

# 11. Participants aged 15 to 24: overview of results

## 11.1 Key findings

### Box 11.1: Key findings for participants aged 15 to 24

- In the longitudinal analysis, significant improvements were observed across a number of indicators, including the percentage in a paid job (by 3.7%, from 15.7% at baseline to 19.3% at review) and the percentage participating in a community group in the last 12 months (by 6.5%, from 31.4% at baseline to 37.9% at review). More participants expressed a desire for greater choice and control (an increase of 9.6%, from 71.6% to 81.2%).
- Baseline and longitudinal outcomes vary with participant level of function. Participants with higher level of function tend to have better baseline outcomes and exhibit higher rates of improvement than those with lower level of function.
- Participants with a sensory disability generally experience better outcomes. At baseline, participants with a psychosocial disability do not do as well as participants with other disabilities, and this is observed across all domains. Interestingly, participants with a visual impairment have much higher rates of volunteering (21% compared to 13% overall). Also of note is the considerable variation in smoking rates by disability, ranging from 0% for participants with Down syndrome to 31% for participants with a psychosocial disability (the overall rate is 7%).
- Participants from regional and remote locations tend to experience higher levels of choice and control, and are much more likely to know people in their community than those living in major cities. However they are less likely to have a regular doctor and more likely to have difficulty accessing health services.
- Participants from a CALD background tend to have lower baseline levels of choice and control but tend to be happier with their home.
- At baseline, Indigenous participants have slightly higher levels of choice and control than non-Indigenous participants. However, Indigenous participants were almost twice as likely to say they often felt lonely, were less happy with their home, and had poorer health outcomes. Indigenous participants were almost four times as likely to smoke (23% compared to 6% for non-Indigenous participants).
- Deeper analysis of employment outcomes suggests that participants looking for paid work are more likely to be successful when they have higher educational qualifications, start to require support in fewer daily activities, have greater choice over what they do each day, and have got to know people in their community. Conversely, participants with complex needs, those living in a high unemployment area, and those needing support in an increased number of daily activities, are less likely to be successful.
- For participants who are not involved in a community group at baseline but would like to be, factors increasing the likelihood of success include volunteering, having a paid job, and participating in education or training in a class for students with disability at baseline.

### Box 11.1: Key findings for participants aged 15 to 24 (continued)

- Opinions on whether the NDIS has helped vary considerably by domain for the young adult cohort, being lowest for work (21%) and home (24%), and highest for choice and control (61%) and daily activities (59%). Higher baseline plan utilisation is a strong predictor of a positive response across all eight domains. Perceptions also tended to improve with increasing plan cost. Participants from QLD and WA tended to be more positive, and those from TAS and ACT less positive.

## 11.2 Results overview – participants aged 15 to 24

### 11.2.1 Outcomes framework questionnaire domains

Typically the young adult cohort is characterised by increasing levels of independence and participation in community, with individuals moving out of the family home, and transitioning from school to employment or further study.

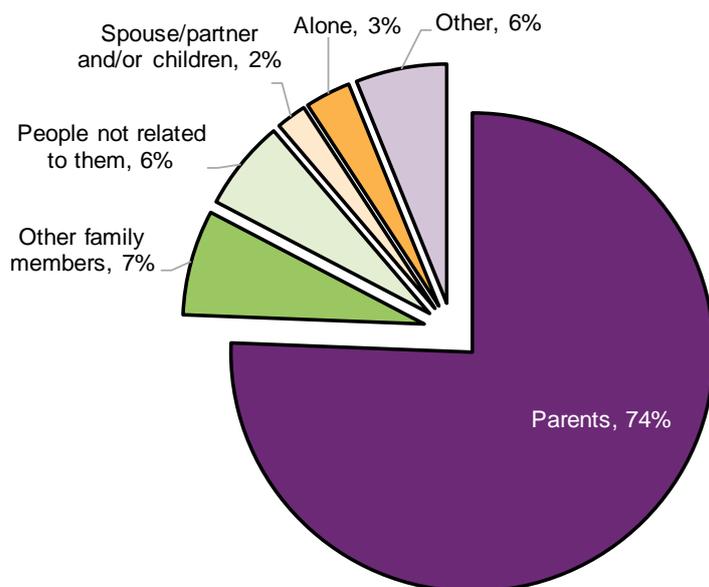
The LF contains a number of extra questions for the adult cohorts, across all domains, but particularly in the health and wellbeing domain.

