



Participant Outcomes

Summary Report

At 30 June 2024

Contents

1. Overview	3
2. Background	3
3. Summary of findings	4
4. Outcomes that are improving for participants	5
5. Areas of concern or deterioration	8
6. Benchmarking against the Australian population	10
7. Modelling results: Drivers of changes in key outcome indicators	11
8. PLIDA Data linkage analysis	13
9. Has the NDIS helped?	16

1. Overview

This paper presents a summary of the longitudinal outcomes for participants entering the Scheme from 1 July 2016, who have been in the Scheme for one year or longer at 30 June 2024, using data available as at that date.

The purpose of the document is to provide a picture of how participants are progressing, based on information provided by them in interviews conducted using the National Disability Insurance Scheme (NDIS) outcomes framework questionnaires.

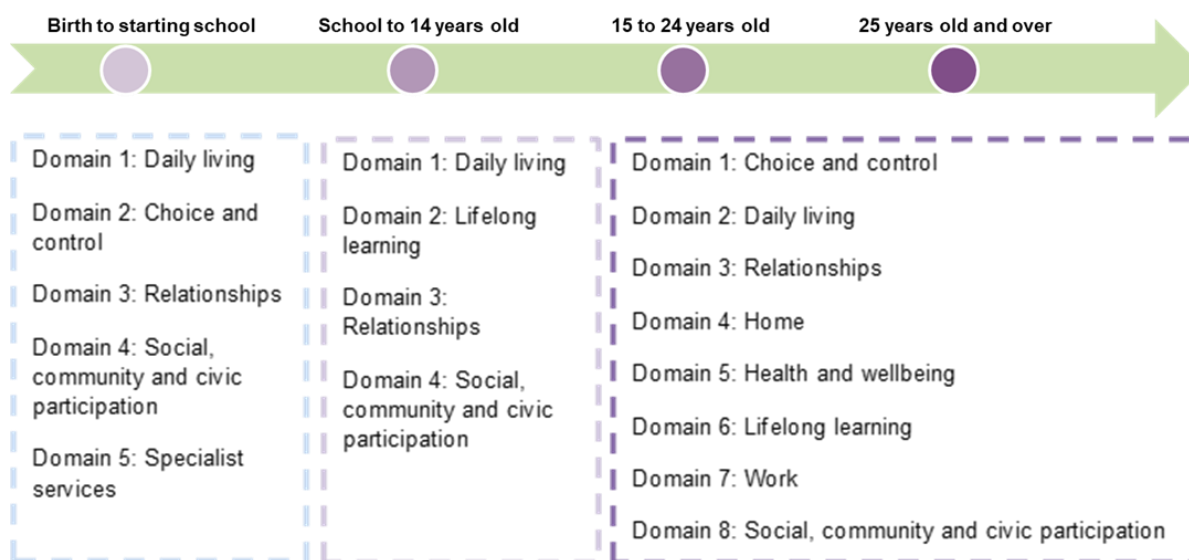
The paper provides a summary of the number, extent and nature of changes across key outcome indicators. The results are intended to provide insight into how the Scheme is making a difference for participants and point to any areas where improvements may be required.

2. Background

2.1 A life course approach

A life course approach to measuring participant outcomes across main life domains has been used. This lifespan approach aligns key outcomes and life domains to key life stages.

Figure 1: Life course approach – four aged-based cohorts



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

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

2.2 Short Form and Long Form

The Short Form (SF) outcomes questionnaire is completed by all participants, and a family member or carer, where available. It contains questions useful for planning, as well as key indicators to monitor and benchmark over time.

The Long Form (LF) outcomes questionnaire is completed for a subset of participants, and a family member or carer, where available. It includes some additional questions allowing more detailed investigation of participant and family/carer experience, and additional benchmarking.

