Longitudinal outcomes for families and carers of NDIS participants

30 June 2020

Contents

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Executive summary

Background

The NDIS Outcomes Framework is one of only a few internationally that measures outcomes for both participants and their families and carers.

Families and carers play an important role in supporting NDIS participants. The outcomes for a participant, and for the person who supports them, are likely to be closely linked. Families and carers of participants who are well supported under the NDIS and who are achieving greater independence and social and economic participation are likely to find the caring role easier and to experience increased wellbeing and greater opportunities for social and economic participation themselves. The improved situation for families and carers should in turn translate into further improvement in outcomes for participants.

Separate reports on baseline and longitudinal outcomes for NDIS participants at 30 June 2020 have also been prepared.[1]

The NDIS Outcomes Framework questionnaires

The participant outcomes reports discuss the insurance principles on which the Scheme is based. An insurance-based approach considers the lifetime cost of participants (including early investment), and the outcomes achieved across participants' lifetimes. In view of the link with participant outcomes, monitoring family and carer outcomes contributes to an assessment of how successfully the insurance-based approach is working. Monitoring of family and carer outcomes is also important from a broader perspective, for example, increased economic participation of families and carers will have wider benefits for the Australian economy.

This report

This report summarises longitudinal outcomes for families and carers of participants who have been in the Scheme for one year or more at 30 June 2020. A separate report covers baseline results for families and carers of NDIS participants entering the Scheme during the four year period from 1 July 2016 to 30 June 2020. Two previous reports have covered both baseline and longitudinal experience, as at 30 June 2018 and 30 June 2019.[2]

This year's report adds a third year of longitudinal experience to the analysis, compared to last year's report. Three years is still not a lot of time to measure success – however, importantly this report builds on last year's analysis and continues the conversation on what factors are driving good outcomes, and indicates that the NDIS is continuing to improve the lives of many families and carers of NDIS participants.

The global COVID-19 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 social and community participation. This report investigates effects of the pandemic on

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[1] Subsequently referred to as "the participant outcomes reports".

[2] Family and carer outcomes report | NDIS

outcomes via multiple regression models that allow for discontinuities in indicator levels, as well as different time trends, pre- and post-onset of the pandemic.

Baseline versus progress

As also noted in the participant outcomes report, baseline outcomes for participants and their families and carers will differ by a range of individual and external factors, including the nature and severity of the participant's disability, the extent of support networks, local community inclusiveness, and general health.

Consequently, the success of the Scheme should be judged not on baseline outcomes, but on how far participants and their families and carers have come since they entered the Scheme, acknowledging their different starting points.

It is also important to note that whilst some of the benefits of the Scheme should be quick to emerge (for example, assistance with daily living), others are much more long-term in nature (for example, employment), and measurable progress may take some years to emerge.

Finally, it should be recognised that some of the domains included in the outcomes framework (for example, health) are not the primary responsibility of the NDIS, but are nevertheless included in order to provide a fuller picture of the circumstances of participants and their families and carers.

A lifespan approach

Leveraging research conducted by the NDIS Independent Advisory Council (IAC), the outcomes framework takes a lifespan approach to the measurement of outcomes, recognising that different milestones are important for different participant age groups.

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).

Recognising these differences, family/carer questionnaires have been developed for three different *participant* age groups: 0 to 14, 15 to 24, and 25 and over. This report is organised with separate sections for each of these participant age groups. Since the role of the family or carer in the participant's life is most crucial during childhood, the report puts greater emphasis on the 0 to 14 participant age group, followed by the 15 to 24 age group. For the 25 and over age group, where a smaller amount of data is available (particularly longitudinally), and the relationship between participants and families/carers tends to be less close, a briefer presentation of results is given.

Families/carers of participants from birth to age 14

Overall results

In the longitudinal analysis, significant changes were observed across a number of indicators, for families and carers of participants who have been in the Scheme for one, two and three years. Areas of particular note were:

- ***Employment:***
    - For participants who have been in the Scheme for three years:
        - Overall, the percentage of families/carers working in a paid job has increased by 8.2% over three years, from 44.9% at baseline to 53.0% at third review, including a 1.6% increase in the latest year. Taking into account the respondent's relationship to the participant, the large majority of responses included in the longitudinal analysis for families/carers of participants aged 0 to 14 (around 94%) are from the mother of the participant, with around 6% being from the father. 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%). Some of this change may be attributed to the participant being one year older and likely more independent, allowing their families/carers to work more, although a comparison to the Household, Income, and Labour Dynamics in Australia (HILDA) survey[3] suggests a slightly stronger increase for families/carers of NDIS participants aged 0 to 14. The percentages are still considerably lower compared to Australian population figures of 73.2% for females and 84.6% for males.[4]
        - For those in a paid job, the percentage working 15 hours or more per week has increased by 6.3% over three years, from 79.0% at baseline to 85.2% at third review. The percentage working 30 hours or more per week has also increased, from 36.1% to 48.9% overall. Looking at responses separately for mothers and fathers of NDIS participants, 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.[5] Hence for working 30 hours or more per week, the difference to the general population is larger for mothers (compared to Australian females) than fathers (compared to Australian males).
        - At baseline, 39.5% of families and carers said that they were able to work as much as they want, but this percentage has declined gradually, by 1.8% over three years, to 37.7%. Of those unable to work as much as they want, each of the potential barriers to working more is being cited more frequently by families and

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[3] https://melbourneinstitute.unimelb.edu.au/hilda

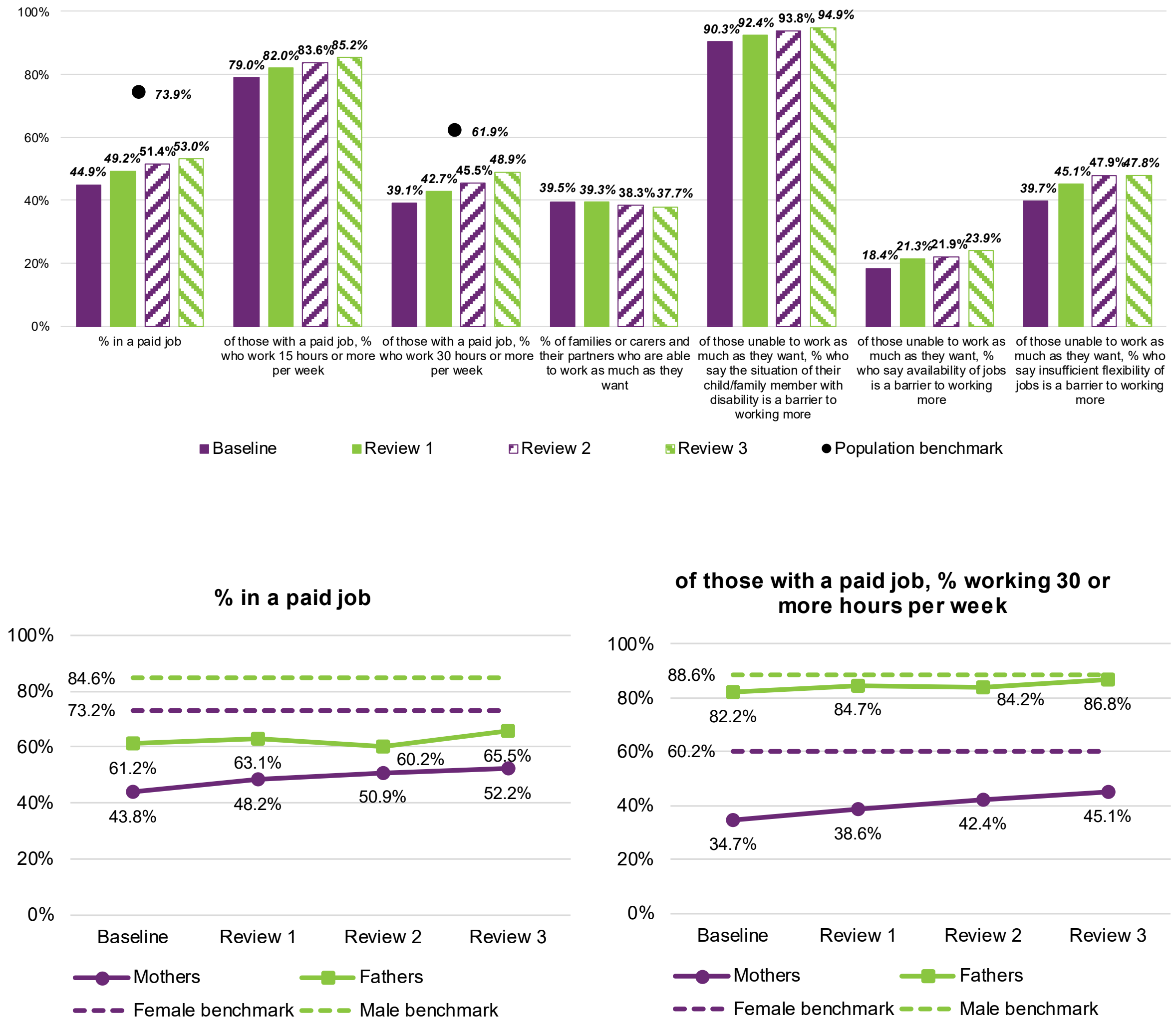
[4] Labour Force, Australia, Detailed, January 2021 | Australian Bureau of Statistics (abs.gov.au) Original series, as at 30 June 2020, age range 25 to 49. The actual ages of families/carers are not reliably known, but mothers and fathers of participants aged 0 to 14 are likely to be in this age range.

[5] 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. Employed full-time to employed total. The ABS defines full-time work as 35 hours or more per week, so the percentage of the general population working more than 30 hours per week would likely be higher than the figures quoted.

    carers. The percentage who see the situation of their child with disability as a barrier has increased by 4.6% over three years (from 90.3% to 94.9%, including a 1.0% increase in the latest year), the percentage citing availability of jobs has increased by 5.5% (from 18.4% to 23.9%, including a 1.9% increase in the latest year), and the percentage citing insufficient flexibility of jobs has increased by 8.0% (from 39.7% to 47.8%, with negligible change in the latest year).

- For participants who have been in the Scheme for two years:
  - The percentage of families/carers working in a paid job has increased by 3.6% over two years, from 47.4% at baseline to 51.0% at second review, including a 0.7% increase in the latest year. As for the families and carers of participants who have been in the Scheme for three years, the percentage working 15 or more hours per week has increased, by 5.6% over two years, from 77.4% to 83.0%, including a 2.4% increase in the latest year. The percentage working 30 hours or more per week has also increased, from 40.6% to 47.1% over two years.
  - At baseline, 38.5% of families and carers were able to work as much as they want, and this percentage has remained constant (38.3% at first review and 38.4% at second review). For those unable to work as much as they want, the percentage who see the situation of their child with disability as a barrier to working more increased by 4.4%, from 88.5% to 92.9%, including a 1.9% increase in the latest year. Increases over two years were also observed for the percentages citing availability of jobs (by 4.2%, from 19.0% to 23.1%) and insufficient flexibility of jobs (by 6.3%, from 39.8% to 46.0%).
- For participants who have been in the Scheme for one year:
  - 47.9% of families and carers were working in a paid job at baseline, and this increased by 1.8%, to 49.7%, at first review. Similar increases were observed for the percentage working 15 or more hours per week (from 79.2% to 81.2%, a 2.0% increase), and the percentage working 30 or more hours per week (from 42.2% to 44.5%, a 2.3% increase).
  - At baseline, 39.9% of families and carers were able to work as much as they want, and this was unchanged after one year (39.8%). Of those unable to work as much as they want, the percentage who see the situation of their child with disability as a barrier to working more increased by 1.9%, from 88.8% at baseline to 90.8% at first review. Increases were also observed for the percentages citing availability of jobs (by 2.0%, from 16.6% to 18.6%) and insufficient flexibility of jobs (by 3.3%, from 36.1% to 39.4%).

Figure 1 Changes in employment indicators over three years for families/carers of participants aged 0 to 14 who have been in the Scheme for three years[6]



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[6] Population benchmarks shown in the top chart are a weighted average of female and male benchmarks, reflecting the NDIS percentages of respondents (94% mothers and 6% fathers).

Figure 2 Changes in employment indicators over two years for families/carers of participants aged 0 to 14 who have been in the Scheme for two years[6]

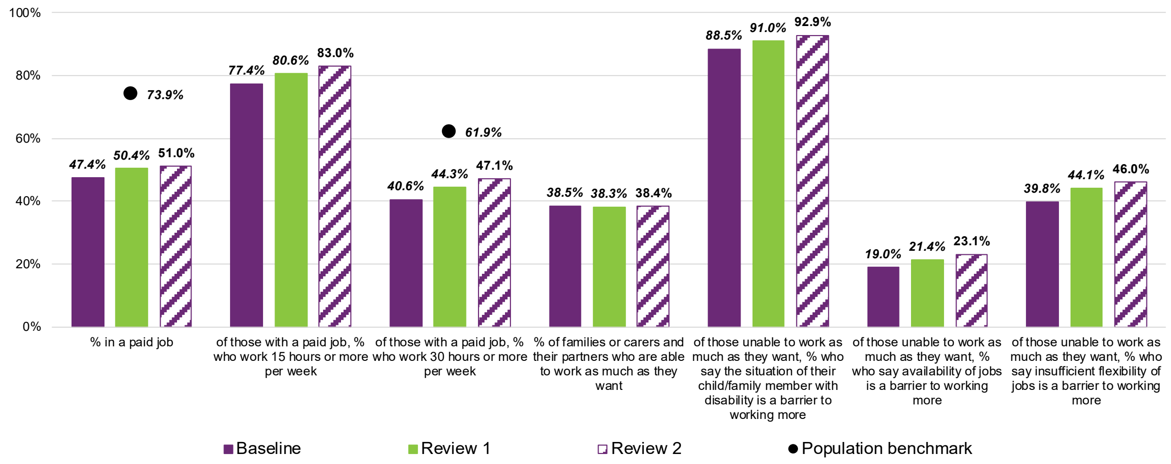
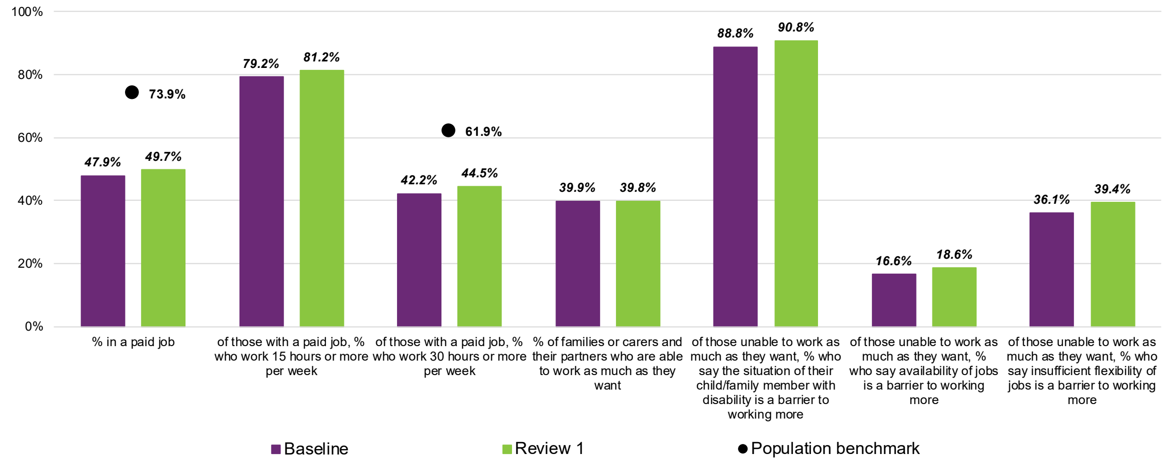


Figure 3 Changes in employment indicators over one year for families/carers of participants aged 0 to 14 who have been in the Scheme for one yearError! Bookmark not defined.



- ***Development and learning:***
    - For participants who have been in the Scheme for three years, the percentage of families/carers who know what specialist services are needed to promote their child's learning and development increased by 11.9% between baseline and second review, from 41.4% to 53.3%. Similarly, the percentage of respondents who know what they can do to support their child's learning and development increased by 9.4%, from 42.5% to 51.9%, and the percentage who get enough support in parenting their child increased by 4.3%, from 44.2% to 48.4%.
    - For participants have been in the Scheme for two years, the percentage of respondents who know what specialist services are needed to promote their child's learning and development increased by 12.3%, from 41.0% at baseline to 53.3% at second review, including a 3.4% increase in the latest year. Similarly,

    the percentage of families/carers who know what they can do to support their child’s development increased by 10.0%, from 42.1% at baseline to 52.1% at second review, including a 2.7% increase in the latest year.

  - For participants who have been in the Scheme for one year, the percentage of respondents who know what specialist services are needed to promote their child’s learning and development increased by 8.3%, from 41.2% to 49.5% from baseline to first review. The percentage of families/carers who know what they can do to support their child’s development increased by 7.0%, from 41.6% at baseline to 48.6% at first review.

- ***Relationship with services***:
  - For participants who have been in the Scheme for three years, the percentage of families/carers who say their relationship with services is good or very good has increased by 5.1%, from 85.5% at baseline to 90.6% at third review.
  - For participants have been in the Scheme for two years, the percentage of families/carers who say their relationship with services is good or very good has increased by 13.2%, from 76.3% at baseline to 89.5% at second review.
  - For participants have been in the Scheme for one year, the percentage of families and carers who say their relationship with services is good or very good increased by 7.5%, from 80.6% to 88.1% over one year.

- ***Rights and advocacy:***
  - For participants who have been in the Scheme for three years, the percentage of families/carers who said that they experienced no boundaries to access or advocacy increased by 2.0% over three years overall, from 37.5% to 39.4%, however there has been a 1.2% decline in the latest year.
  - For participants who have been in the Scheme for two years, 35.3% of families and carers said that they experienced no boundaries to access or advocacy at baseline, and this proportion increased by 2.9% to 38.3% at second review.
  - For participants who have been in the Scheme for one year, the percentage who said they experienced no boundaries to access or advocacy increased slightly over one year, from 38.1% to 39.1% (an increase of 0.9%).

Figure 4 Changes in indicators over three years for families/carers of participants aged 0 to 14 who have been in the Scheme for three years – development and learning and relationship with services

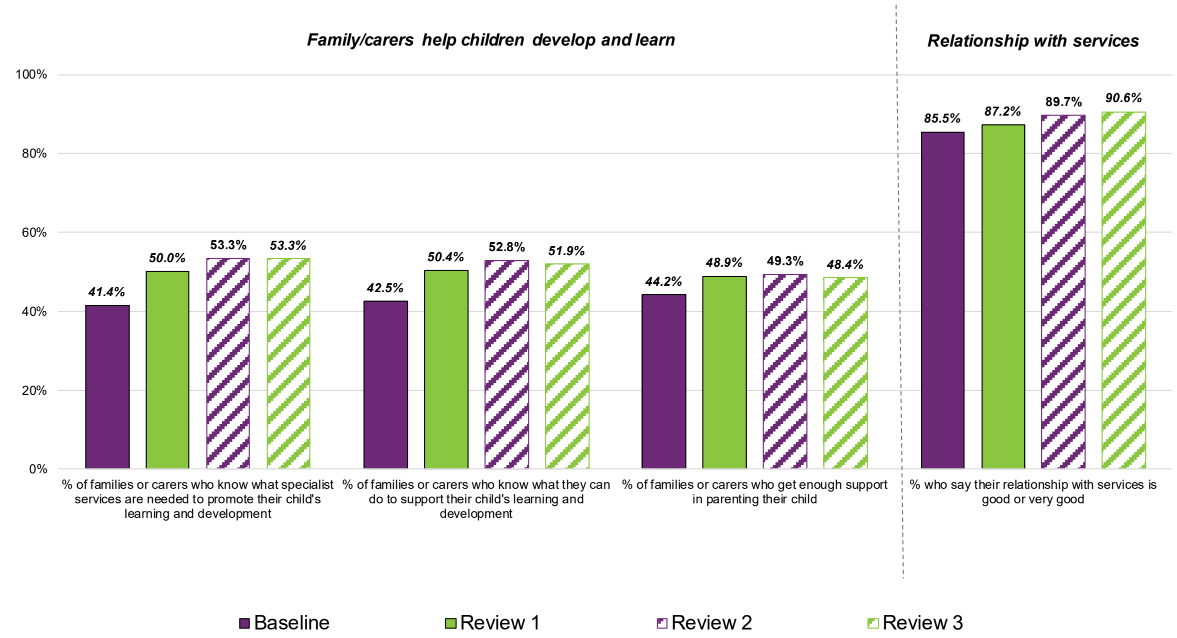


Figure 5 Changes in indicators over two years for families/carers of participants aged 0 to 14 who have been in the Scheme for two years – development and learning and relationship with services

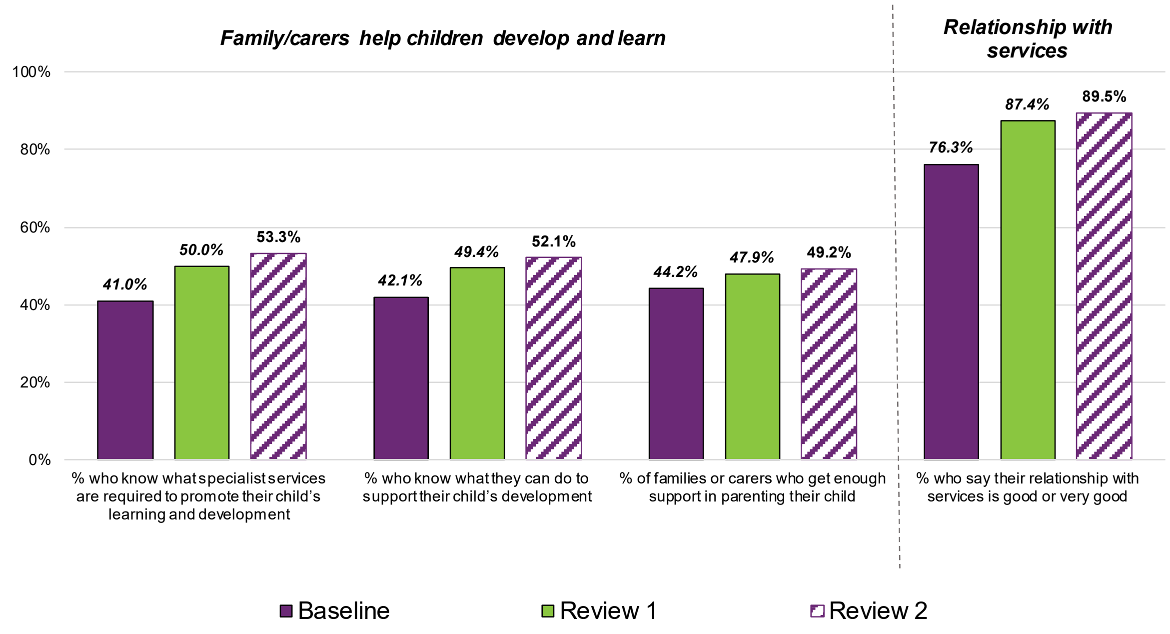
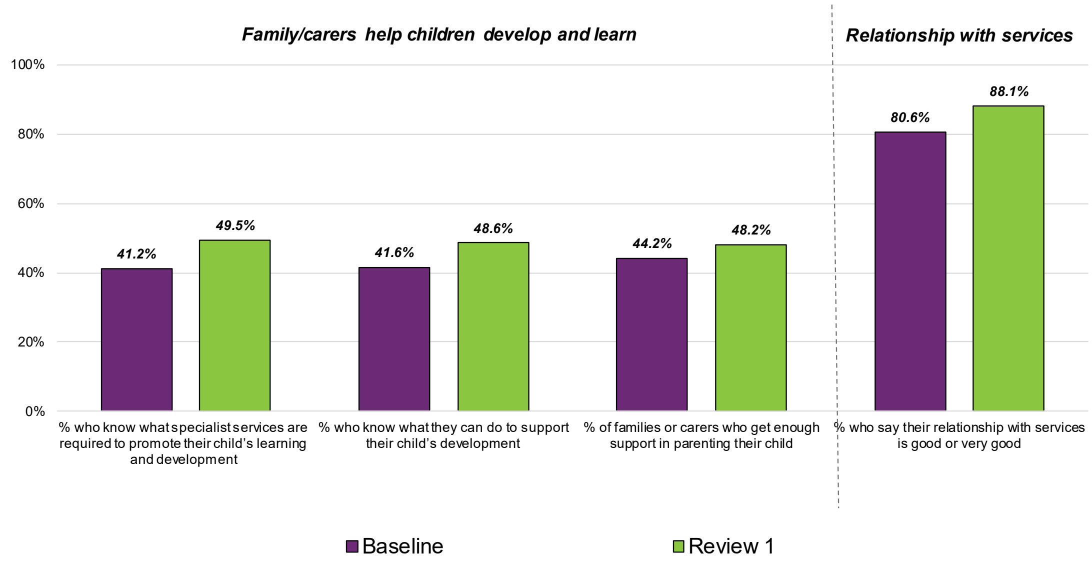


Figure 6 Changes in indicators over one year for families/carers of participants aged 0 to 14 who have been in the Scheme for one year – development and learning and relationship with services



- ***Health and wellbeing:***

  Some deterioration in self-rated health has been observed for families and carers, with the percentage rating their health as excellent, very good or good decreasing by:

  - 9.8% for participants have been in the Scheme for three years, from 74.5% at baseline to 64.7% at third review.
  - 6.7% for participants have been in the Scheme for two years, from 72.4% at baseline to 65.7% at second review.
  - 2.9% for participants who have been in the Scheme for one year, from 72.8% at baseline to 69.9% at first review.

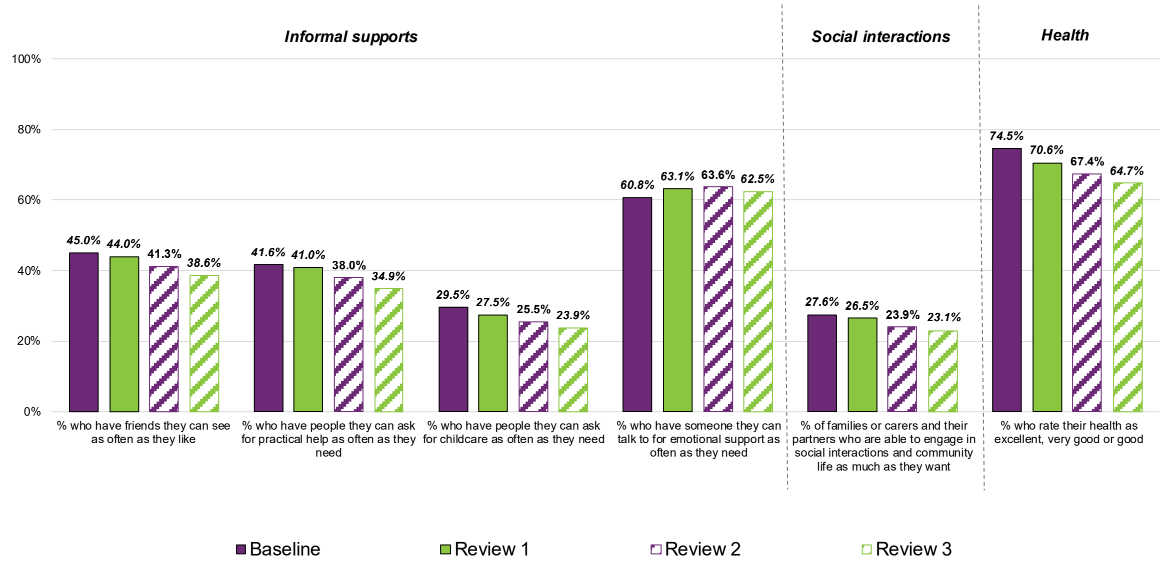
- ***Informal supports:***

  - For participants who have been in the Scheme for three years, there were reductions over three years in the percentages who have: friends they can see as often as they like (6.4% decrease, from 45.0% to 38.6%); people they can ask for practical help as often as they need (6.7% decrease, from 41.6% to 34.9%); and people they can ask for childcare as often as they need (5.6% decrease, from 29.5% to 23.9%). However, the percentage who have someone they can talk to for emotional support as often as they need increased by 1.7% over three years, from 60.8% to 62.5% (although there has been a non-significant decline in the latest year).
  - For participants who have been in the Scheme for two years, there were reductions over two years in the percentages who have: friends they can see as often as they like (3.7% decrease, from 44.8% to 41.2%); people they can ask for practical help as often as they need (3.7% decrease, from 41.2% to 37.5%); and people they can ask for childcare as often as they need (2.1% decrease, from 27.7% to 25.6%). However, the percentage who have someone they can talk to for emotional support as often as they need increased by 1.6% over two years, from 60.9% to 62.5%.

  - For participants who have been in the Scheme for one year, changes in outcomes related to informal supports were negligible and not statistically significant, except that for families/carers who were unable to engage as much as they want in social interactions and community life, the percentage who saw the situation of their child with disability as a barrier to engaging more increased by 1.4% over one year, from 90.6% to 92.0%.

- ***Social interactions:***
  - For participants who have been in the Scheme for three years, the percentage of families/carers who say they have been able to engage in social interactions and community life as much as they want decreased by 4.5%, from 27.6% to 23.1%. Of those unable to engage as much as they want, the percentage who say the situation of their child with disability is a barrier to engaging more has increased by 4.2%, from 92.0% at baseline to 96.2% at third review.
  - For participants who have been in the Scheme for two years, the percentage of families/carers who say they have been able to engage in social interactions and community life as much as they want decreased by 1.8%, from 25.6% to 23.8%. Of those unable to engage as much as they want, the percentage who say the situation of their child with disability is a barrier to engaging more has increased by 2.9%, from 91.0% at baseline to 93.9% at second review.
  - For participants who have been in the Scheme for one year, there was no significant change in being able to engage in social interactions and community life as much as desired. However, for those unable to engage as much as they want, the percentage who say the situation of their child with disability is a barrier to engaging more increased by 1.4%, from 90.6% to 92.0%.

Figure 7 Changes in indicators over three years for families/carers of participants aged 0 to 14 who have been in the Scheme for three years – informal supports, social interactions and health



Results by participant and family/carer characteristics

Family/carer’s longitudinal outcomes vary significantly with their primary disability, age, cultural background, Indigenous status, level of function, location, plan type and living situation:

- Families/carers of participants with autism tended to have less positive longitudinal outcomes, particularly in relation to support networks and social and community interactions.
- For the majority of indicators in all domains, longitudinal 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.
- For most of the indicators modelled, longitudinal outcomes tended to be worse for families/carers of older participants. For example, families/carers of older participants were less likely to improve and more likely to deteriorate in having people they can ask for practical help as often as needed, and in rating their health as excellent, very good or good (which may be partly age related). However, families/carers of older participants were less likely to deteriorate with respect to having a paid job.
- Longitudinal outcomes related to work and health tended to be better when the respondent was the father compared to when the respondent was the mother.
- Families/carers of participants from a CALD background tended to be 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.
- Indigenous status was significant in a relatively small number of models and results were mixed. For example, 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.
- Outcomes for families/carers from Queensland tended to be more likely to improve after spending time in the Scheme, while families/carers from Victoria were less likely to improve.
- Some outcomes were better for families/carers of participants living outside a major city. For example, 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.
- Families/carers of participants with self-managed plans (fully or partly) experience more positive outcomes in the domains of work, advocacy and access to services over time.
- Outcomes tend to be more positive across all domains for families/carers of participants living in a private home owned by their family.
- Relocating to a new LGA was associated with worse longitudinal outcomes for a number of indicators, for example, being more likely to deteriorate with respect to being able to engage socially and in the community as much as desired.

Has the NDIS helped?

Opinions on whether the NDIS has helped are generally positive for this cohort:

- The percentage of families/carers reporting that the NDIS has helped has increased gradually over the participant's time in the Scheme, by 2-3% between one and three years, across all five SF domains except for the rights and advocacy domain (no change) and the health and wellbeing domain (a small decrease). The percentages satisfied with the amount of say they had in the development and implementation of their child's plan increased slightly over the participant's second year in the Scheme but were largely unchanged over the third year.

- Opinions on whether the NDIS has helped after **one year** in the Scheme vary by participant/carer characteristics. Key results are as follows:

    - Families and carers of younger participants are more likely to say that the NDIS has helped, across all five outcome domains, and are more likely to be satisfied with the amount of say they had in the development and implementation of their child's plan.
    - Families and carers of participants with developmental delay are more likely to say the NDIS helped, across all five outcome domains. They are also more likely to be satisfied with the amount of say they had in the development and implementation of their child's plan than families/carers of participants with all other disabilities except other sensory/ speech, where there was no significant difference.
    - Families and carers of Indigenous participants are less likely to think that the NDIS has helped improve their ability to help their child develop and learn.
    - Families and carers of participants from a CALD background are more likely to think that the NDIS has helped with health and wellbeing, but less likely to be satisfied with the amount of say they had in the development and implementation of their child's plan.
    - Families and carers of participants with higher level of function are more likely to say that the NDIS helped, across all outcomes domains, and were more likely to be satisfied with the amount of say they had in the development and implementation of their child's plan.
    - Conversely, higher annualised plan budget (generally associated with lower level of function) was associated with a higher likelihood of thinking that the NDIS has helped, and being satisfied with the amount of say the family member/carer had in the development and implementation of their child's plan.
    - Families and carers of participants with higher baseline plan utilisation are more likely to say the NDIS has helped across all five domains. They were also more likely to be satisfied with the amount of say they had in implementing their child's plan, but less likely to say they are satisfied with the amount of say they had in developing their child's plan.
    - Families and carers of participants who are fully self-managing their plan are the most likely to say that the NDIS has helped, and the most likely to be satisfied with the amount of say they had in the development and implementation of their child's plan.
    - Compared to families and carers living in major cities, families and carers of participants living in regional areas are less likely to say that the NDIS has helped across all five domains. Those living in remote/very remote areas are also less likely to say that the NDIS has helped for all domains except for health and wellbeing. However, families and carers living in regional and remote/very remote

    areas are more likely to say that they are satisfied with the amount of say they had in the development and implementation of their child’s plan.

- Looking at changes in responses over time (that is, comparing results between first and later reviews), key observations include:
    - Higher utilisation of plan budget in general, and higher utilisation of capacity building supports in particular, is associated with a higher likelihood of improvement and lower likelihood of deterioration in thinking that the NDIS has helped. Higher utilisation of capacity building supports is also associated with a higher likelihood of improvement and lower likelihood of deterioration in being satisfied with the implementation of the child’s plan.
    - Improvement was less likely and deterioration more likely, in general, for families and carers of older participants.
    - Families/carers of CALD participants were less likely to improve in saying they are satisfied with the development and implementation of their child’s plan. They were also more likely to deteriorate in saying they are satisfied with the implementation of their child’s plan.
    - Families/carers of Indigenous participants were more likely to deteriorate in some domains, particularly level of support for the family, health and wellbeing, and being satisfied with the amount of say they had in the implementation of their child’s plan.
    - Self-managing fully was associated with more positive changes in responses for a number of outcome domains, for example, health and wellbeing. However, in multiple regression models, plan management type was not a significant factor in whether families/carers were satisfied with the development and implementation of their child’s plan.
    - Compared to those living in major cities, families and carers of participants living in regional areas were more likely to improve and less likely to deteriorate over the participant’s second year in the Scheme in being satisfied with development of their child’s plan, and were more likely to improve in being satisfied with its implementation.

Families/carers of participants aged 15 to 24

Overall results

- ***Employment***:
    - For participants who have been in the Scheme for three years, there was an increase of 4.9% over three years in the percentage of families/carers working in a paid job, from 49.4% to 54.4% (although there has been a non-significant decline over the latest year, possibly related to the COVID-19 pandemic, which was found to be significantly associated with deterioration in employment outcomes over two and three years). For those with a paid job, over three years, there was an increase of 5.1% in the percentage working 15 hours or more per week, from 85.1% to 90.2%, as well as an increase of 7.1% for those working 30 hours or more per week, from 52.9% to 60.0%.
    - For participants who have been in the Scheme for two years, there was an increase of 2.2% over two years in the percentage of families/carers working in a paid job, from 51.2% to 53.4% (although there has been a non-significant decline in the latest year, again, possibly COVID-19 related). For those with a paid job, there was an increase of 2.3% in the percentage working 15 hours or more per week, from 84.1% to 86.4%. The percentage working 30 hours or more per week increased by 5.2%, from 49.0% to 54.2%.
    - For families and carers of participants who have been in the Scheme for one year, the percentage in a paid job increased by 1.3% over one year, from 51.4% to 52.7%. Of those in a paid job, the percentage working 15 or more hours per week increased by 1.5%, from 85.2% to 86.7%, and the percentage working 30 or more hours per week increased by 2.0%, from 53.1 to 55.1%.

Figure 8 Changes in indicators over three years for families/carers of participants aged 15 to 24 who have been in the Scheme for three years – employment

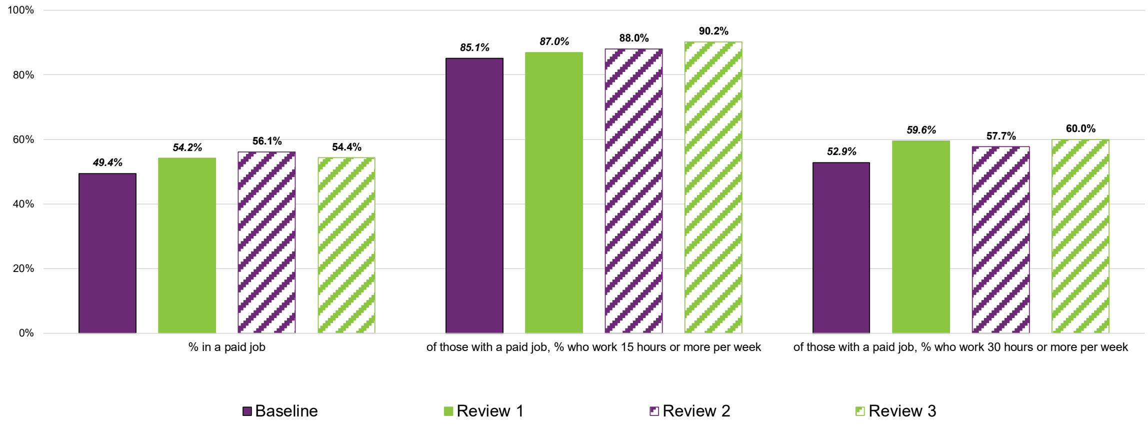


Figure 9 Changes in indicators over three years for families/carers of participants aged 15 to 24 who have been in the Scheme for two years – employment

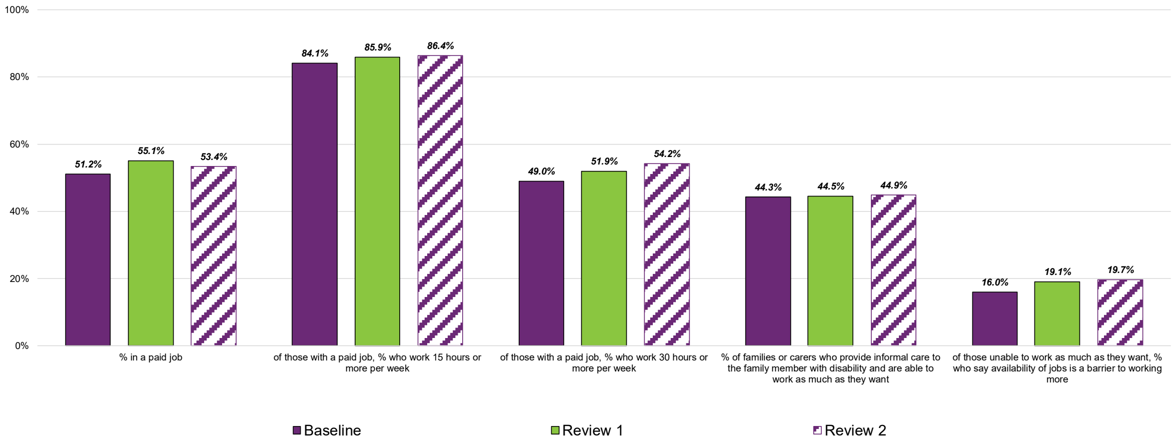
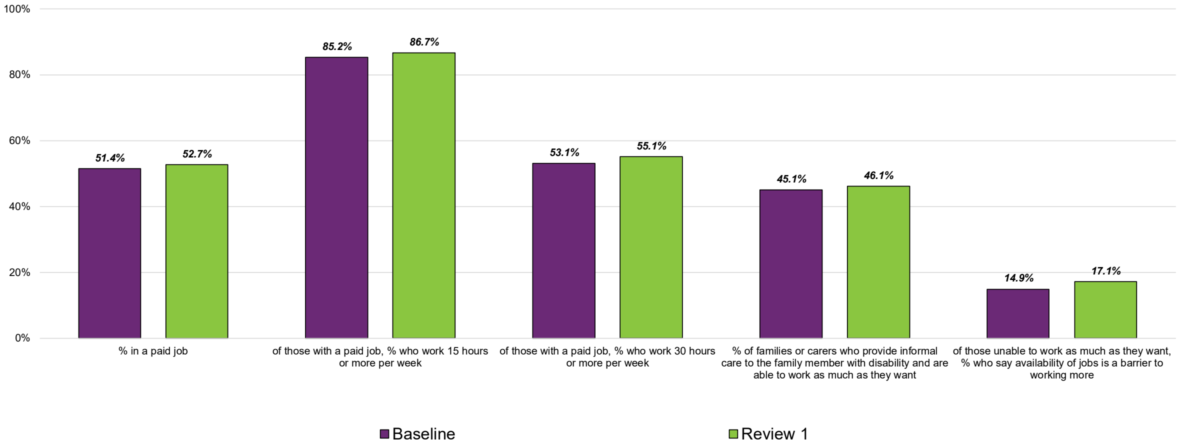


Figure 10 Changes in indicators over three years for families/carers of participants aged 15 to 24 who have been in the Scheme for one year – employment



In the longitudinal analysis for other domains, significant changes were observed across a number of indicators, for families and carers of participants who have been in the Scheme for one, two and three years, particularly in the areas of:

- ***Access to services:***
  - For participants who have been in the Scheme for three years, the percentage of families/carers who said that the services they receive for their family member with disability meet their needs increased from 17.7% at baseline to 36.3% at third review. The percentage of families/carers who felt that the services they use for their family member with disability listen to them increased by 8.1% over three years, from 64.0% at baseline to 72.0% at third review, although there was a 1.2% decline in the latest year. At baseline, 67.4% said that the services they received helped them plan for future, increasing by 4.7% over three years to 72.1%.
  - For participants who have been in the Scheme for two years, the percentage of families/carers who said that the services they receive for their family member with disability meet their needs increased from 17.8% at baseline to 26.5% at first review and 30.5% at second. A similar improvement was observed in the

  percentage of families/carers who feel that the services they use for their family member with disability listen to them (62.2% at baseline, 67.7% at first review and 71.1% at second review). The percentage who said that the services helped them plan for the future also increased, by 19.5% overall.

