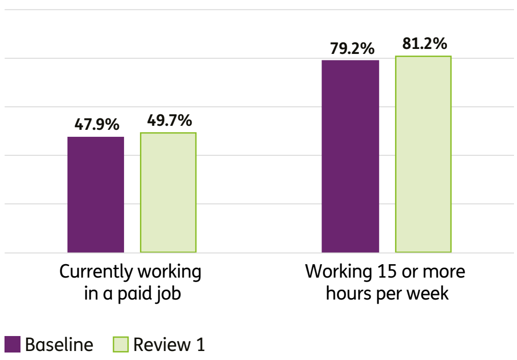
Three years in the Scheme



Two years in the Scheme



One year in the Scheme



The percentage working in a paid job increased by 8.2%, from 44.9% to 53.0%.

Of those with a paid job, the percentage working 15 hours or more per week increased by 6.3% from 79.0% to 85.2%.

The percentage working in a paid job increased by 3.6%, from 47.4% to 51.0%.

Of those with a paid job, the percentage working 15 hours or more per week increased by 5.6% from 77.4% to 83.0%.

The percentage working in a paid job increased by 1.8%, from 47.9% to 49.7%.

Of those with a paid job, the percentage working 15 hours or more per week increased by 2.0% from 79.2% to 81.2%.

Families/carers of participants from birth to age 14:

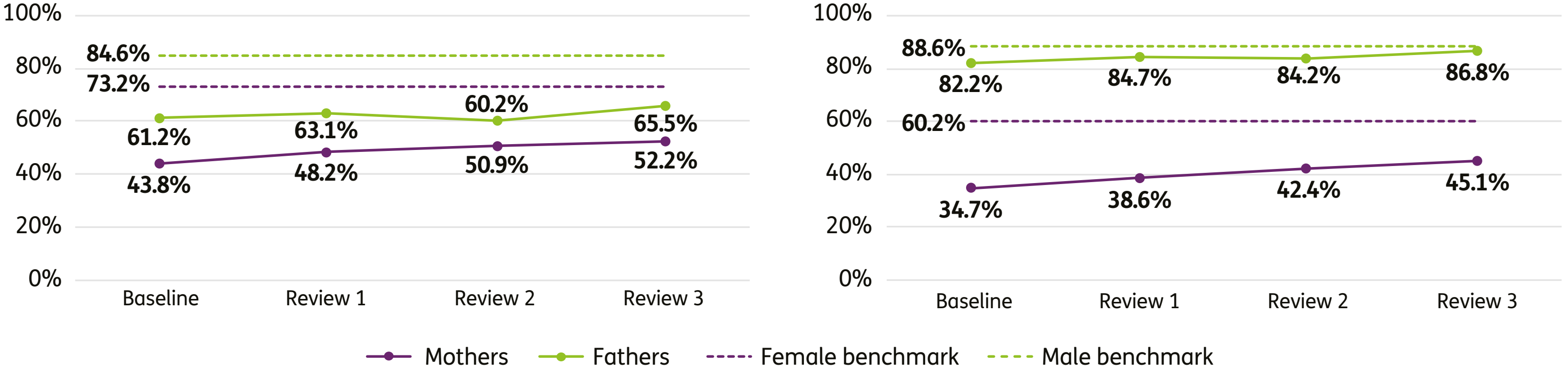
Employment – comparison to benchmark

Employment outcomes are different for mothers of participants (94% of respondents) compared to fathers (6% of respondents). For both types of respondents, employment outcomes are lower than the Australian population.[1]

Three years in the Scheme

% in a paid job

Of those with a paid job, % working 30 or more hours per week



Whilst the percentage in a paid job is lower for mothers than fathers, there has been a stronger three-year increase for mothers (+8.4%, from 43.8% to 52.2%) compared to fathers (+4.3%, from 61.2% to 65.5%). These percentages are still considerably lower compared to Australian population figures of 73.2% for females and 84.6% for males.

The percentage working 30 or more hours per week increased by 10.4% for mothers, from 34.7% to 45.1%, and by 4.6% for fathers, from 82.2% to 86.8%. Population figures for full-time work are 60.2% for females and 88.6% for males. Hence the difference to the general population is larger for mothers than for fathers.

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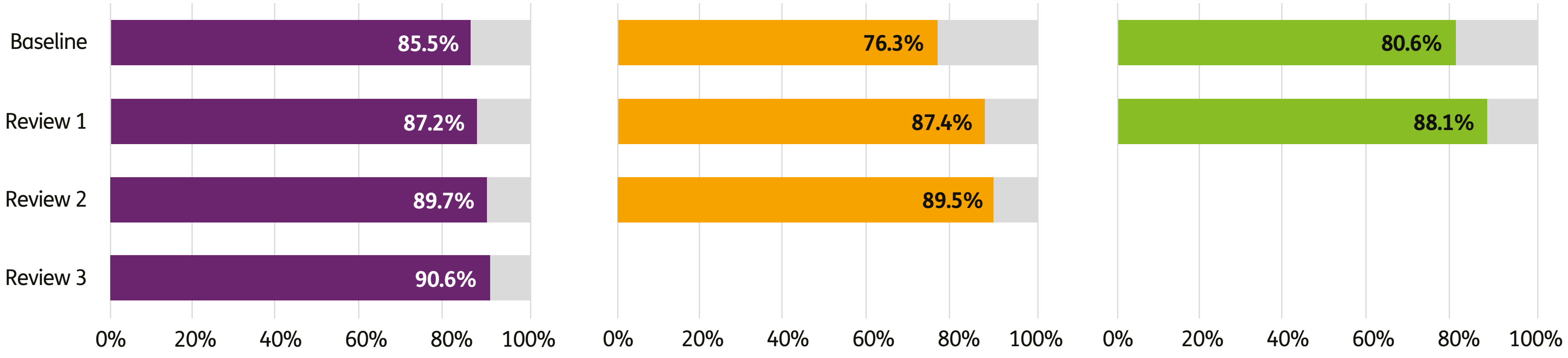
[1] Labour Force, Australia, Detailed, January 2021 | Australian Bureau of Statistics (abs.gov.au). Original series, as at 30 June 2020, age range 25 to 49.

Families/carers of participants from birth to age 14:

Access to services

My relationship with services is good or very good:



For families/carers of participants who have been in the Scheme for **three years**, the percentage increased by 5.1%, from 85.5% at baseline to 90.6% at third review.[1]

For families/carers of participants who have been in the Scheme for **two years**, the percentage increased by 13.2%, from 76.3% at baseline to 89.5% at second review.

For families/carers of participants who have been in the Scheme for **one year**, the percentage increased by 7.5%, from 80.6% to 88.1%.

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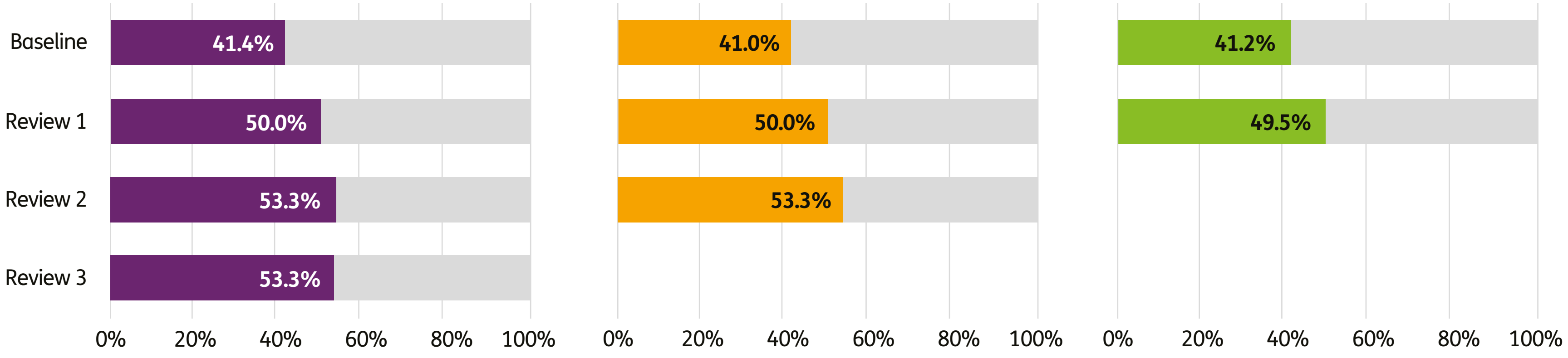
[1] However, this increase was not significant (this is a LF indicator and numbers are smaller).

