

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

#### 3.1 Results across all participants and families/ carers

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

**Figure 3.1 Percentage of families/carers who think that the NDIS has helped with outcomes<sup>21</sup>**

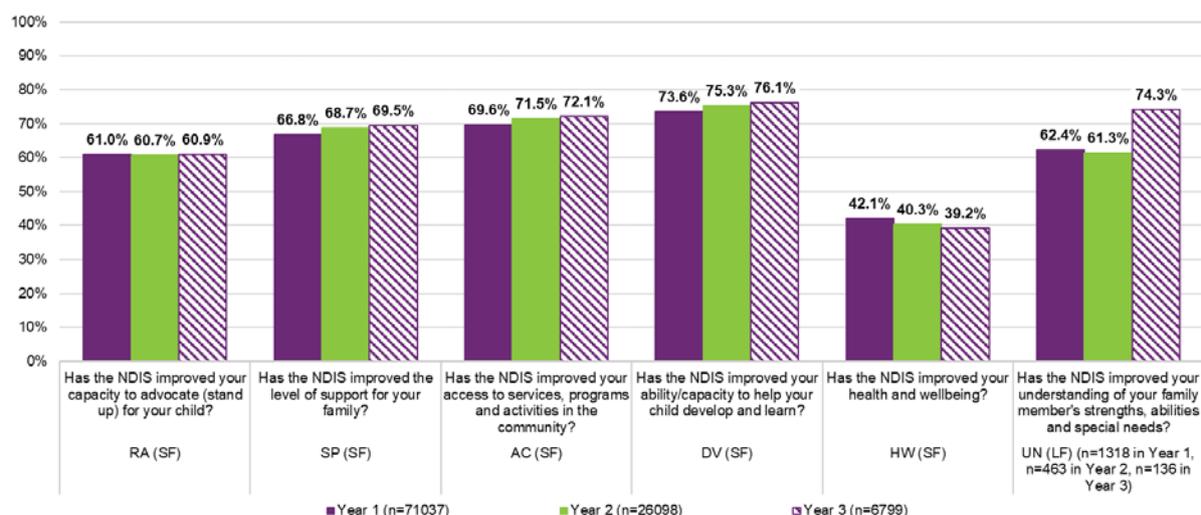


Figure 3.1 shows that outcomes for families and carers of participants aged 0 to 14 have improved across most domains with time in Scheme, and for all but one domain, overall positive response percentages range from 60% to 80%.

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

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

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

<sup>21</sup> Includes responses from all participants who responded in each review year, not all participants have responded in all three years.