  - For families and carers of participants who have been in the Scheme for one year, the percentage who said that the services they receive for their family member with disability meet their needs increased by 7.0%, from 17.8% at baseline to 24.9% at first review. The percentage saying the services listen to them increased by 4.2%, from 65.5% to 69.7%. In addition, the percentage who said that the services helped them plan for the future increased by 14.4%, from 57.4% to 71.9%.

- ***Confidence for the future***:

  - For participants who have been in the Scheme for three years, the percentage of families/carers who say they feel more confident about the future of their family member with disability under the NDIS increased by 25.0% over three years, from 50.0% to 75.0%. The percentage who strongly agree or agree that their family member gets the support he/she needs also increased, from 40.9% to 70.5%.

  - For participants who have been in the Scheme for two years, the percentage who felt more confident about the future of their family member with disability under the NDIS increased from 50.0% at baseline to 69.8% at first review, but which decreased slightly to 68.6% by the end of second year. The percentage who strongly agree or agree that their family member gets the support he/she needs also increased, from 30.2% at baseline to 59.3% at second review.

  - For participants who have been in the Scheme for one year, the percentage who felt more confident about the future of their family member with disability under the NDIS increased from 56.1% at baseline to 64.4% at first review. The percentage who strongly agree or agree that their family member gets the support he/she needs also increased, from 32.6% at baseline to 53.0% at first review.

Figure 11 Changes in indicators over three years for families/carers of participants aged 15 to 24 who have been in the Scheme for three years – access to services and confidence for the future

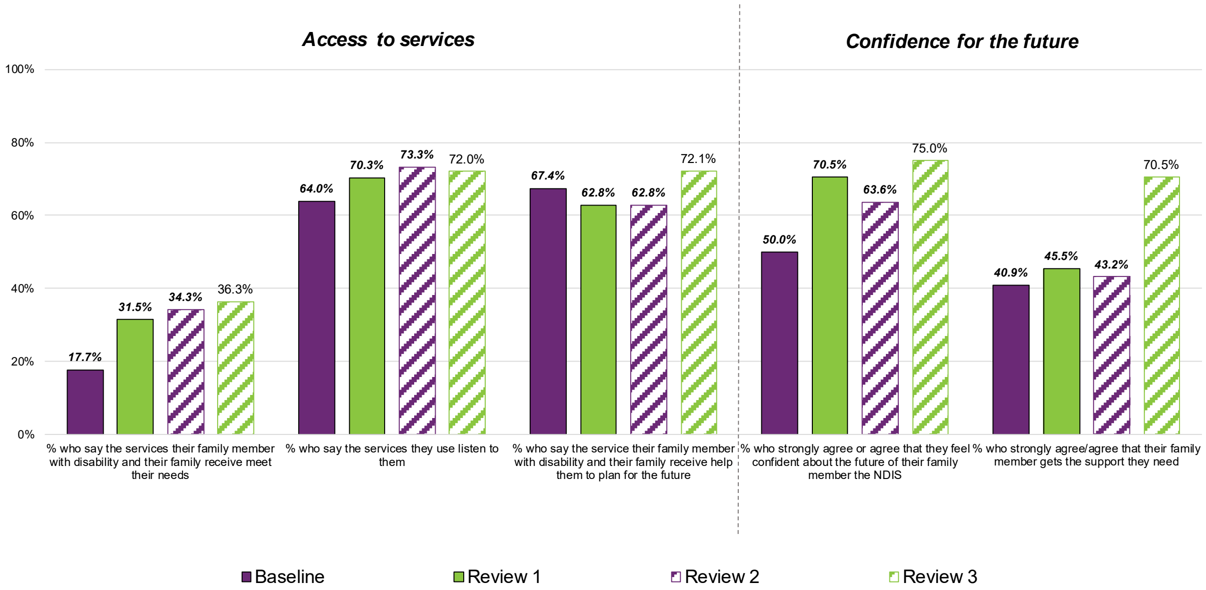


Figure 12 Changes in indicators over two years for families/carers of participants aged 15 to 24 who have been in the Scheme for two years – access to services and confidence for the future

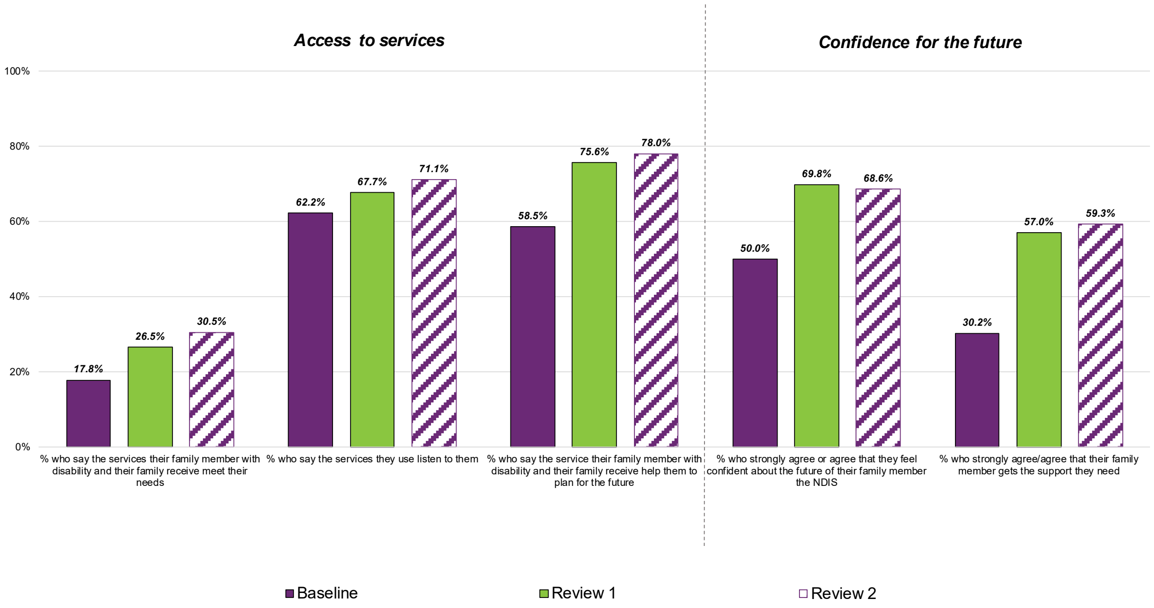
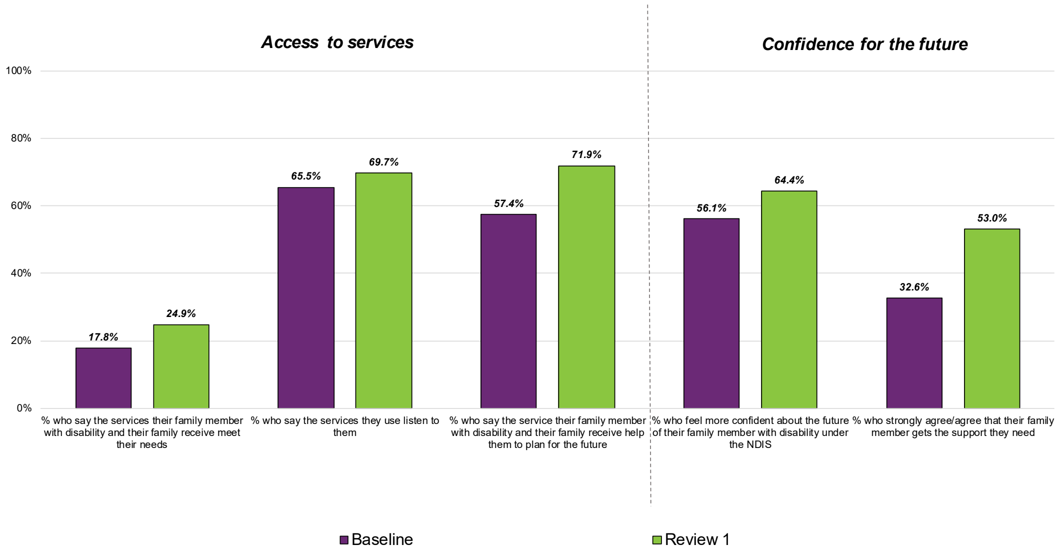
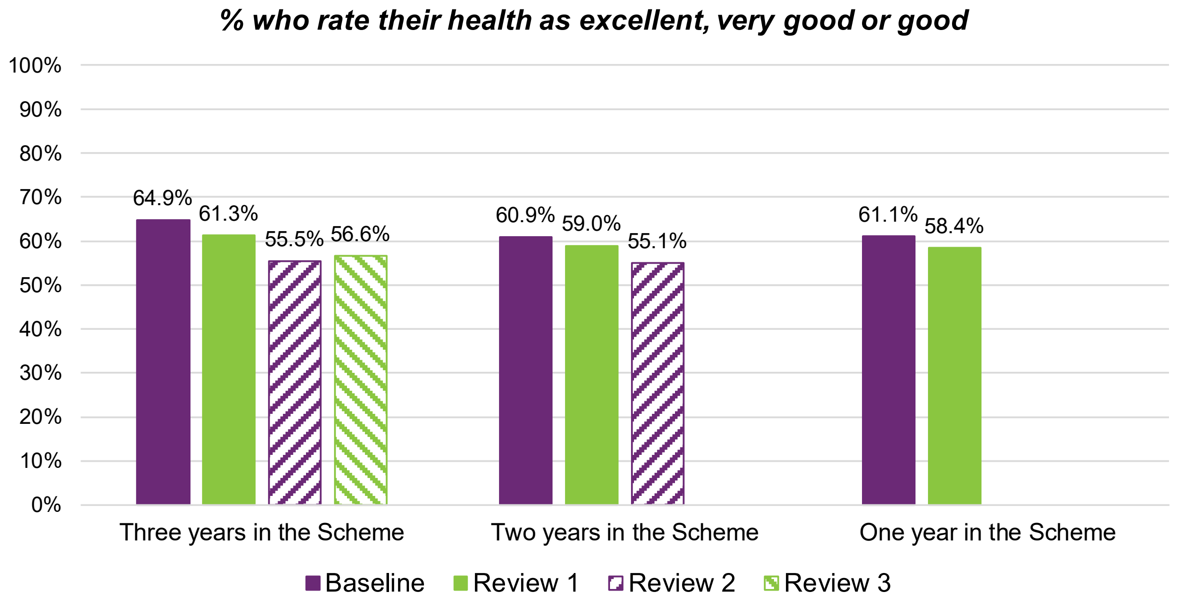


Figure 13 Changes in indicators over one year for families/carers of participants aged 15 to 24 have been in the Scheme for one year – access to services and confidence for the future



- ***Health and Wellbeing***:
  - Outcomes in this domain mostly deteriorated, and this may be partially explained by the tendency for health to decline with age (for this age group, the majority of family members/carers responding to the survey are mothers or fathers, and they will be getting older as the participant gets older). In particular:
    - For participants who have been in the Scheme for three years, there was a decline of 8.3% over three years in the percentage of families/carers who rated their health as excellent, very good or good, from 64.9% to 56.6%.
    - For participants who have been in the Scheme for two years, the percentage of families/carers who rate their health as excellent, very good or good declined from 60.9% at baseline to 55.1% at second review.
    - For those who have been in the Scheme for one year, the percentage of respondents who self-rate their health as excellent, very good or good was 61.1% at baseline, decreasing by 2.7% to 58.4% at first review.

Figure 14 Changes in indicators for families/carers of participants aged 15 to 24 who have been in the Scheme for one, two and three years – health



Results by participant and family/carer characteristics

Family/carer's longitudinal outcomes vary significantly by a number of participant and family/carer characteristics:

- Families and carers of participants with autism were more likely to deteriorate in having someone to talk to for emotional support between baseline and first review. Compared to families/carers of participants with autism, 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 child's disability is a barrier to working more between baseline and first review.
- Families and carers of participants with a lower level of function were less likely to improve and/or more likely to deteriorate across a number of indicators. For example, they were more likely to deteriorate in the latest year and between baseline and second review in thinking that the services they use meet the needs of their family member with disability, and less likely to improve in thinking the situation of their family member with disability is a barrier to working more.
- Families/carers of participants with a higher level of NDIA support through the participant pathway were less likely to improve in thinking that the services they use meet the needs of their family member with disability.
- Family/carer employment status has a significant impact for a number of indicators. For example, families/carers who remained in paid work were more likely to improve and less likely to deteriorate in having someone they can talk to for emotional support.
- Participant self-rated health was also a factor for a number of indicators. For example, where the participant's health deteriorated between reviews, the family member/carer was more likely to deteriorate in saying that the services they use meet the needs of their family member with disability.

- Some longitudinal outcomes were better when the participant felt safe in their home. For example, improvement was more likely and deterioration less likely for feeling that the services they use listen to them.
- 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.
- Higher plan utilisation was a positive factor for some indicators. For example, it was associated with a higher likelihood of improvement and a lower likelihood of deterioration for feeling that the services they use listen to them, and a higher likelihood of improvement in saying that the services they use meet the needs of their family member with disability.
- Families/carers of participants living in rented accommodation, compared to those living in a home owned by their family/carer, are more likely to deteriorate in self-rated health.
- Families/carers of participants living in Queensland (QLD) were more likely to improve on a number of indicators, for example, feeling that the services they use listen to them.
- Families and 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. Those with a plan manager, however, are less likely to improve on the latter indicator.

Has the NDIS helped?

Opinions on whether the NDIS has helped are slightly less positive for this cohort than for families/carers of participants aged 0 to 14. Key findings include:

- The percentage of families/carers reporting that the NDIS helped after three years in the Scheme was higher than the percentage of families/carers reporting that the NDIS helped after one year in the Scheme, across all SF domains except health and wellbeing, where there is a slight deterioration between first and second review.
- Opinions on whether the NDIS helped after **one year** in the Scheme vary by participant and family/carer characteristics. Key results are as follows:
    - Family and carers of participants with higher baseline plan utilisation are more likely to say the NDIS has helped, across all five domains.
    - Families and carers who have higher annualised plan budget are more likely to say the NDIS helped after one year, across all five domains.
    - Families and carers of older participants are more likely to say the NDIS helped at first review, across all domains except rights and advocacy.
    - Families and carers of participants with a visual impairment or spinal cord injury are less likely to think that the NDIS has helped with level of support or access to services.
    - Families and carers of participants with lower level of function are more likely to think the NDIS helped, in all domains except rights and advocacy.
    - Families and carers of participants with a higher percentage of supports in capacity building are less likely to say that the NDIS has helped with advocacy, support, access to services, and independence.

  - Families and carers whose plans are self-managed, either fully or partly, are more likely than those who agency manage to say that the NDIS helped across all domains.
  - Families and carers of participants who live in remote/very remote areas, compared to those who live in major cities, are less likely to say the NDIS has helped across all domains except health and wellbeing.
  - Families and carers living in Queensland (QLD) or Western Australia (WA) are more likely to say the NDIS helped compared to those in NSW, across all domains.
  - Families and carers of participants who said they feel safe at home are more likely to say that the NDIS has helped across all five domains.
  - Families and carers of participants who have better self-rated health are more likely to say that the NDIS has helped.
  - Those who did not receive supports from Commonwealth or State/Territory systems prior to entering the NDIS are more likely to say the NDIS has helped across all domains, compared to those previously receiving either State/Territory or Commonwealth services.
  - Families and carers of participants in supported independent living (SIL) are less likely to think the NDIS has helped for the domains of rights and advocacy, families feeling supported, and access to services.
  - Families and carers of female participants are more likely to say the NDIS has helped for the domains of families feeling supported, access to services and independence.
  - Families and carers of participants with lower levels of function tended to be more likely to say that the NDIS had helped in all domains except for rights and advocacy. However, families and carers of participants with a very high level of NDIA support are less likely to say the NDIS helped for the domains of families feeling supported, access to services and independence.

- Looking at changes in responses over time (that is, comparing results between first and later reviews), key observations include:

  - 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.
  - Where the participant is working in an unpaid job, families/carers are more likely to improve and less likely to deteriorate in thinking the NDIS has helped them to help the participant become more independent.
  - 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, as well as 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.

Families/carers of participants aged 25 and over

Overall results

- ***Employment:***
    - Changes in employment indicators for families/carers of participants aged 25 and over were mostly small and not statistically significant. It should be noted that families/carers of participants aged 25 and over are more likely to be of retirement age compared to families and carers of participants aged under 25, and as such are less likely to be in a paid job.
    - For participants who have been in the Scheme for three years, the percentage of families and carers in a paid job has declined by 2.5% over three years, from 37.5% to 35.0%. (Numbers are too small to report on hours worked).
    - For participants who have been in the Scheme for two years, the percentage of families and carers in a paid job has declined by 1.6% over two years, from 33.5% at baseline to 31.9% at second review. Of those in a paid job, the percentage working 15 or more hours per week remained constant from baseline to second review, at around 85%, and the percentage working 30 or more hours per week remained at around 59%.
    - For participants who have been in the Scheme for one year, the percentage in a paid job decreased by 0.7%, from 34.7% and 34.0%, between baseline and first review. Of those with a paid job, the percentage working 15 hours or more per week remained at around 84%, and the percentage working 30 or more hours per week remained at around 57%.
- ***Interaction with services:***
    - For participants who have been in the Scheme for three years, three positive changes were observed related to satisfaction with services. The percentage of families/carers who say that the services their family member with disability and their family receive meet their needs improved from 23.8% at baseline to 36.3% at third review (although there was a non-significant decline over the latest year). The percentage who said the services helped them to plan for the future increased from 40.9% to 72.7% over three years, and the percentage who agree or strongly agree that the services and supports have helped them to better care for their family member with disability increased from 36.4% to 77.3%.
    - For participants who have been in the Scheme for two years, the percentage of families/carers who said that the services their family member with disability receives meet their needs increased from 21.3% at baseline to 33.6% at second review. The percentage who say the services they use listen to them increased from 68.3% to 74.8%, the percentage who say the services help them to plan for the future increased from 63.6% to 74.7%, and the percentage agreeing or strongly agreeing that services and supports have helped them to better care for family member with disability increased from 54.6% to 73.6% over two years.
    - For participants who have been in the Scheme for one year, the percentage of families/carers who said that the services their family member with disability and their family receive meet their needs increased by 7.0% over one year, from 20.0% to 27.0%. The percentage who said that the services listened to them increased by 3.3%, from 68.5% at baseline to 71.8% at first review. The

    percentage who thought that the services helped them plan for the future increased from 66.5% to 73.8%, and the percentage agreeing or strongly agreeing that the services helped them to better care for their family member with disability increased by 21.8%, from 48.1% to 69.9%.

- ***Health and wellbeing:***
    - For participants who have been in the Scheme for three years, the percentage who think that their family member with disability gets the support they need increased by 6.4%, from 38.5% at baseline to 44.9% at third review.
    - For participants who have been in the Scheme for two years, the percentage who think that their family member with disability gets the support they need increased from 26.6% at baseline to 40.9% at second review. The percentage who say that those who provide informal support to their family member with disability are able to work as much as they want increased by 3.2% over two years, from 58.0% to 61.2%, including a 2.4% increase in the latest year. However, the percentage rating their health as excellent, very good or good declined by 6.5% (4.0% in the latest year), from 58.5% at baseline to 52.0% at second review.
    - For participants who have been in the Scheme for one year, the percentage of families/carers who felt their family member with disability gets the support they need increased by 8.3%, from 26.4% at baseline to 34.7% at first review. However, the percentage rating their health as excellent, very good or good declined by 4.6%, from 58.5% to 53.9%.
- ***Confidence for future:***
    - For participants who have been in the Scheme for two years, the percentage feeling more confident about the future of their family member with disability under the NDIS increased from 39.9% at baseline to 65.0% at second review.
    - For participants who have been in the Scheme for one year, the percentage feeling more confident about the future of their family member with disability under the NDIS increased from 48.1% at baseline to 66.7% at first review, and the percentage feeling delighted, pleased or mostly satisfied when thinking about last year and what they expect for the future increased from 47.6% to 58.7%.
    - These outcomes did not change significantly for families/carers of participants have been in the Scheme for three years.

Figure 15 Changes in indicators over three years for families/carers of participants aged 25 and over who have been in the Scheme for three years – employment and interaction with services

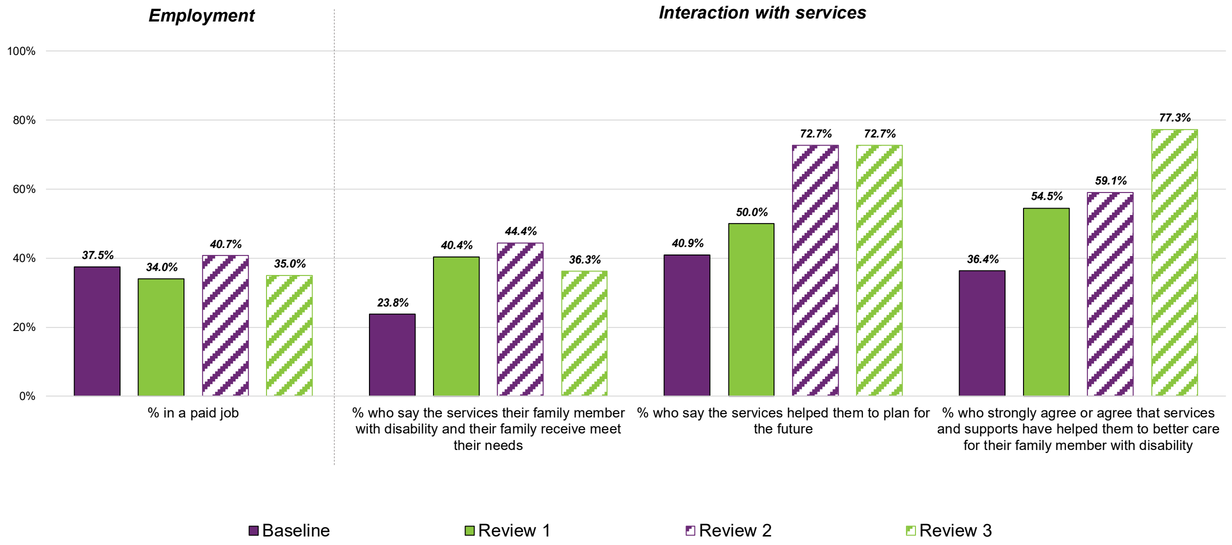


Figure 16 Changes in indicators over two years for families/carers of participants aged 25 and over who have been in the Scheme for two years – employment and interaction with services

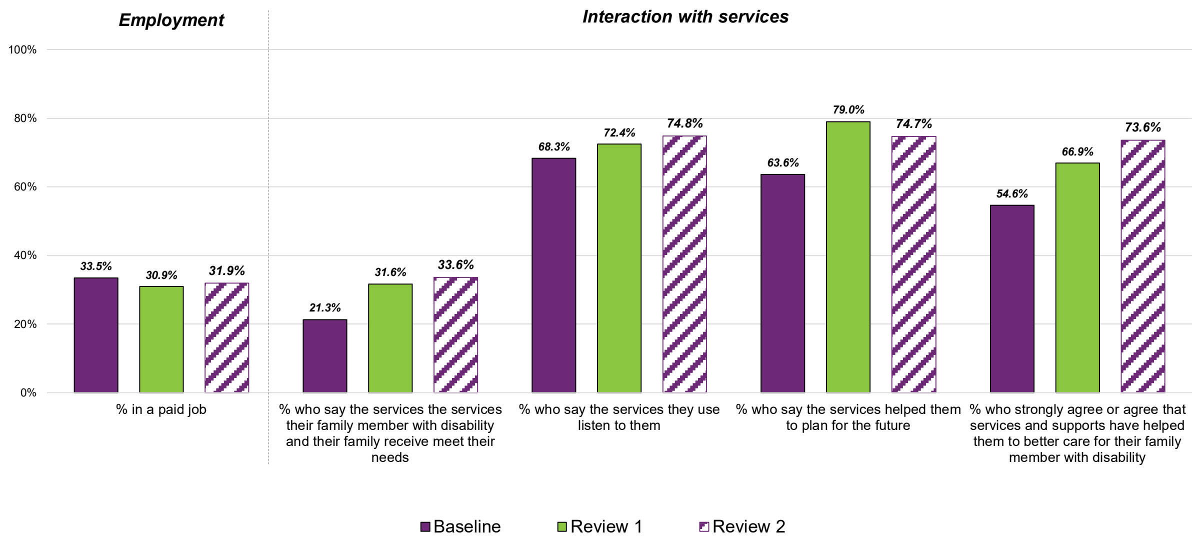
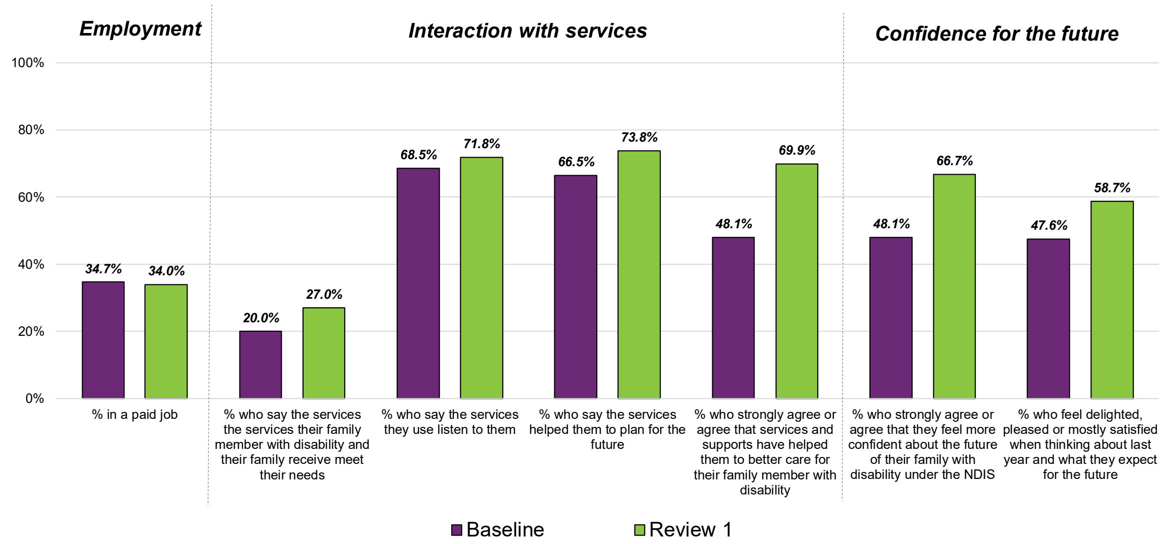


Figure 17 Changes in indicators over one year for families/carers of participants aged 25 and over who have been in the Scheme for one year – employment, interaction with services and confidence for the future



Results by participant and family/carer characteristics

Due to the smaller amount of data for families/carers of participants aged 25 and over, the modelling performed was less extensive. Nevertheless, some participant and family/carer characteristics were identified as being significantly associated with changes in outcomes:

- Families and carers of participants who feel safe in their home, and of participants whose self-rated health improves, are more likely to improve and/or less likely to deteriorate in several outcomes.
- Family/carer employment status is also a significant factor for some outcomes. For example, families/carers who remain in paid work are more likely to improve and less likely to deteriorate in rating their health as excellent, very good or good.
- State/Territory of residence is also a factor. Families/carers of participants living in States/Territories other than Victoria tended to have more positive longitudinal outcomes. For example, they were more likely to improve in the latest year in thinking that the services they receive meet their needs.
- Families/carers of CALD participants were less likely to improve in thinking that their family member with disability gets the support they need.
- 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.
- Higher plan utilisation was associated with being more likely to improve in thinking that the services they and their family member receive meet their needs, and that their family member gets the support they need.
- Families/carers of participants with lower level of function were more likely to deteriorate in rating their health as excellent, very good or good.

- 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.

Has the NDIS helped?

Families' and carers' opinions on whether the NDIS has helped vary by domain:

- 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 a positive response after **one year** in the Scheme depended on some participant and family/carer characteristics:
    - Higher baseline plan utilisation, and higher annualised plan budget, were associated with a higher likelihood of responding positively after one year in the Scheme.
    - Families/carers of participants with better self-rated health, and of participants who feel safe in their home, are more likely to respond positively.
    - Families/carers of participants who work in a paid or unpaid job are more likely to think the NDIS has helped with level of support, succession planning, and health and wellbeing.
    - Families/carers of participants in supported independent living (SIL) were less likely to think that the NDIS has helped with level of support and access to services.
    - Families/carers of participants living in QLD or WA were more likely than families/carers of participants living in NSW to think that the NDIS has helped, across all domains.
    - Compared to families/carers of participants who live in a major city, families/carers of participants who live in regional areas are more likely to respond positively, and families/carers of those living in remote/very remote areas are less likely to respond positively, across all domains except health and wellbeing.
    - Controlling for other factors, families/carers of participants with partly self-managed plans were significantly more likely than families/carers of those with agency-managed plans to think that the NDIS has helped across all domains except succession planning. However, no significant difference was found for those fully self-managing compared to those agency-managing (this may be partly due to the smaller number of participants aged 25 and over who self-manage fully).

- Looking at changes in responses over time (that is, comparing results between first and later reviews), the smaller amount of longitudinal data for this cohort meant that a smaller number of factors was identified. However, some differences by participant and family/carer characteristics occurred for multiple domains:
    - 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.

COVID-19

The global pandemic that took hold from early 2020 is likely to have had an impact on at least some family/carer outcomes, such as employment, and social 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.[7] These terms allow for a step change in the probability of families/carers changing their response, and/or a different trend over time, when the later review occurs during the COVID-19 pandemic.

Families and carers of participants from birth to age 14

There were some significant changes to families' and carers' longitudinal outcomes during the pandemic, across all 14 indicators considered. Results were mixed, being favourable for some indicators but unfavourable for others. For example:

- When the later response occurred during the COVID period, deterioration over two years was more likely for having a paid job, and deterioration between second and third review was more likely for working 15 or more hours per week.
- Deterioration was less likely in transitions from baseline for having people to ask for practical help, and for being able to engage in social interactions and community life.
- There was a drop in the likelihood of improvement between baseline and first review with respect to getting enough support to feel confident in parenting their child at the start of the pandemic, however this was accompanied by a favourable change in time trend, with improvement becoming more likely over time during the pandemic.

Families and carers of participants from age 15 to age 24

There were a few significant changes to families' and carers' longitudinal outcomes during the pandemic, and results were mixed, being favourable in some indicators but unfavourable in others. For example:

- Families and carers whose latest response was collected during the COVID period were more likely to show deterioration from baseline to first review in working 15 or more hours per week, however, they were more likely to show improvement from baseline to third review.
- Families and carers are less likely to deteriorate between baseline and first review in thinking that the services they use listen to them when their latest response is given during the COVID period.
- Families and carers who are unable to work as much as they want are more likely to start citing lack of job availability as a reason for not working more between baseline and third review, when the third review happened during the COVID period.

Families and carers of participants aged 25 and over

There were only two indicators where there were significant changes to families' and carers' longitudinal outcomes during the pandemic:

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[7] The methodology and limitations of the approach are discussed in Section 2.5. In particular, the modelling is based on only about three months of experience during the pandemic, and some of the effects detected are only slight.

- Families and carers who gave their later response during the COVID period were more likely to improve between baseline and first review in thinking that the services their family members with disability and their families receive meet their needs.
- Families and carers who had their review during the COVID period were less likely to deteriorate between baseline and first review but less likely to improve between baseline and second review in thinking that their family member gets the support they need.

1. Introduction

1.1 Background

Families and carers play an important role in supporting NDIS participants. Improved outcomes for participants under the NDIS can be expected to facilitate this caring role, leading to improved outcomes for families and carers also.

This report summarises longitudinal outcomes for families and carers of participants who have been in the Scheme for one year or more at 30 June 2020. A separate report covers baseline results for families and carers of NDIS participants entering the Scheme during the four year period from 1 July 2016 to 30 June 2020. Two previous reports have covered both baseline and longitudinal experience, as at 30 June 2018 and 30 June 2019.[8]

The purpose of this report is to provide a picture of how the families and carers of NDIS participants are progressing, based on information provided by them in interviews conducted as part of the NDIS outcomes framework questionnaires. The results are intended to provide insight into how the Scheme is making a difference for families and carers, and point to any areas where improvements may be required.

Separate reports on participant outcomes at 30 June 2020 and for the preceding two years have been prepared, and those reports should be consulted for further information on the ways in which the NDIA is measuring outcomes more broadly, as well as general background to the development and implementation of the outcomes framework.

1.2 Overview

The remaining sections of the report present results from analysing the outcomes framework data available as at 30 June 2020. Results are organised with separate sections for each questionnaire version, including analysis of data from both the short-form (SF) and long-form (LF). Specifically:

- Sections 2 and 3 contain results for families/carers of participants from birth to age 14.
- Sections 4 and 5 contain results for families/carers of participants aged 15 to 24.
- Sections 6 and 7 contain results for families/carers of participants aged 25 and over.

More detailed results contained in the appendices[9] include:

- Appendix A: Variables used in the regression modelling
- Appendix B: Families/carers of participants aged 0 to 14
- Appendix C: Families/carers of participants aged 15 to 24
- Appendix D: Families/carers of participants aged 25 and over.

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[8] Family and carer outcomes report | NDIS

[9] Appendix B of the participant outcomes report also contains information on response rates and representativeness for the LF family/carer survey.

1.3 Questionnaires

Table 1.1 sets out the questionnaire versions and domains, including letter codes used in the report.

Table 1.1 Outcomes framework versions and domains for families/carers

Domain	Participants aged 0 to 14	Participants aged 15 to 24	Participants aged 25 and over
Families/carers know their rights and advocate effectively for their family member with disability (RA)	✓	✓	✓
Families/carers feel supported (SP)	✓	✓	✓
Families/carers are able to gain access to desired services, programs and activities in their community (AC)	✓	✓	✓
Families/carers enjoy health and wellbeing (HW)	✓	✓	✓
Families/carers help their child develop (DV)	✓		
Families/carers help their young person become independent (IN)		✓	
Families/carers have succession plans (SC)			✓
Families/carers understand their child's strengths, abilities and special needs (UN) (LF only)	✓	✓	

The report also includes information not included in any of the specific domains, on employment (WK) and receipt of government benefits (GB).

1.4 Cohorts used in the longitudinal analysis

Longitudinal results for outcome indicators are considered separately for three cohorts of families/carers:

- Cohort C3: Families/carers of participants entering the Scheme between 1 July 2016 and 30 June 2017, for whom a record of outcomes is available at Scheme entry (baseline), and approximately three years after Scheme entry (third review). The large majority of these families/carers also responded at one year and/or two years after Scheme entry (first and/or second review).

- Cohort C2: Families/carers of participants entering the Scheme between 1 July 2016 and 30 June 2018, for whom a record of outcomes is available at Scheme entry (baseline), and approximately two years after Scheme entry (second review) [10]. The large majority of these participants also responded at one year after Scheme entry (first review). For this cohort, the 2019-20 experience represents changes over their second year in the Scheme.
- Cohort C1: Families/carers of participants entering the Scheme between 1 July 2016 and 30 June 2019, for whom a record of outcomes is available at Scheme entry (baseline), and approximately one year after Scheme entry (first review[11]). For this cohort, the 2019-20 experience represents changes over their first year in the Scheme.

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

It should also be noted that the longitudinal analysis is restricted to instances where the same person responded at each of the time points being considered.[12]

1.5 Modelling the impact of COVID-19

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

To investigate which outcomes may have been affected by the pandemic via quantitative modelling, the following terms were added to the regression models for transitions over time:

1. An indicator taking the value 0 for dates up to 23 March 2020 (the announcement of stronger restrictions by the Prime Minister, such as closure of restaurants and gyms), and 1 for later dates.
2. A general time trend.
3. The interaction between 1. and 2.

The first term allows for a step change in the indicator from 23 March 2020. The second term allows for temporal changes in the indicator not related to COVID-19, whereas the third term allows for different time trends before and after 23 March 2020.

The regression models in this report look at changes between two timepoints, either from baseline to first, second or third review, or from an earlier review to a later review. In all cases only the later review can have occurred after the assumed COVID-19 date of 23 March 2020, and the time variables are measured with reference to that later review (for example, the COVID-19 indicator is 1 where the later review occurs during the COVID period).

Results of this analysis should be interpreted with care due to the following limitations:

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[10] Most of these participants entered the Scheme between 1 July 2017 and 30 June 2018, however a small number of participants entering between 1 July 2016 and 30 June 2017 who had a response at year 2 but not at year 3 are included in the C2 cohort.

[11] Most of these participants entered the Scheme between 1 July 2018 and 30 June 2019, however a small number of participants entering between 1 July 2016 and 30 June 2018 who had a response at year 1 but not at year 2 or 3 are included in the C1 cohort.

[12] As far as can be ascertained from their relationship to the participant.

1. The modelling is based on only about three months of experience during the pandemic (23 March 2020 to 30 June 2020), and some of the effects detected are only slight.
2. Some of the indicators where the pandemic might be thought to have an effect have a time frame specified. For example, for social and community participation, adult participants are asked “Have you been actively involved in a community, cultural or religious group *in the last 12 months*?”. At least nine months of this period will be prior to the start of the pandemic.
3. Significance of the COVID indicator and/or the interaction term does not imply causality: it is not possible to say that changes in the indicator were caused by the COVID-19 pandemic.
4. The full impact of the pandemic cannot be evaluated using quantitative methods alone: qualitative research (such as focus groups and interviews with participants) would also be needed. Some qualitative research into economic and social participation outcomes, including the effect of the pandemic, is being undertaken.

2. Families/carers of participants from birth to age 14: Outcome indicators

2.1 Key findings

Overall, the three cohorts (C3, C2 and C1) have progressed in similar ways longitudinally.

Box 2.1: Overall findings for C3 cohort (families/carers of participants from birth to age 14, who have been in the Scheme for three years)

- For participants entering the Scheme in 2016-17, the longitudinal analysis revealed significant improvements across a number of family/carer indicators, with trends in the first year generally continuing into the second and third years in the Scheme.
- The percentage of families/carers working in a paid job has increased by 8.2% over three years in the Scheme, from 44.9% at baseline to 53.0% at third review. For mothers of participants (around 94% of respondents), there was an 8.4% increase, from 43.8% to 52.2%, and for fathers (around 6% of respondents) there was a 4.3% increase, from 61.2% to 65.5%. However, this is still considerably lower than population figures of 73.2% for females and 84.6% for males.[13]
- The percentage of families/carers in a paid job who work 15 hours or more per week has increased by 6.3% over three years, from 79.0% at baseline to 85.2% at third review. The percentage working 30 hours or more per week has also increased, from 36.1% to 48.9% overall. For mothers, there was a 10.4% increase in the percentage working 30 or more hours per week, from 34.7% to 45.1%, and for fathers there was a 4.6% increase, from 82.2% to 86.8%. These percentages are lower than population figures for full-time work of 60.2% for females and 88.6% for males.[14]
- The percentage who say that they (and/or their partner) are able to work as much as they want has declined slightly over three years (39.5% at baseline and 37.7% at third review). Looking at barriers to working more, the percentage who say that the situation of their child with disability is a factor has increased by 4.6% between baseline and third review, from 90.3% to 94.9%, and the percentage who say insufficient flexibility of jobs is a factor increased by 8.0%, from 39.7% to 47.8%.

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[13] 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. The actual ages of families/carers are not reliably known, but mothers and fathers of participants aged 0 to 14 are likely to be in this age range.

[14] 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. Employed full-time to employed total. The ABS defines full-time work as 35 hours or more per week, so the population benchmarks for working 30 hours or more per week would likely be higher than the figures quoted.

Box 2.1 (continued): Overall findings for C3 cohort (families/carers of participants from birth to age 14, who have been in the Scheme for three years)

- Families and carers report increasing ability and confidence in helping their children develop and learn. The percentage of families/carers who know what specialist services are needed to promote their child's learning and development increased by 11.9% between baseline and third review, from 41.4% to 53.3%. Similarly, the percentage of respondents who know what they can do to support their child's learning and development increased by 9.4%, from 42.5% to 51.9%. The percentage who say they get enough support to feel confident in parenting their child has increased by 4.3%, from 44.2% to 48.4%.

- Improvements in interacting with services have been observed. The percentage of families/carers who say their relationship with services is good or very good has increased by 5.1%, from 85.5% at baseline to 90.6% at third review.

- Some deterioration was observed in self-rated health for families/carers, with the percentage rating their health as excellent, very good or good decreasing by 9.8%, from 74.5% at baseline to 64.7% at third review.

- There has also been some deterioration in informal supports for families/carers, with reductions over three years in the percentages who have: friends they can see as often as they like (6.4% decrease); people they can ask for practical help as often as they need (6.8% decrease); people they can ask for childcare as often as they need (5.7% decrease). However, the percentage who have someone they can talk to for emotional support as often as they need increased by 1.7%.

- Families and carers are also less likely to say they are able to engage in social interactions and community life as much as they want (a decrease of 4.5%, from 27.6% at baseline to 23.1% at third review). For those who are unable to engage as much as they want, the percentage who say the situation of their child with disability is a barrier to engaging more has increased by 4.2%, from 92.0% at baseline to 96.2% at third review.

- There has been a small increase (1.95%) in the percentage of families and carers who experienced no boundary to access and/or advocacy between baseline and third review.