For both the SF and the LF questionnaires, participants and their families and carers are interviewed at baseline (Scheme entry), and approximately annually thereafter. Following the same group longitudinally over time allows within-individual changes in outcomes to be investigated.

3. Summary of findings

In total, 183 indicators were considered for the older participant age groups (15 and over), and 113 for the younger participant age groups (aged 0 to 14). Of these:

- Overall, 30% of indicators showed significant and material change (23% for the 0 to 14 age group, and 34% for the 15 and over age group).
- Forty-seven percent of SF indicators showed significant and material change, compared to 16% of LF indicators. The lower percentage for LF is due to smaller numbers of participants surveyed.
- Amongst indicators with significant and material change, the percentage showing an improvement was 42% for the 0 to 14 age group, and 67% for the 15 and over age group.

4. Outcomes that are improving for participants

4.1 Participants aged 0 to 14

As shown in Table 1 below, improvements were evident across several participant outcome domains. Note that unless otherwise stated, changes are over seven years. Where numbers are too small to show seven-year results, changes are for five or six years, as stated.

Table 1: Outcomes that are improving for children aged 0 to 14

Specialist services (participants from birth to starting school)		
	An increasing percentage of parents/ carers of young children said that their child used specialist services, and that these services helped their child to gain everyday life skills and helped them to assist their child.	<ul style="list-style-type: none"> • 93.4% use specialist services (at least a 24 percentage-point increase over one to five years). • After five years, 97.3% said the services helped their child gain everyday skills, and 98.7% said the services helped them to assist their child.
Daily living		
School to 14	School aged children are becoming more independent.	• 12.8 percentage-point increase to 50.5%.
Birth to 14	More young participants manage the demands of their world well over time.	• 14.3 percentage-point increase to 53.6% over 6 years.
Relationships (participants from birth to age 14)		
	There is an increasing trend in the percentage of children who make friends with people outside the family, with greater improvements seen for younger children before starting school.	<ul style="list-style-type: none"> • 2.8 percentage-point increase to 62.4% over five years (overall). • 23.3% increase to 65.0% over five years for participants from birth to starting school.
	Participants are increasingly likely to fit into family life, particularly those who have recently started school.	<ul style="list-style-type: none"> • 87.7% overall (19.9 percentage-point increase). • 88.2% for those who recently started school (28.1 percentage-point increase).
Social, community and civic participation (participants from birth to starting school)		
	Increasing percentages of children in the younger age group participate in community activities, and	• 49.1% participate in activities (7.8 percentage-point increase over five years).

<p>those who participate increasingly feel welcomed or actively included at these activities.</p>	<ul style="list-style-type: none"> • 82.1% feel welcomed/ included (10.7 percentage-point increase over five years).
---	---

4.2 Participants aged 15 and over

Table 2 below presents the improvements in key indicators across several adult outcome domains.

Table 2: Outcomes that are improving for participants aged 15 and over

Employment		
	<p>An increasing percentage of participants in the labour force are in a paid job. Participants in a paid job are increasingly receiving support to do their job and working 15+ hours per week, whilst those interested in a paid job are increasingly being assisted to get one.</p>	<ul style="list-style-type: none"> • 8.2 percentage-point increase in being in a paid job, given in the labour force, to 60.3%. • Of those in a paid job, 68.8% work 15 hours or more per week, a 3.8 percentage-point increase. • 84.2% get support needed to do their job (9.0 percentage-point increase). • 30.1% are assisted to get a job (11.4 percentage-point increase over six years).
Lifelong learning		
	<p>Participants are getting opportunities to learn new things and completing year 12. In addition, the percentage of participants who say there was a course or training they wanted to do in the last 12 months but could not has decreased over time.</p>	<ul style="list-style-type: none"> • 54.2% get opportunities to learn (1.7 percentage-point increase). • 52.6% completed year 12 (4.7 percentage-point increase). • 22.6% couldn't do a course/ training that they wanted (10.6 percentage-point decrease).
Choice and control		
<p>Aged 15 and over</p>	<p>Multiple indicators in the choice and control domain improved, including making decisions, choosing who provides support, and how to spend free time, as well as having a say with support services.</p> <p>The percentage choosing who supports them is notably higher for older age groups.</p>	<ul style="list-style-type: none"> • 13.0 percentage-point increase to 69.4% in making more decisions. • 49.7% make most decisions in their life (1.7 percentage-point increase). • 51.8% choose who supports them (3.9 percentage-point increase). At the latest reassessment after one to six years, the percentage of the 25 and over age group who choose who supports them is at least 20 percentage-points higher than the group who turned 15 while in Scheme. • 83.7% choose how they spend their free time (5.4 percentage-point increase). • 52.8% felt able to have a say with support services (7.3 percentage-point increase).