### 11.2.2 Participant living arrangements

Overall, 74% of young adult participants live with their parents. 7% live with other family members, 6% with people not related to them, 3% with a spouse/partner and/or children, and 3% live alone (Figure 11.1).

Most participants (80%) are in a private home either owned or rented from a private landlord. 12% of participants live in a private home rented from a public authority. 4% are in supported accommodation, 1% in residential care or a hostel and a further 1% in a boarding house, short-term crisis accommodation, a temporary shelter, or a nursing home.

**Figure 11.1 Participant living arrangements**



### 11.2.3 Baseline indicators – aggregate

#### ***Independence***

The SF includes some questions designed to investigate whether participants aged 15 to 24 exhibit growing independence and increased choice and control over their lives, as would be expected for young adults generally. More than half the participants had experienced increased independence/ control over their life compared to two years ago, however 61% were still not happy with the level of independence/control they were currently experiencing. 57% said they made more decisions in their life than two years ago, however this includes 33% who would like to make more decisions. Of those who had commenced planning for life post-school, around two-thirds said they had at least some input into the decisions.

## Choice and control

More participants chose, or had a say in, what they do each day (83%) and how they spend their free time (85%) than in who supports them (69%), where they live (53%) or who they live with (53%). The majority (64%) said their family makes most decisions in their life, although 29% said they made most decisions themselves. 92% said they had someone who supports them to make decisions. Overall, 80% said they would like more choice and control in their life.

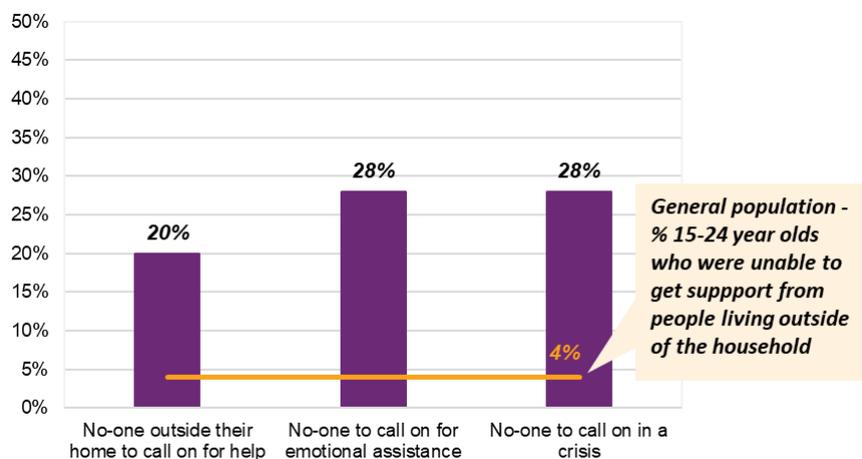
## Daily living

Support for daily living was most needed for domestic tasks (86%) and travel and transport (85%), and least needed for personal care (56%) and using technology (44%). Where support was needed, it was most often received for personal care, domestic tasks, and finances/money (82%-85%), and least often received for communication (70%) and using technology (61%). For those receiving support, generally low percentages (ranging from 32%, for getting out of the house, to 65%, for finances/money) felt that it met their needs. One-quarter of participants needed support in all of the eight areas surveyed.

## Relationships

Looking at relationships, 20% of participants said they had no-one outside their home to call on for help, 28% had no-one to call on for emotional assistance, and 28% had no-one to call on in a crisis. By comparison, the ABS General Social Survey (GSS) asks “Are you able to get support in times of crisis from persons living outside the household?”, and the proportion of 15 to 24 year olds who said they were unable to get support was 4% for the 2014 survey (Figure 11.2).