Box 2.2: Overall findings for C2 cohort (families/carers of participants from birth to age 14, who have been in the Scheme for two years)

- Trends observed for families and carers of participants who have been in the Scheme for two years were generally similar to those observed for families and carers of participants who have been in the Scheme for three years.
- The percentage of families/carers working in a paid job has increased by 3.6% over two years in the Scheme, from 47.4% at baseline to 51.0% at second review. As for those who have been in the Scheme for three years, there has also been an increase in the percentage working 15 hours or more per week, from 77.4% at baseline to 83.0% at second review (a 5.6% increase).
- The percentage who say that they (and/or their partner) are able to work as much as they want has not changed materially (38.5% at baseline and 38.4% at second review). However, for those unable to work as much as they want, there have been increases in the percentage who perceive their child's disability as a barrier to working more (a 4.4% increase, from 88.5% to 92.9%), and the percentage who say insufficient flexibility of jobs is a barrier to working more (a 6.3% increase, from 39.8% to 46.0%).
- The percentage of families/carers who say their relationship with services is good or very good has increased by 13.2%, from 76.3% at baseline to 89.5% at second review.
- Improvements were observed across all indicators related to families/carers helping their child develop and learn. Most notably, the percentage of respondents who know what specialist services are required to promote their child's learning and development increased by 12.3%, from 41.0% at baseline to 53.3% at second review. Similarly, the percentage of families/carers who know what they can do to support their child's development increased by 10.0%, from 42.1% at baseline to 52.1% at second review.
- As for those who have been in the Scheme for three years, there has been some deterioration in self-rated health. The percentage of families/carers who rate their health as excellent, very good or good fell by 6.7%, from 72.4% at baseline to 65.7% at second review.
- The percentage of families/carers who have experienced no boundaries to access or advocacy increased by 3.0%, from 35.3% at baseline to 38.3% at second review.

Box 2.3: Overall findings for C1 cohort (families/carers of participants from birth to age 14, who have been in the Scheme for one year)

- Trends observed for families and carers of participants who have been in the Scheme for one year were generally similar to those observed for families and carers of participants who have been in the Scheme for longer.
- The percentage of families/carers working in a paid job has increased by 1.8% over the first year in the Scheme, from 47.9% at baseline to 49.7% at first review. There has also been an increase in the percentage working 15 hours or more per week, from 79.2% at baseline to 81.2% at second review (a 2.0% increase).
- The percentage who say that they (and/or their partner) are able to work as much as they want has not changed materially (39.9% at baseline and 39.8% at first review). However, for those unable to work as much as they want, there have been increases in the percentage who perceive their child's disability as a barrier to working more (a 2.0% increase, from 88.8% to 90.8%), and the percentage who say insufficient flexibility of jobs is a barrier to working more (a 3.3% increase, from 36.1% to 39.4%).
- The percentage of families/carers who say their relationship with services is good or very good has increased by 7.5%, from 80.6% at baseline to 88.1% at second review.
- Improvements were observed across all indicators related to families/carers helping their child develop and learn. Most notably, the percentage of respondents who know what specialist services are required to promote their child's learning and development increased by 8.3%, from 41.2% at baseline to 49.5% at first review. Similarly, the percentage of families/carers who know what they can do to support their child's development increased by 7.0%, from 41.6% at baseline to 48.6% at first review.
- There has been significant improvement in the percentage who strongly agree or agree that their child gets the support he or she needs with an improvement of 20.0%, from 41.2% at baseline to 61.5% at first review.
- The percentage of families/carers who have experienced no boundaries to access or advocacy increased by 0.9%, from 38.1% at baseline to 39.1% at first review, and the percentage of families/carers who are able to identify the needs of their child and family increased by 1.3%, from 68.4% at baseline to 69.7% at first review.

Box 2.4: Outcomes by key characteristics for families/carers of participants from birth to age 14

- Families/carers of participants with autism tended to have less positive longitudinal outcomes, particularly in relation to support networks and social and community interactions.
- For the majority of indicators in all domains, longitudinal 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.
- For most of the indicators modelled, longitudinal outcomes tended to be worse for families/carers of older participants. For example, families/carers of older participants were less likely to improve and more likely to deteriorate in having people they can ask for practical help as often as needed, and in rating their health as excellent, very good or good (which may be partly age related). However, families/carers of older participants were less likely to deteriorate with respect to having a paid job.
- Longitudinal outcomes related to work and health tended to be better when the respondent was the father compared to when the respondent was the mother.
- Families/carers of participants from a CALD background tended to be 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.
- Indigenous status was significant in a relatively small number of models and results were mixed. For example, 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.
- Outcomes for families/carers from Queensland tended to be more likely to improve after spending time in the Scheme, while families/carers from Victoria were less likely to improve.
- Some outcomes were better for families/carers of participants living outside a major city. For example, 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.
- Families/carers of participants with self-managed plans (fully or partly) experience more positive outcomes in the domains of work, advocacy and access to services over time.
- Outcomes tend to be more positive across all domains for families/carers of participants living in a private home owned by their family.
- Relocating to a new LGA was associated with worse longitudinal outcomes for a number of indicators, for example, being more likely to deteriorate with respect to being able to engage socially and in the community as much as desired.

Box 2.4 (continued): Outcomes by key characteristics for families/carers of participants from birth to age 14

- COVID-19 was identified as significant factor for all 14 indicators considered. Results were mixed. For example, when the later response occurred during the COVID period, deterioration over two years was more likely for having a paid job, and deterioration between second and third review was more likely for working 15 or more hours per week. However, deterioration was less likely in transitions from baseline for having people to ask for practical help, and for being able to engage in social interactions and community life.

Box 2.5: Has the NDIS helped families/carers of participants from age 0 to 14

- The percentage of families/carers reporting that the NDIS has helped has increased gradually over participants' time in the Scheme, by 2-3% between one and three years, across all five SF domains except for the rights and advocacy domain (no change) and the health and wellbeing domain (a small decrease). The percentages satisfied with the amount of say they had in the development and implementation of their child's plan increased slightly over the participant's second year in the Scheme but were largely unchanged over the third year.

- Opinions on whether the NDIS has helped after one year in the Scheme vary by participant/carer characteristics. Results tended to be more positive for families/carers of participants who have higher baseline plan utilisation and higher annualised plan budget, have higher level of function, live in a State/Territory other than NSW, and did not previously receive State/Territory supports. Opinions at first review also tended to be better for families/carers of participants with developmental delay, and for families/carers of younger participants.

- Looking at changes over the participant's second and third years in the Scheme, higher utilisation of plan budget in general, and higher utilisation of capacity building supports in particular, is associated with a higher likelihood of improvement and lower likelihood of deterioration in thinking that the NDIS has helped. On the other hand, outcomes for families/carers of older participants were more likely to deteriorate between both first and second review, and first and third review.

- Families/carers of CALD participants were less likely to improve in saying they are satisfied with the development and implementation of their child's plan. They were also more likely to deteriorate in saying they are satisfied with the implementation of their child's plan.

- Families/carers of Indigenous participants were more likely to deteriorate in some domains, particularly level of support for the family, health and wellbeing, and being satisfied with the amount of say they had in the implementation of their child's plan.

- Self-managing fully was associated with more positive changes in responses for a number of outcome domains, for example, health and wellbeing.

- Compared to those living in major cities, families and carers of participants living in regional areas were more likely to improve and less likely to deteriorate over the participant's second year in the Scheme in being satisfied with development of their child's plan, and were more likely to improve in being satisfied with its implementation.

2.2 Outcomes framework questionnaire domains

For families/carers of participants aged from birth to 14 years, the outcomes framework seeks to measure the extent to which they:

- know their rights and advocate effectively for their child with a disability (RA domain)
- feel supported (SP)
- can gain access to desired services, programs and activities in their community (AC)
- are able to help their children develop and learn (DV)
- enjoy health and wellbeing (HW).

The LF contains an extra domain, measuring the extent to which families/carers:

- understand their children's strengths, abilities and special needs (UN)

The LF also includes a number of extra questions in other domains, particularly the health and wellbeing domain.

Families and carers of participants who contributed to either the age 0 to starting school participant survey or the starting school to age 14 participant survey are invited to contribute to this survey. For the longitudinal analysis, the 0 to 14 family/carer cohort comprises families and carers of participants who are aged between 0 to 14 when they enter the Scheme, and includes responses at all review time points until the participant turns 15.

2.3 Longitudinal indicators – overall

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

For this year's report, results are shown separately for the three cohorts described in Section 1.4, including the value of the indicator at baseline and each review, as well as the change in the latest year, and the change between baseline and latest review. For example, for the C3 cohort, results at baseline, first review, second review, and third review are shown, as well as the change between second review and third review, and the change from baseline to third review.

Table 2.1 below summarises changes for selected indicators across the two time periods. Indicators were selected for the tables if the change, either overall or for the latest year, was statistically significant[15] and had an absolute magnitude greater than 0.02 for at least one entry year cohort.

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[15] McNemar's test at the 0.05 level.

Table 2.1: Selected longitudinal indicators for families/carers of participants aged 0 to 14

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant[16]	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
Improvement										
WK (SF)	% of families or carers who are in a paid job	C3	44.9%	49.2%	51.4%	53.0%	1.6%	8.2%	**	**
		C2	47.4%	50.4%	51.0%		0.7%	3.6%	**	**
		C1	47.9%	49.7%			1.8%	1.8%	**	**
WK (SF)	of those in a paid job, % who work 15 hours or more per week	C3	79.0%	82.0%	83.6%	85.2%	1.6%	6.3%	**	**
		C2	77.4%	80.6%	83.0%		2.4%	5.6%	**	**
		C1	79.2%	81.2%			2.0%	2.0%	**	**
RA (SF)	% of families or carers who have experienced no boundaries to access or advocacy	C3	37.5%	39.1%	40.6%	39.4%	-1.2%	2.0%	*	**
		C2	35.3%	37.9%	38.3%		0.3%	2.9%	*	**
		C1	38.1%	39.1%			0.9%	0.9%	**	**
SP (SF)	% of families or carers who have people they can talk to for emotional support as often as they need	C3	60.8%	63.1%	63.6%	62.5%	-1.2%	1.7%		*
		C2	60.9%	62.8%	62.5%		-0.3%	1.6%		**
		C1	58.4%	60.8%			2.4%	2.4%	**	**
SP (LF)	% who have as much contact with other parents of children with disability as they would like	C3	41.3%	64.0%	70.4%	65.9%	-4.5%	24.6%		**
		C2	41.9%	55.9%	57.5%		1.5%	15.6%		**
		C1	45.4%	50.1%			4.7%	4.7%	*	*

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[16] ** statistically significant, p-value<0.001; * statistically significant, p-value between 0.001 and 0.05.

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant[16]	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
AC (LF)	% who say their relationship with services is good or very good	C3	85.5%	87.2%	89.7%	90.6%	0.9%	5.1%		
		C2	76.3%	87.4%	89.5%		2.1%	13.2%		**
		C1	80.6%	88.1%			7.5%	7.5%	**	**
DV (SF)	% of families or carers who know what specialist services are needed to promote their child's learning and development	C3	41.4%	50.0%	53.3%	53.3%	0.0%	11.9%		**
		C2	41.0%	50.0%	53.3%		3.4%	12.3%	**	**
		C1	41.2%	49.5%			8.3%	8.3%	**	**
DV (SF)	% of families or carers who know what they can do to support their child's learning and development	C3	42.5%	50.4%	52.8%	51.9%	-0.9%	9.4%		**
		C2	42.1%	49.4%	52.1%		2.7%	10.0%	**	**
		C1	41.6%	48.6%			7.0%	7.0%	**	**
DV (SF)	% of families or carers who get enough support in parenting their child	C3	44.2%	48.9%	49.3%	48.4%	-0.9%	4.3%		**
		C2	44.2%	47.9%	49.2%		1.3%	5.0%	**	**
		C1	44.2%	48.2%			4.0%	4.0%	**	**
DV (SF)	% of families or carers who feel very confident or somewhat confident in supporting their child's development,	C3	87.3%	89.2%	89.3%	88.8%	-0.5%	1.5%		*
		C2	86.1%	88.7%	88.7%		0.1%	2.6%	*	**
		C1	86.0%	88.1%			2.2%	2.2%	**	**
HW (LF)	Thinking about what happened last year, and what they expect for the future, % who felt delighted, please or mostly satisfied	C3	57.1%	64.0%	57.6%	54.0%	-3.6%	-3.2%		
		C2	40.3%	51.4%	52.4%		0.9%	12.1%		*
		C1	44.7%	53.9%			9.2%	9.2%	**	**

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant[16]	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
HW (LF)	% who disagree or strongly disagree that having a child with disability has made it more difficult to meet the everyday cost of living	C3	7.9%	16.0%	10.4%	17.5%	7.1%	9.5%		*
		C2	14.0%	12.8%	11.4%		-1.4%	-2.5%		
		C1	11.9%	14.7%			2.8%	2.8%	*	*
HW (LF)	% who strongly agree or agree that they feel confident about the future of their child under the NDIS	C3	50.4%	75.8%	78.2%	74.4%	-3.8%	24.0%		**
		C2	52.1%	67.1%	72.4%		5.3%	20.3%		**
		C1	65.1%	75.2%			10.1%	10.1%	**	**
HW (LF)	% who strongly agree or agree that their child gets the support he or she needs	C3	31.2%	62.9%	57.3%	68.8%	11.5%	37.6%		**
		C2	36.3%	57.4%	61.5%		4.1%	25.2%		**
		C1	41.2%	61.5%			20.2%	20.2%	**	**
HW (LF)	% who strongly agree or agree that the services and supports have helped them to better care for their child with disability	C3	71.9%	88.8%	96.2%	96.2%	-0.1%	24.2%		**
		C2	73.8%	90.7%	95.6%		5.0%	21.8%	**	**
		C1	67.8%	85.5%			17.7%	17.7%	**	**
Context dependent										
GB (SF)	% of families or carers who are receiving carer allowance	C3	56.1%	64.8%	69.7%	69.3%	-0.4%	13.2%		**
		C2	56.7%	63.9%	67.1%		3.2%	10.5%	**	**
		C1	50.2%	56.3%			6.1%	6.1%	**	**
Deterioration										
RA (SF)	% of families or carers who are able to identify the needs of their child and family	C3	73.7%	74.6%	73.0%	71.3%	-1.7%	-2.4%	**	**
		C2	72.1%	72.9%	71.7%		-1.3%	-0.5%	**	
		C1	68.4%	69.7%			1.3%	1.3%	**	**

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant[16]	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
SP (SF)	% of families or carers who have friends they can see as often as they'd like	C3	45.0%	44.0%	41.3%	38.6%	-2.6%	-6.4%	*	**
		C2	44.8%	43.6%	41.2%		-2.4%	-3.7%	**	**
		C1	43.5%	43.4%			-0.1%	-0.1%		
SP (SF)	% of families or carers who have people they can ask for practical help as often as they need	C3	41.6%	41.0%	38.0%	34.9%	-3.1%	-6.8%	**	**
		C2	41.2%	40.3%	37.5%		-2.8%	-3.7%	**	**
		C1	39.7%	39.4%			-0.3%	-0.3%		
SP (SF)	% of families or carers who have people they can ask for childcare as often as they need	C3	29.5%	27.5%	25.5%	23.9%	-1.7%	-5.7%	**	**
		C2	27.7%	26.8%	25.6%		-1.2%	-2.1%	**	**
		C1	27.7%	27.7%			0.0%	0.0%		
HW (SF)	% of families or carers who rate their health as excellent, very good or good	C3	74.5%	70.6%	67.4%	64.7%	-2.7%	-9.8%	*	**
		C2	72.4%	69.2%	65.7%		-3.5%	-6.7%	**	**
		C1	72.8%	69.9%			-2.9%	-2.9%	**	**
HW (SF)	Of those unable to work as much as they want, % who say the situation of their child/family member with disability is a barrier to working more	C3	90.3%	92.4%	93.8%	94.9%	1.0%	4.6%	**	**
		C2	88.5%	91.0%	92.9%		1.9%	4.4%	**	**
		C1	88.8%	90.8%			1.9%	1.9%	**	**
HW (SF)	Of those unable to work as much as they want, % who say insufficient flexibility of jobs is a barrier to working more	C3	39.7%	45.1%	47.9%	47.8%	-0.1%	8.0%	*	**
		C2	39.8%	44.1%	46.0%		1.9%	6.3%	**	**
		C1	36.1%	39.4%			3.3%	3.3%	**	**
HW (SF)	Of those unable to work as much as they want, % who say availability of jobs is a barrier to working more	C3	18.4%	21.3%	21.9%	23.9%	1.9%	5.5%	**	**
		C2	19.0%	21.4%	23.1%		1.8%	4.2%	**	**
		C1	16.6%	18.6%			2.0%	2.0%	**	**

Domain (Form)	Indicator	Cohort	Indicator at: Baseline	Review 1	Review 2	Review 3	Change Latest year	Overall	Significant[16] Latest year	Overall
HW (SF)	% who are able to engage in social interactions and community life as much as they want	C3	27.6%	26.5%	23.9%	23.1%	-0.9%	-4.5%	**	**
		C2	25.6%	25.1%	23.8%		-1.3%	-1.8%	**	**
		C1	26.9%	26.6%			-0.3%	-0.3%		
HW (SF)	Of those unable to engage as much as they want, % who say the situation of their child/family member with disability is a barrier to engaging more	C3	92.0%	94.2%	95.4%	96.2%	0.8%	4.2%	**	**
		C2	91.0%	92.6%	93.9%		1.3%	2.9%	**	**
		C1	90.6%	92.0%			1.4%	1.4%	**	**

For families and carers of participants aged 0 to 14, **most changes have been positive overall**.

Key findings include the following:

- **Work**: the percentage working in a paid job has increased by 8.2% over three years for the C3 cohort (including a 1.6% increase in the latest year), by 3.6% over two years for the C2 cohort (0.7% over the latest year) and by 1.8% over one year for the C1 cohort. Some of this change may be attributed to the participant being one year older and likely more independent, allowing their families/carers to work more. Data from the Household, Income, and Labour Dynamics in Australia (HILDA)[17] survey for wave 18 (2018) shows employment rates averaging around 75% for respondents from households with children aged 0 to 14. There is a large increase of 7% as child's age increases from 0 to 1 (from 64% to 71%), followed by an increase of 2% from age 1 to age 2, then smaller and more stable increases averaging 0.9 percentage points for each one year increase in age for older ages. Overall, the increases for families and carers of participants aged 0 to 14 appear to be higher than for HILDA.
- The percentage working 15 hours or more has also increased, by 6.3% over three years for the C3 cohort (1.6% in the latest year), 5.6% over two years for the C2 cohort (2.4% in the latest year) and by 2.0% over one year for the C1 cohort.
- However, families/carers who are not able to work as much as they want are more likely to perceive the situation of their child as a barrier to working more (a 4.6% increase over three years), and are also more likely to cite insufficient flexibility of jobs as a barrier (an 8.0% increase over three years). The percentage citing availability of jobs as a barrier has also increased, by around 2% in the latest year across all cohorts.
- **Support for families/carers in helping their child to develop and learn**: families/carers report improved knowledge of what they can do (9.4% increase over three years), and the specialist services that are needed (11.9% increase), to support their child's learning and development. Family and carers are also more likely to get enough support to feel confident in parenting their child (4.3% increase over three years), and report increased levels of confidence in supporting their child's development (a smaller increase of 1.5% over three years).
- **Families feel supported**: the percentage of families/carers who have someone they can talk to for emotional support has increased slightly (by 1.6% to 2.4% across the three cohorts). The percentage who have as much contact with other parents of children with disability as they would like has increased by 24.6% over three years for the C3 cohort (although there was a 4.5% decline over the latest year). However, the percentage who say they have friends they can see as often as they would like has decreased (by 6.4% over three years for the C3 cohort, including a 2.6% decline in the most recent year), as has the percentage who have people they can ask for practical help as often as they need (by 6.8% over three years for the C3 cohort, including a 3.1% decline in the most recent year).

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[17] https://melbourneinstitute.unimelb.edu.au/hilda

- **Rights and advocacy**: there have been small increases for the percentage of families/carers who have experienced no boundaries to access or advocacy (0.9% to 2.9% overall across the three cohorts).
- There have been some improvements in the LF indicators for the health and wellbeing domain. The percentage who:
    - said they felt more confident about the future of their child under the NDIS increased by 24.0% over three years (although this indicator has declined by 3.8% over the latest year for the C3 cohort).
    - agreed or strongly agreed that their child gets the support he/she needs increased by 37.6% over three years.
    - said the services and supports have helped them to better care for their child with disability increased by 24.2% over three years.

  Overall life satisfaction (the percentage feeling delighted, pleased or mostly satisfied when thinking about what happened last year) has increased consistently for the C2 and C1 cohorts, but after an initial increase, has declined in the past two years for the C3 cohort.
- However, the percentage rating their health as good, very good or excellent has decreased by 9.8% over three years for the C3 cohort, including a 2.7% decline in the latest year, and by 6.7% over two years for the C2 cohort (3.5% over the latest year). There has been no significant change in this indicator for the C1 cohort.
- There was a decline in the percentage of families/carers who say they are able to engage in social interactions and community life as much as they want for the C3 (4.5% over three years) and C2 cohorts (1.8% over two years), and these respondents are more likely to say that the situation of their child with disability is a barrier to being more engaged.

2.4 Longitudinal indicators – participant and family/ carer characteristics

Analysis by participant and family/carer characteristics has been examined in two ways:

1. A simple comparison of the percentage meeting the indicator at first, second or third review with the percentage meeting the indicator at baseline. The difference (review percentage minus baseline percentage) is compared for different subgroups.
2. Multiple regression analyses with separate models for improvement and deterioration in the indicator. That is, for the subset without/with the indicator at an initial time point (baseline, first or second review), the probability of meeting/not meeting the indicator at a subsequent time point (first, second or third review) is modelled as a function of participant characteristics.

It should be noted that these two analyses can produce different results, particularly where there is a large difference in the indicator at baseline between subgroups.

In order to maximise the amount of data for the regression models, to prevent the same person contributing multiple transitions to the same model, and to keep the number of models to a manageable size, transitions from different cohorts have been grouped, and only selected groups of transitions have been modelled. Table 2.2 shows the five groups of transitions that have been modelled for families/carers of participants aged 0 to 14, and the transitions contributed by each of the C1, C2 and C3 cohorts. Improvements and deteriorations have been considered separately, resulting in 10 different models for each indicator.

Table 2.2 Transitions contributing to the models for cohorts C1, C2 and C3*

Cohort	1 year transitions			2 year transitions[18]	3 year transitions
	Baseline to first review	First review to second review	Second review to third review	Baseline to Second Review	Baseline to Third Review
C3	B → R1	R1 → R2	R2 → R3	B → R2	B → R3
C2	B → R1	R1 → R2		B → R2	
C1	B → R1				

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

Some key features of the analyses for selected indicators are summarised below. For each indicator, a table summarising the direction of the effect for each significant predictor in the regression models is included.[19] Table 2.3 provides a key to aid interpretation of the arrow symbols used in these tables, including some examples.

Table 2.3 Definition of symbols used in longitudinal key driver tables

Symbol	Meaning	Impact	Example
⬆	**More likely to improve**	**Positive**	Families/carers of participants living in Queensland are more likely to start working in a paid job
⬇	**Less likely to improve**	**Negative**	Families/carers of participants with a higher annualised plan budget are less likely to start seeing friends as often as they like
⬆	**More likely to deteriorate**	**Negative**	Families/carers of participants with a lower level of function are more likely to deteriorate in their knowledge of what their family can do to support their child’s learning and development
⬇	**Less likely to deteriorate**	**Positive**	Families/carers living in Queensland are less likely to deteriorate in relation to getting enough support to feel confident in parenting their child

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

[19] For models where no variables are identified as significant predictors, the corresponding column in the table is shaded grey.

Working in a paid job

The percentage of families/carers working in a paid job has increased significantly from baseline to all reviews, with net increases of 2.1%, 4.1% and 8.2% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.4 below.

Table 2.4 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	35,329	32,268	3,549	10.0%	2,133	6.6%	+2.1%
Baseline to Review 2	12,239	10,841	2,158	17.6%	1,202	11,1%	+4.1%
Baseline to Review 3	3,254	2,650	813	25.0%	331	12.5%	+8.2%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.5 below.

Table 2.5 Key drivers of likelihood of transitions in *"I work in a paid job"* response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Imp.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**		↓		↓				↓		↓
NSW	**Participant lives in VIC**	↓	↓							↓	
NSW	**Participant lives in QLD**	↑	↓								
NSW	**Participant lives in ACT, NT, TAS or WA**		↓								
Autism	**Disability is Down Syndrome or intellectual disability**	↓									
Autism	**Disability is global developmental delay or**	↓									

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Imp.	Imp.	Det.	Imp.	Det.
	developmental delay										
Autism	Disability is a sensory disability	⬆						⬆			
N/A	Participant is older		⬇		⬇				⬇		⬇
Male	Participant is female					⬇					
Non-Indigenous	Participant is Indigenous		⬆								
Non-CALD	Participant is CALD	⬇									
2016/17	Participant entered scheme in 2017/18							⬆			
N/A	Lower level of function	⬇	⬆	⬇	⬆			⬇	⬆	⬇	
N/A	Higher utilisation % of capacity building supports						⬆				
N/A	Higher utilisation % of core supports							⬇			
Capacity building 95-100%	0-75% of supports are capacity building supports	⬇	⬆						⬆		
Capacity building 95-100%	75-95% of supports are capacity building supports	⬇							⬆		
Capacity building 95-100%	5-100% of supports are capital supports	⬇	⬆						⬆		
Agency-managed	Plan is fully self-managed	⬆	⬇	⬆				⬆	⬇	⬆	
Agency-managed	Plan is partly self-managed	⬆	⬇					⬆		⬆	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Imp.	Imp.	Det.	Imp.	Det.
Private-owned	Participant lives in a private accommodation rented from a private landlord	⬇	⬆		⬆	⬇	⬆	⬇	⬆	⬇	⬆
Private-owned	Participant lives in a private accommodation rented from a public authority	⬇	⬆	⬇	⬆	⬇	⬆	⬇	⬆	⬇	⬆
Private-owned	Participant lives in other accommodation	⬇	⬆		⬆			⬇			
Major cities	Participant lives in a regional, remote or very remote area	⬇		⬇				⬇			
Did not relocate	Participant relocated to a new Local Government Area (LGA)		⬆		⬆		⬆		⬆		⬆
Pre-COVID	Review during COVID period								⬆		
N/A	General time trend	⬇		⬇			⬆	⬇			
Medium level of NDIA support[20]	Lower level of NDIA support	⬆	⬇					⬆			
Medium level of NDIA support	Higher level of NDIA support	⬇		⬇		⬇	⬆	⬇		⬇	⬆
N/A	Participant lives in an area with a higher average	⬇		⬇		⬇	⬆	⬇	⬆	⬇	

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[20] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Imp.	Imp.	Det.	Imp.	Det.
	unemployment rate										

Key findings from Table 2.5 include:

- The relationship of the survey respondent to the participant has a significant impact on the likelihood of working in a paid job. Fathers were less likely to deteriorate in all transitions from baseline and from first review to second review than mothers.
- There were also differences by the participant's living situation. Families /carers of participants living in public housing were less likely to improve and more likely to deteriorate across all transitions compared with those from privately-owned homes, and those renting from a private landlord were less likely to improve and more likely to deteriorate across all but one transition.
- Families/carers of participants who relocated to a new Local Government Area (LGA) were more likely to deteriorate in all transitions.
- Families/carers of participants with a higher level of NDIA support were less likely to improve in all transitions compared to those with a medium level of NDIA support. They were also more likely deteriorate between baseline and second review and between baseline and third review.
- Families/carers of older participants were less likely to deteriorate.
- Families/carers of participants with fully self-managed plans were more likely to improve and less likely to deteriorate between baseline and first or second review.
- Families/carers of participants living in an area with higher average unemployment rate were less likely to improve across all transitions.
- Families/carers were more likely to deteriorate (change from having a paid job to not having one) between baseline and second review during the COVID-19 period.

Working 15 or more hours per week

The percentage of families/carers working 15 or more hours per week has increased significantly from baseline to all reviews, with net increases of 2.3%, 5.6% and 6.3% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.6 below.

Table 2.6 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	6,069	22,603	1,222	20.1%	568	2.5%	+2.3%
Baseline to Review 2	2,041	7,045	792	38.8%	286	4.1%	+5.6%
Baseline to Review 3	454	1,706	212	46.7%	77	4.5%	+6.3%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.7 below.

Table 2.7 Key drivers of likelihood of transitions in *"I work 15 or more hours per week"* response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**		↓		↓				↓		↓
NSW	**Participant lives in VIC**	↓						↓		↓	
NSW	**Participant lives in QLD**	↓									
NSW	**Participant lives in ACT, NT, TAS or WA**	↓						↓			
Male	**Participant is female**	↓						↓			
Non-CALD	**Participant is CALD**		↓	↑							
N/A	**Higher plan utilisation**		↑								
N/A	**Higher utilisation % of capacity building supports**	↓		↓	↑						
Private-owned	**Participant lives in a private accommodation**		↑								

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
	rented from a private landlord										
Private-owned	Participant lives in a private accommodation rented from a public authority		↑						↑		
Major cities	Participant lives in a regional, remote or very remote area		↑			↑					
Did not relocate	Participant relocated to a new Local Government Area (LGA)	↑	↑	↑	↑			↑			
Pre-COVID	Review during COVID period				↑						
N/A	General time trend								↑		
Entry due to disability	Participant entered the scheme through Early Intervention										↑
Medium level of NDIA support	Lower level of NDIA support							↑			
Medium level of NDIA support	Higher level of NDIA support	↓						↓			

Key findings from Table 2.7 include:

- The relationship of the survey respondent to the participant has a significant impact on the likelihood of working in a paid job. Fathers were less likely to deteriorate in all transitions from baseline and from first review to second review than mothers.

- There were also differences by State/Territory. Families/carers of participants from Victoria were less likely to improve in all transitions from baseline compared with those from NSW.
- Families/carers of participants who relocated to a different Local Government Area (LGA) were more likely to improve from baseline to first review, baseline to second review and from first review to second review compared with those who did not relocate. However, these families/carers were also more likely to deteriorate from baseline to first review and from first review to second review.
- Families/carers of participants requiring a higher level of NDIA support were less likely to improve from baseline to first review and baseline to second review than those in a medium level of NDIA support.
- The likelihood of deterioration between baseline and second review showed a general increasing time trend.
- Families/carers whose second response was given after the onset of the COVID-19 pandemic were more likely to deteriorate between first and second review.

I have friends I can see as often as I like

The percentage of families/carers who have friends they can see as often as they like has decreased from baseline to all reviews, with net decreases of 0.6%, 3.8% and 6.4% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.8 below.

Table 2.8 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	33,609	29,795	4,193	11.1%	4,565	15.3%	-0.6%
Baseline to Review 2	12,701	10,379	2,097	16.5%	2968	28.6%	-3.8%
Baseline to Review 3	3,248	2,656	613	18.9%	988	37.2%	-6.4%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.9 below.

Table 2.9 Key drivers of likelihood of transitions in *"I have friends I can see as often as I like"* response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	Respondent was the father		↓	↓							
NSW	Participant lives in VIC	↓	↓	↓		↓		↓		↓	
NSW	Participant lives in QLD	↓		↑							
NSW	Participant lives in SA		↑		↑						
NSW	Participant lives in ACT, NT, TAS or WA	↓	↑								
Autism	Disability is cerebral palsy or another neurological disability	↑	↓	↑	↓			↑	↓	↑	↓
Autism	Disability is Down Syndrome or intellectual disability	↑	↓	↑	↓			↑	↓		↓
Autism	Disability is global developmental delay or developmental delay	↑	↓	↑	↓			↑	↓	↑	↓
Autism	Disability is a sensory disability	↑	↓	↑	↓			↑	↓	↑	↓
Autism	Disability is other	↑	↓		↓			↑		↑	
N/A	Participant is older	↓						↓			
Non-Indigenous	Participant is Indigenous	↑						↑			
Non-Indigenous	Participant did not state their Indigenous status	↓									

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Non-CALD	Participant is CALD		⬇			⬆		⬆		⬆	
2016/17	Participant entered scheme in 2017/18							⬇	⬇		
N/A	Lower level of function	⬇	⬆	⬇		⬇	⬆	⬇			⬆
N/A	Higher annualised plan budget	⬇	⬆	⬇	⬆			⬇	⬆	⬇	⬆
N/A	Higher plan utilisation	⬇	⬆	⬇	⬆	⬇		⬇			⬆
N/A	Higher utilisation % of capacity building supports		⬆						⬆		
N/A	Higher utilisation % of core supports								⬆	⬇	
Capacity building 95-100%	0-95% of supports are capacity building supports	⬇	⬆	⬇		⬇		⬇	⬆	⬇	⬆
Capacity building 95-100%	5-100% of supports are capital supports	⬇	⬆					⬇	⬆	⬇	
Agency-managed	Plan is managed by a plan manager	⬇	⬆	⬇	⬆				⬆	⬇	
Agency-managed	Plan is fully self-managed	⬇	⬆								
Agency-managed	Plan is partly self-managed		⬆		⬆				⬆		
Never in paid work	Carer remained in paid work	⬆			⬇				⬇		⬇
Never in paid work	Carer started paid work	⬆	⬆					⬆			
Never in paid work	Carer stopped paid work	⬆	⬆			⬆			⬆		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Private-owned	**Participant lives in a private accommodation rented from a private landlord**	⬇	⬆		⬆		⬆		⬆		⬆
Private-owned	**Participant lives in a private accommodation rented from a public authority**		⬆		⬆				⬆		⬆
Private-owned	**Participant lives in other accommodation**	⬇									
Major cities	**Participant lives in a regional, remote or very remote area**				⇩				⇩	⇧	
Did not relocate	**Participant relocated to a new Local Government Area (LGA)**	⇧	⬆	⇧	⬆		⬆	⬇	⬆		⬆
Pre-COVID	**Review during COVID period**		⇩	⇧	⬆				⇩		⇩
N/A	**General time trend**	⬇	⇩	⬇	⇩		⬆	⬇		⇧	
N/A	**Change in time trend post-COVID**		⇩		⇩				⇩		⇩
Received services from State/Territory programs before joining NDIS	**Participant did not previously receive services from Commonwealth or State/Territory programs**	⇧	⇩								
Medium Level of NDIA support	**Lower level of NDIA support**			⇧				⇧	⇩	⇧	
Medium Level of NDIA support	**Higher level of NDIA support**	⬇						⬇	⇩	⬇	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	**Participant lives in an area with a higher average unemployment rate**		⬇								

Key findings from Table 2.9 include:

- The participant’s disability type has a significant impact on the likelihood families/carers have friends they can see as often as they like. Families/carers of participants with cerebral palsy or another neurological disability, global developmental delay/developmental delay or a sensory disability were more likely to improve and less likely to deteriorate in all transitions from baseline and from first review to second review compared with carers of participants with autism.
- There were also differences by plan management type. Outcomes for families/carers of participants who self-manage or use a plan manager are less favourable compared to those with agency-managed plans. Families/carers of participants with plans managed by a plan manager were less likely to improve from baseline to first review, first review to second review and baseline to third review compared to those with agency-managed plans. They were also more likely to deteriorate from baseline to first review, baseline to second review and baseline to third review. Families/carers of participants with fully self-managed plans are less likely to improve and more likely to deteriorate from baseline to first review, while families/carers of participants with partially self-managed plans are more likely to deteriorate between baseline and first or second review, and between first review to second review.
- Families/carers of participants living in a private home rented from a private landlord were more likely to deteriorate across all transitions and less likely to improve from baseline to first review than families/carers of participants living in privately owned accommodation. Families/carers of participants in public housing were also generally more likely to deteriorate.
- Families/carers whose second response was given after the onset of COVID-19 were less likely to deteriorate in all transitions from baseline, and there was also a stronger favourable time trend during the COVID period, with the likelihood of deteriorating becoming increasingly less likely.

I have people I can ask for practical help as often as I need

The percentage of families/carers who report having people they can ask for practical help as often as they need decreased from baseline to all reviews, with net decreases of 0.7%, 3.7% and 6.8% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.10 below.

Table 2.10 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	40,310	27,287	4,169	10.3%	4,609	16.9%	-0.7%
Baseline to Review 2	13,559	9,521	2,042	17.7%	2,897	30.4%	-3.7%
Baseline to Review 3	3,445	2,459	587	17.0%	2,459	40.1%	-6.8%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.11 below.

Table 2.11 Key drivers of likelihood of transitions in *"I have people I can ask for practical help as often as I need"* response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	**Participant lives in VIC**	⬇	⬇	⬇		⬇		⬇		⬇	⬆
NSW	**Participant lives in QLD**		⬇								⬆
NSW	**Participant lives in SA**	⬆		⬆				⬆			
NSW	**Participant lives in ACT, NT, TAS or WA**	⬇	⬇								
Autism	**Disability is cerebral palsy or another neurological disability**	⬆		⬆	⬇			⬆	⬇		
Autism	**Disability is Down Syndrome or intellectual disability**	⬆	⬇		⬇			⬆	⬇		⬇
Autism	**Disability is global developmental delay or**	⬆	⬇		⬇		⬇		⬇		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
	developmental delay										
Autism	Disability is a sensory disability	↑	↓	↑	↓			↑	↓		↓
Autism	Disability is other		↓		↓				↓		↓
N/A	Participant is older	↓	↑	↓	↑			↓	↑		↑
Non-Indigenous	Participant is Indigenous							↑			↑
Non-CALD	Participant is CALD			↓					↑		↑
2016/17	Participant entered scheme in 2017/18	↓		↓							
N/A	Lower level of function		↑			↓	↑			↓	
N/A	Higher annualised plan budget	↓	↑	↓	↑			↓	↑		↑
N/A	Higher plan utilisation	↓	↑	↓	↑	↓		↓	↑		↑
N/A	Higher utilisation % of capacity building supports		↑								
N/A	Higher utilisation % of core supports									↓	
Capacity building 95-100%	0-75% of supports are capacity building supports	↓	↑	↓	↑	↓		↓	↑	↓	
Capacity building 95-100%	75-95% of supports are capacity building supports	↓	↑	↓	↑	↓		↓	↑	↓	
Capacity building 95-100%	5-100% of supports are capital supports	↓	↑	↓					↑	↓	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Agency-managed	Plan is managed by a plan manager	⬇	⬆	⬇	⬆			⬇	⬆		⬆
Agency-managed	Plan is fully self-managed	⬇			⬆		⬆	⬇			
Agency-managed	Plan is partly self-managed	⬇	⬆	⬇				⬇	⬆		
Never in paid work	Carer remained in paid work	⇧	⇩	⇧	⇩			⇧	⇩		⇩
Never in paid work	Carer started paid work	⇧	⬆	⇧				⇧			
Never in paid work	Carer stopped paid work	⇧	⬆					⇧			
Private-owned	Participant lives in a private accommodation rented from a private landlord		⬆		⬆		⬆		⬆		⬆
Private-owned	Participant lives in a private accommodation rented from a public authority		⬆		⬆		⬆		⬆		⬆
Major cities	Participant lives in a regional, remote or very remote area	⇧		⇧	⇩			⇧	⇩	⇧	⇩
Did not relocate	Participant relocated to a new Local Government Area (LGA)	⇧	⬆	⇧	⬆		⬆		⬆		⬆
Pre-COVID	Review during COVID period		⇩	⇧	⬆				⇩		⇩
N/A	General time trend	⬇	⇩								
N/A	Change in time trend post-COVID		⇩						⇩		
Medium level of	Lower level of NDIA support	⇧	⇩	⇧				⇧		⇧	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NDIA support											
Medium level of NDIA support	Higher level of NDIA support	↓							↓	↓	
N/A	Participant lives in an area with a higher average unemployment rate		↓						↓		

Key findings from Table 2.11 include:

- State/Territory has a significant impact on whether families/carers have people they can ask for help as much as they want. For example, families/carers of participants in VIC were less likely to improve across all transitions than those from NSW. They were also more likely to deteriorate from baseline to third review but less likely to deteriorate from baseline to first review
- There were also differences by disability type. Families/carers of participants a sensory disability were more likely to improve and less likely to deteriorate from baseline to first review, baseline to second review and first review to second review than those with autism. They were also less likely to deteriorate from baseline to third review
- Families/carers of participants with plans managed by a plan manager were less likely to improve and more likely to deteriorate from baseline to first review, baseline to second review and first review to second review than those with agency-managed plans. They were also more likely to deteriorate from baseline to third review
- Families/carers of participants living in rented accommodation (either from a private or a public landlord) were more likely to deteriorate across all transitions compared to those from privately-owned homes
- Families/carers of participants requiring a lower level of NDIA support were more likely to improve in all transitions from baseline and from first to second review than those of participants in a medium level of NDIA support. They were also less likely to deteriorate from baseline to first review.
- Compared to families and carers of participants with 95-100% of their plan budget in capacity building (CB) supports, those with a lower proportion of their plan budget in CB supports were less likely to improve and more likely to deteriorate between baseline and first or second review, and between first and second review. They were

also more likely to deteriorate between baseline and third review, and between second and third review.

- Families/carers who gave their later response during the COVID period were less likely to deteriorate in all transitions from baseline. There was also a favourable change in time trend post-COVID, with the likelihood of deterioration between baseline and first or second review becoming increasingly less likely.
- Responses from families and carers of participant who are older are more likely to deteriorate and less likely to improve between baseline and first or second review, and between first and second review. They were also more likely to deteriorate between baseline and third review.

I get the services and supports I need to care for my child

The percentage of families/carers who get the services and supports they need to care for their child has increased significantly from baseline to all reviews, with net increases of 6.9%, 8.9% and 9.4% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.12 below.

Table 2.12 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	51,134	9,272	6,258	10.9%	1,643	17.7%	+6.9%
Baseline to Review 2	19,612	3,141	3,060	15.6%	1,031	32.8%	+8.9%
Baseline to Review 3	5,074	728	844	16.6%	297	40.8%	+9.4%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.13 below.