Aged 15 to 24	A decreasing percentage of participants do not feel more independence and control than 2 years ago due to factors unrelated to their disability.	<ul style="list-style-type: none"> • 3.2 percentage-point decrease in those who do not feel more independence/control than 2 years ago due to factors unrelated to disability to 3.7%.
---------------	--	---

Relationships	
Participants report getting more opportunities to see friends and being more satisfied with their relationship with support staff.	<ul style="list-style-type: none"> • 65.0% see friends without paid staff/ family present (15.0 percentage-point increase over five years). • 94.1% felt happy with their relationship with staff (20.6 percentage-point increase).

Home	
A growing percentage of participants chose where they lived, who they lived with, and participated in making decisions about planning for a home without the help of others.	<ul style="list-style-type: none"> • 67.6% chose where they lived (5.4 percentage-point increase). • 70.8% chose whom they lived with (20.8 percentage-point increase over six years). • 22.3% made decisions on planning for a home independently, a 10.7 percentage-point increase over four years.

Social, community and civic participation	
Higher proportions of participants spent their free time doing activities that interest them, were involved in community, know people and have a say in the community. They also have had opportunities to try new things and have new experiences, and feel safe walking alone in the local area after dark.	<ul style="list-style-type: none"> • 83.7% participate in activities of interest (10.4 percentage-point increase). • 13.4 percentage-point increase to 49.9% of participants involved in a community activity. • 67.4% know people in their community (7.8 percentage-point increase). • 40.5% have a say in the general community (10.8 percentage-point increase) • 81.1% had opportunities to try new things (24.3 percentage-point increase). • 2.7 percentage-point increase in those feeling safe walking alone in the local area after dark to 18.9%.

Health and wellbeing	
There have been improvements in some health and wellbeing indicators. Increasing percentages of participants have a doctor they see regularly, while a decreasing number have difficulty accessing health services, or have attended hospital in the last 12 months.	<ul style="list-style-type: none"> • 95.3% have a regular doctor (9.4 percentage-point increase). • 75.5% had no difficulty accessing health services (4.1 percentage-point increase). • 7.3 percentage-point decrease to 27.5% who have been hospitalised.

<p>Participants are also increasingly vaccinated against the flu. In addition, life satisfaction improved over time.</p>	<ul style="list-style-type: none"> • 75.7% received a flu vaccination (24.3 percentage-point increase). • Life satisfaction increased by 11.1 percentage-point to 59.7% over six years.
--	---

5. Areas of concern or deterioration

5.1 Participants aged 0 to 14

There are opportunities for improvement across four key areas. These are summarised in Table 3 below.