**Figure 11.2 Ability to get assistance**



Whilst only 4% of respondents said they provided care for others, 58% of these said they needed help to continue caring, and only one-third said they received enough help.

29% of participants said they did not have any friends apart from family or paid staff. 47% said they got to see their friends without family or paid staff present. Overall, 72% were happy with their relationships with staff. 22% said they often feel lonely.

## Home

34% of participants were planning for a home of their own, with slightly less than half having some input into the planning. 81% were happy with their current home, however 35% said they would not want to live there in five years' time, mainly because they wanted to choose

their future home. 35% cited lack of support as a barrier to living in a home of their choice, with 21% citing lack of affordable housing. 85% said they felt very safe or safe in their home.

### Health and Wellbeing

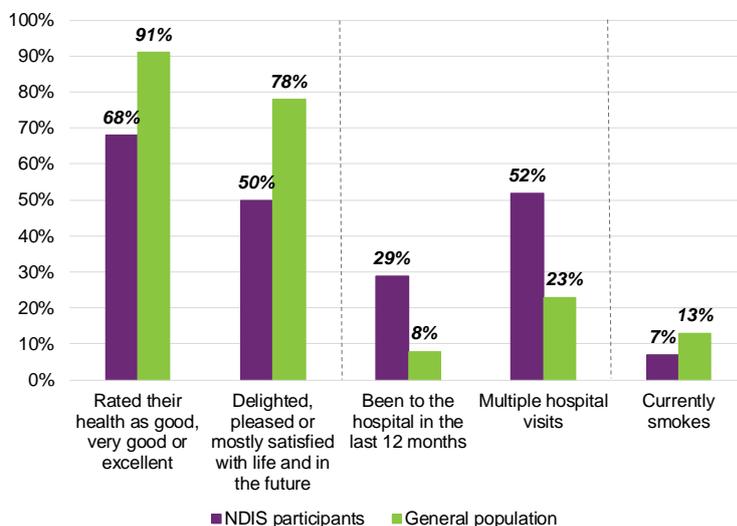
People with disability generally rate their health as poorer than other Australians<sup>40</sup>, and this holds true for NDIS participants. 68% of the young adult cohort rated their health as good, very good or excellent, compared to 91% of Australians aged 15 to 24 overall<sup>41</sup>. NDIS participants also express lower overall life satisfaction than the general population. When asked to think about their life now and in the future, on a seven-point scale from “delighted” to “terrible”, 50% of young adult participants responding to the LF said they felt either “delighted”, “pleased” or “mostly satisfied”, compared to 78% of Australians aged 18 to 24 overall<sup>42</sup>.

NDIS participants are also more likely to go to hospital than Australians generally. 29% of young adult participants had been to hospital in the last 12 months, compared to 8% of Australians aged 15 to 24<sup>43</sup>. Moreover, 52% of those who had been to hospital have had multiple visits, compared to a population figure of 23% for Australians aged 15 to 24<sup>43</sup>.

32% of the young adult cohort said they had experienced some difficulty in getting health services. The most common reason cited was access issues (11%), however 7% said it was because of the attitudes and/or expertise of health professionals.

7% of the young adult cohort said they currently smoked, and this is lower than a 2014-15 population figure for 15 to 24 year olds of 13%<sup>41</sup>.

**Figure 11.3 Health and wellbeing indicators of participants compared with the general population**



<sup>40</sup> Australian Institute of Health and Welfare (AIHW) (2018) Australia’s Health 2018.

<sup>41</sup> ABS National Health Survey (NHS) 2014-15.

<sup>42</sup> ABS General Social Survey (GSS) 2010. For GSS 2014 the question changed from using seven descriptive categories to a rating on a 0 to 10 scale.

<sup>43</sup> ABS Patient Experience Survey (PES) 2016-17.