Table 2.13 Key drivers of likelihood of transitions in *"I get the services and supports I need"* response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**		⬆								
NSW	**Participant lives in VIC**	⬇	⬇	⬇				⬇			

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in QLD	⬆	⬇					⬆		⬆	
NSW	Participant lives in SA	⬆		⬆				⬆			
NSW	Participant lives in ACT, NT, TAS or WA	⬇	⬆								
Autism	Disability is cerebral palsy or another neurological disability	⬆									
Autism	Disability is Down Syndrome or intellectual disability				⬇			⬆			
Autism	Disability is global developmental delay or developmental delay	⬆		⬆	⬇			⬆	⬇		
Autism	Disability is a sensory disability	⬆	⬇	⬆	⬇			⬆	⬇		⬇
N/A	Participant is older	⬇	⬆	⬇	⬆	⬇		⬇	⬆	⬇	
Male	Participant is female						⬇				
Non-Indigenous	Participant did not state their Indigenous status										⬇
Non-CALD	Participant is CALD	⬆		⬆				⬆		⬆	
2016/17	Participant entered scheme in 2017/18							⬇			
N/A	Lower level of function	⬇		⬇	⬆	⬇		⬇	⬆	⬇	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Higher annualised plan budget				↑			↓			
N/A	Higher plan utilisation	↓						↓			
N/A	Higher utilisation % of capacity building supports	↑									
N/A	Higher utilisation % of core supports	↑	↑	↓						↓	↑
N/A	Higher utilisation % of capital supports							↑			
Capacity building 95-100%	0-75% of supports are capacity building supports	↓	↑	↓		↓		↓	↑	↓	↑
Capacity building 95-100%	75-95% of supports are capacity building supports	↓	↑	↓				↓		↓	
Capacity building 95-100%	5-100% of supports are capital supports	↓						↓		↓	
Agency-managed	Plan is managed by a plan manager	↓		↓		↓		↓	↑		
Agency-managed	Plan is partly self-managed					↓			↑		
Never in paid work	Carer remained in paid work	↑			↓			↑		↑	
Never in paid work	Carer started paid work	↑	↑					↑		↑	
Never in paid work	Carer stopped paid work	↑	↑								
Private-owned	Participant lives in a private accommodation rented from a private landlord	↓	↑			↓			↑		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Private-owned	Participant lives in a private accommodation rented from a public authority	⬇		⬇							
Private-owned	Participant lives in other accommodation		⬆								
Major cities	Participant lives in a regional, remote or very remote area	⬆		⬆		⬆				⬆	
Did not relocate	Participant relocated to a new Local Government Area (LGA)		⬆					⬇			
Pre-COVID	Review during COVID period		⬇		⬇				⬇		
N/A	General time trend	⬇									
Received services from State/Territory programs before joining NDIS	Participant received services from Commonwealth programs before joining NDIS	⬇	⬇						⬇		
Received services from State/Territory programs before joining NDIS	Participant did not previously receive services from Commonwealth or State/Territory programs	⬆	⬇					⬆	⬇		
Medium level of NDIA support	Lower level of NDIA support			⬆							
Medium level of NDIA support	Higher level of NDIA support	⬇								⬇	
N/A	Participant lives in an area with a higher average	⬇									

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
	unemployment rate										

Key findings from Table 2.13 include:

- The participant's disability type has a significant impact on whether families/carers get the supports and services they need. Families/carers of participants with a sensory disability were more likely to improve and less likely to deteriorate from baseline to first review, baseline to second review and first review to second review compared with carers of participants with autism. They were also less likely to deteriorate from baseline to third review.
- Families/carers of CALD participants were more likely to improve in all transitions from baseline and from first review to second review.
- Parents/carers of older participants were less likely to improve in all transitions.
- Families/carers that remained in work in both periods were more likely to improve in all transitions from baseline and were less likely to deteriorate from first to second review compared with those that never worked.
- Families/carers who responded during COVID were less likely to deteriorate from baseline to first review, baseline to second review and from first review to second review.
- Families/carers of participants outside a major city were more likely to improve in all one-step transitions and from baseline to third review.

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

The percentage of families/carers who say they know what specialist services are needed to promote their child's learning and development has increased significantly from baseline to all reviews, with net increases of 8.4%, 12.2% and 11.9% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.14 below.

Table 2.14 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvement: No to Yes		Deterioration: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	39,380	27,587	8,493	21.6%	2,845	10.3%	+8.4%
Baseline to Review 2	13,440	9,404	4,433	33.0%	1,653	34.2%	+12.2%
Baseline to Review 3	3,415	557	1,249	36.6%	557	23.0%	+11.9%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.15 below.

Table 2.15 Key drivers of likelihood of transitions in *I know what specialist services are needed to promote my child's learning and development"* response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**	↓									↑
NSW	**Participant lives in VIC**	↓	↓	↓				↓		↓	
NSW	**Participant lives in QLD**	↑	↓	↑	↓			↑	↓		
NSW	**Participant lives in SA**		↑	↑	↑			↑			
NSW	**Participant lives in ACT, NT, TAS or WA**	↓	↑					↓			
Autism	**Disability is cerebral palsy or another neurological disability**		↓								
Autism	**Disability is Down Syndrome or intellectual disability**								↑		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Participant is older	⬇	⬆	⬇		⬇	⬆	⬇	⬆	⬇	
Non-Indigenous	Participant did not state their Indigenous status									⬆	
Non-CALD	Participant is CALD	⬇		⬇	⬆	⬇		⬇	⬆	⬇	
N/A	Higher utilisation % of capacity building supports	⬆	⬇	⬆	⬇	⬆	⬇	⬆	⬇	⬆	⬇
N/A	Higher utilisation % of core supports									⬇	
Capacity building 95-100%	0-75% of supports are capacity building supports	⬇	⬆	⬇	⬆			⬇	⬆		
Capacity building 95-100%	75-95% of supports are capacity building supports	⬇	⬆	⬇	⬆						
Capacity building 95-100%	5-100% of supports are capital supports	⬇	⬆				⬇				
Agency-managed	Plan is managed by a plan manager					⬇					⬆
Agency-managed	Plan is fully self-managed	⬆	⬇	⬆	⬇	⬆		⬆	⬇		
Agency-managed	Plan is partly self-managed	⬆	⬆		⬇			⬆	⬆	⬆	
Never in paid work	Carer remained in paid work	⬆	⬇	⬆				⬆			
Never in paid work	Carer started paid work	⬆	⬆	⬆				⬆			
Never in paid work	Carer stopped paid work	⬆	⬆								
Private-owned	Participant lives in a private accommodation	⬇	⬆		⬆			⬇	⬆	⬇	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
	rented from a private landlord										
Private-owned	Participant lives in a private accommodation rented from a public authority	↓	↑	↓	↑			↓	↑	↓	
Private-owned	Participant lives in other accommodation		↑								
Major cities	Participant lives in a regional, remote or very remote area	↑	↓		↓			↑	↓		↓
Did not relocate	Participant relocated to a new Local Government Area (LGA)									↑	
Pre-COVID	Review during COVID period	↓	↓		↓						
N/A	General time trend	↓				↑		↓			
Received services from State/Territory programs before joining NDIS	Participant did not previously receive services from Commonwealth or State/Territory programs	↑		↑				↑			
Medium level of NDIA support	Lower level of NDIA support	↑	↓					↑			
Medium level of NDIA support	Higher level of NDIA support	↓						↓		↓	
N/A	Participant lives in an area with a higher average unemployment rate	↓						↓			

Key findings from Table 2.15 include:

- Sate/Territory has a significant impact on families/carers knowing what specialist services are needed to promote their child's learning and development. For example, families/carers of participants from QLD were more likely to improve and less likely to deteriorate from baseline to first review, baseline to second review and first review to second review compared to those from NSW.
- Families/carers of older participants were less likely to improve across all transitions, and were more likely to deteriorate from baseline to first review, baseline to second review and second review to third review.
- Families/carers of CALD participants were less likely to improve across all transitions.
- Higher utilisation of capacity building resources corresponded with higher likelihood of improvement and lower likelihood of deteriorate across all transitions.
- Families/carers of participants with fully self-managed plans were more likely to improve in all one-step transitions and less likely to deteriorate from baseline to first review, baseline to second review and first review to second review compared to those with agency-managed plans.
- Families/carers of participants living in rented accommodation (from a private or public landlord) were less to improve and more likely to deteriorate across most transitions than those in privately-owned accommodation.
- After the onset of the COVID-19 pandemic, families and carers became less likely to improve in their knowledge of what specialist services are required but also became less likely to deteriorate in this regard, between baseline and first review. Between baseline and first or second review, the general deteriorating trend over time became stronger during the COVID period.

I know what my family can do to support my child's learning and development

The percentage of families/carers who know what they can do to support their child's learning and development has increased significantly from baseline to all reviews, with net increases of 7.1%, 10.0% and 9.4% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.16 below.

Table 2.16 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvement: No to Yes		Deterioration: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	38,925	27,974	7,621	19.6&	2,858	10.6%	+7.1%
Baseline to Review 2	13,188	9,630	4,027	30.5%	1,739	18.1%	+10.0%
Baseline to Review 3	3,351	2,475	1,171	34.9%	622	25.1%	+9.4%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.17 below.

Table 2.17 Key drivers of likelihood of transitions in *"I know what I can do to support my child's learning and development"* response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**	↓									
NSW	**Participant lives in VIC**	↓	↓	↓				↓		↓	
NSW	**Participant lives in QLD**	↑	↓		↓			↑	↓	↑	
NSW	**Participant lives in SA**		↑	↑	↑			↑			
NSW	**Participant lives in ACT, NT, TAS or WA**	↓	↑	↓				↓			
Autism	**Disability is cerebral palsy or another neurological disability**		↓						↓		
Autism	**Disability is a sensory disability**		↓						↓		
N/A	**Participant is older**	↓	↑	↓				↓		↓	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Male	Participant is female				⬇						
Non-Indigenous	Participant did not state their Indigenous status			⬇							
Non-CALD	Participant is CALD	⬇	⬆	⬇				⬇	⬆	⬇	⬆
2016/17	Participant entered scheme in 2017/18	⬇									
2016/17	Participant entered scheme in 2018/19				⬇						
N/A	Lower level of function	⬇			⬆						
N/A	Higher plan utilisation	⬇									
N/A	Higher utilisation % of capacity building supports	⬆	⬇					⬆	⬇		⬇
N/A	Higher utilisation % of core supports				⬆					⬇	
Capacity building 95-100%	0-75% of supports are capacity building supports	⬇	⬆	⬇	⬆			⬇	⬆		⬆
Capacity building 95-100%	75-95% of supports are capacity building supports	⬇	⬆	⬇	⬆			⬇	⬆		
Capacity building 95-100%	5-100% of supports are capital supports	⬇		⬆							
Agency-managed	Plan is managed by a plan manager	⬇			⬆	⬇		⬇		⬇	
Agency-managed	Plan is fully self-managed	⬆	⬇	⬆	⬇	⬆		⬆	⬇		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Agency-managed	Plan is partly self-managed	⇧						⇧	⇩	⇧	
Never in paid work	Carer remained in paid work	⇧	⇩	⇧				⇧			
Never in paid work	Carer started paid work	⇧	⬆	⇧		⇧		⇧			
Never in paid work	Carer stopped paid work	⇧	⬆								
Private-owned	Participant lives in a private accommodation rented from a private landlord	⬇	⬆		⬆				⬆	⬇	⬆
Private-owned	Participant lives in a private accommodation rented from a public authority	⬇	⬆		⬆			⬇	⬆	⬇	⬆
Private-owned	Participant lives in other accommodation		⬆								⬆
Major cities	Participant lives in a regional, remote or very remote area		⇩								⇩
Did not relocate	Participant relocated to a new Local Government Area (LGA)	⇧									
Pre-COVID	Review during COVID period	⬇								⇧	
N/A	General time trend	⬇		⬇		⇧		⬇			
Received services from State/Territory programs before joining NDIS	Participant received services from Commonwealth programs before joining NDIS		⇩								

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Received services from State/Territory programs before joining NDIS	Participant did not previously receive services from Commonwealth or State/Territory programs	⬆		⬆					⬇		
Medium level of NDIA support	Lower level of NDIA support		⬇					⬆			
Medium level of NDIA support	Higher level of NDIA support	⬇						⬇		⬇	
N/A	Participant lives in an area with a higher average unemployment rate	⬇						⬇			

Key findings from Table 2.17 include:

- Families/carers of CALD participants were less likely to improve and more likely to deteriorate across all transitions from baseline, and were less likely to improve from first to second review
- Families/carers of participants with fully self-managed plans were more likely to improve across all one-step transitions and from baseline to second review compared to those on agency-managed plans. They were also less likely to deteriorate from baseline to first review, baseline to second review and from first review to second review
- Families and carers who remained in paid work were more likely to improve between baseline and first or second review, and between first and second review, and were also less likely to deteriorate between baseline and first review, compared to families and carers who were never in paid work. Families/carers who started paid work were also more likely to improve in most transitions.
- Families/carers of participants living in rented accommodation (either from a private or public landlord) were more likely to deteriorate and less likely to improve across most transitions compared to those living in privately owned homes.
- Families and carers of participants who did not previously receive services from government programs were more likely to improve between baseline and first review, and between first and second review, and less likely to deteriorate between baseline

and second review, compared to those of participants who received services from State/Territory programs prior to joining the NDIS.

- Families/carers have become less likely to improve with respect to knowing what they can do to support their child's learning and development over time, between baseline and first or second review and between first and second review. However, there was a trend towards an increasing likelihood of improvement between second and third review.
- Families/carers were less likely to improve between baseline and first review when their second response was given during the COVID period. However, they were more likely to improve between baseline and third review.

I get enough support to feel confident in parenting my child

The percentage of families/carers that get enough support in parenting their child has increased significantly from baseline to all reviews, with net increases of 3.9%, 5.0% and 4.3% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.18 below.

Table 2.18 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvement: No to Yes		Deterioration: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	37,205	29,554	5,913	15.9%	3,303	11.2%	+3.9%
Baseline to Review 2	12,696	10,058	3,125	24.6%	1,976	19.6%	+5.0%
Baseline to Review 3	3,228	2,555	912	28.3%	666	26.1%	+4.3%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.19 below.

Table 2.19 Key drivers of likelihood of transitions in *"I get enough support to feel confident in parenting my child"* response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**					⬆				⬆	
NSW	**Participant lives in VIC**	⬇	⬇	⬇	⬆			⬇	⬆	⬇	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in QLD		⇩	⇧				⇧	⇩		
NSW	Participant lives in SA	⇧	⬆	⇧				⇧			
NSW	Participant lives in ACT, NT, TAS or WA	⬇	⇧	⬇				⬇			
Autism	Disability is cerebral palsy or another neurological disability		⇩								
Autism	Disability is Down Syndrome or intellectual disability							⇧	⇩		
Autism	Disability is global developmental delay or developmental delay	⇧	⇩		⇩				⇩	⇧	⇩
Autism	Disability is a sensory disability	⇧	⇩		⇩			⇧	⇩		⇩
Autism	Disability is other	⇧	⇩					⇧		⇧	
N/A	Participant is older	⬇	⬆	⬇		⬇		⬇	⬆	⬇	
Non-Indigenous	Participant is Indigenous						⬆				⬆
Non-CALD	Participant is CALD	⬇		⬇				⬇			⬆
2016/17	Participant entered scheme in 2017/18	⬇			⇩						
N/A	Lower level of function		⬆		⬆		⬆				
N/A	Higher annualised plan budget							⬇			

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Higher plan utilisation								↑		
N/A	Higher utilisation % of capacity building supports	⇧									
N/A	Higher utilisation % of core supports							↓		↓	
N/A	Higher utilisation % of capital supports			⇧							
Capacity building 95-100%	0-75% of supports are capacity building supports	↓	↑	↓		↓		↓	↑	↓	↑
Capacity building 95-100%	75-95% of supports are capacity building supports	↓	↑	↓				↓	↑	↓	
Capacity building 95-100%	5-100% of supports are capital supports	↓	↑					↓			
Agency-managed	Plan is managed by a plan manager	↓	↑		↑	↓		↓	↑	↓	↑
Agency-managed	Plan is fully self-managed	⇧				⇧			⇩		
Agency-managed	Plan is partly self-managed					↓					↑
Never in paid work	Carer remained in paid work	⇧	⇩	⇧				⇧	⇩		⇩
Never in paid work	Carer started paid work	⇧	↑	⇧				⇧		⇧	
Never in paid work	Carer stopped paid work	⇧	↑								
Private-owned	Participant lives in a private accommodation rented from a private landlord		↑		↑				↑	↓	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Private-owned	Participant lives in a private accommodation rented from a public authority	⬇	⬆		⬆				⬆	⬇	
Major cities	Participant lives in a regional, remote or very remote area	↑	↓			↑		↑	↓	↑	↓
Did not relocate	Participant relocated to a new Local Government Area (LGA)		⬆								
Pre-COVID	Review during COVID period	⬇	↓	↑				↑			
N/A	General time trend	⬇	↓	⬇				⬇			
N/A	Change in time trend post-COVID	↑	↓								
Received services from State/Territory programs before joining NDIS	Participant received services from Commonwealth programs before joining NDIS				↓			↑			↓
Received services from State/Territory programs before joining NDIS	Participant did not previously receive services from Commonwealth or State/Territory programs	↑	↓		↓			↑			↓
Medium level of NDIA support	Higher level of NDIA support	⬇		⬇				⬇		⬇	
N/A	Participant lives in an area with a higher average unemployment rate	⬇	↓	⬇				⬇			

Key findings from Table 2.19 include:

- Families/carers of older participants were less likely to improve across all transitions and more likely to deteriorate from baseline to first review and baseline to second review.
- Families/carers of participants whose plans contain less than 75% of capacity building supports were less likely to improve and more likely to deteriorate in all transitions from baseline, compared to those with more than 95% of capacity building supports in their plans. They were also less likely to improve from first review to second review and second review to third review. Participants whose plans contain 75%-95% of capacity building supports were also less likely to improve and more likely to deteriorate across most transitions.
- Families/carers of participants with plans managed by a plan manager were more likely to deteriorate and less likely to improve in all transitions from baseline compared to those with agency-managed plans. They were also more likely to deteriorate from first review to second review and less likely to improve from second to third review
- Families/carers of participants living outside major cities were more likely to improve and less likely to deteriorate in all transitions from baseline and were more likely to improve from second to third review compared to those from major cities.
- Families/carers whose second response was given during the COVID period were more likely to improve between baseline and second review, and between first and second review, and less likely to deteriorate between baseline and first review. However, they were also less likely to improve between baseline and first review. There were also favourable changes in time trends for baseline to first review transitions, with the likelihood of improvement changing from being less likely to being more likely over time during the COVID period, and the likelihood of deterioration reducing more strongly during the COVID period.

I feel very confident or somewhat confident in supporting my child’s development

The percentage of families/carer who feel very or somewhat confident in supporting their child’s development has increased from baseline to all reviews, with net increases of 2.1%, 2.4% and 1.5% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.20 below.

Table 2.20 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: Yes to No		Deteriorations: No to Yes		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	9,197	57,523	3,207	34.9%	1,783	3.1%	+2.1%
Baseline to Review 2	3,097	19,653	1,579	51.0%	1,023	5.2%	+2.4%
Baseline to Review 3	732	5,046	445	60.8%	360	7.1%	+1.5%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.21 below.

Table 2.21 Key drivers of likelihood of transitions in *"I feel very confident or somewhat confident in supporting my child's development"* response

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in VIC	↓						↓		↓	
NSW	Participant lives in QLD		↓								
NSW	Participant lives in SA	↑									
NSW	Participant lives in ACT, NT, TAS or WA	↓									↑
Autism	Disability is cerebral palsy or another neurological disability	↑		↑				↑		↑	
Autism	Disability is a sensory disability	↑		↑				↑		↑	
Autism	Disability is other		↓								↓
N/A	Participant is older	↓	↑	↓				↓			
Non-Indigenous	Participant is Indigenous						↑				
Non-Indigenous	Participant did not state their Indigenous status	↓									↓
Non-CALD	Participant is CALD	↓	↑	↓				↓	↑		↑
2016/17	Participant entered scheme in 2017/18	↓						↓			

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
2016/17	Participant entered scheme in 2018/19	↓									
N/A	Lower level of function	↓						↓			
N/A	Higher annualised plan budget		↑	↓	↑				↑	↓	
N/A	Higher plan utilisation		↑								
N/A	Higher utilisation % of capacity building supports	↑	↓							↑	
N/A	Higher utilisation % of core supports										↑
N/A	Higher utilisation % of capital supports							↑			
Capacity building 95-100%	0-75% of supports are capacity building supports	↓	↑	↓	↑		↑	↓	↑	↓	↑
Capacity building 95-100%	75-95% of supports are capacity building supports	↓	↑	↓	↑			↓	↑	↓	↑
Capacity building 95-100%	5-100% of supports are capital supports	↓						↓	↑	↓	
Agency-managed	Plan is managed by a plan manager		↑		↑				↑		↑
Agency-managed	Plan is fully self-managed	↑	↓		↓	↑		↑	↓		
Agency-managed	Plan is partly self-managed		↑				↑				
Never in paid work	Carer remained in paid work	↑	↓	↑	↓			↑	↓		↓

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Never in paid work	Carer started paid work	↑		↑				↑			↓
Never in paid work	Carer stopped paid work							↑			
Private-owned	Participant lives in a private accommodation rented from a private landlord		↑		↑				↑		
Private-owned	Participant lives in a private accommodation rented from a public authority	↓	↑		↑				↑	↓	
Private-owned	Participant lives in other accommodation		↑								
Major cities	Participant lives in a regional, remote or very remote area	↑	↓		↓				↓		
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑						↑		
Pre-COVID	Review during COVID period	↓	↓	↓							
Received services from State/Territory programs before joining NDIS	Participant received services from Commonwealth programs before joining NDIS		↓		↓				↓		↓
Received services from State/Territory programs before joining NDIS	Participant did not previously receive services from Commonwealth or State/Territory programs		↓								↓

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Entry due to disability	**Participant entered the scheme through Early Intervention**						⬆		⬆		
Medium level of NDIA support	**Lower level of NDIA support**	⬆				⬆					
Medium level of NDIA support	**Higher level of NDIA support**	⬇		⬇							⬆

Key findings from Table 2.21 include:

- Families/carers of participants cerebral palsy / another neurological disability, or a sensory disability, were more likely to improve in all transitions from baseline and from first review to second review compared to carers of participants with autism.
- Families/carers of participants for which capacity building supports make up less than 75% of total supports were more likely to deteriorate in all transitions and less likely to improve in all transitions from baseline and from first review to second review compared to those with >95% of capacity building supports in their plans.
- Families/carers who remained in paid work between both reviews were more likely to improve and less likely to deteriorate from baseline to first review, baseline to second review and first review to second review compared to those who were never in paid work. They were also less likely to deteriorate from baseline to third review.
- Families/carers of CALD participants were less likely to improve and more likely to deteriorate between baseline and first or second review.
- Families and carers of participants who are fully self managing their plans are more likely to improve and less likely to deteriorate in their responses from baseline to first review and baseline to third review, compared to families and carers of participants who are agency-managed. They were also more likely to improve between second and third review, and less likely to deteriorate between first and second review.
- Compared to families and carers of participants who received State/Territory government funded services prior to entering the NDIS, families and carers of participants who did not receive services or received Commonwealth government funded services were less likely to deteriorate in their responses from baseline to first or third review. Those previously receiving services from Commonwealth programs were also less likely to deteriorate between baseline and second review, and between first and second review.

- Families and carers who had their most recent review during the COVID period were less likely to change their response (either improve or deteriorate) between baseline and first review. They were also less likely to improve between first and second review.

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

The percentage of families/carers who rate their health as excellent, very good or good has decreased significantly from baseline to all reviews, with net decreases of 3.2%, 6.9% and 9.8% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.22 below.

Table 2.22 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	18,078	48,814	2,825	15.6%	4,965	10.2%	-3.2%
Baseline to Review 2	6,186	16,631	1,504	24.3%	3,081	18.5%	-6.9%
Baseline to Review 3	1,478	4,329	1,042	29.5%	1,005	23.2%	-9.8%

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

Family/carer characteristics that had a statistically significant effect (p<0.05) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.23 below.

Table 2.23 Key drivers of likelihood of transitions in *"In general, my health is excellent, very good or good"*

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**		⬇		⬇		⬇		⬇		⬇
NSW	**Participant lives in VIC**	⬇	⬇	⬇				⬇		⬇	⬇
NSW	**Participant lives in QLD**	⬇							⬆		
NSW	**Participant lives in SA**		⬆		⬆				⬆	⬇	

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in ACT, NT, TAS or WA	↓	↑								
Autism	Disability is cerebral palsy or another neurological disability	↑			↓				↓		↓
Autism	Disability is Down Syndrome or intellectual disability	↑	↓		↓			↑	↓		↓
Autism	Disability is global developmental delay or developmental delay	↑	↓					↑	↓		↓
Autism	Disability is a sensory disability	↑	↓		↓				↓		↓
Autism	Disability is other		↓								
N/A	Participant is older	↓	↑	↓	↑			↓	↑		
Male	Participant is female		↑								↑
Non-Indigenous	Participant is Indigenous	↑									
Non-CALD	Participant is CALD		↓		↓				↓		
2016/17	Participant entered scheme in 2017/18	↓						↓			
2016/17	Participant entered scheme in 2018/19	↓									
N/A	Lower level of function	↓			↑			↓	↑		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Higher annualised plan budget	↓	↑	↓	↑	↓		↓	↑	↓	↑
N/A	Higher plan utilisation	↓	↑		↑		↑	↓			↑
N/A	Higher utilisation % of capacity building supports								↑		
N/A	Higher utilisation % of core supports								↑	↓	
Capacity building 95-100%	0-75% of supports are capacity building supports	↓	↑	↓	↑		↑	↓	↑	↓	↑
Capacity building 95-100%	75-95% of supports are capacity building supports	↓	↑	↓	↑		↑	↓	↑		↑
Capacity building 95-100%	5-100% of supports are capital supports	↓	↑		↑		↑		↑		↑
Agency-managed	Plan is managed by a plan manager		↑			↓			↑		↑
Never in paid work	Carer remained in paid work	↑	↓	↑	↓	↑		↑	↓	↑	↓
Never in paid work	Carer started paid work	↑		↑	↓			↑	↓	↑	
Never in paid work	Carer stopped paid work	↑	↑								
Private-owned	Participant lives in a private accommodation rented from a private landlord		↑		↑		↑		↑		
Private-owned	Participant lives in a private accommodation rented from a public authority		↑		↑				↑		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Major cities	Participant lives in a regional, remote or very remote area								⬇		
Did not relocate	Participant relocated to a new Local Government Area (LGA)		⬆								
Pre-COVID	Review during COVID period		⬇						⬇		⬆
N/A	General time trend		⬇		⬆				⬆		⬆
N/A	Change in time trend post-COVID		⬇		⬇						⬇
Received services from State/Territory programs before joining NDIS	Participant received services from Commonwealth programs before joining NDIS				⬇			⬆	⬇		
Received services from State/Territory programs before joining NDIS	Participant did not previously receive services from Commonwealth or State/Territory programs				⬇			⬆			
Entry due to disability	Participant entered the scheme through Early Intervention						⬆				
Medium level of NDIA support	Lower level of NDIA support	⬆							⬇		
Medium level of NDIA support	Higher level of NDIA support	⬇	⬇					⬇	⬇		
N/A	Participant lives in an area with a higher average	⬇									

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
	unemployment rate										

Key findings from Table 2.23 include:

- The relationship of the survey respondent to the participant is a significant predictor in transition models for the self-rated health indicator. Fathers were less likely to deteriorate in all transitions compared with mothers.
- Families/carers of CALD participants were less likely to deteriorate between baseline and first or second review, and between first and second review.
- Families/carers of participants with higher annualised total budgets were less likely to improve in all transitions and more likely to deteriorate in all transitions from baseline and from first review to second review.
- Families/carers of participants with less than 75% of capacity building supports in their plan were more likely to deteriorate in all transitions and less likely to improve in all transitions from baseline and from first review to second review compared to those with >95% of resources in capacity building supports.
- Carers who remained in paid work through both surveys were more likely to improve across all transitions and less likely to deteriorate in all transitions from baseline and from first review to second review compared to those who never worked.
- Responses from families or carers of older participants were more like to deteriorate and less likely to improve from baseline to first or second review, and from first to second review.
- Families and carers of participants with latest review response collected during the COVID period were less likely to deterioriate from baseline to first review and from baseline to second review, however they were more likely to deteriorate from baseline to third review. There were also some favourable changes in time trends at the onset of COVID-19, with families/carers becoming increasingly less likely over time to deteriorate between baseline and first or third review, and between first and second review.

One of the barriers to working more is the situation of my child with disability

Of the families/carers unable to work as much as they want, the percentage who think that the situation of their child with disability is a barrier to working more increased from baseline to all reviews, with net increases of 2.2%, 4.3% and 4.6% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.24 below.

Table 2.24 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: Yes to No		Deteriorations: No to Yes		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	3,808	30,060	369	12.3%	1,100	28.9%	+2.2%
Baseline to Review 2	1,210	9,525	163	1.7%	626	51.7%	+4.3%
Baseline to Review 3	242	2,258	33	1.5%	147	60.7%	+4.6%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.25 below.

Table 2.25 Key drivers of likelihood of transitions in *"One of the barriers to working more is the situation of my child with disability"*

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**		⬇								
NSW	**Participant lives in VIC**	⬇	⬇					⬇	⬇		
NSW	**Participant lives in QLD**	⬇									
NSW	**Participant lives in ACT, NT, TAS or WA**	⬇						⬇			
Autism	**Disability is cerebral palsy or another neurological disability**	⬆									
Autism	**Disability is global developmental delay or developmental delay**		⬇					⬆	⬇		⬇
Autism	**Disability is a sensory disability**		⬇						⬇		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Autism	Disability is other		⇩						⇩		
N/A	Participant is older	⬇		⬇				⬇	⇩		
Male	Participant is female			⬇							
Non-CALD	Participant is CALD									⇧	
2016/17	Participant entered scheme in 2017/18			⬇							
N/A	Lower level of function	⬇		⬇		⬇					
N/A	Higher annualised plan budget		⬆							⬇	
N/A	Higher plan utilisation	⬇	⬆					⬇			
N/A	Higher utilisation % of capacity building supports		⬆								
N/A	Higher utilisation % of capital supports							⇧			
Capacity building 95-100%	0-75% of supports are capacity building supports	⬇	⬆					⬇			
Capacity building 95-100%	75-95% of supports are capacity building supports	⬇	⬆					⬇			
Capacity building 95-100%	5-100% of supports are capital supports	⬇	⬆					⬇			
Agency-managed	Plan is managed by a plan manager								⬆		
Agency-managed	Plan is partly self-managed								⬆		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Never in paid work	Carer remained in paid work		⬆								
Never in paid work	Carer started paid work	⬆	⬆								
Never in paid work	Carer stopped paid work	⬆	⬆								
Major cities	Participant lives in a regional, remote or very remote area		⬇			⬆			⬇		
Pre-COVID	Review during COVID period		⬇					⬆			
N/A	General time trend	⬇		⬆							
N/A	Participant lives in an area with a higher average unemployment rate	⬇	⬇						⬇		

Key findings from Table 2.25 include:

- Families/carers of participants living outside major cities were less likely to deteriorate from baseline to first review and baseline to second review, and more likely to improve between second and third review, compared to those living in major cities.
- Families/carers of participants with global developmental delay/developmental delay were less likely to deteriorate in all transitions from baseline and more likely to improve from baseline to first review compared to those with autism.
- Families/carers of participants with a lower level of function were less likely to improve in all one-step transitions.
- Families and carers of participants with latest review response collected during the COVID period are less likely to deterioriate between baseline and first review, and more likely to improve between baseline and second review.

One of the barriers to working more is the insufficient flexibility of jobs

Of the families/carers unable able to work as much as they want, the percentage who say that insufficient flexibility of jobs is a barrier to working more increased significantly from baseline to all reviews, with net increases of 3.7%, 6.4% and 8.0% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.26 below.

Table 2.26 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: Yes to No		Deteriorations: No to Yes		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	21,276	12,592	879	7.0%	2,121	10.0%	+3.7%
Baseline to Review 2	6,443	4,292	516	12.0%	1,199	18.6%	+6.4%
Baseline to Review 3	1,507	993	158	15.9%	359	23.8%	+8.0%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.27 below.

Table 2.27 Key drivers of likelihood of transitions in *"One of the barriers to working more is the insufficient flexibility of jobs"*

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**		↓						↓		
NSW	**Participant lives in VIC**	↓	↓		↓			↓	↓		↓
NSW	**Participant lives in QLD**			↑							
NSW	**Participant lives in SA**	↑		↑				↑		↑	
NSW	**Participant lives in ACT, NT, TAS or WA**	↓	↓	↓				↓	↓	↓	↓
N/A	**Participant is older**	↓		↓				↓		↓	
Non-CALD	**Participant is CALD**		↓								

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
2016/17	Participant entered scheme in 2017/18		↓	↓					↓		
2016/17	Participant entered scheme in 2018/19		↓								
N/A	Higher plan utilisation	↑	↑					↑			↓
Agency-managed	Plan is managed by a plan manager					↑					
Agency-managed	Plan is fully self-managed					↑					
Never in paid work	Carer remained in paid work	↑	↓	↑				↑	↓	↑	↓
Never in paid work	Carer started paid work	↑	↑	↑	↑			↑	↑	↑	
Never in paid work	Carer stopped paid work	↑	↑	↑	↑				↑		
Private-owned	Participant lives in a private accommodation rented from a private landlord		↑		↑				↑		
Private-owned	Participant lives in a private accommodation rented from a public authority		↑						↑		
Major cities	Participant lives in a regional, remote or very remote area	↓	↑	↓							↑
Did not relocate	Participant relocated to a new Local Government Area (LGA)		↑					↑			

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Pre-COVID	**Review during COVID period**	⬇	⬇		⬇		⬇	⬇			
N/A	**General time trend**						⬆				
N/A	**Change in time trend post-COVID**					⬆					
Received services from State/Territory programs before joining NDIS	**Participant did not previously receive services from Commonwealth or State/Territory programs**							⬆			
Medium level of NDIA support	**Lower level of NDIA support**	⬇									
Medium level of NDIA support	**Higher level of NDIA support**	⬇	⬇						⬇		⬇
N/A	**Participant lives in an area with a higher average unemployment rate**	⬇	⬇	⬇					⬇	⬇	

Key findings from Table 2.27 include:

- Families/carers who remained in paid work at both reviews were more likely to improve and less likely to deteriorate in all transitions from baseline compared to those never in paid work. They were also more likely to improve from first to second review.
- State/Territory is a significant factor in whether families/carers identify insufficient flexibility of jobs as a barrier to working more. For example, families/carers of participants in SA were more likely to improve in all transitions from baseline, and from first to second review, compared to those in NSW. Families/carers of participants living in VIC were less likely to deteriorate in all transitions from baseline, and between first and second review, but were also less likely to improve between baseline and first or second review. Families/carers of participants living in the State/Territory group ACT, NT, TAS or WA were less likely to change their response (either improve or deteriorate) in all transitions from baseline.

- Families/carers with latest review response collected during the COVID period were less likely to deteriorate in all one-year transitions, however, they were less likely to improve between baseline and first or second review. There was a favourable change in time trend for one transition, with improvement between second and third review becoming increasingly more likely during the COVID period.

I am able to engage in social interactions and community life as much as I want

The percentage of families/carers who are able to engage in social interactions and community life as much as they want decreased from baseline to all reviews, with net decreases of 0.5%, 2.1% and 4.5% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.28 below.

Table 2.28 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	48,212	17,582	2,752	5.7%	3,074	17.5%	-0.5%
Baseline to Review 2	16,615	5,830	1,409	8.5%	1,887	32.4%	-2.1%
Baseline to Review 3	4,114	1,565	404	9.8%	658	42.0%	-4.5%

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

Family/carer characteristics that had a statistically significant effect (p<0.05) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.29 below.

Table 2.29 Key drivers of likelihood of transitions in *"I am able to engage in social interactions and community life as much as I want"*

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**		⬇								⬇
NSW	**Participant lives in VIC**	⬇	⬇	⬇		⬇		⬇		⬇	⬇
NSW	**Participant lives in QLD**	⬇									

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in SA	🟩⬆	🟪⬆	🟩⬆							
NSW	Participant lives in ACT, NT, TAS or WA	🟪⬇	🟩⬆								
Autism	Disability is cerebral palsy or another neurological disability		🟩⬇	🟩⬆		🟩⬆		🟩⬆	🟩⬇	🟩⬆	🟩⬇
Autism	Disability is Down Syndrome or intellectual disability	🟩⬆	🟩⬇	🟩⬆	🟩⬇			🟩⬆	🟩⬇	🟩⬆	
Autism	Disability is global developmental delay or developmental delay	🟩⬆	🟩⬇	🟩⬆				🟩⬆	🟩⬇	🟩⬆	🟩⬇
Autism	Disability is a sensory disability	🟩⬆	🟩⬇	🟩⬆	🟩⬇			🟩⬆	🟩⬇		🟩⬇
Autism	Disability is other		🟩⬇							🟩⬆	
N/A	Participant is older	🟪⬇	🟩⬇	🟪⬇		🟪⬇		🟪⬇		🟪⬇	
Non-Indigenous	Participant is Indigenous		🟪⬆						🟪⬆		
Non-CALD	Participant is CALD		🟩⬇			🟩⬆		🟩⬆		🟩⬆	
2016/17	Participant entered scheme in 2017/18			🟪⬇							
N/A	Lower level of function	🟪⬇	🟪⬆								
N/A	Higher annualised plan budget	🟪⬇	🟪⬆	🟪⬇	🟪⬆	🟪⬇		🟪⬇	🟪⬆	🟪⬇	🟪⬆

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Higher plan utilisation	↓	↑	↓		↓		↓			↑
N/A	Higher utilisation % of capacity building supports		↑		↑			↓	↑		↑
N/A	Higher utilisation % of core supports				↑						
Capacity building 95-100%	0-75% of supports are capacity building supports	↓	↑	↓				↓	↑	↓	↑
Capacity building 95-100%	75-95% of supports are capacity building supports	↓	↑	↓				↓	↑	↓	
Capacity building 95-100%	5-100% of supports are capital supports	↓	↑	↓				↓		↓	↑
Agency-managed	Plan is managed by a plan manager	↓	↑								
Agency-managed	Plan is fully self-managed	↓	↑								
Agency-managed	Plan is partly self-managed	↓									
Never in paid work	Carer remained in paid work	↑	↓		↓			↑	↓		
Never in paid work	Carer started paid work	↑	↑					↑	↓		
Never in paid work	Carer stopped paid work	↑	↑					↑	↑		
Private-owned	Participant lives in a private accommodation rented from a private landlord		↑								
Private-owned	Participant lives in a private accommodation		↑								

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
	rented from a public authority										
Private-owned	Participant lives in other accommodation		⬆								
Major cities	Participant lives in a regional, remote or very remote area	↑	↓			↑			↓	↑	↓
Did not relocate	Participant relocated to a new Local Government Area (LGA)		⬆		⬆				⬆		⬆
Pre-COVID	Review during COVID period		↓						↓		
N/A	General time trend	⬇			↓						
Medium level of NDIA support	Lower level of NDIA support	↑									
Medium level of NDIA support	Higher level of NDIA support				↓			⬇		⬇	
N/A	Participant lives in an area with a higher average unemployment rate		↓		↓	↑			↓		

Key findings from Table 2.29 include:

- Families/carers of participants living in a regional, remote or very remote area were more likely to improve and less likely to deteriorate between baseline and first or third review.
- Families/carers of participants with autism were more likely to deteriorate from baseline to first review than families/carers of participants with all other disabilities. Generally speaking, families/carers of participants with disabilities other than autism or those in the "other" category tended to have more favourable transitions.

- Families/carers of participants from Victoria were less likely to improve across all transitions compared to those in New South Wales. However, they were also less likely to deteriorate from baseline to first review and baseline to third review.
- Families/carers of participants with Higher annualised plan budget were less likely to improve and more likely to deteriorate in all transitions with sufficient data
- Families/carers of participants with less than 75% of capacity building supports in their plan are less likely to improve and more likely to deteriorate in all transitions from baseline compared to those with more than 95% of capacity building supports. They were also less likely to improve from first to second review. Participants with 75%-95% of capacity building supports, and those with more than 5% capital supports, also tended to have less favourable transitions in most of the models.
- Families/carers of participants who relocated to a different Local Government Area (LGA) were more likely to deteriorate in all transitions with sufficient data compared to those who did not relocate. However, participants living in an area with high unemployment tended to be less likely to deteriorate.
- Families and carers whose second response was collected during the COVID period were less likely to deterioriate between baseline and first or second review.
- Families and carers of older participants were less likely to improve in all transitions.

One of the barriers to engaging more in social interactions and community life is the situation of my child with disability

Of those unable to engage in social interactions and community life as much as they want, the percentage of families/carers who say the situation of their child with disability is a barrier to engaging more increased from baseline to all reviews, with net increases of 1.5%, 3.0% and 7.0% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 2.30 below.

Table 2.30 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: Yes to No		Deteriorations: No to Yes		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	4,058	39,900	374	0.9%	1,043	25.7%	+1.5%
Baseline to Review 2	1,297	13,347	187	1.4%	633	48.8%	+3.0%
Baseline to Review 3	281	3,237	35	1.1%	183	65.1%	+7.0%

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

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 2.31 below.

Table 2.31 Key drivers of likelihood of transitions in *"One of the barriers to engaging more in the community is the situation of my child with disability"*

	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
Reference Category		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	**Participant lives in VIC**	↓	↓	↓				↓	↓		
NSW	**Participant lives in SA**	↑									
NSW	**Participant lives in ACT, NT, TAS or WA**	↓	↑					↓	↑		
Autism	**Disability is cerebral palsy or another neurological disability**										↓
Autism	**Disability is Down Syndrome or intellectual disability**		↓								↓
Autism	**Disability is global developmental delay or developmental delay**	↑	↓		↓				↓	↑	
Autism	**Disability is a sensory disability**	↑	↓					↑	↓	↑	↓
N/A	**Participant is older**	↓		↓				↓			
Non-Indigenous	**Participant is Indigenous**	↓									
2016/17	**Participant entered scheme in 2017/18**								↓		
N/A	**Lower level of function**	↓	↑	↓				↓			
N/A	**Higher annualised plan budget**	↓	↑		↑			↓	↑		

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Higher plan utilisation	⬇	⬆	⬇				⬇			
N/A	Higher utilisation % of capacity building supports								⬆		
N/A	Higher utilisation % of core supports										⬆
Capacity building 95-100%	0-75% of supports are capacity building supports	⬇	⬆					⬇			
Capacity building 95-100%	75-95% of supports are capacity building supports	⬇	⬆								
Never in paid work	Carer remained in paid work	↑						↑	↓		
Never in paid work	Carer started paid work	↑									
Never in paid work	Carer stopped paid work		⬆					↑			
Major cities	Participant lives in a regional, remote or very remote area							⬇			
Did not relocate	Participant relocated to a new Local Government Area (LGA)		⬆								
Pre-COVID	Review during COVID period		↓								
N/A	General time trend	⬇	↓								
Received services from State/Territory programs	Participant received services from Commonwealth		↓								

Reference Category	Variable	1 step transitions						2 step transitions		3 step transitions	
		B >R1 Relationship with likelihood of		R1 >R2 Relationship with likelihood of		R2 >R3 Relationship with likelihood of		B >R2 Relationship with likelihood of		B >R3 Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
before joining NDIS	programs before joining NDIS										
Received services from State/Territory programs before joining NDIS	Participant did not previously receive services from Commonwealth or State/Territory programs		↓								
Entry due to disability	Participant entered the scheme through Early Intervention		↑								
Medium level of NDIA support	Lower level of NDIA support		↓								
Medium level of NDIA support	Higher level of NDIA support		↓						↓		
N/A	Participant lives in an area with a higher average unemployment rate	↓	↓								

Key findings from Table 2.31 include:

- Families/carers of participants with sensory disabilities were more likely to improve and less likely to deteriorate in all transitions from baseline compared with families/carers of participants with autism.
- Carers of participants with higher annualised plan budget were more likely to deteriorate from baseline to first review, baseline to second review and from first review to second review. They were also more likely to deteriorate from baseline to first review and baseline to second review.
- Families/carers who remained in paid work at both surveys were more likely to improve from baseline to first review and baseline to second review and less likely to deteriorate between baseline and second review compared with those who never worked.
- Families/carers whose second response was collected during the COVID period were less likely to deterioriate from baseline to first review.