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

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

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

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

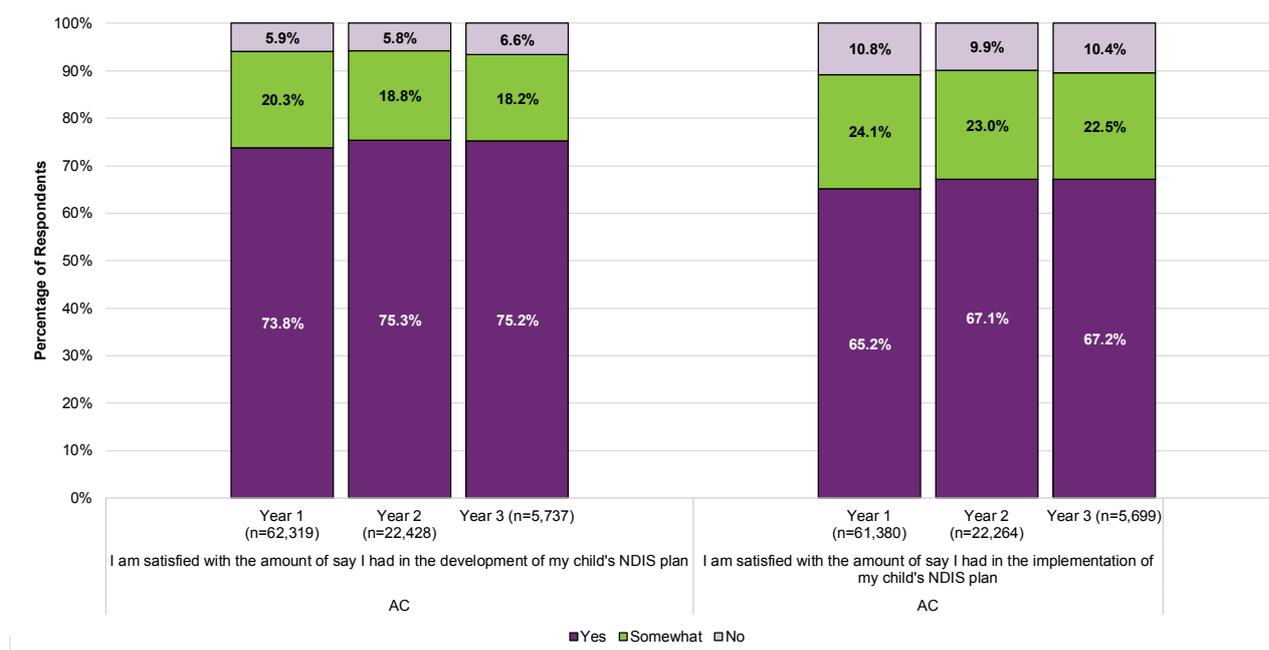


Figure 3.2 shows that families/carers tended to be more satisfied with the input they had into the development of their child's plan (93.4% satisfied or somewhat satisfied after three years in the scheme) than with its implementation (90.0% satisfied or somewhat satisfied after three years in the scheme).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

## 3.2 Results by participant and family/carer characteristics

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

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

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

**Table 3.1 Relationship of participant/carer characteristics with the likelihood of positive family/carer responses<sup>22</sup>**

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

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

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

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

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

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

### Level of function

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

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

### Annualised plan budget

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

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

### **Level of NDIA support**

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

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

### **Utilisation**

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

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

### **Participant age**

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

### **Disability type**

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

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

### **Receiving support before the NDIS**

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

Compared to participants who previously received services from State/Territory programs, families and carers of participant who did not received services prior to joining the NDIS are

more likely say they are satisfied with the amount of say they had in both developing and implementing their child's plan. Families and carers of participants who received services from Commonwealth programs are more likely to say they are satisfied with the amount of say they had in implementing their child's plan.

### **State/Territory**

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

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

### **Plan management type**

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

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

### **Living arrangements**

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

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

### **Unemployment rate**

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

## Types of supports in plans

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

## CALD status

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

## Indigenous status

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

## Access type

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

## Remoteness

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

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

## Other responses – Supports and Services

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

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

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

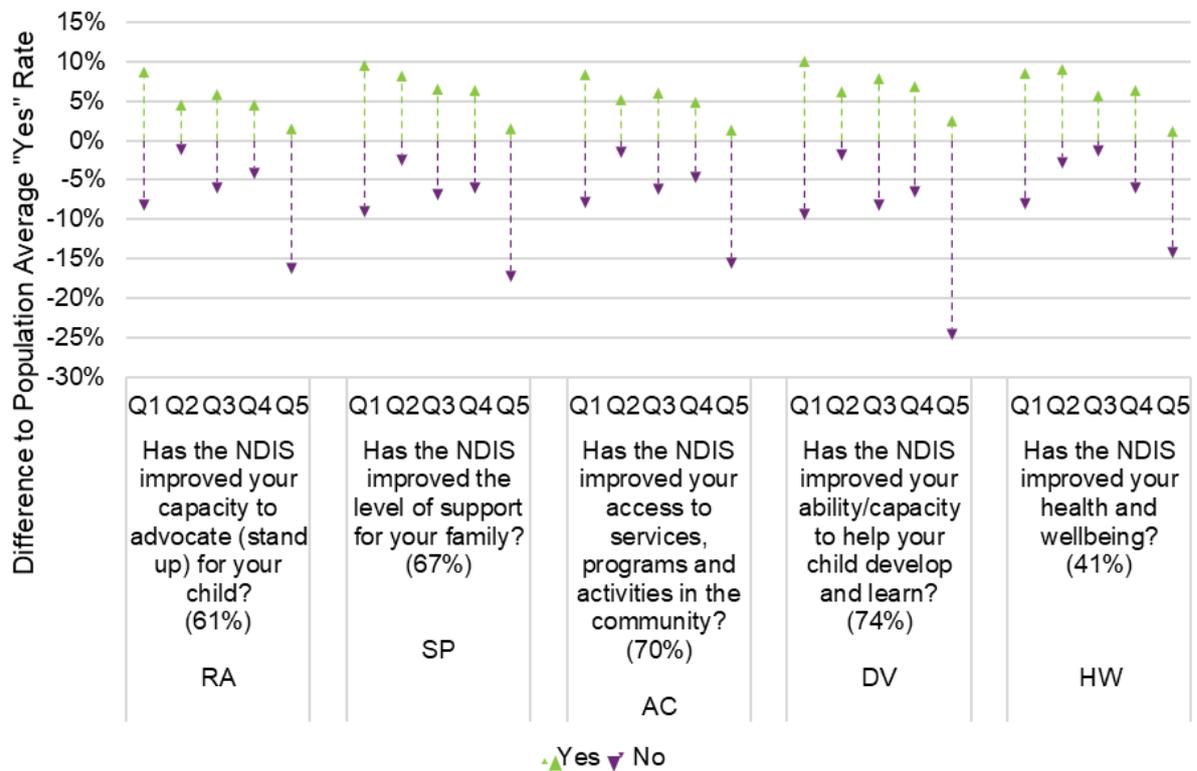
**Q2:** I get the services and supports I need to care for my child with disability