Families/carers of participants from birth to age 14:

Development

I know what specialist services are needed to promote my child's learning and development:



For families/carers of participants who have been in the Scheme for **three years**, the percentage increased by 11.9%, from 41.4% at baseline to 53.3% at third review.

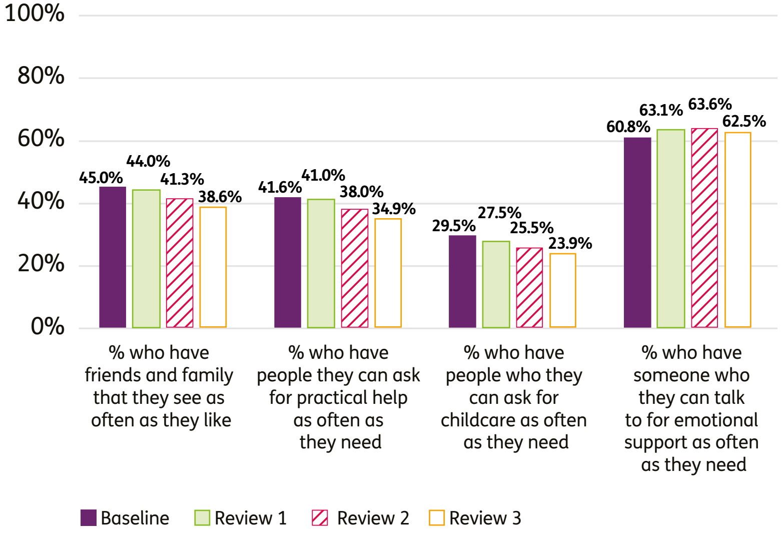
For families/carers of participants who have been in the Scheme for **two years**, the percentage increased by 12.3%, from 41.0% at baseline to 53.3% at second review.

For families/carers of participants who have been in the Scheme for **one year**, the percentage increased by 8.3%, from 41.2% to 49.5%.

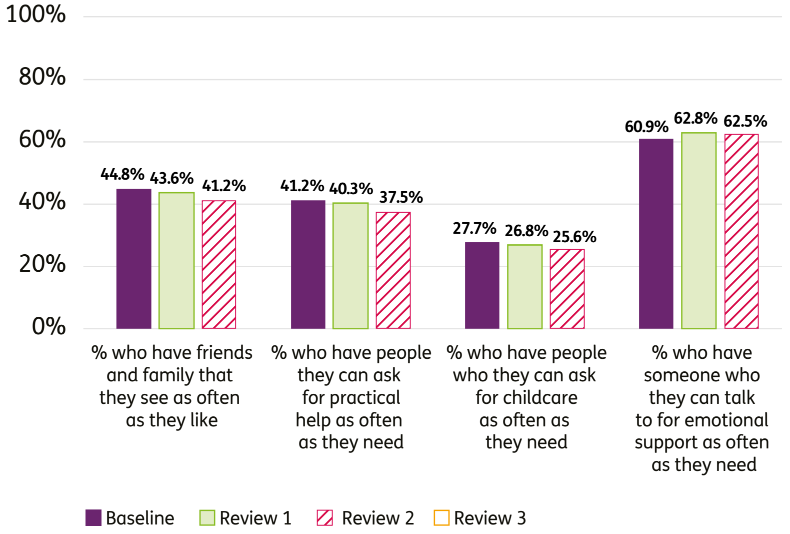
Families/carers of participants from birth to age 14:
Support

For families/carers of participants who have been in the Scheme for two and three years, there has been a decrease in the percentage who have friends and family they can see as often as they like, and the percentage who have people they can ask for practical help or childcare as often as they need. There was no significant change in these indicators for families/carers of participants who have been in the Scheme for one year. The percentage who have people they can talk to for emotional support has increased from baseline for all cohorts. The child getting older is likely having an impact on these indicators.

Three years in the Scheme



Two years in the Scheme

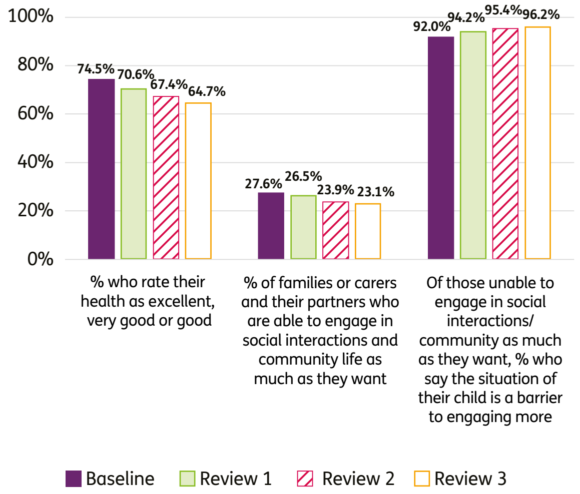


Families/carers of participants from birth to age 14:

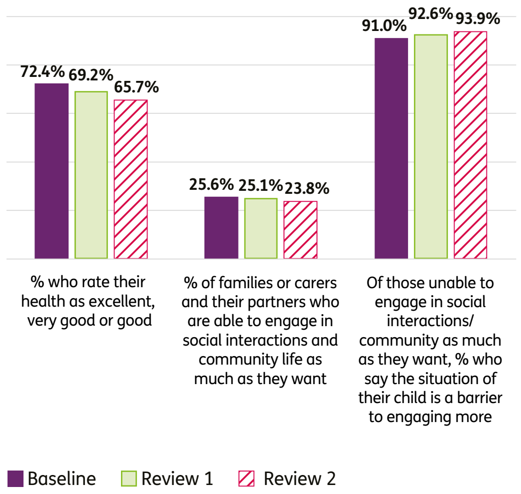
Health and wellbeing

For all cohorts, there has been a deterioration in the percentage of families/carers who rate their health as excellent, very good or good. For families/carers of participants who have been in the Scheme for two and three years, the percentage who are able to engage in social interactions and community life as much as they want also decreased. For all cohorts, of those unable to engage socially/in the community as much as they want, the percentage who say the situation of their child with disability is a barrier to engaging more has increased. The child getting older is likely having an impact on these indicators.

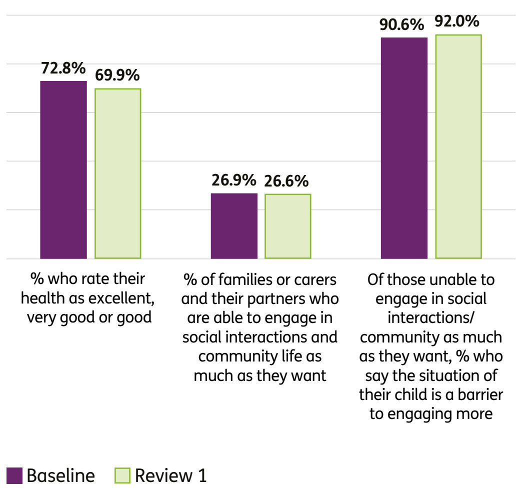
Three years in the Scheme



Two years in the Scheme



One year in the Scheme



Families/carers of participants from birth to age 14:

Outcomes by participant and plan characteristics

Families/carers' baseline and longitudinal outcomes vary significantly with their primary disability, age, cultural background, Indigenous status, level of function, plan budget and living situation.

Primary disability: At baseline, families/carers of participants with hearing impairment were more likely to report positive outcomes. Families/carers of participants with autism tended to have less positive longitudinal outcomes, particularly in relation to support networks and social and community interactions.

Age: Families/carers of older participants tend to exhibit worse outcomes, both baseline and longitudinal. However, families/ carers of older participants were less likely to deteriorate with respect to having a paid job.

Level of function and plan budget: For the majority of indicators in all domains, baseline outcomes and longitudinal improvements are greater for families/carers of participants with a high level of function. A similar trend was observed for families/carers of participants with a lower annualised plan budget.

Self-management: Families and carers of participants with self-managed plans (especially fully) experience more positive outcomes in the domains of rights and advocacy and access to services, both at baseline and longitudinally.

Families/carers of participants from birth to age 14:

Outcomes by participant and plan characteristics

Families/carers' baseline and longitudinal outcomes vary significantly with their primary disability, age, cultural background, Indigenous status, level of function, plan budget and living situation.

Indigenous status: At baseline, families/carers of Indigenous participants tended to have worse employment outcomes, but better informal support networks. Longitudinally, families/carers of Indigenous participants tended to be more likely to improve with respect to having friends they can see as often as they like, but were more likely to deteriorate with respect to getting enough support to feel confident in parenting their child.