A summary of key findings from this section is contained in Box 2.6.

Box 2.6: Summary of findings – longitudinal outcomes by participant and family/carer characteristics

- Families/carers of participants with autism tended to have less positive longitudinal outcomes, particularly in relation to support networks and social and community interactions. Compared to families/carers of participants with other disabilities, they were less likely to improve and/or more likely to deteriorate with respect to having friends they can see as often as they like, having people they can ask for practical help as often as they need, and being able to engage in social interactions and community life as much as they want.
- There were only two indicators where families/carers of participants with other disabilities had worse longitudinal outcomes than families/carers of participants with autism. Families/carers of participants with developmental delay/global developmental delay or intellectual disability/Down syndrome were less likely to improve with respect to having a paid job between baseline and first review, and families/carers of participants with intellectual disability/Down syndrome were more likely to deteriorate between baseline and second review with respect to knowing what specialist services are needed to promote their child's learning and development. There were also two indicators where there was no significant difference by disability: working 15 or more hours per week and seeing insufficient flexibility of jobs as a barrier to working more.
- For the majority of indicators in all domains, longitudinal 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.
- For most of the indicators modelled, longitudinal outcomes tended to be worse for families/ carers of older participants. For example, families/carers of older participants were less likely to improve and more likely to deteriorate in having people they can ask for practical help as often as needed, in knowing what specialist services are needed to promote their child's learning and development, in getting enough support to feel confident in parenting their child, and in rating their health as excellent, very good or good. However, families/carers of older participants were less likely to deteriorate with respect to having a paid job.
- Longitudinal outcomes related to work and health tended to be better where the respondent was the father compared to when the respondent was the mother. Fathers were more likely to improve and/or less likely to deteriorate with respect to having a paid job, working 15 hours or more per week, and rating their health as excellent, very good or good.
- Families/carers of participants from a CALD background tended to be 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.

Box 2.6 (continued): Summary of findings – longitudinal outcomes by participant and family/carer characteristics

- Indigenous status was significant in a relatively small number of models and results were mixed. For example, 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.
- Outcomes for families/carers from Queensland tended to be more likely to improve after spending time in the Scheme, while families/carers from Victoria were less likely to improve.
- Some outcomes were better for families/carers of participants living outside a major city. For example, they were generally more likely to improve and less likely to deteriorate with resepct 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.
- Families/carers of participants with self-managed plans (fully or partly) experience more positive outcomes in the domains of work, advocacy and access to services over time.
- Outcomes tend to be more positive across all domains for families/carers of participants living in a private home owned by their family.
- Relocating to a new LGA was associated with worse longitudinal outcomes for a number of indicators, for example, being more likely to deteriorate with respect to being able to enage socially and in the community as much as desired.
- The COVID-19 step-change variable was significant in at least one model for all 14 indicators considered. In addition, there were five indicators for which a change in time trend was detected in at least one model. Results were mixed. For example, when the later response occurred during the COVID period, deterioration over two years was more likely for having a paid job, and deterioration between second and third review was more likely for working 15 or more hours per week. However, deterioration was less likely in transitions from baseline for having people to ask for practical help, and for being able to engage in social interactions and community life.

3. Families/carers of participants from birth to age 14: Has the NDIS helped?

3.1 Results across all participants and families/ carers

For participants who have been in the Scheme for approximately one, two and three years (as at 30 June 2020), Figure 3.1 shows the percentage of families/carers of participants aged 0 to 14 who think that the NDIS has helped with outcomes related to each of the five SF domains.

Figure 3.1 Percentage of families/carers who think that the NDIS has helped with outcomes[21]

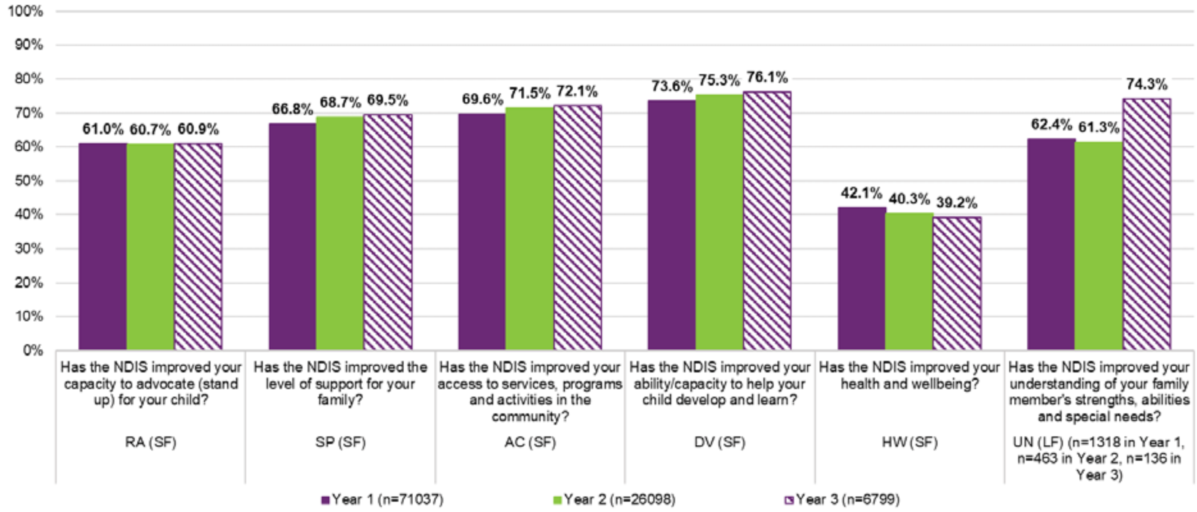

Figure 3.1 shows that outcomes for families and carers of participants aged 0 to 14 have improved across most domains with time in Scheme, and for all but one domain, overall positive response percentages range from 60% to 80%.

There have been small but consistent improvements of 1%-2% between year 1 and year 2, and an additional 0.6%-0.8% between year 2 and year 3, for the percentage who think the NDIS has improved:

- the level of support for families/carers (from 66.8% at year 1 to 69.5% at year 3)
- access to services, programs and activities in the community (69.6% to 72.1%)
- the ability/capacity of families/carers to help their child develop and learn (73.6% to 76.1%).

For the rights and advocacy domain, the percentage of families/carers saying that the NDIS has improved their capacity to advocate for their child has remained relatively unchanged, at around 61%.

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[21] Includes responses from all participants who responded in each review year, not all participants have responded in all three years.

However, the percentage of families and carers saying the NDIS improved their health and wellbeing has decreased over time, dropping from 42.1% to 40.3% and then 39.2%.

For the additional LF domain, the percentage who said that the NDIS has improved the family or carer's understanding of the participant's strengths, abilities and special needs dropped slightly by 1.1% between year 1 and year 2, but increased significantly by 13.0% between year 2 and year 3.

Figure 3.2 summarises results for the questions asking whether families/carers are satisfied with the amount of say they had in the development and implementation of their child's plan.

Figure 3.2 Percentage of families/carers who are satisfied with the amount of say they had about their child's NDIS plan

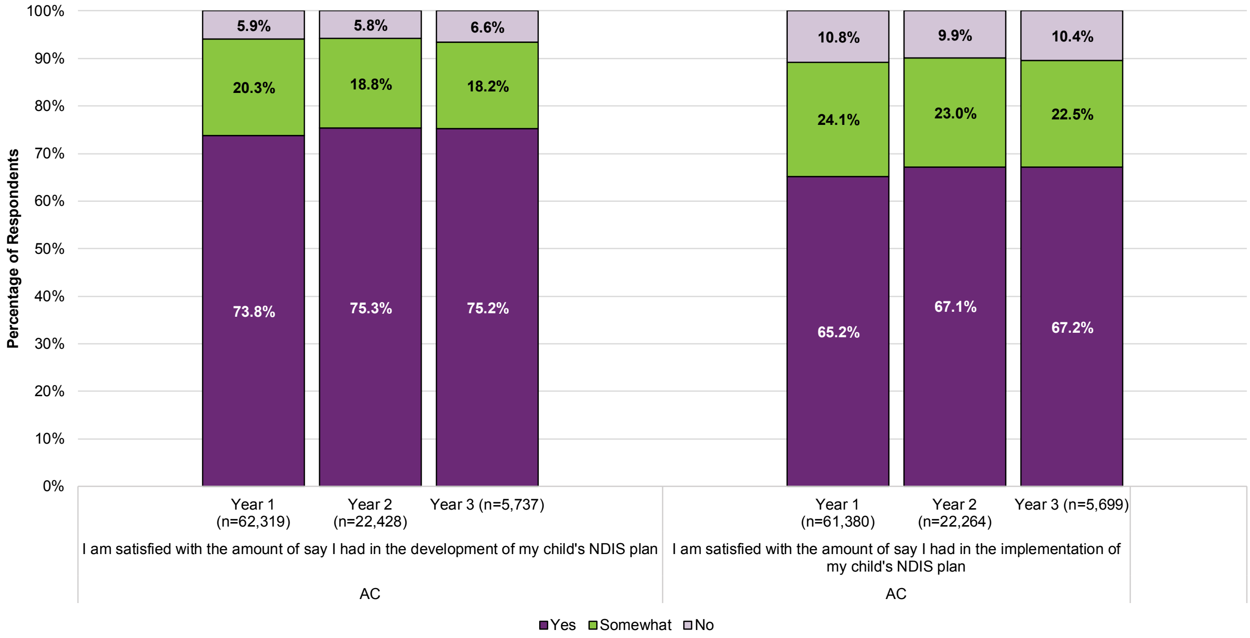

Figure 3.2 shows that families/carers tended to be more satisfied with the input they had into the development of their child's plan (93.4% satisfied or somewhat satisfied after three years in the scheme) than with its implementation (90.0% satisfied or somewhat satisfied after three years in the scheme). The percentage of families/carers who said they were at least somewhat satisfied with the development and implementation of their child's plan increased slightly between year one and year two (+0.1% and +0.9% for development and implementation respectively), but decreased slightly between year two and year three (-0.8% and -0.1% for development and implementation respectively).

3.2 Results by participant and family/carer characteristics

3.2.1 Year 1 'Has the NDIS Helped?' indicators – characteristics

Year 1 (first review) indicators have been analysed by participant and family/carer characteristics using one-way analysis and multiple regression.

Table 3.1 shows the relationship of different participant and carer characteristics with the likelihood of families/carers saying that the NDIS has helped in each domain, and Table 3.2 shows the relationship with the likelihood that family/carers are satisfied with the amount of say they had in the development and implementation of the family members plan.

Table 3.1 Relationship of participant/carer characteristics with the likelihood of positive family/carer responses[22]

Reference category	Characteristic	Relationship with:				
		Has NDIS helped				
		RA	SP	AC	DV	HW
N/A	Lower level of function	↓	↓	↓	↓	↓
N/A	Higher annualised plan budget	↑	↑	↑	↑	↑
N/A	Higher baseline utilisation	↑	↑	↑	↑	↑
N/A	Participant is older	↓	↓	↓	↓	↓
Non-CALD	Participant is CALD					↑
Non-Indigenous	Participant is Indigenous				↓	
Developmental delay	Disability is cerebral palsy	↓	↓	↓	↓	↓
Developmental delay	Disability is global developmental delay	↓	↓	↓	↓	↓
Developmental delay	Disability is an intellectual disability or Down Syndrome	↓	↓	↓	↓	↓
Developmental delay	Disability is autism	↓	↓	↓	↓	↓
Developmental delay	Disability is psychosocial disability	↑			↓	
Developmental delay	Disability is hearing impairment	↓	↓	↓	↓	↓
Developmental delay	Disability is another disability	↓	↓	↓	↓	↓
Received State/Territory supports	Participant received services from Commonwealth programs before joining NDIS	↑	↑	↑	↑	↑
Received State/Territory supports	Did not previously receive services from Commonwealth or State/Territory programs	↑	↑	↑	↑	
NSW	Participant lives in ACT	↑	↑	↑		↑
NSW	Participant lives in NT			↑		
NSW	Participant lives in QLD	↑	↑	↑	↑	↑

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[22] Definition of letter symbols in the tables: Has the NDIS improved: family/carer capacity to advocate for their child (RA); level of support for their family (SP); access to services, programs and activities in the community (AC); ability to help their child develop and learn (DV); family/carer health and wellbeing (HW).

Reference category	Characteristic	Relationship with:				
		Has NDIS helped				
		RA	SP	AC	DV	HW
NSW	Participant lives in SA	↑	↑	↑	↑	↑
NSW	Participant lives in TAS	↓	↑			
NSW	Participant lives in VIC	↑	↑	↑	↑	
NSW	Participant lives in WA	↑	↑	↑	↑	↑
Agency-managed	Plan is fully self-managed	↑	↑	↑	↑	↑
Agency-managed	Plan is partly self-managed	↑			↑	
Agency-managed	Plan is managed by a plan manager	↓	↓	↓	↓	↓
Private-owned	Participant lives in private home rented from public landlord		↓	↓	↓	↓
Private-owned	Participant lives in private home rented from private landlord	↓	↓	↓	↓	↓
Private-owned	Participant lives in other accommodation	↓	↓	↓	↓	↓
N/A	Participant lives in an area with a higher average unemployment rate		↓	↓	↓	
Medium level of NDIA support	Lower level of NDIA support	↑				
Medium level of NDIA support	Higher level of NDIA support	↓	↓	↓	↓	
0-15% capacity building supports	5-100% of supports are capital supports	↓	↓	↓	↓	↓
Entred the Scheme due to disability	Participant entered the Scheme for early intervention		↑	↑	↑	↑
2016/17	Participant entered the Scheme in 2017/18				↓	↓
2016/17	Participant entered the Scheme in 2018/19			↑		
30+ hours per week	Carer works for 0-8 hours per week			↑	↑	
30+ hours per week	Carer works for 15-30 hours per week			↑		
Live in a major city	Lives in regional areas	↓	↓	↓	↓	↓
Lives in a major city	Lives in Remote and Very Remote areas	↓	↓	↓	↓	

Table 3.2 Relationships of participant/carer characteristics with the likelihood of positive family/carer responses:

Reference category	Characteristic	Relationship with:	
		I am satisfied with the amount of say I had in the development of my child s NDIS plan	I am satisfied with the amount of say I had in the implementation of my child s NDIS plan
N/A	Lower level of function	⬇	⬇
N/A	Higher annualised plan budget	⬆	⬆
N/A	Higher baseline utilisation	⬇	⬆
N/A	Participant is older	⬇	⬇
Non-CALD	Participant is CALD	⬇	⬇
Developmental delay	Disability is cerebral palsy	⬇	⬇
Developmental delay	Disability is global developmental delay	⬇	⬇
Developmental delay	Disability is an intellectual disability or Down syndrome	⬇	⬇
Developmental delay	Disability is autism	⬇	⬇
Developmental delay	Disability is psychosocial disability	⬇	⬇
Developmental delay	Disability is hearing impairment	⬇	⬇
Developmental delay	Disability is another disability	⬇	⬇
Received State/Territory supports	Participant received services from Commonwealth programs before joining NDIS		⬆
Received State/Territory supports	Did not previously receive services from Commonwealth or State/Territory programs	⬆	⬆
NSW	Lives in NT	⬆	⬆
NSW	Lives in QLD	⬆	⬆
NSW	Lives in SA	⬆	
NSW	Lives in TAS	⬆	⬆
NSW	Lives in VIC	⬆	⬆
Agency-managed	Plan is fully self-managed	⬆	⬆

Reference category	Characteristic	Relationship with:	
		I am satisfied with the amount of say I had in the development of my child s NDIS plan	I am satisfied with the amount of say I had in the implementation of my child s NDIS plan
Agency-managed	**Plan is partly self-managed**	⬇	⬇
Agency-managed	**Plan is managed by a plan manager**	⬇	⬇
Medium level of NDIA support	**Higher level of NDIA support**	⬇	⬇
N/A	**Participant lives in an area with a higher average unemployment rate**	⬇	
2016/17	**Participant entered the Scheme in 2018/19**	⬆	
0-15% capacity building supports	**5-100% of supports are capital supports**	⬇	⬇
Private-owned	**Participant lives in private rented public accommodation**	⬇	⬇
Private-owned	**Participant lives in private rented accommodation**	⬇	⬇
Private-owned	**Participant lives in other accommodation**	⬇	⬇
Mother	**Respondent was the father**		⬇
Mother	**Respondent was not a parent**		⬇
Lives in a major city	**Lives in regional areas**	⬆	⬆
Lives in a major city	**Lives in Remote or Very Remote areas**	⬆	⬆

Level of function

After controlling for other factors, families and carers of participants with higher level of function are more likely to say the NDIS has helped across all five domains in Table 3.1.For example, for rights and advocacy, 57.3% of families/carers of participants with low level of function responded positively compared to 63.4% of families/carers of participants with high level of function.

Additionally, families and carers of participants with higher level of function are also more likely to say that they are happy with the amount of say they had in developing (67.6% for participants with low level of function compared to 76.9% for those with high level of function) and implementing (56.3% compared to 68.9%) their child’s plan.

Annualised plan budget

Family and carers of participants with higher annualised plan budget are more likely to say the NDIS has helped across all five domains.

Controlling for other factors, families and carer of participants with higher annualised plan budget are more likely to say they are happy with the amount of say they had in both developing and implementing their child's plan. The amount of the plan budget is inversely related to participant's level of function.

Level of NDIA support

Families and carers of participants with higher levels of NDIA support are less likely to say the NDIS has helped in improving the level of support for their family, improving access to services and programs in the community, and improving their ability to help their child develop and learn. Additionally, families and carers of participants with a very high level of NDIA support are also less likely to say the NDIS has improved their capacity to advocate for their child.

Families and carers of participants with high and very high levels of NDIA support are less likely to say they are satisfied with the amount of say in the development and implementation of their child's plan.

Utilisation

Family and carers of participants with higher utilisation are more likely to say the NDIS has helped across all five domains.

Families and carers of participants with high utilisation are more likely to say they are satisfied with the amount of say they had in implementing their child's plan, but they are less likely to say they are satisfied with the amount of say they had in developing their child's plan.

Participant age

The likelihood of a positive response decreases with participant age, across all domains.

Disability type

Controlling for other factors, families/carers of participants with developmental delay were significantly more likely to think that the NDIS has helped with all five domains than families/carers of participants with all other disabilities, except the small group with a psychosocial disability (who were significantly more likely to think that the NDIS had improved their ability to advocate for their child, significantly less likely to think the NDIS had improved their ability to help their child develop and learn, but were not otherwise significantly different from families/carer of participants with developmental delay).

Families/carers of participants with developmental delay were also more likely to say they were satisfied with the amount of say they had in developing and implementing their child's plan than families/carers of participants with all other disabilities, except for those with other sensory/speech disabilities, where there was no significant difference.

Receiving support before the NDIS

Families and carers of participants who received State/Territory services are least likely to think that the NDIS has helped. Those who received services from Commonwealth programs were significantly more likely to think the NDIS has helped across all domains, and those who did not previously receive services from either State/Territory or Commonwealth programs were significantly more likely to think the NDIS has helped across all domains except for health and wellbeing.

Compared to participants who previously received services from State/Territory programs, families and carers of participant who did not received services prior to joining the NDIS are more likely say they are satisfied with the amount of say they had in both developing and implementing their child's plan. Families and carers of participants who received services from Commonwealth programs are more likely to say they are satisfied with the amount of say they had in implementing their child's plan.

State/Territory

Families and carers of participants living in Queensland, South Australia, and Western Australia are the most likely to say the NDIS has helped in all five domains. Families and carers of participants living in New South Wales are least likely to say the NDIS has helped.

Families and carer of participants living in Victoria, Queensland, Tasmania and Northern Territory are more likely to say they are satisfied with the amount of say they have in the development and implementation of their child's plan.

Plan management type

In multiple regression analysis, families and carers of participants who are fully self-managing their plan are the most likely to say that the NDIS has helped, across all five domains. Those who are partly self-managing are more likely to say the NDIS has improved their ability to advocate for their child, and their ability to help their child develop and learn, than those with agency-managed plans. However, families and carers of participants with plans managed by a plan manager are the least likely to say the NDIS has helped for all five domains.

Families and carers of participants who are fully self-managing are also the most likely to be satisfied with the amount of say they had in the development and implementation of their child's plan. However, compared to those with agency-managed plans, those who partly self-manage or use a plan manager are less likely to be satisfied with the amount of say they had in the development and implementation of their child's plan.

Living arrangements

Controlling for other factors, families and carers of participants who live in a private residence owned by their family are most likely to say the NDIS has helped, and most likely to say they are satisfied with the amount of say in the development and implementation of their child's plan, particularly when compared to those living in public housing, in all five domains.

Compared to families and carers of those living in a private residence owned by their family, families and carers of participants who live in private rental properties are also significantly less likely to say the NDIS has helped in four domains including improving the level of support for their family, improving access to services and programs in the community, improving their ability to help their child to develop and learn, and improving their health and wellbeing.

Unemployment rate

Families and carers of participants living in areas of higher unemployment rate are less likely to say the NDIS has helped in improving the level of support for their family, access to services and programs in the community, and improving their ability to help their child to develop and learn. They are also less likely to say they are satisfied with the amount of say they had in developing their child's plan.

Types of supports in plans

Families and carers of participants who have 5% to 100% of funding in Capital are least likely to say that the NDIS has helped in all five domains and are less likely to say they are satisfied in the amount of say they had in developing and implementing their plan.

CALD status

Families and carers of participants from a CALD background are more likely to say that the NDIS has helped improving their health and wellbeing (47.6%) compared to those come from a non-CALD background (41.6%), however they are less likely to say that they are satisfied with the amount of say in developing (69.8% versus 73.7%) and implementing (62.1% versus 64.8%) their child’s plan.

Indigenous status

Families and carers of Indigenous participants are less likely to think that the NDIS has helped improve their ability to help their child develop and learn (65.5% versus 75.0%).

Access type

Families and carers of participants who accessed the NDIS for early intervention are more likely than those of participants who entered the Scheme due to disability to say the NDIS has helped in improving the level of support for their family (72.8% versus 63.5%, on a one-way basis), access to services (75.5% versus 66.3%), help their child learn and develop (80.2% versus 69.8%) and improving their health and wellbeing (47.8% versus 39.0%).

Remoteness

Compared to families and carers living in major cities, families and carers of participants living in regional areas are less likely to say that the NDIS has helped across all five domains. Those living in remote/very remote areas are also less likely to say that the NDIS has helped for all domains except for health and wellbeing.

By contrast, families and carers living in regional and remote/very remote areas are more likely to say that they are satisfied with the amount of say they had in the development and implementation of their child’s plan.

Other responses – Supports and Services

Satisfaction rates were found to be correlated with responses to other questions, particularly those regarding supports and services. Figure 3.3 and Figure 3.4 show the difference to the population average “Yes” rate given responses to other selected outcomes framework questions. For example, 60.9% of all families/carers answered “Yes” to the question “Has the NDIS improved your capacity to advocate (stand up) for your child?”. However, the positive response rate for those who were able to access available services and supports was 70.4%, 9.5% higher than the overall average. Conversely, the positive response rate for those who answered “No” to the question was 52.0% (8.9% lower than the overall average).

Shown in the figures are the supports and services outcomes that are most correlated with responses to the “Has the NDIS helped?” questions, as follows:

Q1: I am able to access available services and supports to meet the needs of my child and family

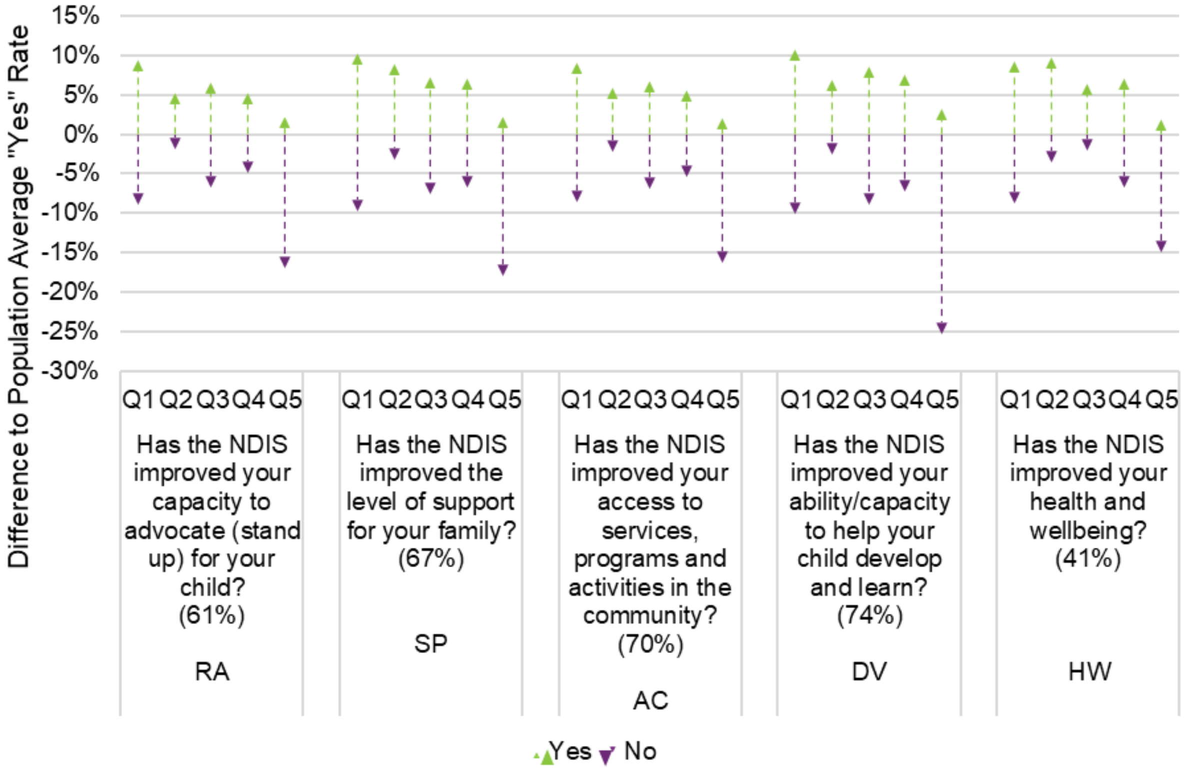
Q2: I get the services and supports I need to care for my child with disability

Q3: I know what specialist services are needed to promote my child’s learning and development

Q4: I get enough support to feel confident in parenting my child

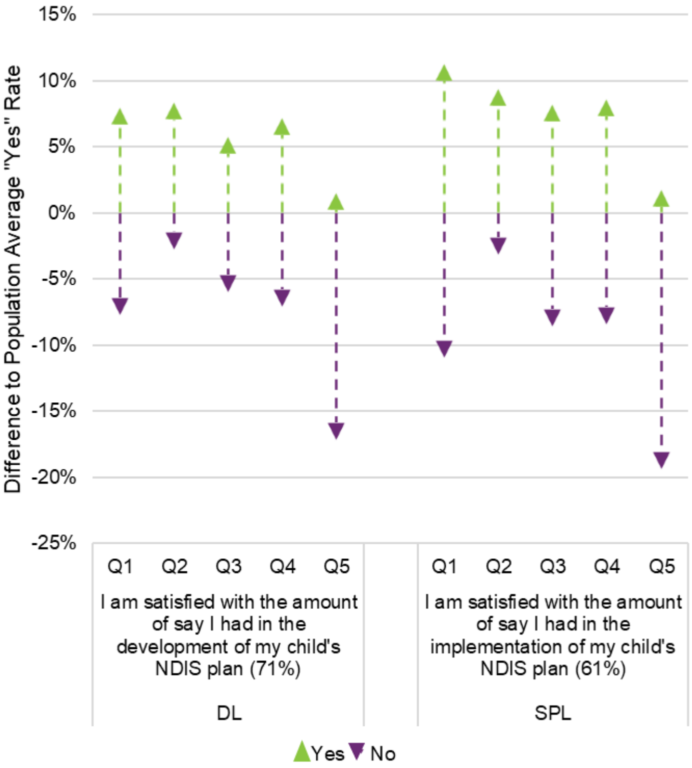
Q5: I am confident in supporting my child's development.

Figure 3.3 Relationship between "Has the NDIS helped?" and other outcomes framework questions (see note below)



Note: In the graphs above and below, the arrow pairs indicate the difference to the population average "yes" rate for the helped questions, if the respondent has answered positively (green) or negatively (purple) to Q1 to Q5 as labelled above.

Figure 3.4 Relationship between “Satisfaction with the amount of say” and other outcomes framework questions (see note above)



3.2.2 Longitudinal 'Has the NDIS Helped?' indicators – participant and family/carer characteristics

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

1. A simple comparison of the percentage reporting that the NDIS had helped after two and three years in the Scheme with the percentage reporting that the NDIS had helped after one year in the Scheme. The difference (percentage after two and three years minus percentage after one year) is compared for different subgroups.
2. Multiple regression analyses modelling the probability of improvement / deterioration over the participant's time in the Scheme.[23]

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

The NDIS has improved my capacity to advocate (stand up) for my child

The percentage of families and carers of participants aged 0 to 14 who said the NDIS has improved their capacity to advocate for their child increased significantly by 3.8% between first review and second review, and by 5.6% between first review and third review.

Table 3.3 Breakdown of net movement in longitudinal responses

Longitudinal period	Number of first review responses		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	(Yes to No)
Review 1 to Review 2	9313	12159	2012	21.6%	1188	9.8%	+3.8%
Review 1 to Review 3	2,808	4,620	727	30.0%	424	14.4%	+5.6%

Family/carer characteristics that had a statistically significant effect (p<0.05) on the likelihood of improvement or deterioration in the outcome are set out in Table 3.4 below.

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[23] Regression models for improvement include all participants who answered "No" at the initial time point and model the probability of answering "Yes" at the later time point. Models for deterioration include all participants who answered "Yes" at the initial time point and model the probability of answering "No" at the later time point. For some transitions, especially first review to third review, the numbers are small and the models may identify few or no predictors.

Table 3.4 Relationship with likelihood of improvement and deterioration: rights and advocacy

Reference group	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	Participant is older	⬇	⬆	⬇	
N/A	Higher plan utilisation	⬆			
N/A	Higher utilisation % of capacity building supports	⬆	⬇		⬇
Participant is male	Participant is female				
N/A	Higher annualised plan budget	⬆			
Developmental delay	Disability is intellectual disability			⬇	
NSW	Participant lives in VIC	⬆	⬇		⬇
NSW	Participant lives in QLD	⬆		⬆	
NSW	Participant lives in SA	⬆			
NSW	Participant lives in ACT or NT				⬇
NSW	Participant lives in TAS or WA	⬇	⬇		
Never in paid work	Carer remained in paid work				⬇
Never in paid work	Carer stopped paid work	⬇	⬆		⬆
N/A	Lower level of function	⬇		⬇	
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs	⬆			
Agency managed	Plan is fully self-managed		⬇		
Agency managed	Plan is partly self-managed			⬆	

Reference group	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Agency managed	**Plan is managed by a plan manager**				⬆
95-100% capacity building support	**75-95% of supports are capacity building supports**			⬇	
Pre-COVID	**Review during COVID period**		⬇		

Key findings from the multiple regression analysis are as follows:

- Higher utilisation of capacity building supports is associated with a higher likelihood of improvement in both longitudinal periods and a lower likelihood of deterioration between first review and second review.
- Families and carers of older participants are less likely to improve compared to younger participants for both longitudinal periods, and are more likely to deteriorate between first review and second review.
- Lower level of function is associated with a lower likelihood of improvement in both longitudinal periods.
- Carers who stopped working during the longitudinal period are less likely to improve their response and more likely to deteriorate.
- Compared to families and carers of participant living in NSW, those living in QLD are more likely to improve in both longitudinal periods, and those living in VIC are less likely to deteriorate between first review and second review, and more likely to improve between first and second review.
- Families and carers whose second response was given during the COVID period are less likely to deteriorate between first and second review.

The NDIS has improved the level of support for my family

The percentage of families and carers of participants aged 0 to 14 who said the NDIS has improved the level of support for their family increased significantly by 6.3% between first review and second review, and by 8.3% between first review and third review.

Table 3.5 Breakdown of net movement in longitudinal responses

Longitudinal period	Number of first review responses		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	(Yes to No)
Review 1 to Review 2	8231	13841	2584	31.4%	1184	8.6%	+6.3%
Review 1 to Review 3	2112	3385	881	41.7%	427	12.6%	+8.3%

Family/carer characteristics that had a statistically significant effect (p<0.05) on the likelihood of improvement or deterioration in the outcome are set out in Table 3.6 below.

Table 3.6 Relationship with likelihood of improvement and deterioration: level of support for family

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Participant is older**	↓	↑	↓	
Participant is not Indigenous	**Participant is Indigenous**		↑		↑
N/A	**Higher plan utilisation**	↑			
N/A	**Higher utilisation % of capacity building supports**	↑	↓	↑	↓
N/A	**Higher utilisation % of core supports**		↑		↑
Participant is male	**Participant is female**				↓
N/A	**Higher annualised plan budget**	↑	↓	↑	
Developmental delay	**Disability is hearing impairment**	↑			
Developmental delay	**Disability is cerebral palsy**				↓
Developmental delay	**Disability is intellectual disability**	↑			
Developmental delay	**Disability is Down Syndrome**		↑	↓	

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
NSW	Participant lives in QLD		⬇	⬆	⬇
NSW	Participant lives in SA			⬆	⬇
NSW	Participant live in ACT, NT, TAS or WA		⬇		⬇
Never in paid work	Carer remained in paid work		⬇		⬇
Never in paid work	Carer started paid work		⬆		
Never in paid work	Carers stopped paid work		⬆		⬆
Agency managed	Plan is fully self-managed	⬆	⬇		
Agency managed	Plan is partly self-managed	⬆			
Agency managed	Plan is managed by a plan manager				⬆
95-100% capacity building support	75-95% of supports are capacity building supports				⬇
95-100% capacity building support	More than 5% of supports are capital supports	⬇			
Pre-COVID	Review during COVID period		⬇	⬆	⬇

Key findings from the multiple regression analysis are:

- Higher total annualised plan budget is associated with a higher likelihood of improvement in both longitudinal periods, and a lower likelihood of deterioration between first and second review.
- Higher utilisation of capacity building supports is associated with a higher likelihood of improvement and a lower likelihood of deterioration in both longitudinal periods.
- Higher utilisation of core funding is associated with a higher likelihood of deterioration in both longitudinal periods.
- Families and carers of older participants in the 0 to 14 age group are less likely to improve compared to younger participants for both longitudinal periods, and are more likely to deteriorate between first review and second review.
- Families and carers of Indigenous participants are more likely to deteriorate in their response in both longitudinal periods.

- Compared to participants living in NSW, families and carers of participants living in QLD and SA are more likely to improve and less likely to deteriorate between first review and third review.
- Carers who remained in paid work between reviews are less likely to deteriorate in both periods, while carers who stopped working were more likely to deteriorate.
- Families and carers whose second response was given during the COVID period were less likely to deteriorate in both periods, and more likely to improve between first and third review.

The NDIS improved my access to services, programs and activities in the community.

The percentage of families and carers of participants aged 0 to 14 who said the NDIS has improved their access to services, programs and activities in the community has increased significantly by 5.8% between first review and second review, and by 7.2% between first review and third review.

Table 3.7 Breakdown of net movement in longitudinal responses

Longitudinal period	Number of first review responses		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement (Yes to No)
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	7649	14818	2709	35.4%	1400	9.4%	+5.8%
Review 1 to Review 3	1940	3646	890	45.9%	487	13.4%	+7.2%

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 3.8 below.

Table 3.8 Relationship with likelihood of improvement and deterioration: access to services, programs and activities in the community

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Participant is older**	⬇		⬇	
N/A	**Higher plan utilisation**	⬆			
N/A	**Higher utilisation % of capacity building supports**	⬆	⬇	⬆	⬇
N/A	**Higher annualised plan budget**	⬆			

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Developmental delay	Disability is Down Syndrome			⬇	
Major cities	Participant lives in a remote/very remote area			⬆	
NSW	Participant lives in VIC		⬇		
NSW	Participant lives in QLD	⬆	⬇	⬆	⬇
NSW	Participant lives in SA		⬆		
NSW	Participant lives in ACT, NT, TAS or WA		⬇	⬆	⬇
Never in paid work	Carer remained in paid work				⬇
Never in paid work	Carer started paid work		⬆		
Received State/Territory supports	Participant received services from Commonwealth programs before joining NDIS	⬇			
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs	⬆	⬇		
Agency-managed	Plan is fully self-managed		⬇		⬇
Agency-managed	Plan is managed by a plan manager				⬆
Private-owned	Participant lives in private rented accommodation	⬇			
95-100% capacity building support	Less than 75% of supports are capacity building supports				⬇
95-100% capacity building support	75-95% of supports are capacity building supports				⬇
95-100% capacity building support	More than 5% of supports are capital supports	⬇			
Pre-COVID	Review during COVID period	⬇	⬇		

Key findings from the multiple regression analysis are:

- Higher utilisation of capacity building supports is associated with a higher likelihood of improvement and a lower likelihood of deterioration in both longitudinal periods.
- Families and carers of older participants in the 0 to 14 age group are less likely to improve compared to younger participants for both longitudinal periods.
- Compared to participants living in NSW, families and carers of participants living in QLD are more likely to improve and less likely to deteriorate in both longitudinal periods.
- Families and carers of participants who are fully self-managed are less likely to deteriorate in both longitudinal periods.
- Families and carers who gave their second response during the COVID period were less likely to change their response (either improveme or deteriorate) between first and second review.

The NDIS has improved my ability/capacity to help my child develop and learn

The percentage of families and carers of participants aged 0 to 14 who said the NDIS has improved their ability/capacity to help their child develop and learn has increased significantly by 4.2% between first review and second review, and by 5.2% between first review and third review.

Table 3.9 Breakdown of net movement in longitudinal responses

Longitudinal period	Number of first review responses		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	(Yes to No)
Review 1 to Review 2	6336	15642	1882	29.7%	938	6.0%	+4.3%
Review 1 to Review 3	1569	3921	619	39.5%	335	8.5%	+5.2%

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 3.10 below.

Table 3.10 Relationship with likelihood of improvement and deterioration: development and learning

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Participant is older**	⬇	⬆	⬇	⬆
Non-Indigenous	**Participant is Indigenous**				⬆

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of Imp.	1st Review to 2nd Review Relationship with likelihood of Det.	1st Review to 3rd Review Relationship with likelihood of Imp.	1st Review to 3rd Review Relationship with likelihood of Det.
Non-CALD	**Participant is CALD**			↓	
N/A	**Higher plan utilisation**	↑			
N/A	**Higher utilisation % of capacity building supports**	↑	↓	↑	↓
N/A	**Higher utilisation % of core supports**				↑
N/A	**Higher annualised plan budget**		↓		
Major cities	**Participant lives in a remote/very remote area**			↑	
NSW	**Participant lives in VIC**				
NSW	**Participant lives in QLD**	↑	↓		
NSW	**Participant lives in SA**	↑	↑		
NSW	**Participant lives in ACT, NT, TAS and WA**		↓		
Never in paid work	**Carer remained in paid work**				↓
Never in paid work	**Carer started paid work**		↑		↓
Received State/Territory supports	**Participant did not previously receive services from Commonwealth or State/Territory programs**		↓		↓
Agency-managed	**Plan is fully self-managed**		↓		↓
Agency-managed	**Plan is managed by a plan manager**				↑
Private-owned	**Participant lives in private rented accommodation**	↓			
2016/17	**Participant entered the Scheme in 2017/18**	↑			
95-100% capacity building support	**Less than 75% of supports are capacity building supports**				↓

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of Imp.	 Det.	1st Review to 3rd Review Relationship with likelihood of Imp.	 Det.
95-100% capacity building support	**75-95% of supports are capacity building supports**				⬇
95-100% capacity building support	**More than 5% of supports are capital supports**	⬇			
Pre-COVID	**Review during COVID period**		⬇		

Key findings from the multiple regression analysis are:

- Higher utilisation of capacity building supports is associated with a higher likelihood of improvement and a lower likelihood of deterioration in both longitudinal periods.
- Families and carers of older participants in the 0 to 14 age group are less likely to improve their responses and more likely to deteriorate compared to younger participants in the age group for both longitudinal periods.
- Between first year review and third year review, families and carers of participants from a CALD background are less likely to improve their responses, while those from Indigenous background are more likely to deteriorate.
- Those living in the remote and very remote areas are more likely to improve between first review and third review.
- Carers remaining in paid work, and carers commencing paid work, are less likely to deteriorate between first review and third year review.
- Responses from families and carers of participants who fully self-manage their plan are less likely to deteriorate in both longitudinal periods.
- Families and carers of participants who didn't previously receive State/Territory or Commonwealth services are less likely to deteriorate in their responses.
- Families and carers who gave their second response during the COVID period were less likely to deteriorate between first and second review.

The NDIS has improved my health and wellbeing

The percentage of families and carers of participants aged 0 to 14 who said the NDIS has improved their health and wellbeing has increased by 1.8% between first review and second review, and by 1.0% between first review and third review.

Table 3.11 Breakdown of net movement in longitudinal responses

Longitudinal period	Number of first review responses		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement (Yes to No)
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	13548	8403	1878	13.9%	1480	17.6%	+1.8%
Review 1 to Review 3	3419	2079	609	17.8%	552	26.6%	+1.0%

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 3.12 below.