Table 3: Outcomes that are of concern/deteriorating for participants aged 0 to 14

Daily living (participants from birth to starting school)		
	<p>There is an increasing trend in the percentage of parents/ carers of children in the birth to starting school age group reporting concerns in six or more areas of daily living – particularly in relation to social interaction, cognitive development, fine motor skills, self-care, and sensory processing. This coincides with an increasing use of specialist services may reflect an increasing awareness of areas of concern and a need to seek assistance.</p>	<ul style="list-style-type: none"> • 80.6% report six or more areas of concern (25.0 percentage-point increase over five years). • 89.0% had concerns about self-care (20.2 percentage-point increase over four years).
Social, community and civic participation		
School to 14	<p>Increasing percentage of families and carers want their child to have more opportunity to be involved in activities with other children; they also see child's disability and themselves being busy as barriers to being more involved.</p>	<ul style="list-style-type: none"> • 93.5% would like their child to have more opportunity to be involved with other children (15.8 percentage-point increase). • 91.1% see child's disability as a barrier (2.9 percentage-point increase). • 21.9% see themselves being too busy as a barrier (2.6 percentage-point increase).
Birth to 14	<p>Parents and carers increasingly want their child to be more involved and see child's disability and themselves being too busy as a barrier to participation.</p>	<ul style="list-style-type: none"> • 83.5% would like their child to be more involved (24.8 percentage-point increase over five years). • 91.5% said their child's disability was a barrier to being involved in community activities (15.3 percentage-point increase over five years). • 25.8% say themselves being busy is a barrier to greater involvement (5.3 percentage-point increase over four years).

Lifelong learning (participants aged from starting school to 24)	
<p>Whilst increasing percentages of children are in mainstream classes over calendar time, longitudinally, the percentages are decreasing. Involvement in co-curricular activities also decreased longitudinally.</p>	<ul style="list-style-type: none"> • Mainstream school attendance – 9.8 percentage-point decrease to 33.1%. At baseline: 69.3% for those in the Scheme for one year compared to 42.9% for those in the Scheme for seven years. • Involvement in co-curricular activities – 21.1 percentage-point decrease to 24.0%.

5.2 Participants aged 15 and over

There are opportunities for improvement across four key areas for participants aged 15 and over. These are summarised in Table 4 below.

Table 4: Outcomes that are of concern/deteriorating for participants aged 15 and over

Employment	
<p>Overall, for participants aged 15 and over there has been little change in the percentage in a paid job over time in the Scheme. However, the results vary considerably by age group, with younger participants showing strong improvement in this employment outcome, while older participants show deterioration over time.</p> <p>The percentage of participants in the labour force has declined over time, although similar major differences by age are also observed. Those not working and not looking for work has also increased.</p>	<ul style="list-style-type: none"> • 25.6% being in a paid job overall (0.4 percentage-point decrease over 7 years). After six years, those turning 15 while in the Scheme experienced a 23.7 percentage-point increase in paid employment, compared to a 5.2 percentage-point decrease for the oldest adult age group (25 and over). • The percentage of participants in the labour force decreased by 8.3 percentage-points to 46.1% overall over 7 years. After six years, the percentage increased by 31.3 percentage-point for those who turned 15 while in Scheme, but decreased by 8.9 percentage-points for the 25 and over age group.
Lifelong learning	
<p>A decreasing percentage of participants participate in education, training and skill development. For the younger age groups, this is partly due to finishing school.</p>	<ul style="list-style-type: none"> • 12.6% participate in education training and skill development, a 9.5 percentage-point decrease.
Choice and control	
<p>Participants continue to express an increasing desire for more choice and control.</p>	<ul style="list-style-type: none"> • 83.6% want more choice and control in their life, a 15.3 percentage-point increase.