Remoteness: At baseline, families/carers of participants living in regional or remote areas tended to have better outcomes than families/carers of those living in major cities. Longitudinally, they were generally more likely to improve and less likely to deteriorate with respect to having people they can ask for practical help as much as needed. However, they were less likely to improve with respect to having a paid job.

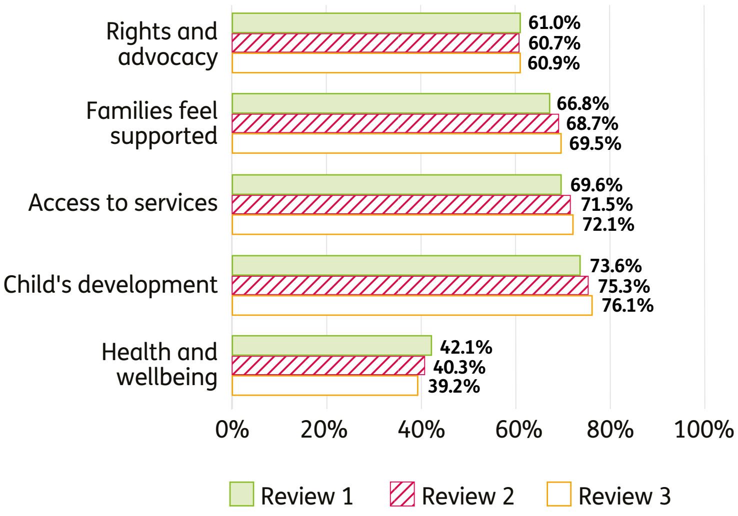
CALD status: Families/carers of participants from a CALD background tended to have worse baseline outcomes. Longitudinally, they were more likely to improve with respect to having friends they can see as often as they like, and less likely to deteriorate in self-rated health. However, they tended to be less likely to improve and/or more likely to deteriorate across a number of other indicators, in particular related to helping their child develop and learn.

Families/carers of participants from birth to age 14:

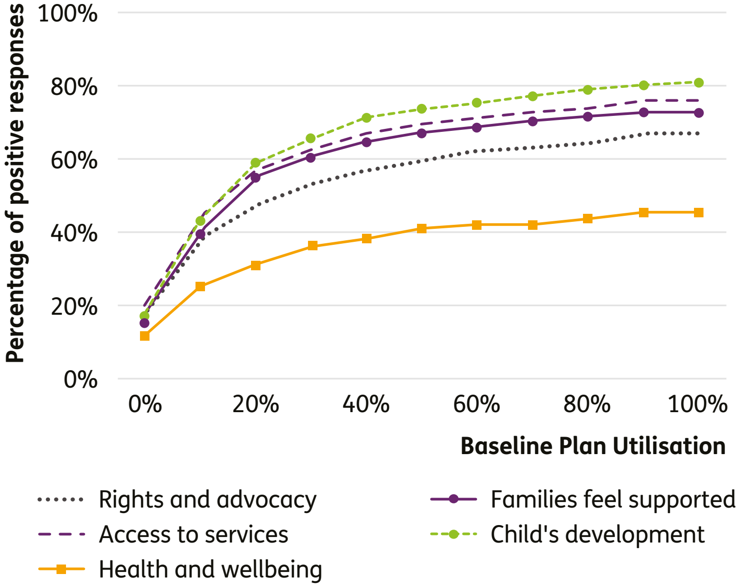
Has the NDIS helped?

Opinions on whether the NDIS has helped vary considerably by domain, being most positive in relation to improving family/carer capacity to help their child develop (73.6% after one year in the Scheme, increasing to 76.1% after three years) and access to services (69.6% after one year in the Scheme, increasing to 72.1% after three years). There have also been improvements for the family support domain, but no change for rights and advocacy, and a slight deterioration for health and wellbeing. Higher plan utilisation is strongly associated with a positive response after one, two or three years in the Scheme.

Percentage of positive responses



By plan utilisation rate, after one year



Families/carers of participants from birth to age 14:

Has the NDIS helped?

After one year in the Scheme

Results tended to be more positive for families/carers of participants who are younger, have higher baseline plan utilisation, have developmental delay, have higher level of function, have self-managed plans, and live in less remote areas.

Change in responses between first and third review

The percentage who think that the NDIS has helped increased (by 2.3% to 2.7%) between first and third review across all domains except for health and wellbeing, where it decreased by 2.9%.

The likelihood of improvement/deterioration varied by some participant characteristics, for example:

- Higher utilisation of plan budget in general, and of capacity building supports in particular, is associated with a higher likelihood of improvement and lower likelihood of deterioration.
- Improvement was less likely and deterioration more likely, in general, for families and carers of older participants.
- Self-managing fully was associated with more positive changes in responses for a number of outcome domains, for example, health and wellbeing.
- Families/carers of Indigenous participants were more likely to deteriorate in some domains, particularly level of support for the family, and health and wellbeing.

Families/carers of participants **aged 15 to 24**

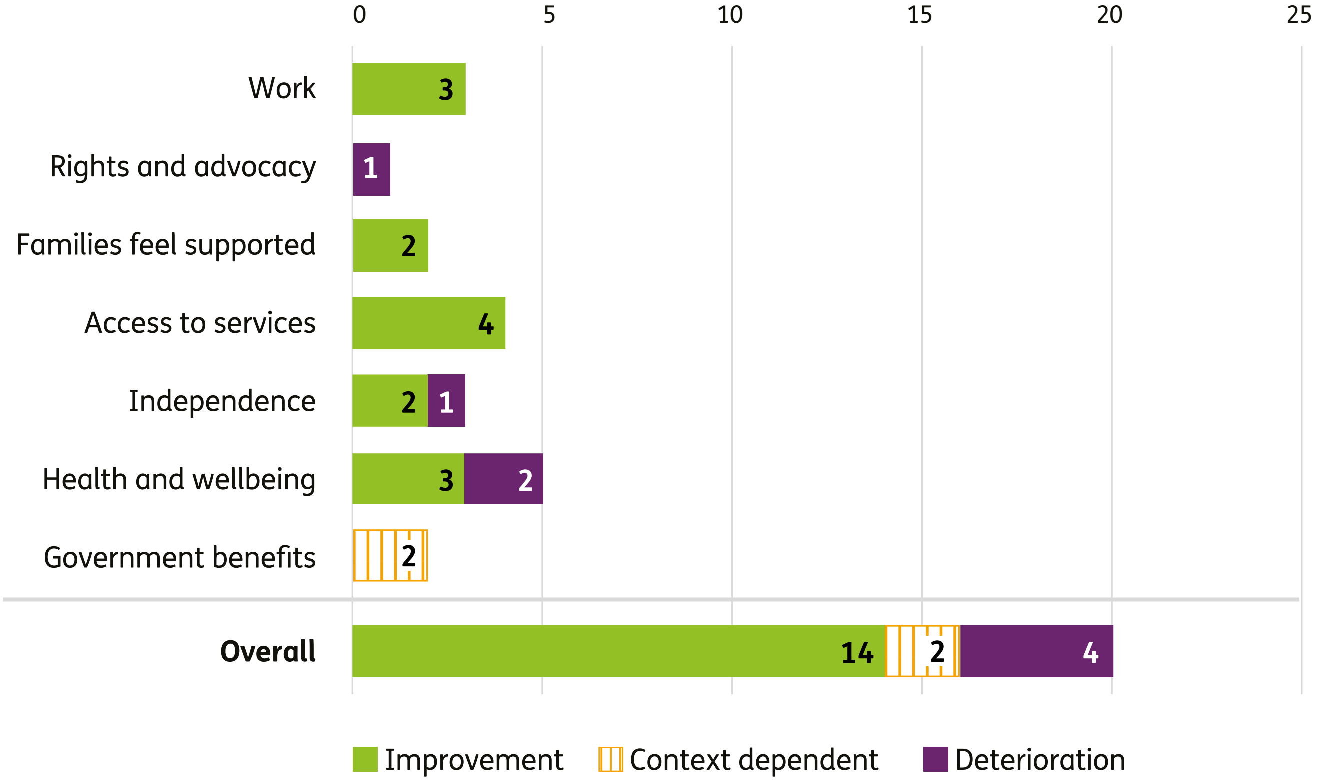
Families/carers of participants aged 15 to 24

For families/carers of participants aged 15 to 24, the outcomes framework seeks to measure the extent to which:

- **Families know their rights and advocate effectively for their child with disability** (domain RA)
- **Families feel supported** (domain SP)
- **Families are able to gain access to desired services, programs and activities within the community** (domain AC)
- **Families help their young person become independent** (domain IN)
- **Families enjoy health and wellbeing** (domain HW)
- **Government benefits** (domain GB)
- **Families understand their child's strengths, abilities and special needs** (domain UN)