Table 3.12 Relationship with likelihood of improvement and deterioration: health and wellbeing

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Participant is older**	⬇		⬇	
Non-Indigenous	**Participant is Indigenous**		⬆		⬆
Non-CALD	**Participant is CALD**			⬆	
N/A	**Higher plan utilisation**	⬆	⬇	⬆	⬇
N/A	**Higher utilisation % of capacity building supports**	⬆			
Male	**Participant is female**		⬇		⬇
N/A	**Higher annualised plan budget**	⬆		⬆	
NSW	**Participant lives in VIC**		⬇		
NSW	**Participant lives in QLD**		⬇		
NSW	**Participant lives in SA**			⬆	
NSW	**Participant lives in ACT, NT, TAS or WA**			⬆	⬇

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Entered the Scheme due to disability	**Participant entered the Scheme for early intervention**		↑		↑
Received State/Territory supports	**Participant did not previously receive services from Commonwealth or State/Territory programs**	↑	↓		
Agency-managed	**Plan is fully self-managed**	↑	↓	↑	
Agency-managed	**Plan is managed by a plan manager**		↑		
Private-owned	**Participant lives in private home rented from private landlord**				↑
95-100% capacity building support	**Less than 95% of supports are capacity building supports**			↓	
Pre-COVID	**Review during COVID period**		↓		↓

Key findings from the multiple regression analysis are:

- In both longitudinal periods, higher utilisation of plan budget is associated with a higher likelihood of improvement and a lower likelihood of deterioration.
- Higher annualised plan budget is associated with a higher likelihood of improvement.
- Families and carers of older participants in the 0 to 14 age group are less likely to improve their responses compared to younger participants in the age group for both longitudinal periods.
- Responses from families and carers of Indigenous participants are more likely to deteriorate in both longitudinal periods.
- Responses from families and carers of participants from a CALD background are more likely to improve between first and third review.
- Families and carers of female participants are less likely to deteriorate in both longitudinal periods.
- Compared to participants who access the NDIS due to disability (s25), families and carers of participants who access the NDIS for early intervention (s24) are more likely to deteriorate in both longitudinal periods.
- Responses from families and carers of participants fully self-manage their plan are more likely to improve in both longitudinal periods, and less likely to deteriorate between first and second review.
- Families and carers of participants who did not previously receive supports from State/Territory or Commonwealth programs were more likely to improve and less likely to deteriorate between first and second review than those who previously received services from State/Territory programs.

- Responses from families and carers of participants with less than 95% of capacity building supports in their plan are less likely to improve between first review and third review, compare to those with more than 95%.
- Families and carers whose second response was given during the COVID period are less likely to deteriorate in both periods.

I am satisfied with the amount of say I had in the development of my child's NDIS plan

The percentage of families and carers of participants aged 0 to 14 who said they are satisfied with the amount of say they had in the development of their child’s NDIS plan has increased significantly by 6.2% between first review and second review, and by 8.4% between first review and third review.

Table 3.13 Breakdown of net movement in longitudinal responses

Longitudinal period	Number of first review responses		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement (Yes to No)
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	6491	15378	2614	40.3%	1261	8.2%	+6.2%
Review 1 to Review 3	1736	3761	939	54.1%	476	12.7%	+8.4%

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 3.14 below.

Table 3.14 Relationship with likelihood of improvement and deterioration: satisfaction with development of child’s plan

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Participant is older**	⬇		⬇	
N/A	**Lower level of function**		⬆		⬆
Non-Indigenous	**Participant is Indigenous**	⬇			
Non-CALD	**Participant is CALD**	⬇		⬇	
N/A	**Higher plan utilisation**		⬇	⬆	⬇
N/A	**Higher utilisation % of capacity building supports**			⬆	

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
NSW	**Participant lives in VIC**	↑	↓	↑	
NSW	**Participant lives in QLD**	↑		↑	↓
NSW	**Participant lives in SA**	↑		↑	
NSW	**Participant lives in ACT, NT, TAS or WA**	↑	↓	↑	↓
Major Cities	**Participant lives in a regional areas**	↑	↓		
2016/2017	**Participant entered the Scheme in 2017/18**	↑	↓		
95-100% capacity building support	**Less than 95% of supports are capacity building supports**	↓		↓	

Key findings from the multiple regression analysis are:

- Families and carers of older participants in the 0 to 14 age group are less likely to improve their responses compared to younger participants in the age group for both longitudinal periods.
- Responses from families/carers of participants with lower level of function are more likely to deteriorate.
- Responses from families and carers of participants from a CALD background are less likely to improve.
- Higher total utilisation and higher capacity building utilisation are both associated with a higher likelihood of improvement between first and third review. Higher total utilisation is also associated with a lower likelihood of deterioration in both periods.
- Compared to other States and Territories, responses from families and carers of participants living in NSW are less likely to improve.
- Responses from families and carers of participants with less than 95% of capacity building supports in their plan are more likely to deteriorate in both longitudinal periods.

I am satisfied with the amount of say I had in the implementation of my child's NDIS plan

The percentage of families and carers of participants aged 0 to 14 who said they are satisfied with the amount of say they had in the implementation of their child’s NDIS plan has increased significantly by 7.1% between first review and second review, and by 10.8% between first review and third review.

Table 3.15 Breakdown of net movement in longitudinal responses

Longitudinal period	Number of first review responses		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement (Yes to No)
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	8478	13085	2847	33.6%	1322	10.1%	+7.1%
Review 1 to Review 3	2325	3113	1047	45.0%	462	14.8%	+10.8%

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 3.16 below.

Table 3.16 Relationship with likelihood of improvement and deterioration: satisfaction with implementation of child's plan

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Participant is older**	⬇		⬇	
N/A	**Lower level of function**		⬆		⬆
Non-Indigenous	**Participant is Indigenous**		⬆		⬆
Non-CALD	**Participant is CALD**	⬇	⬆	⬇	⬆
N/A	**Higher utilisation % of capacity building supports**	⬆	⬇	⬆	⬇
NSW	**Participant lives in VIC**	⬆	⬇	⬆	⬇
NSW	**Participant lives in QLD**	⬆	⬇	⬆	⬇
NSW	**Participant lives in SA**		⬆		⬆
NSW	**Participant lives ACT, NT, TAS and WA**		⬇		⬇
Never in paid work	**Carer remained in paid work**	⬆			
Received State/Territory supports	**Participant did not previously receive services from Commonwealth or State/Territory programs**	⬆			

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Major cities	**Participant lives in a regional area**	⬆			
2016/2017	**Participant entered the Scheme in 2017/18**	⬆			
95-100% capacity building support	**Less than 75% of supports are capacity building supports**		⬆		⬆
95-100% capacity building support	**75-95% of supports are capacity building supports**	⬇		⬇	
Pre-COVID	**Review during COVID period**		⬇		

Key findings from the multiple regression analysis are:

- Families and carers of older participants in the 0 to 14 age group are less likely to improve their responses compared to younger participants in the age group for both longitudinal periods.
- Families/carers of participants with lower level of function are more likely to deteriorate.
- Responses from families and carers of Indigenous participants are more likely to deteriorate than those from families/carers of non-Indigenous participants.
- Responses from families and carers of participants from a CALD background are less likely to improve and more likely to deteriorate than those from families/carers of participants who are not from a CALD background.
- Higher utilisation of capacity building supports is associated with a higher likelihood of improvement and lower likelihood of deterioration in both longitudinal periods.
- Compared to those from NSW, responses from families and carers of participants living in VIC and QLD are more likely to improve and less likely to deteriorate, while responses from those living in SA are more likely to deteriorate.

  Responses from families and carers of participants with less than 75% of capacity building supports in their plan are more likely to deteriorate in both longitudinal periods. Responses from families and carers of participants with 75%-95% of capacity building supports in their plan are less likely to improve in both longitudinal periods.
- Families and carers whose second response was given during the COVID period are less likely to deteriorate between first and second review.

Key findings from this section are summarised in Box 3.1.

Box 3.1: Has the NDIS helped? by key characteristics

- Opinions on whether the NDIS has helped after one year in the Scheme vary by participant/carer characteristics. Results tended to be more positive for families/carers of participants who have higher baseline plan utilisation and higher annualised plan budget, have higher level of function, live in a State/Territory other than NSW, and did not previously receive State/Territory supports. Opinions at first review also tended to be better for families/carers of participants with developmental delay, and for families/carers of younger participants.
- Looking at changes over the participant's second and third years in the Scheme, higher utilisation of plan budget in general, and higher utilisation of capacity building supports in particular, is associated with a higher likelihood of improvement and lower likelihood of deterioration in thinking that the NDIS has helped. On the other hand, outcomes for families/carers of older participants were more likely to deteriorate between both first and second review, and first and third review.
- Families/carers of CALD participants were less likely to improve in saying they are satisfied with the development and implementation of their child's plan. They were also more likely to deteriorate in saying they are satisfied with the implementation of their child's plan.
- Families/carers of Indigenous participants were more likely to deteriorate in some domains, particularly level of support for the family, health and wellbeing, and being satisfied with the amount of say they had in the implementation of their child's plan.
- Self-managing fully was associated with more positive changes in responses for a number of outcome domains, for example, health and wellbeing.
- Compared to those living in major cities, families and carers of participants living in regional areas were more likely to improve and less likely to deteriorate over the participant's second year in the Scheme in being satisfied with development of their child's plan, and were more likely to improve in being satisfied with its implementation.

4. Families/carers of participants from age 15 to 24: Outcome indicators

4.1 Key findings

Box 4.1: Overall findings for C3 cohort (families/carers of participants from age 15 to 24, who have been in the Scheme for three years)

- For participants who have been in the Scheme for three years, the longitudinal analysis revealed significant improvements across a number of family/carer indicators.
- Some large improvements were seen in families/carers' satisfaction with services. The percentage of families/carers who said that the services they receive for their family member with disability meet their needs increased from 17.7% at baseline to 36.3% at third review, while the percentage of families/carers who felt that the services they use listen to them increased by 7.9%, from 64.0% at baseline to 72.0% at third review. The percentage who say that the services help them to plan for the future increased from 67.4% at baseline to 72.1% at third review.
- Families and carers report increasing ability and confidence in helping their children develop and learn. The percentage of families/carers who feel that the services they use for their family member with disability listen to them increased by 7.9%, from 64.0% at baseline to 72.0% at third review. Similarly, the percentage of families/carers who say that the services their family member with disability and their family receive meet their needs increased by 18.6%, from 17.7% at baseline to 36.3% at third review.
- The percentage of families/carers in a paid job increased from 49.4% at baseline to 54.4% at third review.
- The percentage of families/carers in a paid job who work 15 hours or more has increased from 85.1% at baseline to 90.2% at third review.
- There was a decline in the percentage of families/carers who rated their health as excellent, very good or good, from 64.9% at baseline to 56.6% at third review.
- The percentage of families/carers who are able to advocate (stand up) for their family member with disability decreased by 3.8%, from 76.9% at baseline to 73.1% at third review.

Box 4.2: Overall findings for C2 cohort (families/carers of participants from age 15 to 24, who have been in the Scheme for two years)

- For families/carers of participants who have been in the Scheme for two years, similar trends as for those who have been in the Scheme for three years were observed.
- Significant improvements were observed in the access to services domain. The percentage of families/carers who said that the services they receive for their family member with disability meets their needs increased from 17.8% at baseline to 30.5% at second review. A similar improvement was observed in the percentage of families/carers who feel that the services they use for their family member with disability listen to them (62.2% at baseline versus 71.1% at second review). The percentage who say that the services help them to plan for the future increased from 58.5% at baseline to 78.0% at first review.
- Families/carers were more confident about the future of their family member with disability under the NDIS, from 50.0% at baseline to 68.6% at second review. The percentage who strongly agree or agree that their family member gets the support he/she needs also increased, from 30.2% at baseline to 59.3% at second review.
- Family/carer outcomes in the health and wellbeing domain deteriorated. In particular, the percentage of families/carers who rate their health as excellent, very good or good declined from 60.9% at baseline to 55.1% at second review. As with the 0 to 14 cohort, since health tends to decline with age, some deterioration in the health rating is expected.
- The percentage of families/carers in a paid job increased from 51.2% at baseline to 53.4% at second review, and the percentage working 15 hours or more per week increased from 84.1% to 86.4%.
- Of families/carers unable to work as much as they want, the percentage saying that the availability of jobs is a barrier to working more increased from 16.0% at baseline to 19.7% at second review.

Box 4.3: Overall findings for C1 cohort (families/carers of participants from age 15 to 24, who have been in the scheme for one year)

- For participants in the Scheme for one year, the longitudinal analysis revealed significant improvements across a number of family/carer indicators.
- Some large improvements were seen in families/carers' satisfaction with services. The percentage of families/carers who said that the services they receive for their family member with disability meet their needs increased from 17.8% at baseline to 24.9% at first review, while the percentage of families/carers who felt that the services they use listen to them increased from 65.5% at baseline to 69.7% at first review. The percentage who say that the services help them to plan for the future increased from 57.4% at baseline to 71.9% at first review.
- Families/carers were more confident about the future of their family member with disability under the NDIS, from 56.1% at baseline to 64.4% at first review. The percentage who strongly agree or agree that their family member gets the support he/she needs also increased, from 32.6% at baseline to 53.0% at first review.
- Family/carer outcomes in the health and wellbeing domain deteriorated. In particular, the percentage of families/carers who rate their health as excellent, very good or good declined from 61.1% at baseline to 58.4% at first review. As with the 0 to 14 cohort, since health tends to decline with age, some deterioration in the health rating is expected.
- The percentage of families/carers in a paid job increased from 51.4% at baseline to 52.7% at first review, and the percentage working 15 hours or more per week increased from 85.2% to 86.7%.
- Of families/carers unable to work as much as they want, the percentage saying that the availability of jobs is a barrier to working more increased from 29.1% at baseline to 31.8% at first review.

Box 4.4: Outcomes by key characteristics for families/carers of participants from age 15 to 24

- Families and carers of participants with autism were more likely to deteriorate in having someone to talk to for emotional support between baseline and first review. Compared to families/carers of participants with autism, 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 child’s disability is a barrier to working more between baseline and first review.
- Families and carers of participants with a lower level of function were less likely to improve and/or more likely to deteriorate across a number of indicators. For example, they were more likely to deteriorate in the latest year and between baseline and second review in thinking that the services they use meet the needs of their family member with disability, and less likely to improve in thinking the situation of their family member with disability is a barrier to working more.
- 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.
- Higher plan utilisation was a positive factor for some indicators. For example, it was associated with a higher likelihood of improvement and a lower likelihood of deterioration for feeling that the services they use listen to them, and a higher likelihood of improvement in saying that the services they use meet the needs of their family member with disability.
- Families and 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. Those with plan-managed plans, however, are less likely to improve on the latter indicator.

Box 4.5: Has the NDIS helped families/carers of participants from age 15 to 24?

- The percentage of families/carers reporting that the NDIS helped after three years in the Scheme was higher across all short form domains (except health and wellbeing) than the percentage of families/carers reporting that the NDIS helped after one year in the Scheme.

After one year in the Scheme:

- Family and carers of participants with higher baseline plan utilisation, and of those with higher annualised plan budget, are more likely to say the NDIS has helped, across all five domains.
- Families and carers of participants with a visual impairment or spinal cord injury are less likely to think that the NDIS has helped with level of support or access to services.
- Families and carers whose plans are self-managed, either fully or partly, are more likely than those who agency manage to say that the NDIS helped across all domains.
- Families and carers of participants who live in remote/very remote areas, compared to those who live in major cities, are less likely to say the NDIS has helped across all domains except health and wellbeing.

Looking at changes over time:

- 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.
- Where the participant is working in an unpaid job, families/carers are more likely to improve and less likely to deteriorate in thinking the NDIS has helped them to help the participant become more independent.
- 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, as well as 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.

4.2 Outcomes framework questionnaire domains

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

- know their rights and advocate effectively for their family member with a disability (RA)
- feel supported (SP)
- can gain access to desired services, programs and activities in their community (AC)
- are able to help their young person to become independent (IN)
- enjoy health and wellbeing (HW).

The LF survey for families/carers of participants aged 15 to 24 also includes four questions on whether families/carers understand their family members strengths, abilities and special needs, and includes several additional questions on health and wellbeing that focus on their outlook for the future and ability to meet costs of everyday living.

Families and carers of participants answer the outcomes questionnaire applicable to the their family member with disability's age at the time of interview. For the longitudinal analysis, the 15 to 24 family and carer cohort comprises families and carers of participants who are aged between 15 and 24 when they enter the Scheme, and includes responses at all review time points until the participant turns 25.

4.3 Longitudinal indicators – overall

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

For this year's report, results are shown separately for the three cohorts described in Section 1.4, including the value of the indicator at baseline and each review, as well as the change in the latest year, and the change between baseline and latest review. For example, for the C3 cohort, results at baseline, first review, second review, and third review are shown, as well as the change between second review and third review, and the change from baseline to third review.

Table 4.1 below summarises changes for selected indicators across different time periods. Indicators were selected for the tables if the change, either overall or for the latest year, was statistically significant[24] and had an absolute magnitude greater than 0.02 for at least one entry year cohort.

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[24] McNemar's test at the 0.05 level.

Table 4.1 Selected longitudinal indicators for families/carers of participants aged 15 to 24

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant[25]	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
Improvement										
WK (SF)	% of families or carers who are in a paid job	C3	49.4%	54.2%	56.1%	54.4%	-1.7%	4.9%		*
		C2	51.2%	55.1%	53.4%		-1.7%	2.2%		*
		C1	51.4%	52.7%			1.3%	1.3%	**	**
WK (SF)	of those in a paid job, % who are employed in a permanent position	C3	75.7%	76.6%	73.7%	76.0%	2.3%	0.3%		
		C2	73.1%	76.5%	76.0%		-0.5%	2.9%		*
		C1	76.7%	77.8%			1.0%	1.0%	*	*
WK (SF)	of those in a paid job, % who work 15 hours or more per week	C3	85.1%	87.0%	88.0%	90.2%	2.2%	5.1%		*
		C2	84.1%	85.9%	86.4%		0.5%	2.3%	*	*
		C1	85.2%	86.7%			1.5%	1.5%	**	**
SP (SF)	% of families or carers who have people they can talk to for emotional support as often as they need	C3	52.2%	57.2%	58.4%	54.2%	-4.2%	2.0%		*
		C2	48.9%	50.6%	51.2%		0.6%	2.3%	*	*
		C1	47.4%	50.1%			2.7%	2.7%	**	**
SP (SF)	% of families or carers who get the services and supports they need to care for their family member with disability	C3	8.6%	11.9%	13.7%	15.2%	1.5%	6.6%	*	**
		C2	8.8%	11.3%	13.4%		2.1%	4.7%	**	**
		C1	8.9%	10.9%			2.0%	2.0%	**	**

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[25] ** statistically significant, p-value<0.001; * statistically significant, p-value between 0.001 and 0.05.

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant[25]	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
AC (SF)	% of families or carers who feel that the services they use for their family member with disability listen to them	C3	64.0%	70.3%	73.3%	72.0%	-1.2%	8.1%	*	*
		C2	62.2%	67.7%	71.1%		3.4%	8.9%	**	**
		C1	65.5%	69.7%			4.2%	4.2%	**	**
AC (SF)	% of families or carers who feel in control selecting the services and supports for their family member with disability	C3	41.2%	44.2%	44.4%	46.0%	1.6%	4.8%		*
		C2	40.5%	40.3%	42.3%		2.0%	1.7%		
		C1	40.8%	40.7%			-0.1%	-0.1%		
AC (SF)	% of families or carers who say that the services their family member with disability and their family receive meet their needs	C3	17.7%	31.5%	34.3%	36.3%	2.1%	18.6%		**
		C2	17.8%	26.5%	30.5%		3.9%	12.6%	**	**
		C1	17.8%	24.9%			7.0%	7.0%	**	**
AC (LF)	% who say the service their family member with disability and their family receive help them to plan for the future	C3	67.4%	62.8%	62.8%	72.1%	9.3%	4.7%		
		C2	58.5%	75.6%	78.0%		2.4%	19.5%		*
		C1	57.4%	71.9%			14.4%	14.4%	*	*
IN (SF)	% of families or carers who know what their family can do to enable their family member with disability to be as independent as possible	C3	46.3%	45.5%	46.7%	46.8%	0.1%	0.5%		
		C2	41.5%	40.5%	43.1%		2.6%	1.6%	*	
		C1	40.0%	40.5%			0.6%	0.6%		
IN (SF)	% of families or carers who enable and support their family member with disability to interact and develop strong relationships with non-family members	C3	49.4%	50.0%	52.4%	49.5%	-2.8%	0.2%		
		C2	45.1%	45.1%	47.3%		2.2%	2.2%	*	*
		C1	44.3%	44.8%			0.5%	0.5%	*	*

Domain (Form)	Indicator	Cohort	Indicator at: Baseline	Review 1	Review 2	Review 3	Change Latest year	Overall	Significant[25] Latest year	Overall
HW (LF)	% who strongly agree/agree they feel more confident about the future of their family member under the NDIS	C3	50.0%	70.5%	63.6%	75.0%	11.4%	25.0%		*
		C2	50.0%	69.8%	68.6%		-1.2%	18.6%		*
		C1	56.1%	64.4%			8.3%	8.3%	*	*
HW (LF)	% who strongly agree or agree that their family member gets the support he/she needs	C3	40.9%	45.5%	43.2%	70.5%	27.3%	29.5%		*
		C2	30.2%	57.0%	59.3%		2.3%	29.1%		*
		C1	32.6%	53.0%			20.5%	20.5%	**	**
HW (LF)	% who strongly agree or agree that the services and supports have helped them to better care for their family member with disability	C3	38.6%	75.0%	56.8%	65.9%	9.1%	27.3%		*
		C2	42.9%	72.6%	64.3%		-8.3%	21.4%		*
		C1	37.1%	59.1%			22.0%	22.0%	**	**
Context dependent										
GB (SF)	% of families or carers who are receiving Carer Payment	C3	31.5%	29.6%	30.2%	29.5%	-0.7%	-2.0%		*
		C2	28.9%	28.7%	29.8%		1.1%	0.8%		
		C1	27.8%	28.0%			0.2%	0.2%		
GB (SF)	% of families or carers who are receiving Carer Allowance	C3	58.7%	62.9%	63.5%	59.6%	-3.9%	0.9%		
		C2	55.9%	58.6%	58.7%		0.1%	2.8%		*
		C1	53.2%	55.8%			2.6%	2.6%	**	**
Deterioration										
RA (SF)	% of families or carers who are able to advocate (stand up) for their family member with disability	C3	76.9%	77.5%	74.2%	73.1%	-1.0%	-3.7%		*
		C2	72.8%	73.2%	71.6%		-1.6%	-1.2%		*
		C1	71.0%	70.0%			-1.0%	-1.0%	*	*

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant[25]	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
IN (SF)	% of families or carers who enable and support their family member with disability to make more decisions in their life	C3	63.7%	65.0%	65.6%	62.0%	-3.6%	-1.7%		
		C2	57.4%	58.8%	60.0%		1.3%	2.6%		*
		C1	56.0%	56.6%			0.6%	0.6%	*	*
HW (SF)	% of families or carers who rate their health as excellent, very good or good	C3	64.9%	61.3%	55.5%	56.6%	1.1%	-8.3%		**
		C2	60.9%	59.0%	55.1%		-3.9%	-5.8%	**	**
		C1	61.1%	58.4%			-2.7%	-2.7%	**	**
HW (SF)	of those unable to work as much as they want, % who say availability of jobs is a barrier to working more	C3	22.7%	25.7%	30.3%	23.8%	-6.5%	1.1%		
		C2	16.0%	19.1%	19.7%		0.6%	3.7%	*	**
		C1	14.9%	17.1%			2.2%	2.2%	**	**

For families and carers of participants aged 15 to 24, the majority of changes have been positive overall. Key findings include the following:

- The percentage of families and carers in a paid job has increased from baseline for all three cohorts: by 4.9% over three years for the C3 cohort, 2.2% over two years for the C2 cohort, and 1.3% over one year for the C1 cohort. However, there were small but non-significant declines over the latest year for the C3 and C2 cohorts.
- The percentage of families and carers working 15 hours or more per week has also increased from baseline for all three cohorts: by 5.1% for the C3 cohort, 2.3% for the C2 cohort, and 1.5% for the C1 cohort.
- There have been increases in the percentages of families/carers reporting positive outcomes in relation to accessing services and supports, and the quality of these interactions. Specifically, for the C3 cohort, respondents reporting that:
    - they received the services and supports they needed to care for their family member with disability, increased by 6.6%
    - the services their family member with disability and family received met their needs, increased by 18.6%
    - the services they used for their family member with disability listened to them, increased by 8.1%
    - they strongly agree or agree that the services and supports have helped them to better care for their family member with disability also increased by 27.3%.
- Families/ carers reported better outcomes in relation to the support that their family member with a disability receives and the level of confidence they have in the future of their family member under the NDIS. For the C3 cohort, the percentage of respondents who strongly agreed or agreed with these items increased by 29.5% and 25.0%, respectively.
- However, deteriorations were observed for a few indicators. For example, the percentage of families/carers who rated their health as excellent, very good, or good decreased by 8.3% over three years for the C3 cohort (although there was a small but not significant increase of 1.1% in the latest year). A drop of 3.7% in the proportion of respondents who were able to advocate for their family member with disability was also observed.

4.4 Longitudinal indicators – participant and family/ carer characteristics

Section 2.4 describes the general methodology used to analyse longitudinal outcomes by participant and family/carer characteristics.

Due to smaller numbers than for the 0 to 14 age group, some transitions have been grouped for the older age groups. Table 4.2 shows the four groups of transitions that have been modelled, and the transitions contributed by each of the C1, C2 and C3 cohorts. Improvements and deteriorations have been considered separately, resulting in eight different models for each indicator.

Table 4.2 Transitions contributing to the models for cohorts C1, C2 and C3*

Cohort	1 year transitions		2 year transitions[26]	3 year transitions
	Baseline to First	Latest Year	Baseline to Second	Baseline to Third
C3	B → R1	R2 → R3	B → R2	B → R3
C2	B → R1	R1 → R2	B → R2	
C1	B → R1			

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

Some key features of the analyses for selected indicators are summarised below. For each indicator, a table summarising the direction of the effect for each significant predictor in the regression models is included.[27] Table 2.3 in section 2.4 provides a key to aid interpretation of the arrow symbols used in these tables, including some examples.

I work 15 hours or more per week

Of those in a paid job, the percentage of families and carers reporting that they work 15 hours or more per week increased significantly from baseline to all reviews, with net increases of 1.5%, 2.5% and 5.1% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations, as set out in Table 4.3 below.

Table 4.3 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	890	5,039	166	18.7%	75	1.5%	+1.5%
Baseline to Review 2	258	1,357	82	31.8%	41	3.0%	+2.5%
Baseline to Review 3	44	251	21	47.7%	6	2.4%	+5.1%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 4.4 below.

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

[27] For models where no variables are identified as significant predictors, the corresponding column in the table is shaded grey.

Table 4.4 Key drivers of likelihood of transitions in *"of those in a paid job, % who work 15 hours or more per week"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review Relationship with likelihood of		Latest Year Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of		Baseline to Third Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	Respondent was the father		↓						
Mother	Respondent was the spouse/partner		↑						
No change	Participant's self-rated health improved	↑							
Safe	Participant does not feel safe in their home				↑				
Safe	Participant feels neither safe nor unsafe in their home				↑				
N/A	Higher payments to self-managed employment supports				↑				
Pre-COVID	Review during COVID period		↑					↑	
N/A	General time trend							↓	

Key findings from Table 4.4 include the following:

- The changing self-reported health status of the participant has a significant impact on whether families/ carers were in a paid job and working 15 hours or more per week. Where the participant's self-reported health improved between reviews, families and carers were more likely to improve from baseline to first review, compared to where the participant reported no change in their health status
- There were also differences by respondent, with fathers being less likely to deteriorate than mothers from baseline to first review, whereas spouses/partners were more likely to deteriorate than mothers over the same transition.
- Family and carers of participants who felt unsafe at home or felt neither safe nor unsafe at home, were more likely to deteriorate in their latest year in the Scheme compared with family and carers of participants who feel safe at home.

- Families and carers whose latest review response was collected during the COVID period were more likely to show improvement from baseline to third review, however they were also more likely to show deterioration from baseline to first review.

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

The percentage of families and carers reporting that they have people they can talk to for emotional support as often as they need has increased significantly from baseline to all reviews, with net increases of 2.5%, 2.6% and 2.3% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 4.5 below.

Table 4.5 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	6,425	5,920	889	13.8%	586	9.9%	+2.5%
Baseline to Review 2	1,817	1,756	396	21.8%	303	17.3%	+2.6%
Baseline to Review 3	334	360	98	29.3%	82	22.8%	+2.3%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 4.6 below.

Table 4.6 Key drivers of likelihood of transitions in *"% of families or carers who have people they can talk to for emotional support as often as they need"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	**Participant lives in QLD**	↑						↑	
Autism	**Disability is cerebral palsy or another neurological disorder**		↓						
Autism	**Disability is Down Syndrome or an intellectual disability**		↓						
Autism	**Disability is a sensory disability**		↓						

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Autism	Other disability		↓						
2016/17	Participant entered the Scheme in 2017/18				↓	↓			
N/A	Lower level of function								↑
N/A	Higher plan utilisation		↑						
N/A	Higher utilisation % of core supports						↑		
N/A	Higher Australian Disability Enterprise payments	↑							
Agency managed	Plan is managed by a plan manager				↑		↑		
Agency managed	Plan is fully self-managed		↓		↑				
Agency managed	Plan is partly self-managed				↑				
N/A	General time trend	↓	↓						
Major cities	Participant lives outside a major city		↓			↑			
Did not relocate	Participant relocated to a new Local Government Area (LGA)					↓			
Entry due to disability	Participant entered the scheme through Early Intervention					↑			
Received State/ Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs					↑			

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Medium level of NDIA support	Lower level of NDIA support	⬆							
Medium level of NDIA support	Higher level of NDIA support	⬇				⬇		⬇	
No change	Participant's self-rated health improved	⬆		⬆		⬆			
No change	Participant's self-rated health deteriorated	⬆	⬆				⬆		
Safe	Participant does not feel safe in their home	⬇	⬆	⬇		⬇	⬆		
Safe	Participant feels neither safe or unsafe in their home	⬇	⬆				⬆		⬆
Never in paid work	Carer remained in paid work	⬆	⬇		⬇	⬆	⬇		⬇
Never in paid work	Carer started paid work	⬆				⬆			
Never in paid work	Carer stopped paid work	⬆	⬆						

Key findings from Table 4.6 include the following:

- The level of NDIA support had a significant impact on the percentage of families and carers who reported having people they could talk to for emotional support, as often as they need. Where the participant received a higher level of NDIA support, families and carers were less likely to improve across all transitions from baseline, compared to when to those participants receiving medium level NDIA support. The result reflects the fact that participants who are receiving a higher level of NDIA support through the participant pathway generally have more complex needs.
- The family member or carer remaining in employment between reviews also had an impact. Families/carers who remained in work were less likely to deteriorate and more likely to improve across all transitions, where there were sufficient data

- The family members/carers of participants in Queensland were more likely to improve from baseline to first review and baseline to third review, compared to those from NSW
- The families/carers of participants who felt unsafe at home were less likely to improve and more likely to deteriorate from baseline to first or second review, compared to family members/carers of participants who felt safe at home. They were also less likely to improve in the latest year within the Scheme.

I get the services and supports I need to care for my family member with a disability

The percentage of families and carers reporting that they get the services and supports they need to care for their family member with a disability has increased significantly from baseline to all reviews, with net increases of 2.3%, 4.8% and 6.6% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 4.7 below.

Table 4.7 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	11,088	1,065	493	4.5%	216	20.3%	+2.3%
Baseline to Review 2	3,200	302	270	8.4%	101	33.4%	+4.8%
Baseline to Review 3	607	57	68	11.2%	24	42.1%	+6.6%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 4.8 below.

Table 4.8 Key drivers of likelihood of transitions in *"% of families or carers who get the services and supports they need to care for their family member with a disability"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review Relationship with likelihood of		Latest Year Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of		Baseline to Third Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the sibling**			⬆					
NSW	**Participant lives in QLD**	⬆							

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	Participant lives in SA	↑							
NSW	Participant lives in ACT, NT, TAS, WA	↑							
Non-CALD	Participant is CALD	↓							
2016/17	Entry year is 2017/18	↓							
2016/17	Entry year is 2018/19	↓							
N/A	Lower level of function					↓			
N/A	Higher payments to self-managed employment supports	↑					↑		
Agency managed	Plan is managed by a plan manager					↑			
Agency managed	Plan is fully self-managed	↑							
Private-owned	Participant lives in supported accommodation			↑					
Major City	Participant lives outside a major city			↑		↑			↓
Did not relocate	Participant relocated to a new Local Government Area (LGA)	↓							
Pre-COVID	Review during COVID period							↑	
N/A	General time trend		↓					↓	
Medium level of NDIA support	Higher level of NDIA support						↓		

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
No change	**Participant's self-rated health improved**	↑				↑	↑		
No change	**Participant's self-rated health deteriorated**		↑		↑		↑		
Never in paid job	**Carer remained in paid job**	↑				↑			
Safe	**Participant does not feel safe in their home**	↓							
Safe	**Participant feels neither safe or unsafe in their home**	↓							
N/A	**Participant lives in an area with a higher average unemployment rate**					↑			

Key findings from Table 4.8 include:

- Families/carers of participants living outside a major city were more likely to improve on this indicator in the latest year, and from baseline to second review, compared to those respondents whose family member with a disability lived in a major city. They were also less likely to deteriorate from baseline to third review
- Families/carers of participants who reported a deterioration in their self-rated health were more likely to deteriorate in all one step transitions and from baseline to second review compared to respondents of participants who reported no change in their self-reported health.
- State/Territory was found to have a significant impact on the percentage of families/carers who received the services and supports they needed to care for their family member with disability. Participants who lived in QLD, SA, or the group ACT, NT, TAS or WA, were more likely to improve from baseline to first review than those living in NSW.
- Families and carers with latest review response collected during the COVID period were more likely to improve from baseline to third review.

I feel that the services I use for my family member with disability listens to me

The percentage of families and carers who feel that the services they use for their family member with disability listen to them has increased significantly from baseline to all reviews, with net increases of 4.5%, 8.6% and 7.9% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 4.9 below.

Table 4.9 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	4,168	7,695	1,177	28.2%	648	5.5%	+4.5%
Baseline to Review 2	1,264	2,113	578	45.7%	287	13.6%	+8.6%
Baseline to Review 3	228	407	124	54.4%	74	18.2%	+7.9%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 4.10 below.

Table 4.10 Key drivers of likelihood of transitions in *"% of families or carers who feel that the services they use for their family member with disability listen to them"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	**Participant lives in VIC**	↓				↓			
NSW	**Participant lives in QLD**	↑							
NSW	**Participant lives in SA**	↑							
N/A	**Participant is older**					↓			
Male	**Participant is female**			↑		↑			
N/A	**Higher plan utilisation**	↑	↓	↑		↑	↓		↓

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Higher Australian Disability Enterprise payments					⇧			
N/A	Higher utilisation % of capacity building resources	⇧	⇩					⇧	
Agency managed	Plan is fully self-managed		⇩				⇩		
Major cities	Participant lives outside a major city			⇧		⇧			
N/A	General time trend	⬇	⇩	⬇					
N/A	General time trend and during COVID period		⇩						
State	Participant did not previously receive services from Commonwealth or State/Territory programs	⇧							
Medium level of NDIA support	Lower level of NDIA support			⇧					
Medium level of NDIA support	Higher level of NDIA support	⬇				⬇			
No change	Participant's self-rated health improved	⇧		⇧	⬆				
No change	Participant's self-rated health deteriorated	⇧	⬆	⇧	⬆		⬆		
Safe	Participant does not feel safe in their home	⬇	⬆			⬇			
Safe	Participant feels neither safe or unsafe in their home	⬇	⬆			⬇		⬇	⬆

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review Relationship with likelihood of		Latest Year Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of		Baseline to Third Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Never in paid work	**Carer remained in paid work**	⬆							
Never in paid work	**Carer started paid work**	⬆				⬆			
Never in paid work	**Carer stopped paid work**		⬆				⬆		
N/A	**Participant lives in an area with a higher average unemployment rate**			⬇					

Key findings from Table 4.10 include the following:

- The health status of the participant has a significant impact on the percentage of families/carers who feel that the services they use for their family member with disability listen to them. For example, families/carers of participants whose health deteriorated between reviews were more likely to change their response in all one-step transitions and more likely to deteriorate from baseline to second review compared to respondents of participants who experienced no change in self-reported health.
- Families/carers of participants with higher plan utilisation were more likely to improve from baseline to first review, baseline to second review and in the latest year, and were also less likely to deteriorate in all transitions from baseline
- If the family member or carer started or remained in a paid job between reviews, there was a higher likelihood of improvement from baseline to first review and baseline to second review than those who were never in paid work.
- Family members or carers of participants who felt neither safe nor unsafe at home were less likely to improve in all transitions from baseline and more likely to deteriorate from baseline to first review and baseline to third review than family members or carers of participants who felt safe at home.
- Comparing review responses of participants over time, the likelihood of deterioration in response between baseline and first review over time has reduced in the COVID period compared to the pre-COVID period.

I feel that the services I use for my family member with a disability meet their needs

The percentage of families and carers who felt that the services they used for their family member with a disability met their needs has increased significantly from baseline to all reviews, with net increases of 7.8%, 13.1% and 18.3% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 4.11 below.

Table 4.11 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	10,154	2,191	1,339	13.2%	382	17.4%	+7.8%
Baseline to Review 2	2,941	632	638	21.7%	169	26.7%	+13.1%
Baseline to Review 3	570	124	169	29.7%	42	33.9%	+18.3%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 4.12 below.

Table 4.12 Key drivers of likelihood of transitions in *"% of families or carers who feel that the services they use for their family member with disability meet their needs"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review Relationship with likelihood of		Latest Year Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of		Baseline to Third Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
NSW	**Participant lives in QLD**	↑							
NSW	**Participant lives in ACT, NT, TAS, WA**	↑							
Male	**Participant is female**			↑					↓
Non-Indigenous	**Participant is Indigenous**							↑	
N/A	**Lower level of function**				↑		↑		
N/A	**Higher plan utilisation**	↑		↑		↑		↑	
N/A	**Higher Australian Disability Enterprise payments**	↑				↑			

		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	**Higher utilisation % of capacity building resources**	↑							
0-15% capacity building supports	**75%-95% of supports are capacity building supports**							↑	
Agency-managed	**Plan is managed by a plan manager**	↓		↓		↓			
Agency-managed	**Plan is fully self-managed**	↑							
Private-owned	**Participant lives in a private accommodation rented from a private landlord**							↓	
Private-owned	**Participant lives in private accommodation rented from a public landlord**								↑
Major cities	**Participant lives in a major city**		↑			↑			↓
Did not relocate	**Participant relocated to a new Local Government Area (LGA)**	↓	↑						↑
N/A	**General time trend**	↓				↓			
State	**Participant received services from Commonwealth programs before joining NDIS**					↓			
Medium level of NDIA support	**Lower level of NDIA support**	↑						↑	↓

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review Relationship with likelihood of		Latest Year Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of		Baseline to Third Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Medium level of NDIA support	**Higher level of NDIA support**	⬇				⬇		⬇	
No change	**Participant's self-rated health improved**	⬆	⬆						
No change	**Participant's self-rated health deteriorated**		⬆		⬆				
Safe	**Participant does not feel safe in their home**	⬇				⬇			
Safe	**Participant feels neither safe or unsafe in their home**	⬇		⬇	⬆	⬇			
Never in paid work	**Carer stopped paid work**						⬆		

Key findings from Table 4.12 include:

- Families/carers of participants with higher plan utilisation were more likely to improve.
- The timing of the review had a significant impact on the percentage of families/carers who felt that the services they used for their family member with disability met their needs. Those with a later review were less likely to improve from baseline to first review and from baseline to second review
- There were also differences by plan management type. Families/carers of participants with plans managed by a plan manager were less likely to improve in all one-step transitions and from baseline to second review, compared to families/carers of participants with agency-managed plans
- Family members/carers of participants who relocated to a new LGA were less likely to improve from baseline to first review and baseline to second review compared to those who did not relocate. They were also more likely to deteriorate from baseline to first review.
- Family members/carers of participants who felt neither safe nor unsafe in their home were less likely to improve in all one-step transitions and from baseline to second review and were more likely to deteriorate in the latest year than family members or carers of participants who felt safe at home.

I rate my health as excellent, very good or good

The percentage of families and carers who rated their health as excellent, very good or good has decreased significantly from baseline to all reviews, with net decreases of 2.8%, 6.5% and 8.2% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 4.13 below.

Table 4.13 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	4,693	7,496	545	11.6%	890	11.9%	-2.8%
Baseline to Review 2	1,348	2,162	238	17.7%	466	21.6%	-6.5%
Baseline to Review 3	234	433	50	21.4%	105	24.3%	-8.2%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 4.14 below.

Table 4.14 Key drivers of likelihood of transitions in *"% of families or carers who rate their health as excellent, very good or good"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**	⬇	⬇						
NSW	**Participant lives in SA**						⬆		
Autism	**Disability is cerebral palsy or another neurological disorder**			⬆					
Autism	**Disability is a psychosocial disability**			⬆					
N/A	**Lower level of function**								⬆
N/A	**Higher plan utilisation**		⬆						

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Higher payments to self-managed employment supports	⇧							
N/A	Higher School Leaver Employment Supports						⬆		
N/A	Higher utilisation % of core supports						⬆		
Agency-managed	Plan is managed by a plan manager		⬆						
Private-owned	Participant lives in a private accommodation rented from a private landlord		⬆		⬆		⬆		
Private-owned	Participant lives in a private accommodation rented from a public landlord		⬆		⬆		⬆		
Private-owned	Participant lives in other accommodation				⬆				
Major cities	Participant lives outside a major city			⇧					
N/A	Participant lives in an area with a higher average unemployment rate								⬆
Medium level of NDIA support	Lower level of NDIA support			⇧		⇧			
Medium level of NDIA support	Higher level of NDIA support	⬇							
N/A	General time trend		⇩						

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
No change	Participant's self-rated health improved	↑	↑	↑		↑			
No change	Participant's self-rated health deteriorated	↑	↑			↑	↑		
Safe	Participant does not feel safe in their home	↓	↑						
Safe	Participant feels neither safe or unsafe in their home		↑						
Never in paid work	Carer started paid work			↑		↑			↓
Never in paid work	Carer remained in paid work	↑	↓	↑	↓	↑	↓		↓

Key findings from Table 4.14 include the following:

- The participant's self-rated health had a significant impact on the percentage of families/carers who rated their health as excellent, very good or good. For example, where the participant's self-rated health improved between reviews, the family/carer was more likely to report an improvement in all one-step transitions and between baseline and second review, compared to those who reported no change in self-rated health. They were, however, more likely to report a deterioration between baseline and first review
- The families/carer work status also had an impact. When the family/carer remained in paid work, they were less likely to deteriorate across all transitions than those who were never in paid work. They were also more likely to improve in all one-step transitions and between baseline and second review than those who were never in paid work.
- Where the participant lives in private accommodation rented from either a private or public landlord, the family member/carer was more likely to deteriorate in all one-step transitions and between baseline and second review than those in private-owned accommodation.
- If the respondent was the father, transitions (either improvement or deterioration) between baseline and first review are less likely than where the respondent is the mother.