Relationships	
There is increasing desire to see friends and family more often, and a decreasing percentage have friends other than family or paid staff.	<ul style="list-style-type: none"> • 37.5% would like to see family more often and 56.6% would like to see friends more often. An 8.3 and 8.4 percentage-point increase over time, respectively. • 72.8% have friends other than family or paid staff, a 2.4 percentage-point decrease.
Home	
Home satisfaction is decreasing.	<ul style="list-style-type: none"> • 77.8% are happy with the home they live in, a 2.7 percentage-point decrease.
Social, community and civic participation	
Increasing numbers of participants could not do things they wanted to do.	<ul style="list-style-type: none"> • 58.5% had something they wanted to do in the last 12 months but could not, an increase of 1.6 percentage-points over six years.
Self-rated health	
Self-rated health has deteriorated over time, across all age groups and duration cohorts. Older participants have lower percentages who rate their health as “Excellent”, “Very Good” or “Good”.	<ul style="list-style-type: none"> • 52.0% rated their health positively overall (6.2 percentage-point decrease). • After six years, 70.8% of participants who turned 15 in the Scheme rated their health positively, despite a decrease of 5.3 percentage-points. By contrast, this percentage decreased by 5.6 percentage-points for the 25+ age group to 44.6%.

6. Benchmarking against the Australian population

Overall, participants’ education, employment, community participation and health-related outcomes are poorer than for the Australian population. However, the trend is improving on some of these indicators and getting closer to that of the general population (e.g. completing year 12 or above, working 15 or more hours, participating in social and community and activities, having a say within the community, feeling safe walking alone in local area after dark).

The percentage of NDIS participants aged 15 and over in a paid job and participation in the labour force are substantially lower than for the Australian population. Marginal changes for these metrics have been observed over the years.

Participants aged 15 and over also have poorer health outcomes when compared to the Australian population. NDIS participants self-rate their health less positively and higher percentages of NDIS participants report having attended hospital in the past 12 months.

However, the trend for the latter indicator is improving. On a positive note, participants are more likely to have a regular doctor than the Australian population.

7. Modelling results: Drivers of changes in key outcome indicators

Modelling with General Estimating Equations (GEE) has been performed to understand drivers of changes in some key outcomes metrics in the 15 and over age group, as listed below in Table 5. Modelled characteristics include demographics, Scheme entry, disability, geographical location, living arrangement, plan features and time variables.

Table 5: Key observations of the key drivers of participant outcomes

Indicator	Age group	Gender	CALD status	Indigenous status	Level of function	Primary disability
Choosing who supports them	Aged 15 to 17: more likely to deteriorate	Females: more likely to improve	CALD participants: more likely to deteriorate		Higher functioning level: more likely to improve	Multiple sclerosis: more likely to improve Down syndrome: more likely to deteriorate
Having friends other than family or paid staff		Females: more likely to improve	CALD participants: more likely to deteriorate		Higher functioning level: more likely to improve	Down syndrome: more likely to improve
Happy with the home they live in		Females: more likely to deteriorate		Indigenous participants: more likely to deteriorate	Higher functioning level: more likely to improve Lower functioning level: more likely to deteriorate	Down syndrome: more likely to improve Other ¹ disability: more likely to deteriorate
Rating their health as “Excellent”, “Very Good” or “Good”	Younger participants (in general): more likely to improve Aged 15 to 54: more likely to improve	Females: more likely to improve and deteriorate	CALD participants: more likely to deteriorate	Indigenous participants: more likely to deteriorate	Higher functioning level: more likely to improve	Down syndrome: more likely to improve Multiple sclerosis: more likely to deteriorate
Working in a non-ADE paid job	Aged 15 to 17 and 65+: more likely to deteriorate				Higher functioning level: more likely to improve Lower functioning level: more likely to deteriorate	Sensory disability: more likely to improve Psychosocial disability: more likely to deteriorate
Actively involved in a community, cultural or religious group in the last 12 months		Females: more likely to improve	CALD participants: more likely to improve	Indigenous participants: more likely to deteriorate	Lower functioning level: more likely to deteriorate	Down syndrome: more likely to improve Psychosocial disability: more likely to deteriorate

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

8. PLIDA Data linkage analysis

The Person-Level Integrated Data Asset (PLIDA) has been used to examine how NDIS participants and the broader Australian population interact with Medicare Benefits Scheme (MBS) subsidised mental health services, prescriptions under the Pharmaceutical Benefit Scheme (PBS) for mental health-related medications, and their engagement with employment, over recent financial years. This type of data linkage provides insights into participants' use of mainstream services and, as more linked data becomes available, will provide a better understanding of how these interactions contribute to better outcomes. Information is summarised at an aggregate level.