## Lifelong learning

Regarding education and training, 29% of the cohort said their schooling was (or had been) in a mainstream class. Whilst 60% said they had opportunities to learn new things, 35% said they did not but would like to. 40% said there was a course or training they wanted to do but were unable to do in the last 12 months.

## Work

8% said they were currently working in an unpaid job, whilst 17% were working in a paid job. Of those not currently working in a paid job, 59% said they would like one and 41% said they didn't want one.

## Social, civic, community participation

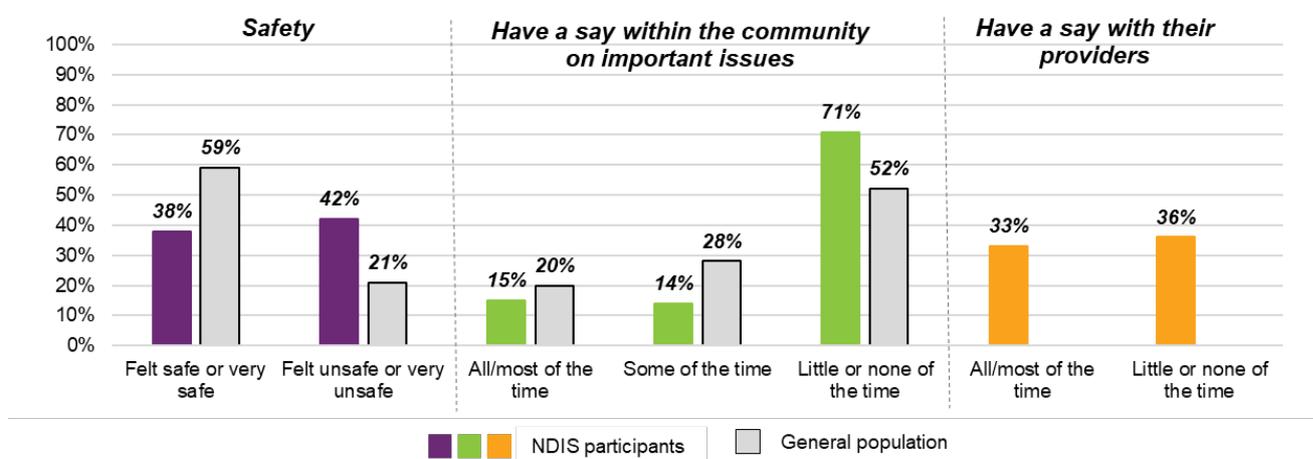
13% of participants said they currently volunteered, and a further 27% expressed an interest in volunteering. 32% had been involved in a community, cultural or religious group in the last 12 months, with 83% of LF respondents feeling a sense of belonging to the group. Also from the LF, 30% said they had had negative experiences in their community in the past 12 months.

The GSS asks "How safe or unsafe do you feel walking alone in your local area after dark?", with responses on a five-point scale from "Very safe" to "Very unsafe". The LF also asks this question, however with an additional response option "I never go out alone", which was chosen by 71% of respondents. Of those who do go out alone, 38% said they felt safe or very safe whereas 42% said they felt unsafe or very unsafe. From the 2014 GSS, the corresponding figures for 15 to 24 year olds were 59% and 21%.

NDIS participants were also less likely to feel able to have a say within the community on important issues: 15% of participants felt able to have a say all of the time or most of the time, 14% some of the time, and 71% a little of the time or none of the time. From the 2014 GSS, the corresponding figures for 15 to 24 year olds were 20%, 28% and 52%.

33% of participants felt able to have a say with their support providers either all of the time or most of the time, however 36% were only able to have a say a little of the time or not at all.

**Figure 11.4 Social, civic and community participation indicators, NDIS participants compared with the general population**



### 11.2.4 Baseline indicators – participant characteristics

Baseline indicators have been analysed by participant characteristics using one-way analyses and multiple logistic regression modelling. Key findings from these analyses include:

- **Level of function**

Baseline outcomes tend to be better for participants with higher level of function, and those with lower cost plans. However the percentage who feel happy about relationships with staff exhibits an increasing trend with plan cost, and is lowest for participants with high level of function. Participants with low level of function/high plan cost are also more likely to want to live in their home in five years' time, and are more likely to have a regular doctor and to have had health check-ups in the previous 12 months.