The situation of my child/family member with a disability is a barrier to working more

Of those who are unable to work as much as they want, the percentage of families and carers reporting the situation of their family member with disability being a barrier to working more has increased significantly from baseline to all reviews, with net increases of 1.1%, 1.8% and 4.1% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 4.15 below.

Table 4.15 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: Yes to No		Deteriorations: No to Yes		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	390	5,282	29	0.6%	91	23.6%	+1.1%
Baseline to Review 2	105	1,426	13	0.9%	41	39.1%	+1.8%
Baseline to Review 3	18	251	3	1.2%	14	77.8%	+4.1%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 4.16 below.

Table 4.16 Key drivers of likelihood of transitions in *"of those unable to work as much as they want, % who say the situation of their child/family member with disability is a barrier to working more"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Autism	**Disability is a psychosocial disability**	↑							
Autism	**Disability is other**	↑							
N/A	**Lower level of function**	↓		↓		↓			
N/A	**Higher plan utilisation**	↓	↑						
N/A	**Higher payments to other employment supports**	↑				↑			

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review Relationship with likelihood of		Latest Year Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of		Baseline to Third Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Private-owned	**Participant lives in supported accommodation**			⬆					
N/A	**Participant lives in an area with a higher average unemployment rate**	⬆							
Entry due to disability	**Participants entered the scheme through Early Intervention**		⬇	⬆		⬆			

Key findings from Table 4.16 included the following:

- Disability type had a significant impact on the percentage of families/carers who were unable to work as much as they wanted and who reported that the situation of their child/family member with disability was a barrier to working more. Where the disability is a psychosocial disability, the family or carer was more likely to improve between baseline and first review than respondents with participants whose disability is autism.
- Level of function also had a significant impact, with a lower level of function resulting in the family/carer being less likely to improve in all one-step transitions and from baseline to second review.
- Where the participant entered the Scheme through early intervention (s24), the family member/carer was more likely to improve their response from baseline to second review and in the latest year, and less likely to report a deterioration from baseline to first review, than where the participant entered the Scheme due to disability (s25).
- Higher plan utilisation resulted in the family/carer being less likely to improve and more likely to deteriorate between baseline and first review.

The availability of jobs is a barrier to working more

Of those who were unable to work as much as they want, the percentage of families and carers who reported the availability of jobs as a barrier to working more has increased significantly from baseline to all reviews, with net increases of 2.3%, 4.0% and 1.1% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 4.17 below.

Table 4.17 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: Yes to No		Deteriorations: No to Yes		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	4,797	875	56	6.4%	189	3.9%	+2.3%
Baseline to Review 2	1,274	257	36	14.0%	97	7.6%	+4.0%
Baseline to Review 3	208	61	12	19.7%	15	7.2%	+1.1%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 4.18 below.

Table 4.18 Key drivers of likelihood of transitions in *"of those unable to work as much as they want, % who say the availability of jobs is a barrier to working more"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	**Participant is older**						⬇		
N/A	**Higher plan utilisation**		⬇						
N/A	**Higher Australian Disability Enterprise payments**			⬆					
N/A	**Higher School Leaver Employment Supports**		⬆						
N/A	**Higher payments to other employment supports**		⬆						
N/A	**Higher utilisation % of capacity building resources**	⬆							

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Major city	Participant lives outside a major city		⬆						
Did not relocate	Participant relocated to a new Local Government Area (LGA)			⬆					
Not during COVID	Review during COVID period								⬆
N/A	General time trend		⬇			⬇			
Entry due to disability	Participants entered the scheme through Early Intervention						⬆		
Medium level of NDIA support	Higher level of NDIA support		⬇				⬇		
No change	Participant's self-rated health deteriorated	⬆							
Never in paid work	Carer started paid work	⬆				⬆			
Never in paid work	Carer stopped paid work		⬆		⬆		⬆		
Never in paid work	Carer remained in paid work	⬆	⬇		⬇		⬇		
Safe	Participant feels neither safe or unsafe in their home						⬆		

Key findings from Table 4.18 include:

- The family/carer's work status has a significant impact on the percentage of families or carers who were unable to work as much as they wanted and who identified the availability of jobs is a barrier to being able to work more. For example, if the family member/carer stopped work between reviews, they were more likely to deteriorate in all one-step transitions and between baseline and second review than those who were never in paid work. The reverse was true for those who remained in paid work between reviews

- Where the participant received a high level of NDIA support[28], the family/carer were less likely to report a deterioration between baseline and first review and between baseline and second review.
- Deterioration is more likely between baseline and third review for families and carers whose interview took place after COVID impact.

Insufficient flexibility of jobs is a barrier to working more

Of those who were unable to work as much as they wanted, the percentage of families/carers who reported the inflexibility of jobs as a barrier to working more has increased significantly from baseline to all reviews, with net increases of 2.6%, 3.1% and 1.1% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 4.19 below.

Table 4.19 Breakdown of net movement in longitudinal responses

Longitudinal Period	**Number of Baseline Responses in cohort[1]**		**Improvements: Yes to No**		**Deteriorations: No to Yes**		**Net Movement**
	No	Yes	Number	%	Number	%	
Baseline to Review 1	3,938	1,734	81	4.7%	231	5.9%	+2.6%
Baseline to Review 2	995	536	67	12.5%	114	11.5%	+3.1%
Baseline to Review 3	153	116	21	18.1%	24	15.7%	+1.1%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 4.20 below.

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[28] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

Table 4.20 Key drivers of likelihood of transitions in *"of those unable to work as much as they want, % who say the inflexibility of jobs is a barrier to working more"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review Relationship with likelihood of		Latest Year Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of		Baseline to Third Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	Respondent was the sibling	⬆							
N/A	Lower level of function						⬆		
N/A	Higher plan utilisation	⬆							
N/A	Higher Australian Disability Enterprise payments						⬆		
Did not relocate	Participant relocated to a new Local Government Area (LGA)					⬆			
N/A	General time trend		⬇				⬇		
Entered the Scheme for disability	Participant entered the scheme for early intervention	⬆							
Medium level of NDIA support	Higher level of NDIA support		⬇				⬇		
No change	Participant's self-rated health improved		⬆						
No change	Participant's self-rated health deteriorated		⬆						
Never in paid work	Carer started paid work	⬆	⬆						
Never in paid work	Carer stopped paid work				⬆		⬆		

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Never in paid work	**Carer remained in paid work**						⬇		

Key findings from Table 4.20 include the following:

- The family member/carer work status had a significant impact on the percentage of families or carers who were unable to work as much as they wanted and who reported the inflexibility of jobs as a barrier to working more. For example, if the family/carer stopped paid work, they were more likely to deteriorate in the latest year for one-step transitions, and from baseline to second review, than those who were never in paid work
- Where the participant received a high level of NDIA support[29], the family/carer was less likely to report a deterioration between baseline and first review and between baseline and second review
- If the participant's self-rated health status changed between reviews (either improvement or deterioration), families/carers were more likely to report a deterioration between baseline and first review.

The key findings from this section are summarised in Box 4.6.

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[29] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

Box 4.6: Summary of findings – longitudinal outcomes by participant and family/ carer characteristics

- Families and carers of participants with autism were more likely to deteriorate in having someone to talk to for emotional support between baseline and first review. Compared to families/carers of participants with autism, 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 child's disability is a barrier to working more between baseline and first review.
- Families and carers of participants with a lower level of function were less likely to improve and/or more likely to deteriorate across a number of indicators. For example, they were more likely to deteriorate in the latest year and between baseline and second review in thinking that the services they use meet the needs of their family member with disability, and less likely to improve in thinking the situation of their family member with disability is a barrier to working more.
- 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.
- Higher plan utilisation was a positive factor for some indicators. For example, it was associated with a higher likelihood of improvement and a lower likelihood of deterioration for feeling that the services they use listen to them, and a higher likelihood of improvement in saying that the services they use meet the needs of their family member with disability.
- Families and 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. Those with plan-managed plans, however, are less likely to improve on the latter indicator.
- There were a few significant changes to families' and carers' longitudinal outcomes during the pandemic, and results were mixed. For example, families and carers whose latest response was collected during the COVID period were more likely to show deterioration from baseline to first review in working 15 or more hours per week, however, they are less likely to deteriorate between baseline and first review in thinking that the services they use listen to them.

5. Families/carers of participants from age 15 to 24: Has the NDIS helped?

5.1 Results across all participants and families/ carers

For participants who have been in the Scheme for approximately one, two and three years as at 30 June 2020, Figure 5.1 shows the percentage of families/carers of participants aged 25 and over who think that the NDIS has helped with outcomes related to each of the five SF domains.

Figure 5.1 Percentage who think that the NDIS has helped with outcomes related to each domain[30]

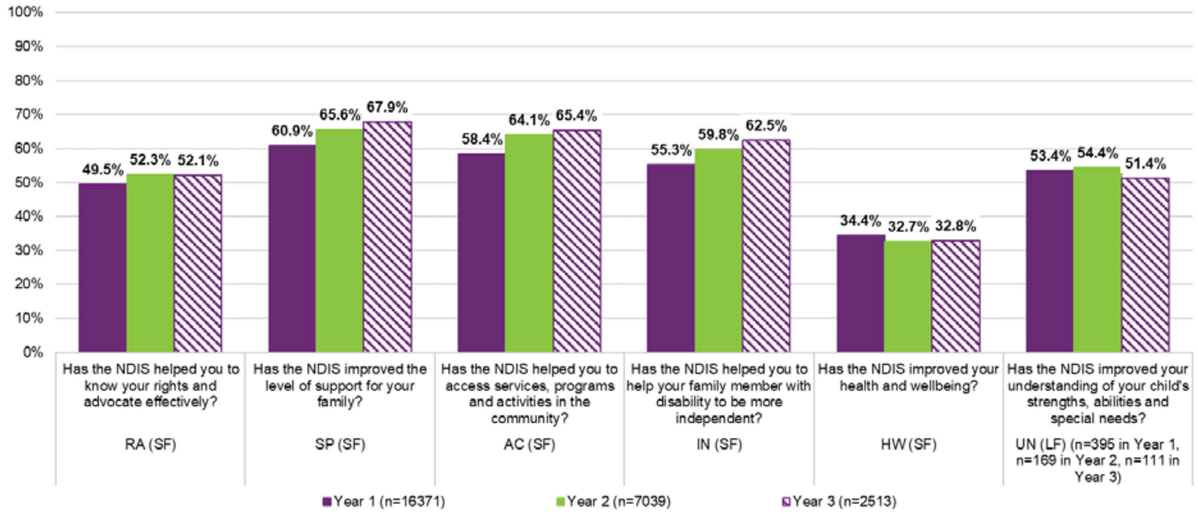

Figure 5.1 shows the movement in the percentage of families and carers saying the NDIS has helped improve outcomes across various domains. In most domains, positive response rates range between 50% and 70%, and overall outcomes improve gradually over time.

In the domains of the NDIS improving family/carer's level of support for their family, access to services, programs and activities in the community, and helping their family member with disability to become more independent, outcomes appears to be improving consistently, by 4-6% over the participant's second year in the Scheme, and another 1-3% over their third year in the Scheme. These two increments result in overall increases of 7.0% (60.9% to 67.9%), 7.0% (58.4% to 65.4%) and 7.2% (55.3% to 62.5%) for the three domains, respectively.

Opinions on whether the NDIS improved the family or carer's knowledge of rights and advocacy improved by 2.8% over the participant's second year in the Scheme, followed by a negligible decrease of 0.2% over their third year in the Scheme.

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[30] Includes responses from all participants who responded in each review year (not all participants have responded in all three years).

In relation to health and wellbeing, 34.4% agreed that the NDIS had helped after one year in the Scheme, decreasing to 32.7% after two years, and essentially unchanged at 32.8% after three years.

For the LF domain on whether the NDIS improved the family or carer's understanding of their child's strengths, abilities and special needs, 53.4% thought that the NDIS had helped after one year. This percentage increased slightly to 54.4% after two years but decreased to 51.4% after three years. There is more variability in these results due to smaller sample sizes.

5.2 Results by participant and family/carer characteristics

5.2.1 Year 1 'Has the NDIS helped?' indicators – participant characteristics

Year 1 (first review) indicators have been analysed by participant and family/carer characteristics using one-way analysis and multiple regression.

Table 5.1 shows the relationship of different participant and carer characteristics with the likelihood of families/carers saying that the NDIS has helped in each domain.

Table 5.1 Relationships of participant/carer characteristics with the likelihood of positive family/carer responses[31]

Reference	Characteristic	Relationship with				
		Has the NDIS helped				
		RA	SP	AC	ID	HW
N/A	Lower level of function		⬆	⬆	⬆	⬆
N/A	Higher annualised plan budget	⬆	⬆	⬆	⬆	⬆
N/A	Higher baseline utilisation	⬆	⬆	⬆	⬆	⬆
Autism	Disability is cerebral palsy			⬇		
Autism	Disability is a visual impairment		⬇	⬇		
Autism	Disability is spinal cord injury or other		⬇	⬇		
Received State/Territory supports	Participant received services from Commonwealth systems before entering the NDIS				⬇	

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[31] Definition of letter symbols in the tables: Has the NDIS improved: family/carer capacity to advocate for their child (RA); level of support for their family (SP); access to services, programs and activities in the community (AC); ability to help their child/family member become more independent (ID); family/carer health and wellbeing (HW).

Reference	Characteristic	Relationship with				
		Has the NDIS helped				
		RA	SP	AC	ID	HW
Received State/Territory supports	Participant did not previously receive services from Commonwealth or State/Territory programs	↑	↑	↑	↑	↑
NSW	Participant lives in ACT					↑
NSW	Participant lives in NT	↑	↑			
NSW	Participant lives in QLD	↑	↑	↑	↑	↑
NSW	Participant lives in SA	↑	↑		↑	↑
NSW	Participant lives in VIC	↑				↑
NSW	Participant lives in WA	↑	↑	↑	↑	↑
Agency-managed	Plan is managed by a plan manager		↑		↑	
Agency-managed	Plan is fully self-managed	↑	↑	↑	↑	↑
Agency-managed	Plan is partly self-managed	↑	↑	↑	↑	↑
Self-rated health is Good	Participant rated their health as fair or poor	↓	↓	↓	↓	↓
Self-rated health is Good	Participant rated their health as excellent or very good		↑	↑	↑	↑
0-75% capacity building support	75-95% of supports are capacity building supports		↓	↓	↓	
0-75% capacity building support	95-100% of supports are capacity building supports	↓	↓	↓	↓	
Non-SIL	Participant is in Supported Independent Living (SIL)	↓	↓	↓		
Safe	Participant feels unsafe at home	↓	↓	↓	↓	↓
Safe	Participant feels neither safe nor unsafe at home	↓	↓	↓	↓	↓
Not in paid work	Participant is in paid work		↑		↑	
Not in an unpaid job	Participant works in an unpaid job				↑	
Medium level of NDIA support	Lower level of NDIA support		↑			

Reference	Characteristic	Relationship with				
		Has the NDIS helped				
		RA	SP	AC	ID	HW
Medium level of NDIA support	**High level of NDIA support**					↑
Medium level of NDIA support	**Very high level of NDIA support**		↓	↓	↓	
N/A	**General time trend**	↑	↑			
2016/17	**Participant entered the Scheme in 2018/19**				↑	
Major cities	**Participant lives in a regional area**		↓			↓
Major cities	**Participant lives in a remote/very remote area**	↓	↓	↓	↓	
Male	**Participant is female**		↑	↑	↑	
N/A	**Participant is older**		↑	↑	↑	↑
Private-owned	**Participant lives in other accommodation**			↓		
Private-owned	**Participant lives in private rented public accommodation**			↓		

Annualised plan budget

Family and carers of participants with higher annualised plan budget are more likely to say the NDIS has helped across all five domains.

For example, 42.3% of families and carers of participants with less than $15,000 annualised plan budget said the NDIS had improved their capacity to advocate for their family member, compared to 55.9% of families and carers of participants who have $50,000 or more annualised plan budget.

Level of function

Families and carers of participants with lower levels of function tended to be more likely to say that the NDIS had helped in all domains except for rights and advocacy. For example, 66.6% of families and carers of participants of low level of function said that the NDIS helped improved their level of support for their families, compared to 60.6% for those with medium level of function and 51.3% for those with high level of function.

Level of NDIA support

Families and carers of participants with a very high level of NDIA support[32] are less likely to say that the NDIS has improved the level of support for their family, helped them to access services, programs and activities in the community, and helped them to help their family member to become more independent.

Utilisation

Family and carers of participants with higher utilisation are more likely to say the NDIS has helped across all five domains.

For example, 30.8% of the families and carers of participants who used less than 20% of their plan budget said the NDIS had improved their capacity to advocate for their family member, compared to 58.6% of participants who used more than 80% of their plan budget.

State and Territory

Families and carers of participants living in Queensland and Western Australia are more likely to say the NDIS has helped after one year across all five domains.

Plan management

Families and carers of participants who self-manage are most likely to respond positively across all five domains after one year. For example, 66.2% of the families and carers of participants who fully self-managed said the NDIS has helped them to help their family member with disability to be more independent, compared to 56.0% of those who use a plan manager and 49.7% of those whose plans are agency-managed.

When asked whether the NDIS had improved the level of support for their family, families and carers of participants with agency-managed plans (54.3%) are significantly less likely to respond positively compared to those who use a plan manager (62.9%), self-manage partly (65.0%), or self-manage fully (69.5%).

Receiving support before the NDIS

Families and carers of participants who did not receive services from State/Territory or Commonwealth programs prior to joining the NDIS are more likely to say that the NDIS has helped across all five domains.

Safe at home

Families and carers of participants who said they feel safe at home are more likely to say that the NDIS has helped across all five domains. For example, based on one-way analysis, 50.0% of families and carers for participants feeling safe or very safe said that the NDIS improved their knowledge of rights and advocacy, compared to 46.5% of families and carers of participants who feel neither safe nor unsafe, and 46.2% for those feeling unsafe or very unsafe.

Participant age

Families/carers of older participants are more likely to say the NDIS helped at first review, across all domains except rights and advocacy.

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[32] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

Disability type

Families and carers of participants with a visual impairment or spinal cord injury are less likely to think that the NDIS has helped with level of support or access to services.

Self-rated health

Families and carers of participants who have better self-rated health are more likely to say that the NDIS improved their level of support, access to services and programs in the community, health and wellbeing and in helping them to help their family member with disability become more independent. For example, for “Has the NDIS helped you to help your family member with disability to be more independent”, 59.5% of families and carers of participants who rated their health as “Very Good” or “Excellent” responded that the NDIS has helped, compared to 55.8% who rated their health as “Good”, and 51.1% who rated their health “Fair” or “Poor”.

Remoteness

Compared to families and carers living in the major cities, those living in remote/very remote areas are less likey to say the NDIS has helped in improving their capacity to advocate for their child, improving the level of support for their family, access to services and helping their child/family member become more independent. Those living in regional areas are also less likey to say the NDIS has helped to improve the level of support for their family, and to improve their health and wellbeing.

Types of supports in plan

Families and carers of participants with a higher percentage of supports in capacity building are less likely to say that the NDIS has helped with advocacy, support, access to services, and independence.

Participant’s paid and unpaid work

Families and carers of participants who are in paid work are more likely to say that the NDIS has improved their family members level of support and helped them to help their family member to be more independent, compared to families and carers of participants who are not working in a paid or unpaid job.

For participants in a paid job, 61.9% of families and carers said that the NDIS improved their level of support for families, compared to 60.9% for those who do not have a paid job; 60.9% of families and carers of participants in paid jobs said that the NDIS helped their family member with disability become more independent, compared to 54.6% of those not in a paid job.

Families and carers of participants in unpaid work are also more likely to say that the NDIS has helped them to help their family member to become more independent. Based on one-way analysis, 64.1% of families or carers of participants working in an unpaid job said that the NDIS helped, compared to 54.6% of participants who are not in an unpaid job.

5.2.2 Longitudinal ‘Has the NDIS helped?’ indicators – participant characteristics

Methodology for longitudinal analysis of “Has the NDIS helped?” questions is described in Chapter 3.

The NDIS has improved my capacity to advocate for my family member with disability

The percentage of families and carers of participants aged 15 to 24 who said the NDIS has improved their capacity to advocate for their family member increased significantly by 7.1% between the first review and second review, and by 9.8% between first review and third review.

Table 5.2 Breakdown of net movement in family/carer responses to ‘Has the NDIS helped?’ indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	2187	1782	469	21.4%	187	10.5%	+7.1%
Review 1 to Review 3	554	409	163	29.4%	69	16.9%	+9.8%

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 5.3 below.

Table 5.3 Relationships of characteristics with the likelihood of improvement and deterioration in helped responses

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Higher utilisation % of capacity building supports**	↑			
N/A	**General time trend**		↓		
Did not relocate	**Participant relocated to a new Local Government Area (LGA)**		↑		
NSW	**Participant lives in ACT, NT, TAS or WA**		↓		
NSW	**Participant lives in QLD**	↑			
NSW	**Participant lives in VIC**	↑			
N/A	**Participant lives in an area with a higher average unemployment rate**				↑

Key findings from the multiple regression analysis are:

- Between first and second review:
    - Families and carers of participants who used a higher percentage of their capacity building supports are more likely to improve (change their response from "No" to "Yes").
    - Compared to participants who live in New South Wales, families and carers of participants living in Victoria and Queensland are more likely to improve in their response, while families and carers of participants living in the State/Territory group Australian Capital Territory, Norther Territory, Tasmania and Western Australia are less likely to deteriorate.
    - Compared to participants who have not relocated to a different Local Government Area (LGA), families and carers of participants who have relocated are more likely to deteriorate in their responses.
- Between first year and third year review:
    - Living in an area with higher unemployment is associated with higher likelihood of deterioration.

The NDIS has improved the level of support for my family

The percentage of families and carers of participants aged 15 to 24 who said the NDIS has improved the level of support for their family increased significantly by 10.2% between first review and second review, and by 12.8% between first review and third review.

Table 5.4 Breakdown of net movement in family/carer responses to 'Has the NDIS helped?' indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	1771	2280	593	33.5%	180	7.9%	+10.2%
Review 1 to Review 3	432	537	180	41.7%	56	10.4%	+12.8%

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 5.5 below.

Table 5.5 Relationships of characteristics with the likelihood of improvement and deterioration in helped responses

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Higher annualised plan budget**	↑			

		1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
Reference category	Variable	Imp.	Det.	Imp.	Det.
N/A	Higher utilisation % of capacity building supports		⬇		
2016/17	Participant entered the Scheme in 2017/18	⬆			
Safe or very safe	Participants feels neither safe nor unsafe at home		⬆		
Safe or very safe	Participants feels unsafe or very unsafe at home		⬆		
Not in an unpaid job	Participant is working in an unpaid job			⬆	
Did not relocate	Participant relocated to a new LGA		⬆		
N/A	Lower level of function		⬇		
NSW	Participant lives in QLD	⬆			
NSW	Participant lives in VIC	⬆			
N/A	Higher baseline utilisation	⬆		⬆	⬇

Key findings from the multiple regression analysis are as follows:

- Between first and second review:
    - Higher annualised plan budget, and higher utilisation, are associated with an increased likelihood of improvement
    - Families and carers of participants who entered the Scheme in 2017/18 are more likely to improve their responses compared to those entered during 2016/17
    - Compared to participants living in New South Wales, families and carers of participants living in Victoria and Queensland are more likely to improve
    - Responses from families and carers of participants who feel unsafe or very unsafe at home are more likely to deteriorate
    - Relocating to a new LGA is associated with a deterioration in responses.
- Between first and third review:
    - Families/carers of participants using a higher percentage of their plan are more likely to improve and less likely to deteriorate.
    - Families/carers of participants working in an unpaid job are more likely to improve compared to families/carer of participants who are not working.

The NDIS has improved my access to services, programs and activities in the community

The percentage of families and carers of participants aged 15 to 24 who said the NDIS has improved their access to services, programs and activities in the community increased significantly by 9.0% between first review and second review, and by 9.6% between first review and third review.

Table 5.6 Breakdown of net movement in family/carer responses to 'Has the NDIS helped?' indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	1822	2246	564	31.0%	198	8.8%	+9.0%
Review 1 to Review 3	427	551	172	40.3%	78	14.2%	+9.6%

Participant and family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 5.7 below.

Table 5.7 Relationships of characteristics with the likelihood of improvement and deterioration in helped responses

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Higher annualised plan budget**	↑			
N/A	**Higher utilisation % of capacity building supports**				↓
Pre-COVID	**Review during COVID period**	↑			
N/A	**General time trend**		↓		
Self-rated health is "Good"	**Participant rates his/her own health as "Fair" or "Poor"**		↑		
Did not relocate	**Participant relocated to a new Local Government Area (LGA)**			↓	
Major Cities	**Participant lives in regional areas**	↑			
N/A	**Higher plan utilisation**	↑	↓	↑	

Key findings from the multiple regression analysis are:

- Between first and second review:
    - Higher likelihood of improvement in response is associated with higher annualised plan budget and higher utilisation of plan budget. Higher utilisation of plan budget is also associated with a lower likelihood of deterioration
    - Compared to participants living in the major cities, families and carers of participants living in regional areas are more likely to improve their responses
    - Families and carers of participants who rate their health as “fair” or “poor” are more likely to deteriorate in their responses compared to families and carers of participants who rate their health as “good”.
    - Families and carers who took the survey during COVID period are more likely to see improvement be
- Between first and third review:
    - Higher overall utilisation is associated with a higher likelihood of improvement in responses between first and third review. Additionally, higher utilisation of capacity building supports is associated with a lower likelihood of deterioration in the two-year period
    - Participants relocating to a different Local Government Area are less likely to improve.

The NDIS has helped me to help my family member become more independent

The percentage of families and carers of participants aged 15 to 24 who said the NDIS has helped them to help their family member become more independent increased significantly by 9.8% between first review and second review, and by 13.3% between first review and third review.

Table 5.8 Breakdown of net movement in family/carer responses to ‘Has the NDIS helped?’ indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	2004	2028	561	28.0%	165	8.1%	+9.8%
Review 1 to Review 3	482	490	177	36.7%	48	9.8%	+13.3%

Family/carer characteristics that had a statistically significant effect (p<0.05) on the likelihood of improvement or deterioration in the outcome are set out in Table 5.9 below.

Table 5.9 Relationships of characteristics with the likelihood of improvement and deterioration in helped responses

		1st Review to 2nd Review		1st Review to 3rd Review	
		Relationship with likelihood of		Relationship with likelihood of	
Reference category	**Variable**	**Imp.**	**Det.**	**Imp.**	**Det.**
Remained in paid job	**The carer has never worked in a paid job**		↑		
N/A	**Higher utilisation % of capacity building supports**			↑	↓
2016/17	**Participant entered the Scheme in 2017/18**	↑			
Male	**Participant is female**			↑	
Lives in a privately owned home	**Participant lives in a home rented from a public authority**	↓			
Pre-COVID	**Review during COVID period**		↑		
N/A	**General time trend**		↓		
Self-rated health is “Good”	**Participant rates his/her own health as “Very Good”**			↑	
Self-rated health is “Good”	**Participant rates his/her own health as “Fair”**		↑		
Self-rated health is “Good”	**Participant rates his/her own health as “Poor”**			↓	
Self-rated health improved	**Participant’s self-rated health deteriorated**	↓			
Not in an unpaid job	**Participant is working in an unpaid job**	↑	↓	↑	
N/A	**Lower level of function**		↓		
NSW	**Participant lives in QLD**	↑			
NSW	**Participant lives in VIC**	↑			
N/A	**Higher plan utilisation**	↑	↓		

Key findings from the multiple regression analysis are:

- Between first and second review:

    - Families/carers of participants working in an unpaid job, and participants using a higher percentage of their plan budget, are more likely to improve and less likely to deteriorate
    - A deterioration in the participant's self-rated health is associated with a lower likelihood of improvement over the one year period
    - Compared to participants living in NSW, families and carers of participants living in VIC and QLD are significantly more likely to improve in their responses
    - Compared to participants who entered during 2016/17, families and carer of participants who entered during 2017/18 are significantly more likely to improve in their responses over the one year period.
    - Families and carers who had their later review after COVID are more likely to deteriorate between first and second review.
- Between first and third review:
    - Families and carers of participants who utilise a higher percentage of capacity building supports are more likely to improve in their responses and less likely to deteriorate
    - Responses from families and carers of participants who are female are more likely to improve compared to families and carers of participants who are male
    - Better participant self-rated health is associated with an increased likelihood of improvement, while poorer participant self-rated health is associated with a lower likelihood of improvement.

The NDIS has improved my health and wellbeing

The percentage of families and carers of participants aged 15 to 24 who said the NDIS has improved their health and wellbeing increased slightly by 2.3% between first review and second review, and by 1.8% between first and third review

Table 5.10 Breakdown of net movement in family/carer responses to 'Has the NDIS helped?' indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	2765	1223	350	12.7%	259	21.2%	+2.3%
Review 1 to Review 3	666	296	116	17.4%	99	33.4%	+1.8%

Family/carer characteristics that had a statistically significant effect (p<0.05) on the likelihood of improvement or deterioration in the outcome are set out in Table 5.11 below.

Table 5.11 Relationships of characteristics with the likelihood of improvement and deterioration in helped responses

		1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
Reference category	Variable	Imp.	Det.	Imp.	Det.
N/A	Participant is older		↓		
N/A	Higher annualised plan budget	↑			
Non-CALD	Participant is CALD	↑			
Self-rated health improved	Participant's self-rated health deteriorated		↑		
Agency-managed	Plan is fully self-managed	↑			
Did not relocate	Relocated to a different Local Government Area (LGA)	↓			
N/A	Lower level of function			↑	
NSW	Participant lives in QLD			↑	
N/A	Higher plan utilisation	↑			

Key findings from the multiple regression analysis are:

- Between first review and second review:
  - Families/carers of participants who: have a higher annualised plan budget; are fully self-managing their plan; use a higher percentage of their overall plan budget; or are from a CALD background, are more likely to improve
  - Families/carers of older participants were less likely to deteriorate
  - Families/carers of participants whose self-rated health deteriorated were more likely to deteriorate.
  - Families/carers of participants who relocated to a different LGA were less likely to improve.
- Between first review and third review:
  - Families and carers of participants with lower level of function are more likely to improve
  - Compared to participants living in NSW, families and carers of participants living in QLD are more likely to improve.

Box 5.1 summarises key results from this section.

Box 5.1: Has the NDIS helped? by key characteristics

After one year in the Scheme:

- Family and carers of participants with higher baseline plan utilisation, and of those with higher annualised plan budget, are more likely to say the NDIS has helped, across all five domains.
- Families and carers of participants with a visual impairment or spinal cord injury are less likely to think that the NDIS has helped with level of support or access to services.
- Families and carers whose plans are self-managed, either fully or partly, are more likely than those who agency manage to say that the NDIS helped across all domains.
- Families and carers of participants who live in remote/very remote areas, compared to those who live in major cities, are less likely to say the NDIS has helped across all domains except health and wellbeing.

Looking at changes over time:

- 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.
- Where the participant is working in an unpaid job, families/carers are more likely to improve and less likely to deteriorate in thinking the NDIS has helped them to help the participant become more independent.
- 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, as well as 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.

6. Families/carers of participants aged 25 and over: Outcome indicators

6.1 Key findings

Box 6.1: Overall findings for C3 cohort (families/carers of participants aged 25 or older, who have been in the scheme for 3 years)[33]

- For the small number of families/carers of participants aged 25 and over entering the Scheme in 2016-17 who contributed to the longitudinal analysis, there were significant and material changes for five indicators.
- Four positive changes were observed related to satisfaction with services. The percentage of families/carers who say that the services their family member with disability and their family receive meets their needs improved from 23.8% at baseline to 36.3% at third review. The percentage who said that the services and supports have helped them to better care for their family member with disability increased from 36.4% to 77.3% over three years, and the percentage who said the services helped them to plan for the future increased from 40.9% to 72.7%.
- The percentage who say they receive Carer Allowance increased from 31.3% at baseline to 41.3% at third review.

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[33] Note that this is a small group of less than 150 respondents for the SF, and smaller again for the LF (less than 30), so results should be interpreted with caution.

Box 6.2: Overall findings for C2 cohort (families/carers of participants aged 25 or older, who have been in the scheme for 2 years)[34]

- Significant improvements were observed in the access to services domain. The percentage of families/carers who said that the services their family member with disability receives meets their needs increased from 21.3% at baseline to 33.6% at second review, the percentage who say the services they use listen to them increased from 68.3% to 74.8%, and the percentage who say the services help them to plan for the future increased from 63.6% to 74.7%.
- There were also some positive results in the health and wellbeing domain. The percentage of families/carers who felt their family member with disability gets the support they need rose from 26.6% at baseline to 40.9% at second review, and the percentage who strongly agree or agree that services and supports have helped them to better care for their family member with disability increased from 54.6% to 73.6%. Additionally, of families/carers who provide informal care to their family member with disability, the percentage that are able to work as much as they want increased from 58.0% at baseline to 61.2% at second review.
- However, the percentage rating their health as excellent, very good or good has declined by 6.5% over the two years from 58.5% to 52.0%, and the percentage who say insufficient flexibility of jobs is a barrier to working more increased by 4.5% from 21.8% to 26.3%.

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[34] Around 3500 respondents for the SF, and 160 for the LF.

Box 6.3: Overall findings for C1 cohort (families/carers of participants aged 25 or older, who have been in the scheme for one year)[35]

- Significant improvements were observed in the access to services domain. The percentage of families/carers who said that the services their family member with disability receives meets their needs increased from 20.0% at baseline to 27.0% at first review, the percentage who say the services they use listen to them increased from 68.5% to 71.8%, and the percentage who say the services help them to plan for the future increased from 66.5% to 73.8%.
- There were also some positive results in the health and wellbeing domain. The percentage of families/carers who felt their family member with disability gets the support they need rose from 26.4% at baseline to 34.7% at first review, and the percentage who strongly agree or agree that services and supports have helped them to better care for their family member with disability increased from 48.1% to 69.9%. Families/carers also felt more positive about the future, with the percentage feeling more confident about the future of their family with disability under the NDIS increasing from 48.1% to 66.7% at first review, and the percentage feeling at least mostly satisfied when thinking about last year and what they expect for the future increasing from 47.6% at baseline to 58.7%.
- However, the percentage rating their health as excellent, very good or good has declined by 4.6% over one year from 58.5% to 53.9%, and the percentage who are able to advocate for their family member with disability declined by 1.6% from 69.0% to 67.4%.

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[35] Around 12000 respondents for the SF, and 400 for the LF.

Box 6.4: Outcomes by key characteristics for families/carers of participants aged 25 or older

- Families and carers of participants who feel safe in their home, and of participants whose self-rated health improves, are more likely to improve and/or less likely to deteriorate in several outcomes.
- Family/carer employment status is also a significant factor for some outcomes. For example, families/carers who remain in paid work are more likely to improve and less likely to deteriorate in rating their health as excellent, very good or good.
- Families/carers of participants living in States/Territories other than Victoria tended to have more positive longitudinal outcomes. For example, they were more likely to improve in the latest year in thinking that the services they receive meet their needs.
- Families/carers of CALD participants were less likely to improve in thinking that their family member with disability gets the support they need.
- 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.
- Higher plan utilisation was associated with being more likely to improve in thinking that the services they and their family member receive meet their needs, and that their family member gets the support they need.
- 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 with lower level of function were more likely to deteriorate in rating their health as excellent, very good or good.

Box 6.5: Has the NDIS helped families/carers of participants aged 25 and over?

- 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.

After one year in the Scheme:

- Higher baseline plan utilisation, and higher annualised plan budget, were associated with a higher likelihood of responding positively.
- Families/carers of older participants are more likely to say the NDIS helped for the domains rights and advocacy, support for family, and succession planning.
- Families/carers of participants living in QLD or WA were more likely than families/ carers of participants living in NSW to think that the NDIS has helped, across all domains.
- Compared to families/carers of participants who live in a major city, families/ carers of participants who live in regional areas are more likely to respond positively, and families/carers of those living in remote/very remote areas are less likely to respond positively, across all domains except health and wellbeing.
- Families/carers of participants with better self-rated health, and of participants who feel safe in their home, are more likely to respond positively.
- Families/carers of participants who work in a paid or unpaid job are more likely to think the NDIS has helped with level of support, succession planning, and health and wellbeing.

Looking at changes over time:

- 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 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.
- 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.

6.2 Outcomes framework questionnaire domains

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

- Know their rights and advocate effectively for their family member with a disability (RA)
- Feel supported (SP)
- Can gain access to desired services, programs and activities in their community (AC)
- Have succession plans (SC)
- Enjoy health and wellbeing (HW).

The LF contains a number of extra questions for the adult cohorts, across all domains, but particularly in the health and wellbeing domain.

Families and carers of participants answer the outcomes questionnaire applicable to the their family member with disability's age at the time of interview. For the longitudinal analysis, the 25 plus family and carer cohort comprises families and carers of participants who are aged from 25 when they enter the Scheme, and includes responses at all review time points.

6.3 Longitudinal indicators – overall

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

For this year's report, results are shown separately for the three cohorts described in Section 1.4, including the value of the indicator at baseline and each review, as well as the change in the latest year, and the change between baseline and latest review. For example, for the C3 cohort, results at baseline, first review, second review, and third review are shown, as well as the change between second review and third review, and the change from baseline to third review.

Table 6.1 below summarises changes for selected indicators across different time periods. Indicators were selected for the tables if the change, either overall or for the latest year, was statistically significant[36] and had an absolute magnitude greater than 0.02 for at least one entry year cohort.

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[36] McNemar's test at the 0.05 level.

Table 6.1 Selected longitudinal indicators for families/carers of participants aged 25 and over

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
Improvement										
SP (SF)	% of families or carers who get the services and supports they need to care for their family member with disability	C3	12.0%	22.7%	4.2%	20.0%	15.8%	8.0%		
		C2	11.5%	13.1%	16.5%		3.4%	4.9%	**	**
		C1	11.9%	14.7%			2.8%	2.8%	**	**
AC (SF)	% of families or carers who feel that the services they use for their family member with disability listen to them	C3	67.6%	77.3%	56.5%	75.7%	19.2%	8.1%		
		C2	68.3%	72.4%	74.8%		2.4%	6.6%	*	**
		C1	68.5%	71.8%			3.3%	3.3%	**	**
AC (SF)	% of families or carers who say that the services their family member with disability and their family receive meet their needs	C3	23.8%	40.4%	44.4%	36.3%	-8.2%	12.5%		*
		C2	21.3%	31.6%	33.6%		1.9%	12.2%	**	**
		C1	20.0%	27.0%			7.0%	7.0%	**	**
SC (SF)	% of families or carers who have made plans for when they are no longer able to care for their family member with disability	C3	8.0%	4.5%	20.0%	14.7%	-5.3%	6.7%		
		C2	10.6%	12.0%	13.4%		1.3%	2.8%	**	**
		C1	11.1%	12.8%			1.6%	1.6%	**	**
SC (SF)	of those who made or have begun making plans, % of families or carers who have asked for help from service providers, professionals or support workers	C3	58.8%	37.5%	50.0%	58.8%	8.8%	0.0%		
		C2	60.5%	61.3%	66.5%		5.3%	6.1%	*	**
		C1	56.9%	61.0%			4.1%	4.1%	**	**
AC (LF)	% whose family member with disability and family receive help to plan for the future	C3	40.9%	50.0%	72.7%	72.7%	0.0%	31.8%		*
		C2	63.6%	79.0%	74.7%		-4.3%	11.1%		*
		C1	66.5%	73.8%			7.3%	7.3%	*	*

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
HW (LF)	Thinking about what happened last year, and what they expect for the future, % who are delighted, pleased or mostly satisfied	C3	50.0%	54.5%	54.5%	63.6%	9.1%	13.6%		
		C2	45.4%	52.1%	49.1%		-3.1%	3.7%		
		C1	47.6%	58.7%			11.2%	11.2%	*	*
HW (LF)	% who disagree or strongly disagree that having a family member with a disability has made it more difficult for them to meet the everyday cost of living	C3	13.6%	22.7%	22.7%	36.4%	13.6%	22.7%		
		C2	20.2%	28.8%	32.5%		3.7%	12.3%		*
		C1	21.6%	26.7%			5.1%	5.1%		
HW (LF)	% who strongly agree or agree that they feel more confident about the future of their family with disability under the NDIS	C3	50.0%	45.5%	54.5%	77.3%	22.7%	27.3%		
		C2	39.9%	58.3%	65.0%		6.7%	25.2%		**
		C1	48.1%	66.7%			18.7%	18.7%	**	**
HW (LF)	% who strongly agree or agree that services and supports have helped them to better care for their family member with disability	C3	36.4%	54.5%	59.1%	77.3%	18.2%	40.9%		*
		C2	54.6%	66.9%	73.6%		6.7%	19.0%		*
		C1	48.1%	69.9%			21.8%	21.8%	**	**
HW (SF)	% of families or carers who feel their family member with disability gets the support they need	C3	38.5%	52.2%	42.3%	44.9%	2.6%	6.4%		*
		C2	26.6%	34.2%	40.9%		6.7%	14.3%	**	**
		C1	26.4%	34.7%			8.3%	8.3%	**	**
HW (SF)	% of families or carers who provide informal care to their family member with disability and are able to work as much as they want	C3	59.7%	73.2%	70.8%	62.5%	-8.3%	2.8%		
		C2	58.0%	58.8%	61.2%		2.4%	3.2%	*	**
		C1	57.5%	59.0%			1.6%	1.6%	**	**

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
Context dependent										
GB (SF)	% of families or carers who are receiving carer allowance	C3	31.3%	48.9%	51.9%	41.3%	-10.6%	10.0%		*
		C2	46.3%	52.5%	50.4%		-2.1%	4.1%		**
		C1	44.7%	48.3%			3.6%	3.6%	**	**
Deterioration										
RA (SF)	% of families or carers who are able to identify the needs of their family and family member with disability and know how to access available services and supports to meet these needs	C3	49.4%	54.3%	53.8%	53.2%	-0.7%	3.8%		
		C2	48.3%	45.5%	46.2%		0.7%	-2.1%		*
		C1	47.8%	46.4%			-1.4%	-1.4%	**	**
RA (SF)	% of families or carers who are able to advocate (stand up) for their family member with disability	C3	72.2%	80.4%	73.1%	73.4%	0.3%	1.3%		
		C2	72.1%	72.0%	69.4%		-2.6%	-2.8%	*	**
		C1	69.0%	67.4%			-1.6%	-1.6%	**	**
SP (SF)	% of families or carers who have people they can ask for practical help as often as they need	C3	46.3%	57.4%	44.4%	45.0%	0.6%	-1.3%	*	
		C2	39.0%	37.6%	36.9%		-0.6%	-2.0%	*	*
		C1	37.4%	37.6%			0.2%	0.2%		
HW (SF)	% of families or carers who rate their health as excellent, very good or good	C3	49.3%	61.4%	66.7%	53.3%	-13.3%	4.0%		
		C2	58.5%	55.9%	52.0%		-4.0%	-6.5%	*	**
		C1	58.5%	53.9%			-4.6%	-4.6%	**	**

Domain (Form)	Indicator	Cohort	Indicator at:				Change		Significant	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	Latest year	Overall
HW (SF)	of those unable to work as much as they want, % of families or carers who say availability of jobs is a barrier to working more	C3	28.6%	22.2%	25.0%	23.8%	-1.2%	-4.8%		
		C2	12.5%	15.1%	15.5%		0.4%	3.0%	*	*
		C1	11.1%	11.8%			0.7%	0.7%	*	*
HW (SF)	of those unable to work as much as they want, % of families or carers who say insufficient flexibility of jobs is a barrier to working more	C3	38.1%	33.3%	50.0%	33.3%	-16.7%	-4.8%		
		C2	21.8%	25.4%	26.3%		0.8%	4.4%	*	**
		C1	21.1%	22.6%			1.5%	1.5%	**	**

For families and carers of participants aged 25 and above, the majority of changes between baseline and third review were positive. Noting the smaller volume of respondents for families/carers of participants at third review, and for the LF generally, key findings from Table 6.4 include that between baseline and third review:

- The percentage of families or carers who say that the services their family member with disability and their family receive meet their needs increased by 11.5%.
- The percentage of families or carers who get the services and supports they need to care for their family member with disability increased by 7.8%. Additionally, the percentage of families/carers who strongly agree or agree that the services and supports have helped them to better care for their family member with disability increased by 40.9%.
- The percentage of families or carers who feel that the services they use for their family member with disability listen to them increased by 7.9%, and the percentage who say the services they receive help them to plan for the future increased by 31.8%.
- The percentage of families or carers who have made plans for when they are no longer able to care for their family member with disability increased by 6.5%, noting a low baseline at 7.8%.