Families/carers of participants aged 15 to 24

Number of indicators with significant and material overall change by domain:

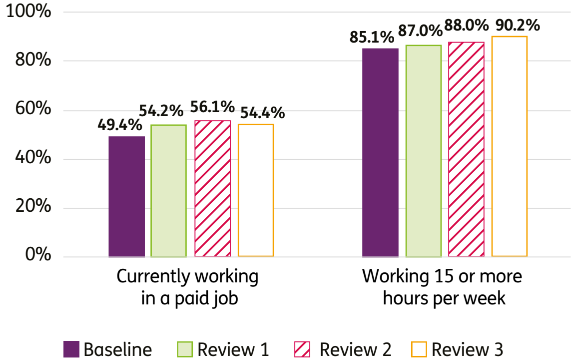


Families/carers of participants aged 15 to 24:

Employment

Employment outcomes for families/carers have improved from baseline across all three cohorts.There have been increases in the percentage working in a paid job each year, except that for those in the Scheme for two and three years, there was a non-significant decline over the latest year. This may be related to the COVID-19 pandemic, which was found to be significantly associated with deterioration in employment outcomes over two and three years.
The percentage working 15 or more hours per week has increased every year.

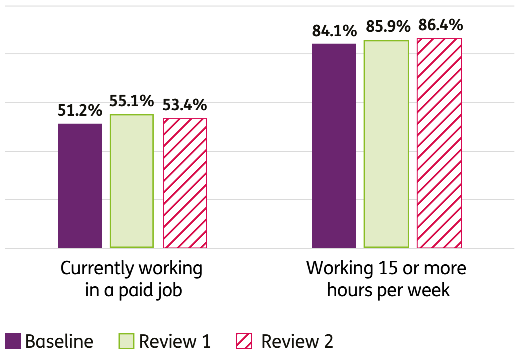
Three years in the Scheme



The percentage working in a paid job increased by 4.9%, from 49.4% to 54.4%.

Of those with a paid job, the percentage working 15 hours or more per week increased by 5.1% from 85.1% to 90.2%.

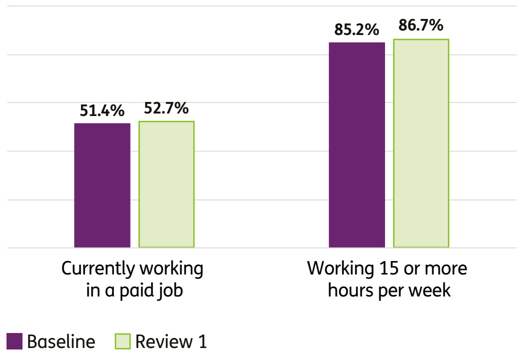
Two years in the Scheme



The percentage working in a paid job increased by 2.2%, from 51.2% to 53.4%.

Of those with a paid job, the percentage working 15 hours or more per week increased by 2.3% from 84.1% to 86.4%.

One year in the Scheme



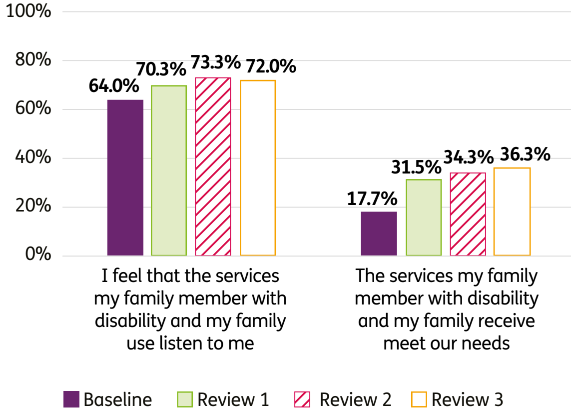
The percentage working in a paid job increased by 1.3%, from 51.4% to 52.7%.

Of those with a paid job, the percentage working 15 hours or more per week increased by 1.5% from 85.2% to 86.7%.

Families/carers of participants aged 15 to 24:
Access to services

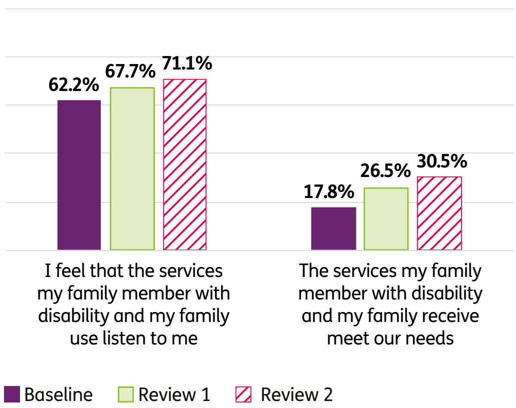
Families' and carers' satisfaction with services has improved from baseline across all three cohorts.

Three years in the Scheme



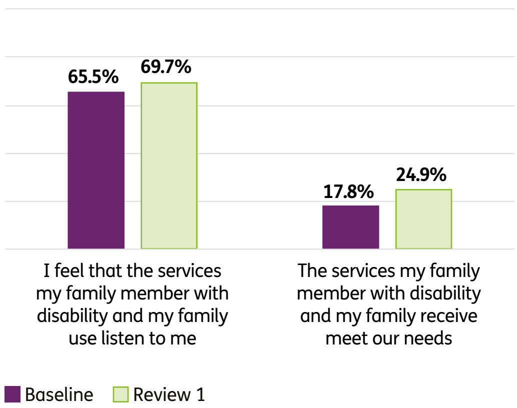
The percentage who feel that the services listen to them increased by 8.0% between baseline and third review, and the percentage who say the services meet their needs increased by 18.6%.

Two years in the Scheme



The percentage who feel that the services listen to them increased by 8.9% between baseline and second review, and the percentage say the services meet their needs increased by 12.7%.

One year in the Scheme

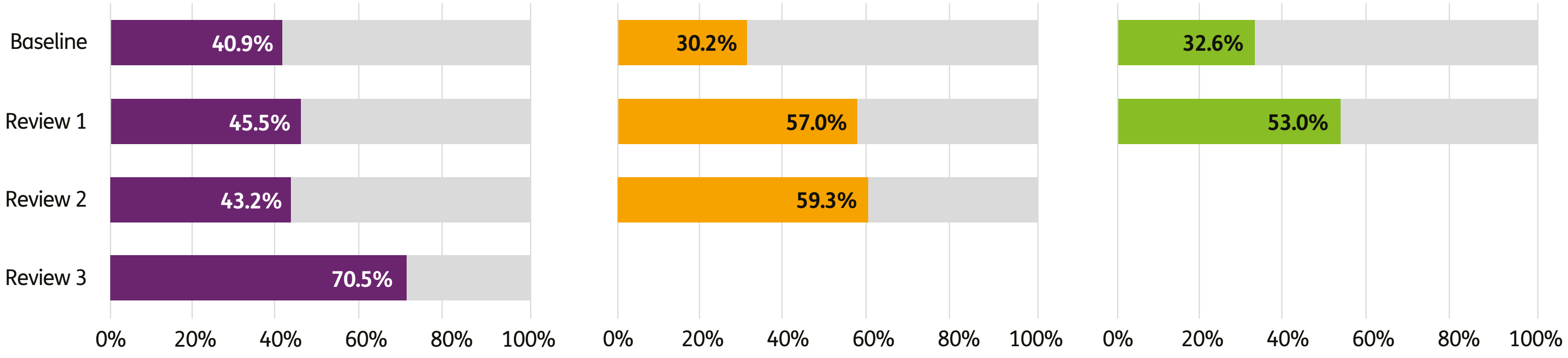


The percentage who feel that the services listen to them increased by 4.2% between baseline and first review, and the percentage who say the services meet their needs increased by 7.1%.

Families/carers of participants aged 15 to 24:

Support for participant

I strongly agree/agree that my family member with disability gets the support they need:



For families/carers of participants who have been in the Scheme for **three years**, the percentage increased by 29.5%, from 40.9% at baseline to 70.5% at third review.