- **Culturally and linguistically diverse backgrounds**

Participants from a CALD background exhibit generally lower levels of choice and control, and a higher percentage want more choice and control. Many of the participation indicators are also worse for CALD participants: they are less likely to spend free time doing activities that interest them, to volunteer, to know people in their community, and to have a say with service providers. However they are slightly less likely to be unable to do something they wanted to in the last 12 months, and slightly more likely to be involved in a community group. CALD participants are slightly more likely to be happy with their current home, and more likely to want to stay there in five years' time.

- **Indigenous**

- For most of the choice and control indicators, Indigenous participants achieve slightly better outcomes than non-Indigenous participants.
- For relationships, Indigenous participants are more likely to want to see their family more often, but less likely to want to see their friends more often. Indigenous participants are more likely to provide care for others (7% compared with 4% for non-Indigenous participants). Although based on smaller numbers in the LF, Indigenous participants were almost twice as likely to say they often felt lonely (40% compared to 21% for non-Indigenous participants,  $p=0.03$ ).
- Indigenous participants were less likely to be happy with their home or to want to live there in five years' time, and less likely to feel safe or very safe in their home.
- Health and wellbeing experiences for Indigenous participants also tended to be worse, with poorer self-rated health, and higher proportions experiencing difficulties accessing health services, and having been to hospital in the last year. Based on the LF, Indigenous participants were almost four times as likely to smoke (23% compared to 6% for non-Indigenous participants,  $p=0.003$ ).
- Indigenous participants were less likely to get opportunities to learn new things or to participate in education, training and skill development, less likely to have a paid job (12% compared to 18% for non-Indigenous participants), and slightly less likely to volunteer (9% compared to 13%). However they were slightly more likely to know people in their community (60% compared to 55%).

- **Age**

As expected, the level of choice and control tends to increase with age. Some relationship indicators also improve with age, for example the percentage with someone outside their home to call when they need help increases with age, and the percentage with no friends other than family or paid staff decreases. However the percentage who would like to see their family more often increases. Also as expected, the percentage happy with their current home tends to decrease with age. Older participants are slightly less likely to feel safe in their home, however are more likely to feel safe getting out in the community. Although based on small numbers in the LF, overall life satisfaction appears to increase with age for the young adult cohort. There is a sharp drop off in the percentage participating in education, training, or skill development, from 65% for those aged 17 or younger (many of whom are still at school), to 40% for those aged 18 to 21, and 25% for those aged 22 or older. Opportunities to learn new things also become less widespread with age, decreasing from 69% for those aged 17 or younger to 54% for those 22 or older. Many of the participation indicators improve with age.

- **Disability**

- Participants with intellectual disability or autism experience lower levels of choice and control, and those with a sensory disability exhibit higher levels. Participants with a psychosocial disability are less likely to be happy with their current level of independence, and more likely to want more choice and control in their life.
- Participants with a psychosocial disability are also more likely to want to see their family and friends more often, and are more likely to be carers (10% compared to 4% overall). Participants with autism are the most likely to have no friends other than family or paid staff, followed by those with a psychosocial disability.
- Participants with a psychosocial disability are much less likely to be happy with their current home and to want to live there in five years' time, and are much less likely to feel safe or very safe in their home (70% compared to 85% overall). Feelings of safety in the community are also lower for those with a psychosocial disability (38% compared to 44% overall), as well as for participants with a visual impairment (37%).
- Self-rated health is much poorer for those with a psychosocial disability, with 41% rating their health as good, very good or excellent compared to 68% overall. Conversely, self-rated health is much better for participants with a sensory disability. Compared to an overall rate of 32%, participants with a psychosocial disability (47%), a physical disability (41%), or cerebral palsy/another neurological disability (41%) are the most likely to have experienced difficulties accessing health services, and those with a sensory or intellectual disability the least likely.
- Participants with a psychosocial disability also tend to have worse outcomes for lifelong learning, being less likely to have opportunities to learn new things and to participate in education and training, and more likely to have been unable to do a course or training they wanted to do in the last 12 months.
- Baseline employment levels are lower for participants with cerebral palsy/another neurological disability, a psychosocial disability, or autism.
- Participants with a visual impairment have higher rates of volunteering (21% compared to 13% overall). Participants with a sensory disability are more likely to participate and to know people in their community, and more likely to feel able to have a say with their service providers. Participation in community