6.4 Longitudinal indicators – participant and family/ carer characteristics

Section 2.4 describes the general methodology used to analyse longitudinal outcomes by participant and family/carer characteristics, and Section 4.4 describes the transitions that have been modelled.

Some key features of the analyses for selected indicators are summarised below.[37]

I get the services and supports I need to care for my family member with a disability

The percentage of families and carers who get the services and supports they need to care for their family member with a disability has increased significantly from baseline to all reviews, with net increases of 2.6%, 4.7% and 7.8% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 6.2 below.

Table 6.2 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	10,787	1,447	576	5.3%	253	17.5%	+2.6%
Baseline to Review 2	2,456	323	213	8.7%	81	25.1%	+4.7%
Baseline to Review 3	68	9	10	14.7%	4	44.4%	+7.8%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 6.3 below.

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[37] For models where no variables are identified as significant predictors, the corresponding column in the table is shaded grey.

Table 6.3 Key drivers of likelihood of transitions in *"% who get the services and supports they need to care for their family member with disability"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
VIC	Participant lives in QLD	⬆							
VIC	Participant lives in SA	⬆							
VIC	Participant lives in ACT, NT, TAS, WA	⬆							
Non-CALD	Participant is CALD	⬇		⬇		⬇			
Male	Participant is female			⬆					
N/A	Participant is older						⬇		
N/A	Lower level of function		⬆						
N/A	Higher plan utilisation			⬇					
N/A	Higher utilisation % of core supports	⬆							
N/A	Higher utilisation % of capital building supports								
Non-SIL	Participant is in Supported Independent Living (SIL)			⬆			⬇		
N/A	Higher Australian Disability Enterprise payments								
N/A	Higher payments to self-managed employment supports			⬆					
Agency-managed	Plan is partly self-managed		⬇			⬆			

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Major city	Participant lives outside a major city	⬆							
Private-owned	Participant lives in aged care	⬆							
Private-owned	Participant lives in supported accommodation	⬆	⬇						
Safe	Participant feels neither safe or unsafe in their home	⬇	⬆			⬇			
Safe	Participant does not feel safe in their home	⬇				⬇			
Medium level of NDIA support	Higher level of NDIA support		⬇						
Received State/ Territory supports	Participant received services from Commonwealth programs before joining NDIS						⬇		
No change	Participant's self-rated health improved	⬆		⬆		⬆			
No change	Participant's self-rated health deteriorated		⬆						
Never in paid work	Carer started paid work	⬆							
Never in paid work	Carer stopped paid work	⬆				⬆			
N/A	Participant lives in an area with a higher average unemployment rate						⬆		

Key findings from Table 6.3 include:

- State/Territory has a significant impact whether families and carers get the supports they need to care for their family member with disability. Where the participant lives in QLD, SA, or the group ACT, NT, TAS or WA, the family member or carer was more likely to improve from baseline to first review than when the participant lived in Victoria.
- Where the participant's self-rated health improved between reviews, families/carers were more likely to improve in all one-step transitions and between baseline and second review, compared to where the participant's self-rated health did not change.
- Where the family member or carer stopped paid work between reviews, they were more likely to improve between baseline and first review and between baseline and second review than those who were never in paid work.
- Families/carers of CALD participants were more likely to deteriorate in all one-step transitions and between baseline and second review than families/carers of non-CALD participants.
- Where the participant feels unsafe in their home, families/carers were less likely to improve from baseline to first review and from baseline to second review than where the participant feels safe.

The services my family member with a disability and my family receive meet our needs

The percentage of families and carers who say that the services their family member with disability and their family receive meet their needs increased significantly from baseline to all reviews, with net increases of 7.3%, 11.9% and 11.5% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 6.4 below.

Table 6.4 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	10,033	2,556	1,291	12.9%	372	14.6%	+7.3%
Baseline to Review 2	2,279	617	460	20.2%	114	18.5%	+11.9%
Baseline to Review 3	67	20	16	23.9%	6	30.0%	+11.5%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 6.5 below.

Table 6.5 Key drivers of likelihood of transitions in *"% of families or carers who say that the services their family member and their family receive meet their needs"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
VIC	Participant lives in NSW	↑		↑					
VIC	Participant lives in QLD	↑		↑					
VIC	Participant lives in SA			↑					
VIC	Participant lives in ACT, NT, TAS, WA	↑		↑					
Down Syndrome / Intellectual disability	Disability is sensory impairment		↓						
2016/17	Participant entered the Scheme in 2017/18		↓						
2016/17	Participant entered the Scheme in 2018/19		↓						
Non-CALD	Participant is CALD				↑				
Male	Participant is female						↑		
N/A	Participant is older			↑		↑			
N/A	Lower level of function	↑							
N/A	Higher plan utilisation	↑				↑			
0-15% capacity building supports	15%-30% of supports are capacity building supports	↓							
0-15% capacity	30%-60% of supports are	↓							

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
building supports	capacity building supports								
N/A	Higher Australian Disability Enterprise payments	⇧							
Agency-managed	Plan is managed by a plan manager		⬆						
Pre-COVID	Review during COVID period	⇧							
N/A	General time trend	⬇					⬆		
Major city	Participant lives outside a major city	⇧		⇧		⇧			
Did not relocate	Participant relocated to a new Local Government Area (LGA)				⬆				
Private-owned	Participant lives in other accommodation						⬆		
Safe	Participant feels neither safe or unsafe in their home	⬇	⬆		⬆	⬇			
Safe	Participant does not feel safe in their home	⬇	⬆	⬇	⬆	⬇	⬆		
Medium level of NDIA support	Higher level of NDIA support	⬇	⇩			⬇			
No change	Participant's self-rated health improved	⇧				⇧			
No change	Participant's self-rated health deteriorated		⬆			⇧			
Never in paid work	Carer started paid work								

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Never in paid work	**Carer stopped paid work**	⬆							

Key findings from Table 6.5 include:

- State/Territory has a significant impact whether families and carers get the supports they need to care for their family member with disability. Where the participant lives in NSW, QLD, or the group ACT, NT, TAS or WA, the family member/ carer was more likely to improve in all one-step transitions than those living in Victoria.
- The health status of the participant also has a significant impact. For example, where the participant's self-rated health improved between reviews, families/carers were more likely to report an improvement in all one-step transitions and from baseline to second review than when the participant's health did not change.
- Where there is a higher level of NDIA support, the response was less likely to change (either improve or deteriorate) between baseline and first review and was less likely to improve between baseline and second review than where there is a medium level of NDIA support.[38]
- Where the participant lives outside of a major city, families/carers were more likely to report an improvement in all one-step transitions and from baseline to second review than where the participant lived in a major city.
- Where the participant feels unsafe in their home, families/carers were less likely to improve and more likely to deteriorate across all one-step transitions and from baseline to second review than where the participant feels safe in their home.
- Families and carers who gave their later response during the COVID period were more likely to improve between baseline and first review.

I rate my health as excellent, very good or good

The percentage of families and carers who rate their health as excellent, very good or good has decreased significantly from baseline to first and second reviews, with net decreases of 4.5%, 6.3% from baseline to the first and second review, respectively. The percentage has increased by 2.6% from baseline to third review (but the numbers involved were very small). This was a result of improvements offset by deteriorations as set out in Table 6.6 below.

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[38] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

Table 6.6 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	5,077	7,222	412	8.1%	963	13.3%	-4.5%
Baseline to Review 2	1,159	1,632	146	12.6%	322	19.7%	-6.3%
Baseline to Review 3	39	38	10	25.6%	8	21.1%	+2.6%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 6.7 below.

Table 6.7 Key drivers of likelihood of transitions in *"% of families or carers who rate their health as excellent, very good or good"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review Relationship with likelihood of		Latest Year Relationship with likelihood of		Baseline to Second Review Relationship with likelihood of		Baseline to Third Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Mother	**Respondent was the father**		⬇						
Mother	**Respondent was the sibling**		⬇						
Mother	**Respondent was the spouse/partner**		⬇						
2016/17	**Participant entered the Scheme in 2017/18**						⬆		
N/A	**Participant is older**		⬆						
Non-Indigenous	**Participant is Indigenous**		⬆						
N/A	**Lower level of function**		⬆		⬆		⬆		
N/A	**Higher utilisation % of core supports**		⬆						

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Non-SIL	Participant is in Supported Independent Living (SIL)		↓						
N/A	Higher payments to self-managed employment supports		↑						
Agency-managed	Plan is fully self-managed		↓						
Agency-managed	Plan is partly self-managed		↓						
N/A	General time trend	↓							
Private-owned	Participant lives in a private accommodation rented from a private landlord			↓					
Private-owned	Participant lives in a private accommodation rented from a public authority			↓					
Safe	Participant feels neither safe or unsafe in their home	↓	↑		↑		↑		
Safe	Participant does not feel safe in their home	↓	↑		↑		↑		
Medium level of NDIA support	Higher level of NDIA support	↓	↓			↓	↓		
No change	Participant's self-rated health improved	↑		↑		↑			

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
No change	**Participant's self-rated health deteriorated**		⬆		⬆	⬆	⬆		
Never in paid work	**Carer started paid work**	⬆							
Never in paid work	**Carer stopped paid work**	⬆				⬆			
Never in paid work	**Carer remained in paid work**	⬆	⬇		⬇		⬇		

Key findings from Table 6.7 include the following:

- The health status of the participant has a significant impact on whether families or carers rate their health as excellent, very good or good. For example, where the participant's self-rated health improved between reviews, the family member or carer was more likely to report an improvement in all one-step transitions and from baseline to second review than where the participant's health did not change.
- Families/carers of participants with a lower level of function were more likely to deteriorate in all one-step transitions and from baseline to second review than families/carers of participants with a higher level of function.
- Where there is a higher level of NDIA support, the response was less likely to change (either improve or deteriorate) between baseline and first review and between baseline and second review than where there is a medium level of NDIA support.[39]
- Where the family/carer remained in paid work between reviews, the response was less likely to deteriorate in all one-step transitions and between baseline and second review, and was more likely to improve between baseline and first review.
- Where the participant feels neither safe nor unsafe, or feels unsafe, in their home, families/carers were more likely to deteriorate in all one-step transitions and between baseline and second review, and were less likely to improve between baseline and first review, than where the participant feels safe in their home.

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[39] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

I feel my family member with a disability gets the support they need

The percentage of families and carers who feel that their family member with a disability gets the support they need has increased significantly from baseline to all reviews, with net increases of 8.2%, 14.2% and 5.0% from baseline to the first, second and third review, respectively. This was a result of improvements offset by deteriorations as set out in Table 6.8 below.

Table 6.8 Breakdown of net movement in longitudinal responses

Longitudinal Period	Number of Baseline Responses in cohort[1]		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Baseline to Review 1	9,004	3,245	1,603	17.8%	596	18.4%	+8.2%
Baseline to Review 2	2,045	745	571	27.9%	175	23.5%	+14.2%
Baseline to Review 3	49	31	14	28.6%	10	32.3%	+5.0%

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

Participant characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are set out in Table 6.9 below.

Table 6.9 Key drivers of likelihood of transitions in *"% of families or carers who feel their family member with disability gets the support they need"* response

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
VIC	**Participant lives in NSW**	↑							
VIC	**Participant lives in QLD**	↑							
VIC	**Participant lives in ACT, NT, TAS, WA**	↑							
Male	**Participant is female**						↑		
Non-CALD	**Participant is CALD**	↓		↓		↓			

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
N/A	Participant is older	⬆							
N/A	Lower level of function	⬆	⬆						
N/A	Higher plan utilisation	⬆				⬆	⬇		
N/A	Higher utilisation % of capacity building supports	⬆							
N/A	Higher utilisation % or core supports		⬇						
0-15% capacity building supports	30%-60% of supports are capacity building supports	⬇							
0-15% capacity building supports	60-100% of supports are capacity building supports	⬇							
0-5% capital supports	More than 5% of supports are capital supports	⬇							
Non-SIL	Participant is in Supported Independent Living (SIL)		⬇						
N/A	Higher payments to self-managed employment supports	⬆							
Pre-COVID	Review during COVID period		⬇			⬇			
N/A	General time trend	⬇							
Major city	Participant lives outside a major city	⬆		⬆		⬆	⬇		

Reference Category	Variable	1 step transitions				2 step transitions		3 step transitions	
		Baseline to First Review		Latest Year		Baseline to Second Review		Baseline to Third Review	
		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of		Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.	Imp.	Det.	Imp.	Det.
Did not relocate	Participant relocated to a new Local Government Area (LGA)					⬇			
Safe	Participant feels neither safe or unsafe in their home	⬇	⬆	⬇		⬇			
Safe	Participant does not feel safe in their home	⬇	⬆	⬇		⬇	⬆		
Medium level of NDIA support	Higher level of NDIA support	⬇	⇩				⇩		
No change	Participant's self-rated health improved	⇧	⬆			⇧			
No change	Participant's self-rated health deteriorated		⬆		⬆				
Never in paid work	Carer stopped paid work	⇧				⇧			
Never in paid work	Carer remained in paid work	⇧							

Key findings from Table 6.9 include:

- State/Territory has a significant impact on whether families and carers get the supports they need to care for their family member with disability. Where the participant lives in NSW, QLD, or the group ACT, NT, TAS or WA, the family member or carer was more likely to improve from baseline to first review than where the participant lived in Victoria.
- The health status of the participant also has a significant impact. For example, where the participant’s self-rated health deteriorated between reviews, families/carers were more likely to report a deterioration in all one-step transitions than where there was no change in status.

- Where the participant lives outside a major city, families/carers were more likely to report an improvement in all one-step transitions and from baseline to second review than where they live in a major city. They were also less likely to report a deterioration between baseline and second review.
- Plan utilisation also has a significant impact. Where plan utilisation was higher, families/carers were more likely to report an improvement between baseline and first or second review, and less likely to report a deterioration between baseline and second review.
- Where the participant feels unsafe in their home, families/carers were less likely to report an improvement across all models, and were more likely to report a deterioration between baseline and first or second reviews, than where the participant feels safe in their home.
- Families and carers who had their review during the COVID period were less likely to deteriorate between baseline and first review but less likely to improve between baseline and second review.

Findings from this section are summarised in Box 6.6.

Box 6.6: Summary of findings – longitudinal outcomes by participant and family/ carer characteristics

- Families and carers of participants who feel safe in their home, and of participants whose self-rated health improves, are more likely to improve and/or less likely to deteriorate in several outcomes.
- Family/carer employment status is also a significant factor for some outcomes. For example, families/carers who remain in paid work are more likely to improve and less likely to deteriorate in rating their health as excellent, very good or good.
- Families/carers of participants living in States/Territories other than Victoria tended to have more positive longitudinal outcomes. For example, they were more likely to improve in the latest year in thinking that the services they receive meet their needs.
- Families/carers of CALD participants were less likely to improve in thinking that their family member with disability gets the support they need.
- 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.
- Higher plan utilisation was associated with being more likely to improve in thinking that the services they and their family member receive meet their needs, and that their family member gets the support they need.
- 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 with lower level of function were more likely to deteriorate in rating their health as excellent, very good or good.

Box 6.6 (continued): Summary of findings – longitudinal outcomes by participant and family/ carer characteristics

- There were only two indicators where there were significant changes to families' and carers' longitudinal outcomes during the pandemic: families and carers who gave their later response during the COVID period were more likely to improve between baseline and first review in thinking that the services their family members with disability and their families receive meet their needs; and families and carers who had their review during the COVID period were less likely to deteriorate between baseline and first review but less likely to improve between baseline and second review in thinking that their family member gets the support they need.

7. Families/carers of participants aged 25 and over: Has the NDIS helped?

7.1 Results across all participants and families/ carers

For participants who have been in the Scheme for approximately one, two and three years as at 30 June 2020, Figure 7.1 shows the percentage of families/carers of participants aged 25 and over who think that the NDIS has helped with outcomes related to each of the five SF domains.

Figure 7.1 Percentage of families/carers who think that the NDIS has helped with outcomes related to each domain

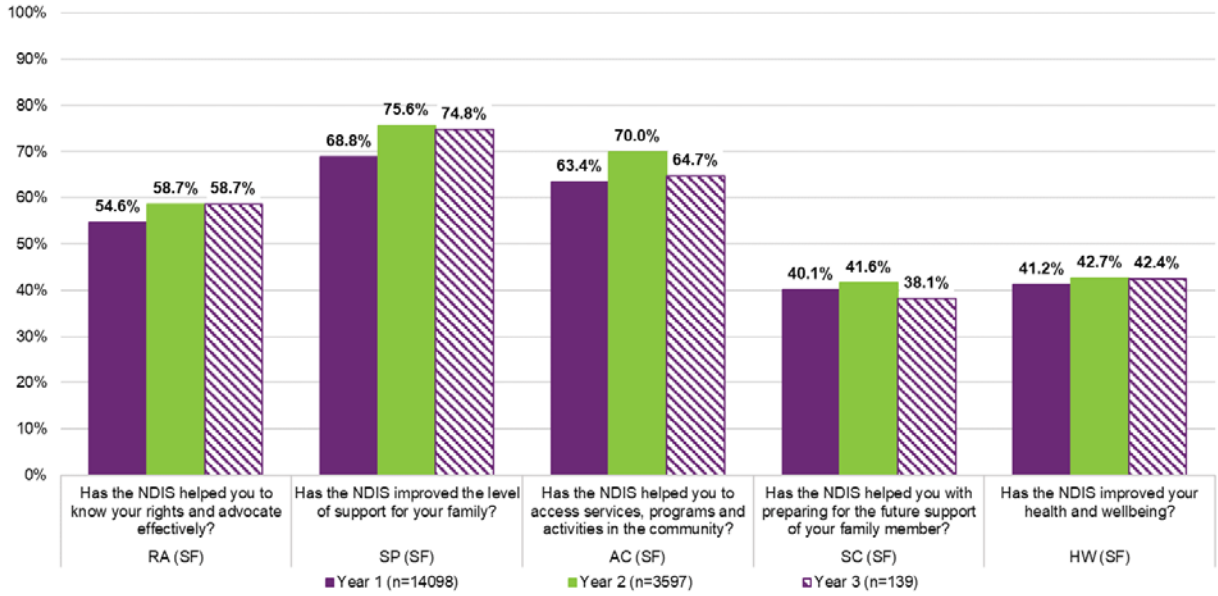

Figure 7.1 shows that most families/carers think that the NDIS has helped with three out of five domains.

After one year, families/carers of participants aged 25 and over were more likely to say that the NDIS has helped than families/carers of participants aged 15 to 24, across all comparable domains. This observation remains consistent at the end of the second year. In the third year, the percentage of families/carers of participants aged 25 and over who say the NDIS helped decreases compared to year 2. In particular, the percentage of families/carers who say the NDIS helped them access services, programs, and activities fell from 70.0% to 64.7%, below the comparable question in the 15 to 24 age group.

This decrease highlights similar movements across the other domains in the third year. While all questions observed an improvement in the percentage of positive responses after the second year, opinions either stagnated or decreased at the third year.

Overall, the percentage of families/carers who say that the NDIS has helped increased over two years in the Scheme (from year 1 to year 3) for all domains except preparing for the future support of their family member (which decreased from 40.1% to 38.1%). Changes between year 1 and year 3 for questions relating to the domains of Rights and Advocacy (RA), Support (SP), and Health and Wellbeing (HW) were 54.8% to 59.7%, 68.7% to 74.8%, and 41.2% to 42.4% respectively.

7.2 Results by participant and family/carer characteristics

7.2.1 Year 1 ‘Has the NDIS helped?’ indicators – participant characteristics

Year 1 (first review) indicators have been analysed by participant and family/carer characteristics using one-way analysis and multiple regression.

Table 7.1 shows the relationship of different participant and carer characteristics with the likelihood of families/carers saying that the NDIS has helped in each domain.

Table 7.1 Relationships of participant characteristics with the likelihood of positive family/carer responses[40]

Reference category	Characteristic	Relationship with				
		Has the NDIS helped				
		RA	SP	AC	SC	HW
N/A	Participant is older	↑	↑		↑	
Non-CALD	Participant is CALD	↓				
Non-Indigenous	Participant is Indigenous		↓	↓		
N/A	Low level of function		↑	↑		↑
N/A	Higher baseline utilisation	↑	↑	↑	↑	↑
N/A	Higher annualised plan budget	↑	↑	↑	↑	↑
Intellectual disability	Disability is autism			↓		
Intellectual disability	Disability is another physical disability			↓		
Intellectual disability	Disability is a psychosocial disability	↑	↑			↑
0-15% capacity building supports	5%-100% of supports are capital supports			↓	↓	
Private-owned	Participant lives in supported accommodation				↑	
Private-owned	Participant lives in aged care				↑	

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[40] Definition of letter symbols in the tables: Has the NDIS improved: family/carer capacity to advocate for their child (RA); level of support for their family (SP); access to services, programs and activities in the community (AC); preparing for the future support of their family member (SC); family/carer health and wellbeing (HW).

Reference category	Characteristic	Relationship with				
		Has the NDIS helped				
		RA	SP	AC	SC	HW
Safe	Participant does not feel safe in their home	↓	↓	↓	↓	↓
Good	Participant rated their health as fair or poor	↓	↓	↓	↓	↓
NSW	Participant lives in ACT			↑	↑	↑
NSW	Participant lives in NT	↑		↑		
NSW	Participant lives in QLD	↑	↑	↑	↑	↑
NSW	Participant lives in SA			↓		
NSW	Participant lives in TAS		↑			
NSW	Participant lives in WA	↑	↑	↑	↑	↑
Agency-managed	Plan is partly self-managed	↑	↑	↑		↑
Agency-managed	Plan is managed by a plan manager	↑	↑			
Received State/Territory supports	Participant received services from Commonwealth programs before joining NDIS			↓		
Received State/Territory supports	Did not previously receive services from Commonwealth or State/Territory programs		↑			
Medium level of NDIA support	Lower level of NDIA support	↑				
Medium level of NDIA support	Higher level of NDIA support	↑				↑
2016/17	Participant entered the Scheme in 2017/18				↑	
2016/17	Participant entered the Scheme in 2018/19				↑	
30+ hours per week	Carer works for 0 hours per week		↓			
No paid job	Participant works in a paid job		↑		↑	↑
No unpaid job	Participant works in an unpaid job		↑		↑	↑

Reference category	Characteristic	Relationship with				
		Has the NDIS helped				
		RA	SP	AC	SC	HW
Non-SIL	**Participant is in Supported Independent Living (SIL)**		↓	↓		
Lives in a major city	**Lives in a regional area**	↑	↑	↑	↑	
Lives in a major city	**Lives in a Remote and Very Remote area**	↓	↓	↓	↓	
Mother	**Respondent was the father**				↑	
Mother	**Respondent was not a parent**					↑

Participant age

Families/carers of older participants are more likely to say the NDIS helped at first review for the domains rights and advocacy, support for family, and succession planning.

CALD status

Controlling for other factors, families and carers of participants from CALD backgrounds are less likely to say that the NDIS helped them understand their rights and to advocate effectively, with 50.4% agreeing to this statement, compared to 54.9% of families and carers of non-CALD backgrounds.

Indigenous status

Families and carers of Indigenous participants are significantly less likely to say that the NDIS improved the level of support for their families (57.7% compared to 69.8% for non-Indigenous), or that the NDIS helped them access services, programs and activities in the community (55.1% versus 64.4%).

Level of function

Families and carers of participants with lower levels of function are more likely to say that the NDIS helped them improve their level of support for their family, their access to services, programs and activities in the community, and their health and wellbeing. For example, 61.8% of families/carers of participants with high level of function responded positively, compared to 68.5% of families/carers of participants with medium level of function and 71.3% of families/carers of participants with low level of function.

Disability type

Families and carers of participants with autism or other physical disabilities are significantly less likely than families/carers of those with intellectual disability to say that the NDIS improved their access to services, programs and activities in the community.

Families and carers of participants with psychosocial disability are more likely than those with intellectual disability to say that the NDIS improved their understanding of rights and advocacy, their level of support for family, and their health and wellbeing.

Supports in plans

Families/carers of participants whose plans have 5% to 100% of capital supports are significantly less likely to say that the NDIS helped improve their access to services, programs and activities in the community, or helped them prepare for the future support of their family member with disability, relative to those with 0% to 15% of capacity building supports.

For access to services, 58.3% of families/carers of participants whose plans contain 5% to 100% capital supports say that the NDIS helped, compared to 69.0% for families/carers of participants with 0% to 15% capacity building supports in their plans. For preparing for the future support of their family member, these percentages are 37.0% and 43.7%, respectively.

Living situation

Families/carers of participants living in supported accommodation and aged care, relative to those living in privately owned homes, are significantly more likely to say that the NDIS helped them prepare for the future support of their family member. The proportion of positive responses in this domain, for these three living conditions are 37.6%, 43.2% and 11.9%, respectively.

Participant feel safe at home

Families/carers of participants who feel unsafe or very unsafe at home are significantly less likely to say that the NDIS helped across all five domains. For instance, 48.2% of families/carers of participants who feel unsafe/very unsafe responded that the NDIS improved their understanding of rights and advocacy, while 56.0% of families/carers of those feeling safe/very safe agreed to this statement, a 7.8% margin of difference.

Participant self-rated health

Controlling for other factors, families and carers of participants who rate their health as "Fair" or "Poor" instead of "Good", have a lower probability of saying that the NDIS helped improve their outcomes across all five domains. Positive response rates for families/carers of participants rating their health "Fair" or "Poor" across these domains are 53.1%, 67.4%, 60.7%, 11.1% and 38.8% respectively. These results are significant lower than for those rating their health as "Good", where positive response rates were 56.0%, 70.2%, 65.8% 13.3% and 43.2%.

State/Territory

Statistically significant results from multiple regression models include that, compared to NSW, families/carers of participants from:

- QLD and WA are significantly more likely to say the NDIS helped across all five domains of interest
- ACT are more likely to provide a positive response in the domains of access to services, programs and activities in the community, preparing for future support for family and health and wellbeing
- NT are more likely to say the NDIS helped with improving their knowledge of rights and advocacy, as well as access to services, programs and activities in the community
- TAS are more likely to say that the NDIS helped with improving the level of support for family

- SA are less likely to say that the NDIS improved their access to services, programs and activities in the community.

Receiving support before the NDIS

In comparison to families and carers of participants who received support from State/Territory systems prior to joining the NDIS, the families and carers of those who received supports from Commonwealth systems are less likely to say that the NDIS helped improve their level of support for family (69.3% for State/Territory versus 63.5% for Commonwealth). Meanwhile, for those who are former recipients of neither, their families and carers are less likely to say that the NDIS helped with preparing for future support of their family member with disability (41.3% for State/Territory versus 37.4% for neither).

Plan management type

In general, on a one-way basis, families and carers of participants whose plans are managed by a plan manager, or those partly/fully self-managed are more likely to think that the NDIS helped them improved outcomes. However, differences are significant (after examining outputs from multiple regression models) across the following categories and domains:

- Plan-managed versus agency-managed: the NDIS helped improve knowledge of rights and advocacy (55.7% and 51.0%); and level of support for family (70.6% and 64.7%)
- Partly self-managed versus agency-managed: the NDIS helped improve knowledge of rights and advocacy (58.9% and 51.0%); level of support for family (71.9% and 64.7%); access to programs, services and activities in the community (65.4% and 61.2%); and health and wellbeing (44.1% and 38.7%)
- Fully self-managed versus agency-managed: no statistically significant differences. (This may be partly due to the smaller number of participants aged 25 and over who self-manage fully).

Participant employment status

Families and carers of participants who are working, whether the job is paid or not, are more likely to say that the NDIS helped them improve the level of support for their families, prepare for the future support of their family member, and with health and wellbeing.

Carer working hours

Compared to carers who work for 30 or more hours per week, carers who do not work at all (0 hours per week) are significantly less likely to say that the NDIS helped them improve the level of support for their families (71.5% (30+ hours) versus 38.9% (0 hours)).

Entry year

Families/carers of participants who entered the scheme in FY 2017-18 or FY 2018-19 are more likely to say that the NDIS helped them prepare for the future support of their family member with disability.

Supported Independent Living arrangement (SIL)

Families and carers of SIL participants are less likely to say that the NDIS helped improve the level of support for their family, as well as access to programs, services and activities in the community.

Respondent’s relationship with participant

Fathers responding to the survey are more likely than mothers to say that the NDIS helped them prepare for the future support of their family member with disability (45.1% versus 41.9%). Respondents who are not the participant’s parents are more likely to say that the NDIS improved their health and wellbeing, relative to respondents who are mothers of participants (42.9% versus 41.0%).

Level of NDIA support[41]

Families and carers of participants who receive a lower or higher level of NDIA support are more likely to say that the NDIS improved their knowledge of rights and advocacy, relative to those with a medium level of NDIA support. For the low level of NDIA support, 53.8% agreed with this statement, as did 59.6% of those in very high NDIA support level, compared to 52.9% of those in the medium support level.

The families and carers of those with a very high level of NDIA support are also more likely than the medium support level to say the NDIS improved their health and wellbeing (46.5% versus 39.3%).

Remoteness

Compared to families and carers who live in the major cities, those living in the regional areas are more likely to say the NDIS has improved their capacity to advocate, the level of support for their family, access to services, and preparing for the future support of their family member. In contrast, families and carers of participants who live in remote and very remote areas are less likely to say that the NDIS has helped in the four domains.

Other characteristics

Families and carers of participants whose plan utilisation percentages are higher, and those whose annualised plan budget are higher, are both more likely to say that the NDIS helped them improve outcomes across all five domains of Table 7.1.

7.2.2 Longitudinal ‘Has the NDIS Helped?’ indicators – participant and family/carer characteristics

Methodology for longitudinal analysis of “Has the NDIS helped?” questions is described in Chapter 3.

The NDIS has helped me understand my rights and advocate effectively

The percentage of families and carers of participants aged 25 and oer who said the NDIS has helped them understand their rights and advocate effectively increased significantly by 7.2% between the first review and second review. There was no significant net change observed between first review and third review.

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[41] The level of NDIA support a participant requires as they move along the participant pathway, having regard to the complexity of their situation.

Table 7.2 Breakdown of net movement in family/carer responses to 'Has the NDIS helped?' indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	**1055**	**971**	**210**	**19.9%**	**64**	**6.6%**	**+7.2%**
Review 1 to Review 3	**32**	**37**	**4**	**12.5%**	**5**	**13.5%**	**-1.4%**

Family/carer characteristics that had a statistically significant effect (p<0.05) on the likelihood of improvement or deterioration in the outcome are summarised below:

Between first year review and second year review, families and carers of:

- Participants who feel unsafe or very unsafe at home are less likely to improve than those who feel safe or very safe
- Participants who receive a high level of NDIA support are more likely to improve than those receiving a low level of NDIA support
- Participants who used a greater percentage of their total supports are more likely to improve
- Participants who have greater annualised plan budget are less likely to deteriorate
- Participants with lower levels of function are more likely to deteriorate
- Participants whose self-rated health deteriorated are more likely to deteriorate.

No significant trends were observed between first review and third review due to small numbers of respondents.

The NDIS has improved the level of support for my family

The percentage of families and carers of participants aged 25 and over who said the NDIS has improved the level of support for their family increased significantly by 11.5% between the first review and second review. The net change between first review and third review was not significant.

Table 7.3 Breakdown of net movement in family/carer responses to 'Has the NDIS helped?' indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	**769**	**1342**	**292**	**38.0%**	**49**	**3.7%**	**+11.5%**
Review 1 to Review 3	**20**	**49**	**6**	**30.0%**	**4**	**8.2%**	**+2.9%**

Family/carer characteristics that had a statistically significant effect (p<0.05) on the likelihood of improvement or deterioration in the outcome are summarised below:

Between first review to second review, families and carers of:

- Participants who living in regional, remote or very remote areas are more likely to improve than those living in major cities
- Participants who feel unsafe or very unsafe at home are less likely to improve than those feeling safe or very safe
- Participants with partly self-managed plans are more likely to improve than those with agency-managed plans
- Participants living in New South Wales (NSW) or Queensland (QLD) are less likely to improve than those living in Victoria (VIC)
- Participants who used a greater percentage of their supports are more likely to improve.

No significant trends were observed between first review and third review due to small numbers of respondents.

The NDIS has improved my access to services, programs and activities in the community

The percentage of families and carers of participants aged 25 and over who said the NDIS has improved my access to services, programs and activities in the community increased significantly by 8.2% between the first review and second review. The net change between first review and third review was not statistically significant.

Table 7.4 Breakdown of net movement in family/carer responses to 'Has the NDIS helped?' indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	**849**	**1256**	**241**	**28.4%**	**69**	**5.5%**	**+8.2%**
Review 1 to Review 3	**20**	**49**	**3**	**15.0%**	**9**	**18.4%**	**-8.7%**

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are summarised below.

Table 7.5 Relationships of characteristics with the likelihood of improvement and deterioration in helped responses

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
N/A	**Higher annualised plan budget**	↑		No significant trend observed due to small numbers	
N/A	**Higher utilisation % of core supports**	↑			
Major Cities	**Participant lives in a regional area**	↑	↓		

		1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
Reference category	**Variable**	**Imp.**	**Det.**	**Imp.**	**Det.**
Major Cities	**Participant lives in a remote/very remote area**	↑			
Privately-owned home	**Participant lives in private rented accommodation / public accommodation**	↓			
0-15% capacity building supports	**30-60% of supports are capacity building supports**	↓			
0-15% capacity building supports	**More than 5% of supports are capital supports**	↓			
Participant self-rated health deteriorated	**Participant self-rated health improved**	↑			
N/A	**Higher plan utilisation**		↓		

Between first review to second review, families and carers of:

- Participants who have greater annualised plan budget are more likely to improve
- Participants who use a greater percentage of their core supports are more likely to improve
- Participants who live in regional, remote or very remote areas are more likely to improve
- Participants who have improved in self-rated health are more likely to improve
- Participants who live in regional areas are less likely to deteriorate
- Participants who live in a privately rented home from a private landlord or a public authority are more likely to deteriorate compared to those living in a family owned home
- Participants who use a greater percentage of their total supports are less likely to deteriorate
- Participants who have 30-60% supports in capacity building or 5-100% of support in Capital supports are more likely to deteriorate compared to those who have 0-15% funding in capacity building.

No significant trends were observed between first review and third review due to small numbers of respondents.

This NDIS has helped prepare for the future support of my family member

The percentage of families and carers of participants aged 25 and over who said the NDIS has helped prepare for the future support of my family member increased significantly by 3.9% between the first review and second review, however between first review and third review the net change is zero based on a small number of families and carers responding.

Table 7.6 Breakdown of net movement in family/carer responses to ‘Has the NDIS helped?’ indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	**1364**	**716**	**177**	**13.0%**	**96**	**13.4%**	**+3.9%**
Review 1 to Review 3	**51**	**18**	**4**	**7.8%**	**4**	**22.2%**	**0.0%**

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are summarised below:

Table 7.7 Relationships of characteristics with the likelihood of improvement and deterioration in helped responses

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of Imp.	1st Review to 2nd Review Relationship with likelihood of Det.	1st Review to 3rd Review Relationship with likelihood of Imp.	1st Review to 3rd Review Relationship with likelihood of Det.
N/A	**Higher annualised plan budget**	↑		No significant trend observed due to small numbers	
Non-CALD	**Participant is CALD**	↑			
N/A	**Higher utilisation % of core supports**	↑	↓		
Major Cities	**Participant lives in a regional or remote/very remote area**	↑			
Privately-owned home	**Participant lives in aged care**	↑			
Mother	**Respondent was the grandparent**	↑			
Mother	**Respondent was the spouse/partner**	↓			
Non-SIL	**Participant is in Supported Independent Living (SIL)**	↓			
N/A	**Lower level of function**	↓			
VIC	**Participant lives in NSW**	↓			
Participant self-rated health improved	**Participant self-rated health deteriorated**		↑		

Reference category	Variable	1st Review to 2nd Review Relationship with likelihood of		1st Review to 3rd Review Relationship with likelihood of	
		Imp.	Det.	Imp.	Det.
Not in an unpaid job	**Participant works in an unpaid job**		⬇		
Never in paid work	**Carer remained in paid work**		⬇		

Between first review to second review, families and carers of:

- Participants who have greater annualised total funding are more likely to improve
- Participants who are from a CALD background are more likely to improve
- Participants who use a greater percentage of the core supports are more likely to improve and less likely to deteriorate
- Participants who live in regional, remote or very remote areas are more likely to improve compared to those live in major cities
- Participants who live in age care are more likely to improve compared to those live in privately owned home
- Participants living in Supported Independent Living are less likely to improve compared to those living in a privately-owned home
- Participants with lower levels of function are less likely to improve
- Participants living in NSW are less likely to improve compared to those living in VIC
- Participants whose self-rated health deteriorated are more likely to deteriorate compared to those whose self-rated health improved
- Participants who are working in an unpaid job is less likely to deteriorate compared to those who are not working in an unpaid job.

Additionally, participants are more likely to improve if the respondent is the grandparent compared to the mother. Participants are less likely to deteriorate if the carer has never worked in a paid job compared to the carer remained in the paid job.

No significant trends were observed between first review and third review due to small numbers of respondents.

The NDIS has improved my health and wellbeing

The percentage of families and carers of participants aged 25 and over who said the NDIS has improved their health and wellbeing increased significantly by 3.7% between the first review and second review. The net change between first review and third review is not statistically significant based on a small number of families and carers responding.

Table 7.8 Breakdown of net movement in family/carer responses to ‘Has the NDIS helped?’ indicators

Longitudinal Period	Number of Baseline Responses in cohort		Improvements: No to Yes		Deteriorations: Yes to No		Net Movement
	No	Yes	Number	%	Number	%	
Review 1 to Review 2	**1336**	**745**	**183**	**13.7%**	**105**	**14.1%**	**+3.7%**
Review 1 to Review 3	**41**	**29**	**4**	**9.8%**	**7**	**24.1%**	**-4.3%**

Family/carer characteristics that had a statistically significant effect ($p<0.05$) on the likelihood of improvement or deterioration in the outcome are summarised below:

Between first review to second review, families and carers of:

- Participants with greater annualised plan budget are more likely to improve
- Participants with lower levels of function are less likely to deteriorate

Between first review to third review, families and carers of:

- Participants who live in a Local Government Area (LGA) with high unemployment rates are less likely to deteriorate.

Box 7.1 summarises key results from this section.

Box 7.1: Has the NDIS helped? by key characteristics

After one year in the Scheme:

- Higher baseline plan utilisation, and higher annualised plan budget, were associated with a higher likelihood of responding positively.
- Families/carers of older participants are more likely to say the NDIS helped for the domains rights and advocacy, support for family, and succession planning.
- Families/carers of participants living in QLD or WA were more likely than families/ carers of participants living in NSW to think that the NDIS has helped, across all domains.
- Compared to families/carers of participants who live in a major city, families/ carers of participants who live in regional areas are more likely to respond positively, and families/carers of those living in remote/very remote areas are less likely to respond positively, across all domains except health and wellbeing.
- Families/carers of participants with better self-rated health, and of participants who feel safe in their home, are more likely to respond positively.
- Families/carers of participants who work in a paid or unpaid job are more likely to think the NDIS has helped with level of support, succession planning, and health and wellbeing.

Looking at changes over time:

- 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 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.
- 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.