8.1 Age distributions

The age profile for NDIS participants over the years (from FY2018-19 to FY2022-23) is on average becoming younger overtime for both males and females. Further, male participants tend to be younger than female participants.

This has been compared with the age distribution of the general Australian population, according to the 2021 Census. NDIS participants tend to be younger than the general Australian population. Key observations are as follows:

- In FY2018-19, 42.7% and 29.3% of NDIS females were aged 0-14, compared to 46.6% and 36.6% in FY2022-23, respectively.
- In FY2020-21, the relative percentage of NDIS males aged 0-14 (46.3%) was more than double that of the Australian males in general (19.3%); while the relative percentage of NDIS males aged 65+ (3.1%) was less than a fifth of Australian males (16.6%).

8.2 MBS and PBS data linkage

Data linkage has been performed to MBS and PBS data to analyse the proportion of NDIS participants accessing MBS services and PBS prescriptions for mental health, as well as the average number of services/prescriptions accessed among those using these services and medications. Results are also examined for individual MBS service type, as well as PBS prescriptions receiving subsidies. These results are split by gender and compared against the general Australian population. See Table 6 and Table 7 below.

Table 6: Access to mental health services (MBS data linkage)

Accessing mental health services – Medicare Benefit Schedule (MBS)	
<p>Across most age groups, female NDIS participants had higher percentages accessing MBS mental health services, and accessed on average more services.</p> <p>Among NDIS participants, rates of accessing mental health peaked in the 35-44 age group, while the number of services accessed by NDIS participants increased notably up to the 25-34 age group and remained stable thereafter.</p> <p>In most age groups and for both genders, NDIS participants accessed MBS mental health services at around double the rate, and on average accessed more services than the general Australian population.</p> <p>The percentage of NDIS participants accessing MBS mental health services declined every year.</p>	<p>In FY2022-23:</p> <ul style="list-style-type: none"> • Among those aged 35-44, 11.9% of NDIS males and 16.9% of NDIS females accessed MBS mental health services, compared to 4.9% of Australian males and 8.1% of Australian females. • In the each of the 25 and over age groups, female participants accessed on average around six services, compared to just over four for male participants, and around five for Australian females in general. <p>In FY2018-19, 28.2% of NDIS males and 23.5% of NDIS females accessed MBS mental health services, compared to 23.2% and 15.3% in FY2022-23, respectively.</p>
<p>Across all service types, for both genders, as well as NDIS and Australians overall, higher percentages of females accessed MBS mental health services, and accessed more services on average, compared to males.</p> <p>In most cases, the percentage of NDIS participants using each type of mental health services decreased over the years (with the exception of psychiatrists for females).</p> <p>The average number of psychiatrist and GP services accessed by NDIS participants remained stable over the years, while the average number of psychologist and other allied health services increased notably.</p> <p>On average, NDIS males accessed a similar number of psychiatrist, psychologist and other allied health services as Australian males overall, while NDIS females accessed considerably more of each service type than average Australian females.</p>	<p>In FY2022-23, 15.4% of NDIS females and 9.2% of NDIS males accessed MBS GP services.</p> <p>The percentage of males accessing psychologist or other allied health services reduced by more than 50% from FY2018-19 to FY2022-23.</p> <p>For those who accessed at least one service:</p> <ul style="list-style-type: none"> • On average, females accessed 2.16 services, and males accessed 1.79. • In FY2018-19, NDIS females accessed on average 4.98 psychologist services, compared to 5.70 in FY2022-23. • In FY2022-23, NDIS females accessed 7.40 psychiatrist services, compared to 5.46 for general Australian females.