is lower for participants with autism or a psychosocial disability, whilst those with autism or an intellectual disability are the least likely to feel able to have a say with their service providers.

- From the LF, 7% of young adult participants smoke, but this varies considerably by disability. Although based on small numbers, 31% of participants with a psychosocial disability smoke, whereas none of the participants with Down syndrome say they smoke.

- **Geography**

Participants living in major cities tend to experience lower levels of choice and control compared to those in regional and remote areas. However they are less likely to want to see their family more, and more likely to be happy with their home and to want to live their in five years' time. They tend to have slightly poorer self-rated health, however participants living in outer regional or more remote areas are less likely to have a regular doctor and more likely to have difficulty accessing health services. Participants in regional and remote areas are much more likely to know people in their community than those living in major cities.

- **Self-management**

Self-management is associated with better outcomes in some areas (although this may partly reflect other characteristics of self-managing participants). For example, self-managing participants are more likely to choose who supports them and what they do each day, to be happy with their home and to feel safe there, to attend school in a mainstream class and get opportunities to learn new things, to have a paid job, to volunteer, to participate and know people in their community, and to have a say with service providers.

- **Gender**

Female participants were less likely to rate their health as good, very good, or excellent, more likely to have been to hospital in the past year, and less likely to feel safe getting out in the community.

### 11.2.5 Longitudinal indicators – aggregate

Longitudinal analysis describes how outcomes have changed for participants during the time they have been in the Scheme. Included here are participants entering the Scheme in the first year of transition (from 1 July 2016 to 30 June 2017) for whom a record of outcomes is available at two time points: at scheme entry and at approximately one year following scheme entry.

As expected during this relatively short period, many indicators have not changed a great deal. For this summary we select indicators based on a combination of statistical significance and magnitude of change<sup>44,45</sup>.

Table 11.1 summarises changes for the 16 selected indicators.

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<sup>44</sup> Since there is much more data available for the SF, with more than 5000 participants contributing to the analysis, statistical testing would identify indicators where the magnitude of change is unimportantly small, so we only consider SF indicators where the absolute magnitude of change in the indicator is greater than 0.02 (all of these changes are statistically significant). For the LF, where the quantity of data is much smaller (around 100 participants), selection is based on statistical significance.

<sup>45</sup> Note that at least some of the observed change may be attributable to normal age-related development, since the young adults will be one year older at the second time point.

**Table 11.1 Selected longitudinal indicators for participants aged 15 to 24**

SF/LF	Domain	Indicator	Baseline	Review	Change	Improvement/ Deterioration
SF	1	% who make more decisions in their life than they did 2 years ago	57.4%	61.2%	3.9%	Improvement
LF	3	% who feel happy with their relationships with staff	58.7%	89.4%	30.8%	Improvement
SF	5	% who have been to the hospital in the last 12 months	27.7%	23.6%	-4.1%	Improvement
SF	6	Of those who currently participate in education, training or skill development in a mainstream class, % who say it's what they want	79.7%	81.7%	2.0%	Improvement
SF	7	% who have a paid job	15.7%	19.3%	3.7%	Improvement
SF	8	% who spend their free time doing activities that interest them	76.0%	80.4%	4.4%	Improvement
SF	8	% who have been actively involved in a community, cultural or religious group in the last 12 months	31.4%	37.9%	6.5%	Improvement
SF	8	% who know people in their community	52.4%	57.3%	4.9%	Improvement
LF	8	% who feel safe or very safe when walking alone in their local area after dark	9.5%	18.1%	8.6%	Improvement
SF	1	% who want more choice and control in their life	71.6%	81.2%	9.6%	Context dependent
SF	3	% who would like to see their friends more often	55.7%	58.7%	2.9%	Context dependent
SF	4	Of those who are happy with their current home, % who would like to live there in 5 years time	67.0%	64.8%	-2.2%	Context dependent
SF	5	% who have a doctor they see on a regular basis	78.2%	84.4%	6.2%	Context dependent
SF	1	% who feel able to advocate for themselves	33.0%	30.8%	-2.2%	Deterioration
SF	5	% who rate their health as excellent, very good or good	70.5%	67.9%	-2.6%	Deterioration
SF	8	% who wanted to do certain things in the last 12 months, but could not	55.9%	62.3%	6.4%	Deterioration

