

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%.

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 significant¹⁵ and had an absolute magnitude greater than 0.02 for at least one entry year cohort.

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%	*	*

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:				Change		Significant ¹⁶	
			Baseline	Review 1	Review 2	Review 3	Latest year	Overall	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).

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

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%

¹The 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		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.	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		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of Imp.	Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of 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		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.	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	↓		↓		↓	↑	↓	↑	↓	

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		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.	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%

¹The 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		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.								
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		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.								
	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%

¹The 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		R1 >R2		R2 >R3		B >R2		B >R3	
		Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of 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.								
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		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.								
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		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.								
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%

¹The 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		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.								
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		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.								
	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		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.								
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		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.								
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%

¹The 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		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.								
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.								
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		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.								
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		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.								
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		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.								
	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%

¹The 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		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.								
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.								
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		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.								
	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:

- State/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%

¹The 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.								
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		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.								
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.								
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		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.									
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%

¹The 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		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.								
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.								
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		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.								
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		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.								
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%

¹The 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.								
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.								
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.								
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		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.								
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%

¹The 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		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.								
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		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.								
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		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.								
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		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.								
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		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.								
	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 deteriorate 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%

¹The 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		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.								
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		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.								
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		R1 >R2		R2 >R3		B >R2		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 deteriorate 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%

¹The 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		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.								
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		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.								
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		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.								
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%

¹The 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		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.								
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		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.								
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		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.								
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		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.								
	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 deteriorate 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%

¹The 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”

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.								
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.								
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		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.								
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 deteriorate 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 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.
- 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.