Key observations from the PBS data linkage are presented in Table 7 below.

Table 7: NDIS Participant use of PBS prescriptions (PBS data linkage)

Accessing mental health services – Pharmaceutical Benefit Scheme (PBS)	
<p>In general, older NDIS participants had higher percentages receiving PBS mental health prescriptions and received on average more prescriptions. However, the biggest increases in both measures were between the 0-8 and 9-14 age groups.</p> <p>Higher percentages of NDIS males received PBS prescriptions than females in the 0-14 age group; the opposite is true for those aged 15 and over.</p> <p>Compared to the General Australian population and across all age groups, higher percentages of NDIS participants received PBS prescriptions, and received on average more prescriptions.</p> <p>The percentage of NDIS participants receiving PBS prescriptions increased steadily over the years, and the percentage of participants receiving subsidies moved closely in line with it. However, the average number of PBS mental health prescriptions received by NDIS participants decreased marginally.</p>	<p>In FY2022-23:</p> <ul style="list-style-type: none"> • Of those aged 0-8, 17.7% of NDIS males and 12.7% of NDIS females received PBS prescriptions, compared to 42.5% and 38.5%, respectively, for those aged 9 to 14. • For those who received at least one prescription: <ul style="list-style-type: none"> - NDIS participants aged 0-8 received on average around six prescriptions, compared to around 10 for those aged 9-14 and 12 to 15 for those aged 35 and over. - In FY2022-23, Australian males and females received 8.43 and 9.01 prescriptions on average, respectively, compared to over 11 for NDIS participants. <p>The percentage of NDIS males receiving PBS prescriptions and those receiving subsidies increased by 2.3 and 0.9 percentage-points, respectively, from FY2018-19 to FY2022-23.</p>
<p>Higher percentages of PBS mental health prescriptions for NDIS participants were subsidised, than for the general Australian population, for males and females of all age groups.</p> <p>Of all PBS mental health prescriptions provided in Australia, the proportion provided to NDIS participants tends to be higher for younger age groups. This percentage is higher for males than females in all age groups.</p> <p>The total number of mental health PBS prescriptions in Australia tends to be higher for older age groups.</p>	<p>In FY2022-23:</p> <ul style="list-style-type: none"> • Around 80% of prescriptions for NDIS participants aged 0-8 and around 90% for those aged 9 and over are subsidised; while less than 40% of prescriptions for Australians aged 25 to 54 are subsidised. • Less than 50,000 PBS mental health prescriptions were provided in Australia for people aged 0-8, of which almost half (47.8% for males and 39.2% for females) were for NDIS participants. By contrast, 1.5% (males) and 1.0% (females) for the 65+ age group, were prescribed to NDIS participants, out of over 1.2 million mental health PBS prescriptions.

8.3 ATO data linkage

Australian Taxation Office (ATO) data is also utilised to enhance understanding of the employment experience of NDIS participants. The metrics observed are the percentage earning gross salary (a proxy for employment status) and the percentage paying taxes (a proxy for financial means). These results are split by age and gender and compared against the general Australian population.

Table 8: Key observations from ATO data linkage on gross salary and income tax for NDIS participants

Earning gross salary and paying tax (aged 15 and over only)	
<p>Substantially lower percentages of NDIS participants reported gross income and paid taxes, compared to the general Australian population.</p> <p>The percentage of NDIS participants reporting gross salary increased substantially over the years.</p> <p>In the 25-44 age group, higher percentages of NDIS females paid taxes compared to NDIS males.</p>	<p>In FY2021-22:</p> <ul style="list-style-type: none"> • 26.8% and 25.2% of NDIS males and females, respectively, reported gross salary, compared to 64.0% and 61.8% of Australian males and females aged 15+. • 10.9% and 11.3% of NDIS males and females, respectively, paid taxes, compared to 59.1% and 51.6% of Australian males and females aged 15+. • 30.2% of NDIS males and 30.1% of NDIS females aged 15 to 24 reported gross salary, showing substantial increases since 23.0% and 21.4% in FY2018-19, respectively. • 14.4% of NDIS females aged 25-44 paid taxes, compared to 12.6% of NDIS males in this age group.