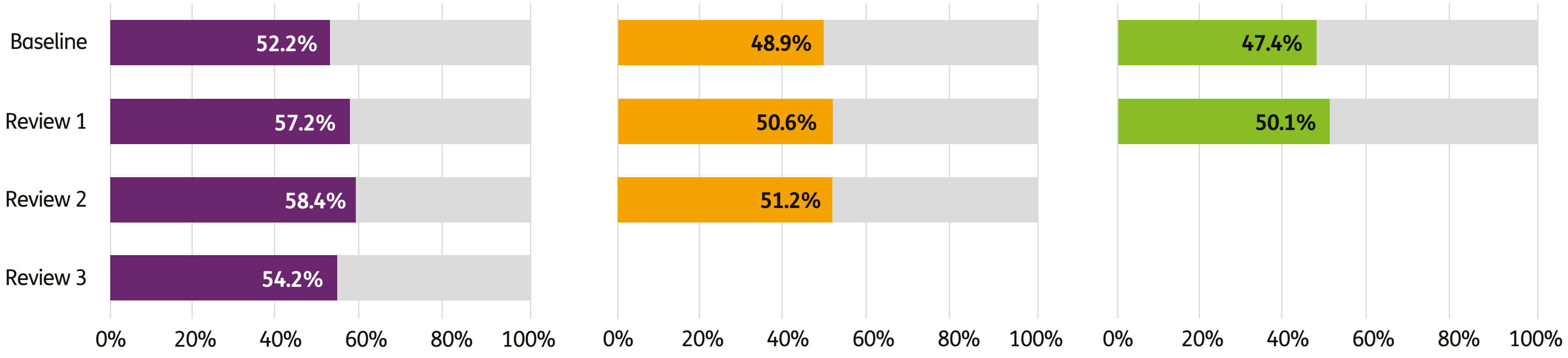
For families/carers of participants who have been in the Scheme for **two years**, the percentage increased by 29.1%, from 30.2% at baseline to 59.3% at second review.

For families/carers of participants who have been in the Scheme for **one year**, the percentage increased by 20.5%, from 32.6% to 53.0%.

Families/carers of participants aged 15 to 24:

Support for families/carers

I have people I can talk to for emotional support as often as I need:



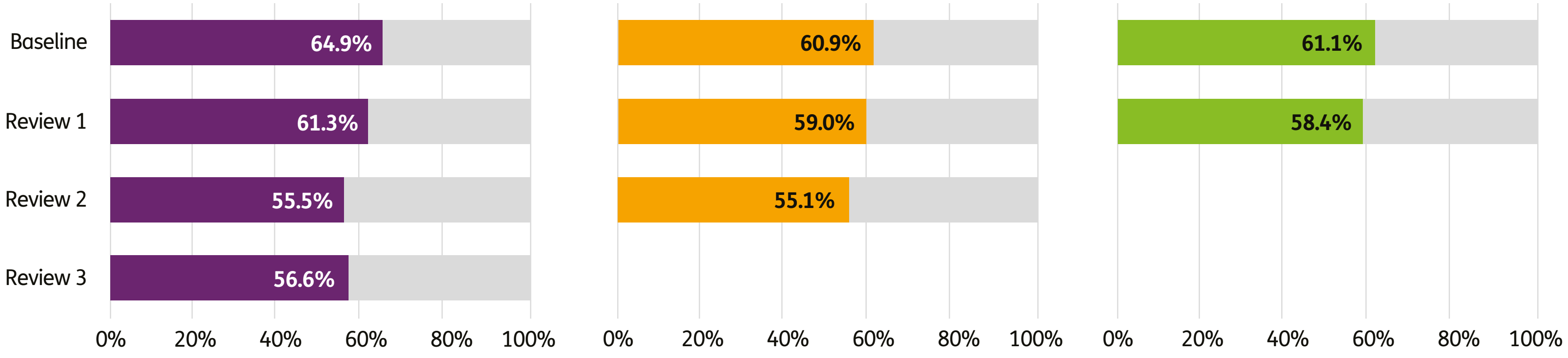
For families/carers of participants who have been in the Scheme for **three years**, the percentage increased by 2.0%, from 52.2% at baseline to 54.2% at third review, although it has declined in the latest year.

For families/carers of participants who have been in the Scheme for **two years**, the percentage increased by 2.3%, from 48.9% at baseline to 51.2% at second review.

For families/carers of participants who have been in the Scheme for **one year**, the percentage increased by 2.7%, from 47.4% to 50.1%.

Families/carers of participants aged 15 to 24:
Health and wellbeing

In general, my health is excellent, very good or good:



For families/carers of participants who have been in the Scheme for **three years**, the percentage decreased by 8.3%, from 64.9% at baseline to 56.6% at third review, although there has been no significant change in the most recent year.

For families/carers of participants who have been in the Scheme for **two years**, the percentage decreased by 5.8%, from 60.9% at baseline to 55.1% at second review.

For families/carers of participants who have been in the Scheme for **one year**, the percentage decreased by 2.7%, from 61.1% to 58.4%.

Families/carers of participants aged 15 to 24:

Outcomes by participant characteristics

Families/carers' baseline and longitudinal outcomes vary significantly with their primary disability, age, cultural background, Indigenous status, level of function, plan budget and living situation.

Primary disability: At baseline, families/carers of participants with hearing impairment had more positive outcomes, and families/carers of participants with autism had less positive outcomes. Longitudinally, families/carers of participants with autism were more likely to deteriorate in having someone to talk to for emotional support between baseline and first review. Families/carers of participants with a psychosocial disability were more likely to improve in self-rated health over the latest year, and in saying their family member's disability is a barrier to working more between baseline and first review.

Age: Baseline outcomes tended to be better for families/carers of older participants. Longitudinally, families/carers of older participants were less likely to improve in thinking the services they use listen to them, but less likely to deteriorate in saying the availability of jobs is a barrier to working more. Age was not a significant factor in any other longitudinal models.

Level of function and plan budget: For the majority of indicators in all domains, baseline outcomes and longitudinal improvements are greater for families/carers of participants with a high level of function. Linked to this, a similar trend was observed for families/carers of participants with a lower annualised plan budget.

Self-management: Families and carers of participants with fully or partly self-managed plans had more positive outcomes at baseline. Longitudinally, families/carers of participants with fully self-managed plans were less likely to deteriorate in thinking the services they use listen to them, and more likely to improve in saying the services meet their needs.

Families/carers of participants aged 15 to 24:

Outcomes by participant characteristics

Families/carers' baseline and longitudinal outcomes vary significantly with their primary disability, age, cultural background, Indigenous status, level of function, plan budget and living situation.

Indigenous status: At baseline, families/carers of Indigenous participants had better results on two indicators (having people they can ask to support their family member with disability, and not thinking that the situation of their family member is a barrier to working more), but otherwise were not significantly different to families/carers of non-Indigenous participants. Longitudinally, Indigenous status was a significant factor for only one indicator: families/carers of Indigenous participants were more likely to improve over three years in saying that the services they use meet their needs.

CALD status: Families/carers of participants from a CALD background tended to have worse baseline outcomes. Longitudinally, they were not significantly different to families/carers of participants from a non-CALD background.

Remoteness: At baseline, families/carers living in regional and remote/very remote areas had better baseline outcomes in relationships and self-rated health, but those who wanted to work more were more likely to identify the availability of jobs as being a barrier.

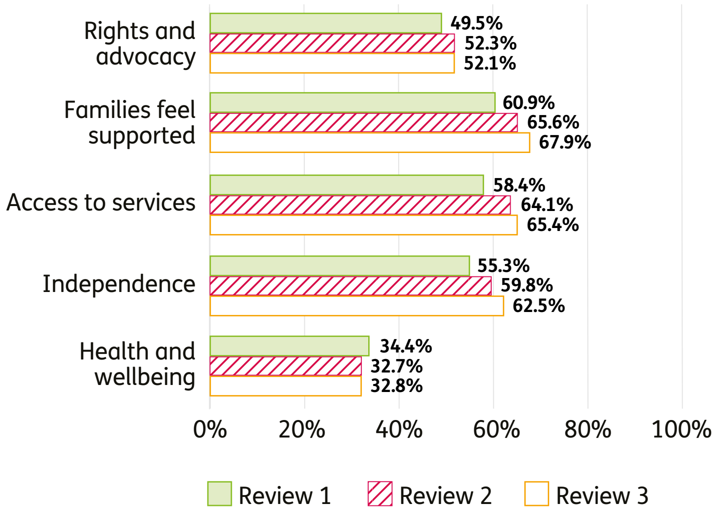
Longitudinally, families/carers of participants living outside a major city had more positive outcomes in some areas. For example, they were more likely to improve in thinking that the services they use listen to them.