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

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

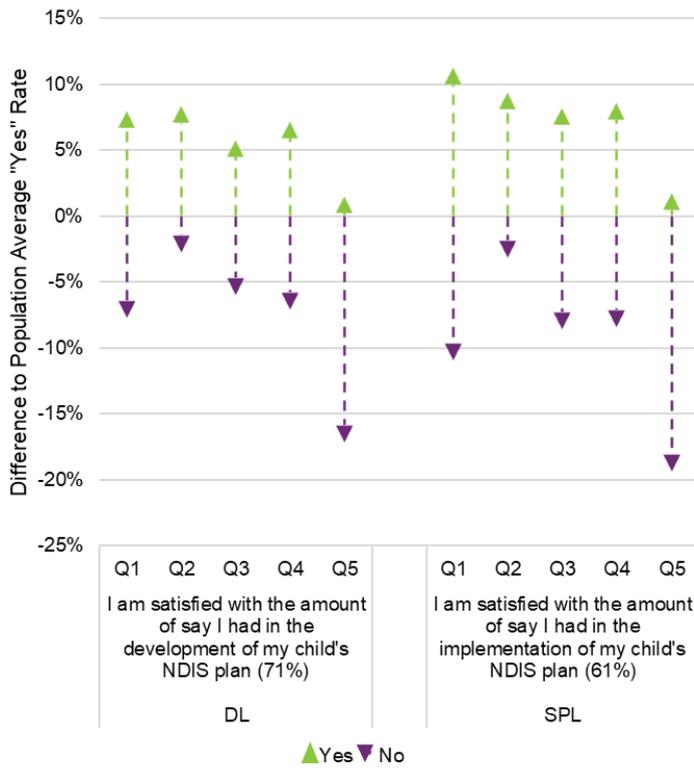
**Q5:** I am confident in supporting my child's development.

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



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

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



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

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

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

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

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

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

**Table 3.3 Breakdown of net movement in longitudinal responses**

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

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

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

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

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

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

Key findings from the multiple regression analysis are as follows:

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

### The NDIS has improved the level of support for my family

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

**Table 3.5 Breakdown of net movement in longitudinal responses**

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

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

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

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

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

Key findings from the multiple regression analysis are:

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

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

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

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

**Table 3.7 Breakdown of net movement in longitudinal responses**

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

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

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

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

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

Key findings from the multiple regression analysis are:

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

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

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

**Table 3.9 Breakdown of net movement in longitudinal responses**

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

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

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

Reference category	Variable	1 <sup>st</sup> Review to 2 <sup>nd</sup> Review		1 <sup>st</sup> Review to 3 <sup>rd</sup> Review	
		Relationship with likelihood of Imp.	Relationship with likelihood of Det.	Relationship with likelihood of Imp.	Relationship with likelihood of Det.
N/A	Participant is older	↓	↑	↓	↑
Non-Indigenous	Participant is Indigenous				↑

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

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

Key findings from the multiple regression analysis are:

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

### The NDIS has improved my health and wellbeing

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

**Table 3.11 Breakdown of net movement in longitudinal responses**

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

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

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

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

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

Key findings from the multiple regression analysis are:

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

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

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

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

**Table 3.13 Breakdown of net movement in longitudinal responses**

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

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

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

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

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

Key findings from the multiple regression analysis are:

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

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

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

**Table 3.15 Breakdown of net movement in longitudinal responses**

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

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

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

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

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

Key findings from the multiple regression analysis are:

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

Responses from families and carers of participants with less than 75% of capacity building supports in their plan are more likely to deteriorate in both longitudinal periods. Responses from families and carers of participants with 75%-95% of capacity building supports in their plan are less likely to improve in both longitudinal periods.

- Families and carers whose second response was given during the COVID period are less likely to deteriorate between first and second review.

Key findings from this section are summarised in Box 3.1.

### Box 3.1: Has the NDIS helped? by key characteristics

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