². Note that figures for Australian males are not quoted, but observations are similar as for females, where are around half of those receiving PBS prescriptions also received subsidies, and around half of PBS prescriptions were subsidised.

9. Has the NDIS helped?

Overall, the Scheme is helping participants across all age groups. Perceptions of whether the NDIS has helped across key domains and cohorts is summarised below:

- Over 90% of parents and carers of participants from birth to starting school said that the NDIS had helped with their child’s development and access to specialist services. Perceptions were increasingly positive the longer participants had been in the Scheme for this age group.
- For the school to 14 participant age group, for a given number of years in the Scheme, the proportion who said that the NDIS has helped increased with time in the Scheme, for all domains. Those entering the Scheme more recently tended to respond more positively at each reassessment time point.
- Participants aged 15 and over have seen major improvement in the proportion saying the NDIS helped with choice and control, daily living, relationships, health and wellbeing, as well as social, community and civic participation. In general, results are more optimistic for the 25+ age group, compared to those aged 15 to 24.
- The biggest improvement since first reassessment seen for each participant age group are:
 - Participants from birth to starting school: fit into family life (9.9 percentage-points after 5 years).
 - Participants from school to age 14: child’s independence (27.1 percentage-points after 7 years)
 - Participants aged 15 to 24: daily living (24.1 percentage-points after 7 years).
 - Participants aged 25 and over: relationships (28.6 percentage-points after 7 years).

In most cases, higher plan utilisation is strongly associated with a positive response after one year in the Scheme. Improvements are typically largest between utilisation bands 0–20% and 20–40% (for most domains).

It is noted that the NDIA rolled out a new ICT system nationally on 30 Oct 2023. In this new data system, the answer options for the “Has the NDIS helped” questions changed. Previously, ‘yes’; ‘no’ and ‘It’s my first plan’ were the response options available for each helped question. The survey forms in the new system provides the following amended response options: ‘yes, a lot’, ‘yes, a bit’, ‘no’, and ‘N/A (I don’t need help in this area)’. It is likely that some of the larger-than-usual increases in the percentage responding positively at the latest reassessment (which contains a large proportion of responses from the new data system) can be attributed to this change.

Analysis of latest reassessment responses from the new data system shows the following:

- Among parents and carers of participants from birth to starting school, for most reassessment time points of all domains, over 90% required help – i.e. selected a response other than ‘N/A (I don’t need help in this area)’. Of those needing help, the percentage saying the NDIS helped a lot tends to be higher at later reassessments.
- Among parents and carers of participants from school to age 14, over 90% said they needed help at all reassessments in the domains of: child’s independence; family and friends; and social and recreational life. Of those needing help, reassessments 1 and 2 showed major differences in the percentages saying the NDIS helped, with a higher percentage of participants reporting that the NDIS helped at reassessment 2, compared to reassessment 1.
- For participants aged 15 and over, over 90% of participants at all time points required help with choice and control; daily living; relationships; and social, community and civic participation. Of those needing help, higher percentages of those saying the NDIS helped in later reassessments were mainly driven by higher proportions saying the NDIS helped a lot.

National Disability Insurance Agency

[ndis.gov.au](https://www.ndis.gov.au)

Telephone 1800 800 110

Webchat [ndis.gov.au](https://www.ndis.gov.au)

Follow us on our social channels

[Facebook](#), [Twitter](#), [Instagram](#), [YouTube](#), [LinkedIn](#)

For people who need help with English

TIS: 131 450

For people who are deaf or hard of hearing

TTY: 1800 555 677

Voice relay: 1800 555 727

National Relay Service: relayservice.gov.au