Families/carers of participants aged 15 to 24:

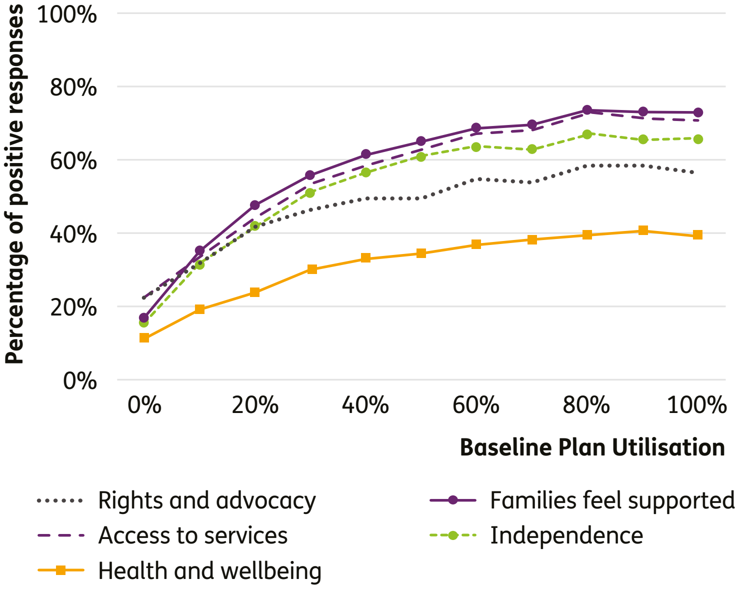
Has the NDIS helped?

Opinions on whether the NDIS has helped tend to be slightly less positive compared to the 0 to 14 cohort. Amongst the five domains, areas relating to families feel supported (60.9% after one year in the Scheme, increasing to 65.6% and 67.9% after two and three years in the Scheme respectively) and access to services (58.4% after one year in the Scheme, increasing to 64.1% and 65.4% after two and three and years in the Scheme respectively) observed the greatest improvement. Higher plan utilisation is strongly associated with a positive response after one, two and three years.

Percentage of positive responses



By plan utilisation rate, after one year



Families/carers of participants aged 15 to 24:
Has the NDIS helped?

After one year in the Scheme

Results tended to be more positive for families/carers of participants who are older, have higher plan budget and baseline plan utilisation, have a lower level of function, have a lower percentage of capacity building supports, have fully or partly self-managed plans, live in less remote areas, and live in Queensland (QLD) or Western Australia (WA).

Change in responses between first and third review

The percentage who think that the NDIS has helped increased (by 2.6% to 7.2%) between first and third review across all domains except for Health and Wellbeing, where it decreased by 1.6%.

The likelihood of improvement/deterioration varied by some participant characteristics, for example:

- Higher overall plan utilisation, and higher utilisation of capacity building supports, tend to be associated with more positive changes in responses.
- Higher annualised plan budget was associated with a higher likelihood of improvement over the participant's second year in the Scheme for level of support, access to services, and health and wellbeing.
- Families and carers of participants of a lower level of function were less likely to deteriorate in the domains of level of support for family and helping their family member become more independent. They were also more likely to improve with respect to health and wellbeing.
- Relocating to a different local government area (LGA) is associated with some more negative changes in responses, for the domains rights and advocacy, access to services, and health and wellbeing.

Families/carers of participants **aged 25 and over**

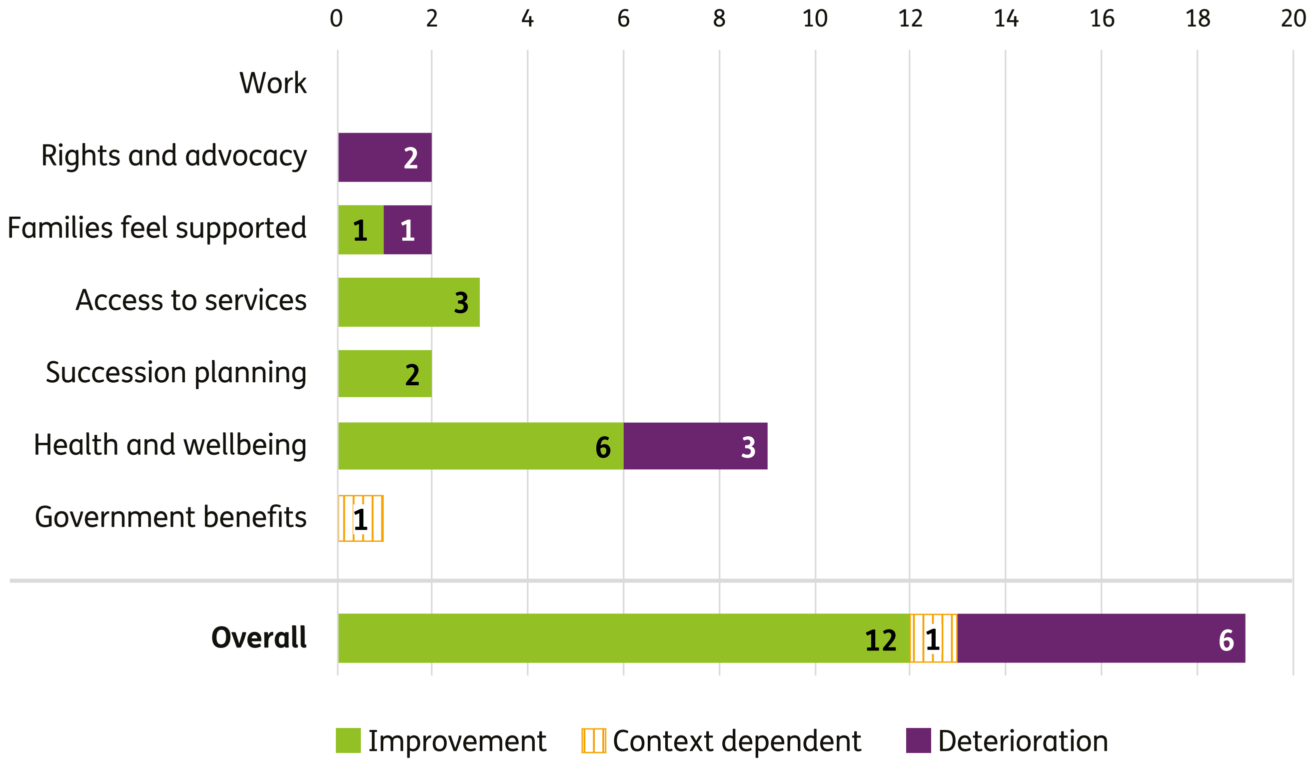
Families/carers of participants aged 25 and over

For families/carers of participants aged 25 or over, the outcomes framework seeks to measure the extent to which:

- **Families know their rights and advocate effectively for their child with disability** (domain RA)
- **Families feel supported** (domain SP)
- **Families are able to gain access to desired services, programs and activities within the community** (domain AC)
- **Families have succession plans** (domain SC)
- **Government benefits** (domain GB)
- **Families enjoy health and wellbeing** (domain HW)

Families/carers of participants aged 25 and over

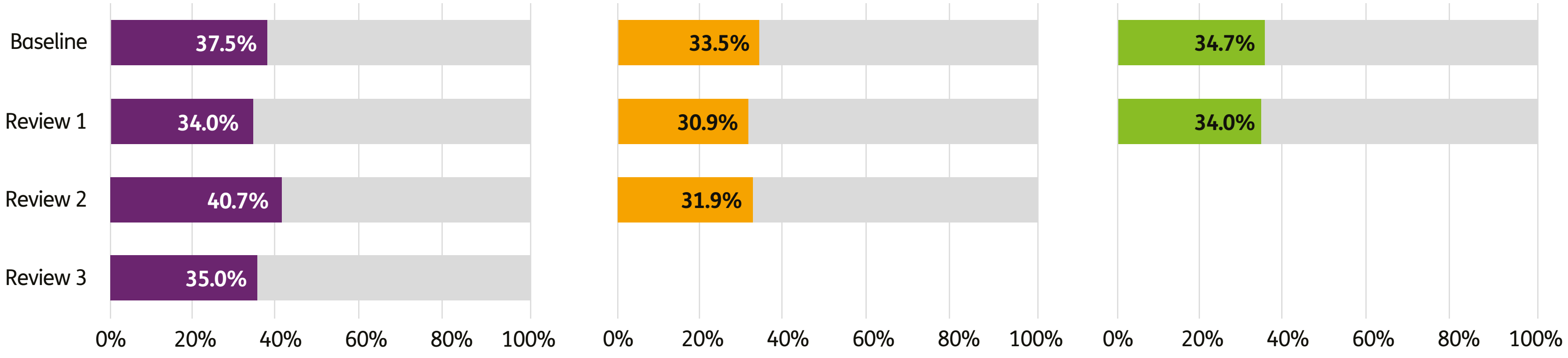
Number of indicators with significant and material overall change by domain:



Families/carers of participants aged 25 and over:

Employment

% of families/carers working in a paid job:



For families/carers of participants who have been in the Scheme for **three years**, the percentage decreased by 2.5%, from 37.5% at baseline to 35.0% at third review.[1]

For families/carers of participants who have been in the Scheme for **two years**, the percentage decreased by 1.6%, from 33.5% at baseline to 31.9% at second review.[1]

For families/carers of participants who have been in the Scheme for **one year**, the percentage decreased by 0.7%, from 34.7% to 34.0%.[1]

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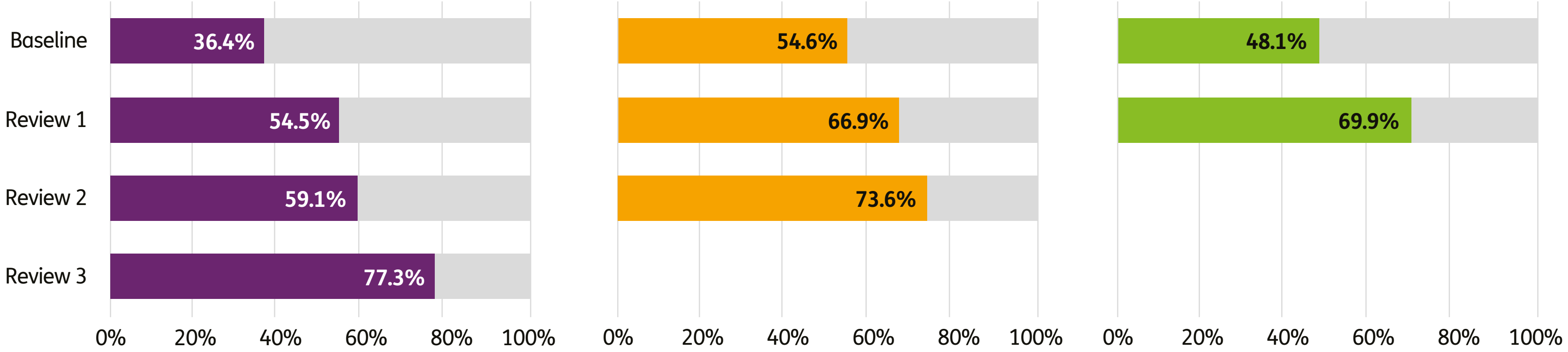
[1] The number of family members/carers of participants aged 25 and over who respond to the survey is small, so the percentages are variable and the changes in employment outcomes shown here are not statistically significant. Also, families and carers of participants aged 25 and over are likely to be older than families and carers of younger participants, and hence more likely to be approaching retirement.

Families/carers of participants aged 25 and over:

Access to services

I strongly agree or agree that services and supports have helped me to better care for my family member with disability:



For families/carers of participants who have been in the Scheme for **three years**, the percentage increased by 40.9%, from 36.4% at baseline to 77.3% at third review.

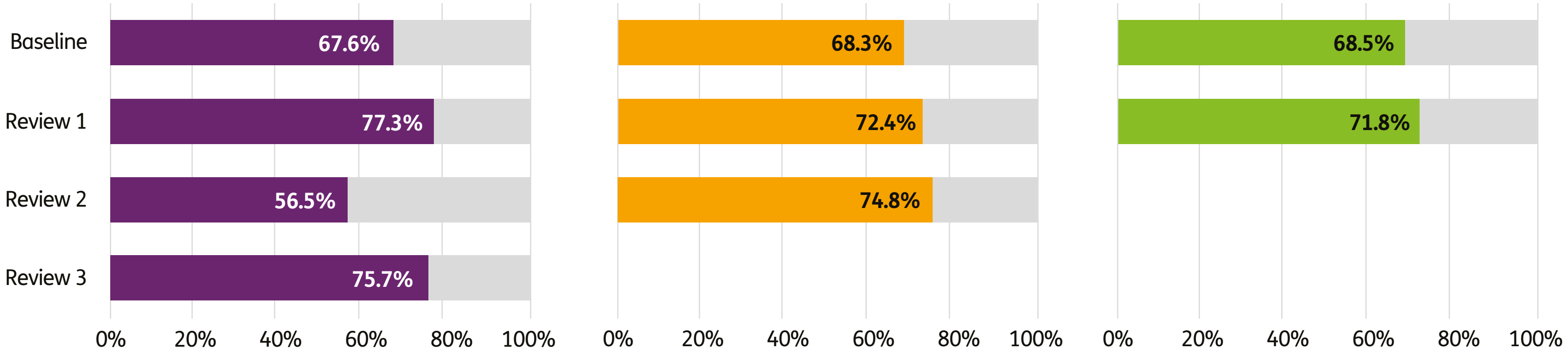
For families/carers of participants who have been in the Scheme for **two years**, the percentage increased by 19.0%, from 54.6% at baseline to 73.6% at second review.

For families/carers of participants who have been in the Scheme for **one year**, the percentage increased by 21.8%, from 48.1% to 69.9%.

Families/carers of participants aged 25 and over:

Access to services

I feel that the services my family member with disability and my family use listen to me:



For families/carers of participants who have been in the Scheme for **three years**, the percentage increased by 8.1%, from 67.6% at baseline to 75.7% at third review.[1]

For families/carers of participants who have been in the Scheme for **two years**, the percentage increased by 6.6%, from 68.3% at baseline to 74.8% at second review.

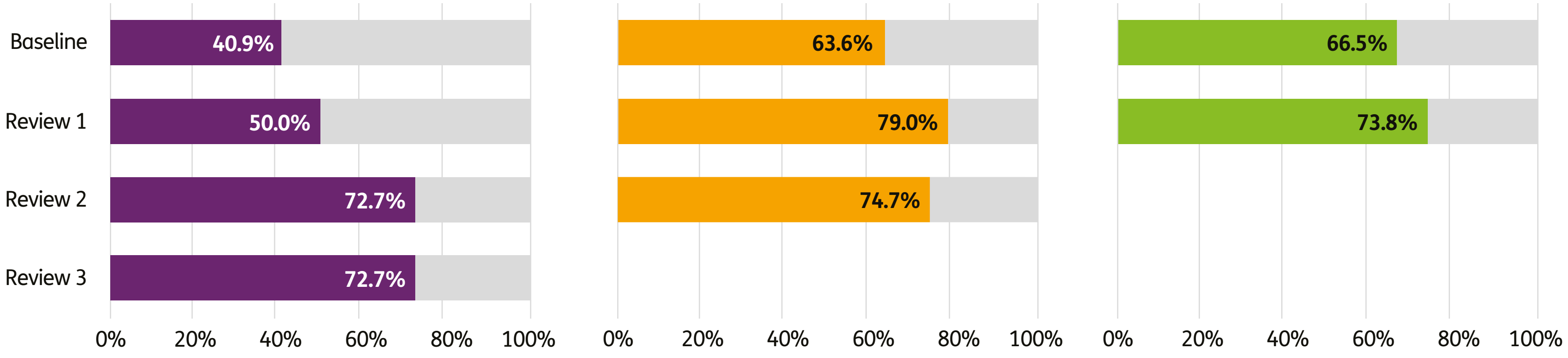
For families/carers of participants who have been in the Scheme for **one year**, the percentage increased by 3.3%, from 68.5% to 71.8%.

[1] The change in this indicator is not statistically significant for families/carers of participants who have been in the Scheme for three years.

Families/carers of participants aged 25 and over:

Access to services

The services my family member with disability and my family receive help us to plan for the future:



For families/carers of participants who have been in the Scheme for **three years**, the percentage increased by 31.8%, from 40.9% at baseline to 72.7% at third review.