Key findings from Table 11.1 include:

- The percentage who make more decisions than two years ago has increased, possibly reflecting increasing age. More participants expressed a desire for greater choice and control – whether this is a positive or a negative change depends on the reasons (for example, it could reflect increasing awareness that choice and control is possible).
- There has been a considerable increase in the percentage who are happy with their relationships with staff<sup>46</sup>.
- Whilst self-rated health has deteriorated, more participants have a regular doctor, and fewer have been to hospital in the past year.
- Participation indicators have mostly improved.

<sup>46</sup> This may partly reflect participants without staff at baseline responding “no” at baseline then subsequently changing their answer to “yes” once they have staff and are happy with them, at review. For future collections, an option “I don’t have any staff” has been added.

### 11.2.6 Longitudinal indicators – participant characteristics

Analysis by participant characteristics has been examined in two ways:

1. A simple comparison of the percentage meeting the indicator at review with the percentage meeting the indicator at baseline. The difference (review-baseline) is compared for different subgroups.
2. Multiple regression analyses modelling improvement in the indicator. That is, for the subset without the indicator at baseline, the probability of meeting the indicator at review is modelled as a function of participant characteristics. For some indicators, deterioration has been modelled in a similar way.

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.

For the logistic regression modelling, we have combined data from the 15 to 24 and 25 and over cohorts (adjusting for age in the regressions), so results from that analysis are for participants aged 15 and over.

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

#### ***Overall, are you happy with your relationships with staff? (LF indicator, overall improvement of 0.308)***

One-way analysis suggests that the extent of improvement is greater for participants with an intellectual disability or Down syndrome, but less for those with cerebral palsy or another neurological disorder. Participants in NSW experience greater improvement, as do new entrants to the Scheme.

#### ***Do you know people in your community? (SF indicator, overall improvement of 0.049)***

Multiple regression modelling reveals the following key findings:

- Improvement is less likely for participants with autism and more likely for those with Down syndrome.
- Improvement is more likely for those living in the Northern Territory and Queensland, and less likely for those living in Victoria. Participants from regional and remote locations are more likely to experience improvement than those in major cities.
- Self-managing participants (fully or partly) are more likely to improve.
- Participants living in an Aboriginal or Torres Strait Islander community residence are more likely to start to know people in their community, whereas those in supported accommodation or a nursing home are less likely.
- Participants who have support from family and friends, and those who feel safe getting out and about in the community, are more likely to improve.

#### ***Do you want more choice and control in your life? (SF indicator, went up by 0.096, interpretation depends on context)***

Multiple regression modelling reveals the following key findings:

- The likelihood of starting to want more choice and control is lower for participants with lower level of function, and decreases between ages 16-25, and again between ages 41-56.
- Participants who need support with domestic tasks or for getting out of the house are more likely to start seeking more choice and control.
- Participants looking for a paid job are more likely to start wanting more choice and control.

- Participants who are happy with how often they see their friends are less likely to start wanting more choice and control.
- Participants who are involved in a community groups, as well as those who are not involved but would like to be, are more likely to start seeking more choice and control.