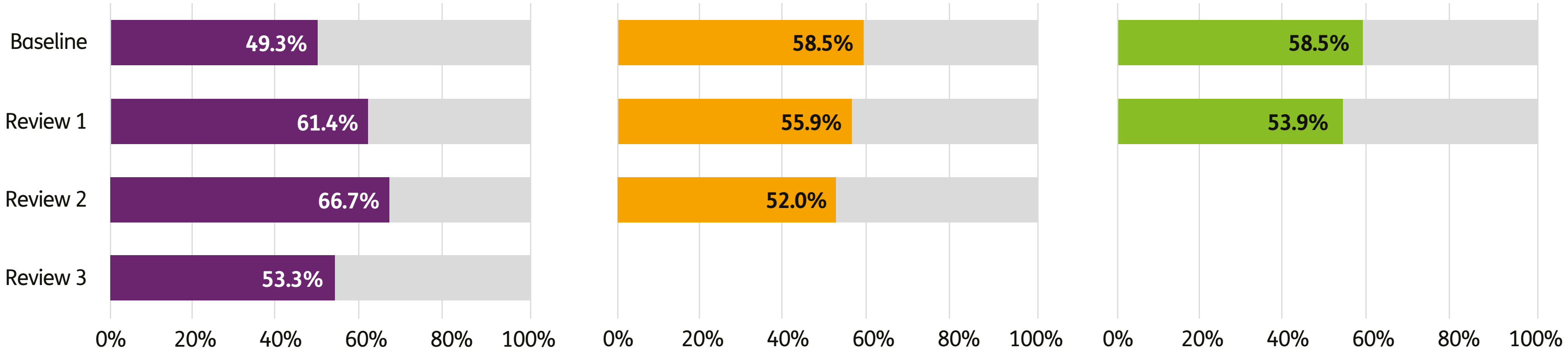
For families/carers of participants who have been in the Scheme for **two years**, the percentage increased by 11.1%, from 63.6% at baseline to 74.7% at second review, although there has been a non-significant decline in the latest year.

For families/carers of participants who have been in the Scheme for **one year**, the percentage increased by 7.3%, from 66.5% to 73.8%.

Families/carers of participants aged 25 and over:

Health and wellbeing

In general, my health is excellent, very good or good:



For families/carers of participants who have been in the Scheme for **three years**, the percentage increased by 4.0%, from 49.3% at baseline to 53.3% at third review.[1]

For families/carers of participants who have been in the Scheme for **two years**, the percentage decreased by 6.5%, from 58.8% at baseline to 52.0% at second review.

For families/carers of participants who have been in the Scheme for **one year**, the percentage decreased by 4.6%, from 58.5% to 53.9%.

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[1] The change in self-rated health is not statistically significant for families/carers of participants who have been in the Scheme for three years.

Families/carers of participants aged 25 and over:

Outcomes by participant characteristics

Families/carers’ baseline and longitudinal outcomes vary significantly with their primary disability, age, cultural background, Indigenous status, level of function, plan budget and living situation.

Primary disability: At baseline, families/carers of participants with hearing impairment tended to have more positive outcomes and families/carers of those with a psychosocial disability or autism tended to have poorer outcomes. Longitudinally, families/ carers of participants with a sensory disability were less likely to deteriorate between baseline and first review in thinking that the services they receive meet their needs, otherwise no significant differences were found.

Age: Baseline outcomes tended to be better for families/carers of older participants, except for health and employment outcomes (where older age of families/carers may be a factor). Families/carers of older participants had some more favourable longitudinal outcomes, for example, they were more likely to improve in thinking that the services they receive meet their needs.

Level of function and plan budget: For the majority of indicators in all domains, baseline outcomes are better for families/carers of participants with a high level of function. A similar trend was observed for families/carers of participants with a lower annualised plan budget. Longitudinally, families/carers of participants with lower level of function were more likely to deteriorate in rating their health as excellent, very good or good.

Self-management: Families and carers of participants with fully or partly self-managed plans had more positive outcomes at baseline. Longitudinally, families/carers of participants with fully or partly self-managed plans were less likely to deteriorate in self-rated health between baseline and first review.

Families/carers of participants aged 25 and over:

Outcomes by participant characteristics

Families/carers' baseline and longitudinal outcomes vary significantly with their primary disability, age, cultural background, Indigenous status, level of function, plan budget and living situation.

Indigenous status: At baseline, families/carers of Indigenous participants had less positive outcomes than families/carers of non-Indigenous participants. Longitudinally, outcomes for families/carers of Indigenous participants were not found to be significantly different from those for families/carers of non-Indigenous participants.

CALD status: Families/carers of participants from a CALD background tended to have worse baseline outcomes. Longitudinally, families/carers of CALD participants were less likely to improve in thinking that their family member with disability gets the support they need.

Remoteness: At baseline, families/carers of participants living in regional and remote areas were more likely to have people they can ask for practical help and to support their family member with disability. However, those in regional areas were less likely to have a paid job, and those in remote/very remote areas were less likely to feel that the services they use listen to them.

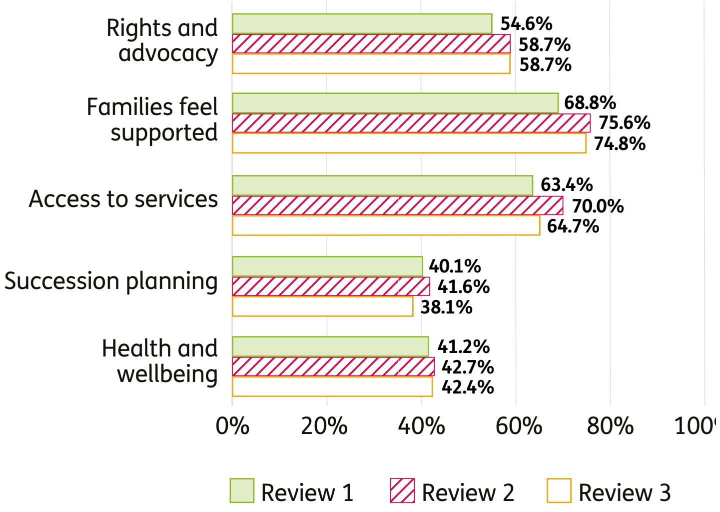
Longitudinally, families/carers of participants living outside a major city were more likely to improve in the latest year in thinking that the services they receive meet their needs, and in thinking that their family member gets the support they need.

Families/carers of participants aged 25 and over:

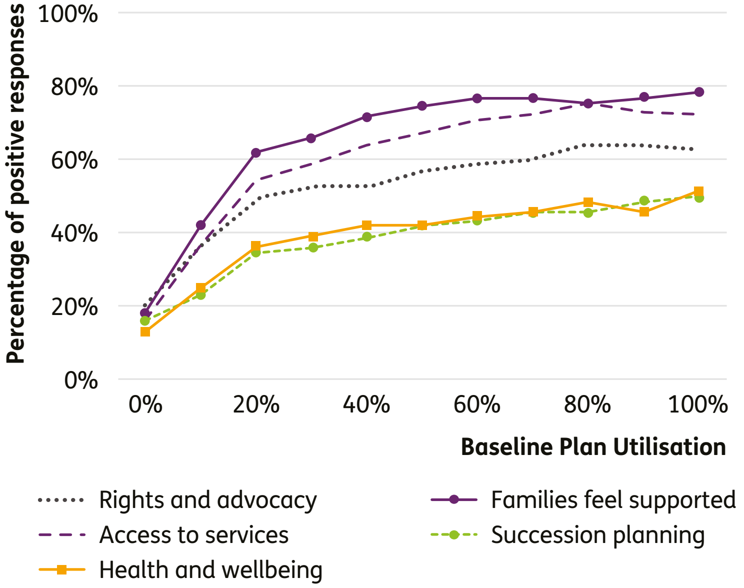
Has the NDIS helped?

Opinions on whether the NDIS has helped vary by domain. The percentage responding positively was lowest for health and wellbeing (41.2% after one year in the Scheme, increasing to 42.7% after two years in the Scheme but dropping slightly to 42.4% after three years) and highest for families feeling supported (68.8% after one year in the Scheme, increasing to 75.6% after two years in the Scheme and decreasing to 74.8% after the third year).
The percentage responding positively improves between first and second review across all domains, but deteriorates slightly between second and third review. Higher plan utilisation is strongly associated with a positive response after one, two and three years in the Scheme.

Percentage of positive responses



By plan utilisation rate, after one year



Families/carers of participants aged 25 and over:

Has the NDIS helped?

After one year in the Scheme

Results tended to be more positive for families/carers of participants who are older, have higher plan budget and baseline plan utilisation, live in regional areas, live in Queensland (QLD) or Western Australia (WA).

Change in responses between first and third review

Improvements in positive response rates were observed over the participant's second year across all domains, however there was minimal change or a slight decline (for access to services and succession planning) over the third year.

The likelihood of improvement/deterioration varied by some participant characteristics, for example:

- Higher plan utilisation (and particularly utilisation of core supports), and higher annualised plan budget, were generally associated with a higher likelihood of improvement and/or lower likelihood of deterioration.
- Families/carers of participants with lower level of function were more likely to deteriorate in thinking the NDIS has helped with rights and advocacy, and less likely to improve for succession planning, however, they were less likely to deteriorate for health and wellbeing.
- Families/carers of participants living outside a major city were more likely to improve in thinking the NDIS has helped with level of support, access to services, and succession planning.

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