

# Executive summary

## Background

Fundamentally, the National Disability Insurance Scheme (NDIS) was set up to allow people with disability to live “an ordinary life”: to fully realise their potential, to participate in and contribute to society, and to have a say in their own present and future – just as other members of Australian society do.

These aims are embedded in the legislation which established the Scheme, the National Disability Insurance Scheme Act 2013<sup>1</sup> (the NDIS Act), and included in the National Disability Insurance Agency (NDIA) Corporate Plan 2018-2022<sup>2</sup>.

The NDIS Act underscores the Scheme objectives:

- To support the independence and social and economic participation of people with disability;
- To enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports;
- To maximise independent lifestyles and full inclusion in the community; and
- To facilitate greater community inclusion of people with disability.

## The NDIS Outcomes Framework questionnaires

The NDIS Act further indicates that the Scheme adopts an insurance-based approach. An insurance-based approach considers the lifetime cost of participants (including early investment), and the outcomes achieved across participants’ lifetimes. Measurement of outcomes and costs (both to the NDIS and other mainstream service systems) is critical in understanding the success of the NDIS and is a legislative requirement.<sup>3</sup>

Measurement of outcomes encompasses a wide range of areas, ranging from participants’ progress towards achievement of their own individual goals, to the broad economic and societal benefits that are expected to emerge from the Scheme in the longer term.

The NDIS Outcomes Framework questionnaires have been developed to measure progress towards a common set of accepted goals for each participant, so that the results can be aggregated to provide a picture of how and where the Scheme is making a difference. In addition, a common set of goals allows benchmarking to Australians without disability and to other OECD countries.

This report analyses the results of the outcomes framework questionnaires for people who entered the Scheme in 2016-17 and 2017-18 (referred to as “the baseline” as the NDIS has not influenced the outcomes of participants at this point), and also the one year longitudinal

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<sup>1</sup> <http://www.comlaw.gov.au/Details/C2013A00020/Download>

<sup>2</sup> <https://ndis.gov.au/about-us/information-publications-and-reports/corporate-plan>

<sup>3</sup> Further, the National Disability Insurance Scheme forms part of the broader National Disability Strategy 2010-2020. The strategy is a commitment from all governments to a shared vision of an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens. In particular, the strategy emphasises the need for improved performance of mainstream services in delivering outcomes for people with disability.

change in outcomes for people who entered in 2016-17 and have been in the Scheme for one year. One year is not a lot of time to measure success – however, importantly this report starts the conversation on what factors are driving good outcomes, and indicates that the NDIS is improving many participants' lives.

## Baseline versus progress

It is important to recognise that, with respect to how they are going in different areas of their lives, participants do not enter the Scheme on an equal footing. A whole range of individual and external factors will impact on the experiences of participants at baseline, including the nature and severity of their disability, the extent of support they receive from family and friends, how inclusive their community is, their general health, and even their own inherent resilience.

A stark example of this baseline variability is provided by young adult participants with a psychosocial disability. These participants were found to have consistently poorer baseline outcomes, across all life domains. On the other hand, participants with a hearing impairment generally experience better baseline outcomes.

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

It is also important to note that whilst some of the benefits of the Scheme should be quick to emerge (for example, provision of assistance with daily living support will quickly change a participant's circumstances), others are much more long-term in nature (for example, gaining employment), and measurable progress may take some years to emerge.

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

## A lifespan approach

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

Reflecting this lifespan approach, the report is organised with a separate subsection for each participant age cohort<sup>4</sup>, synthesising analyses from all data sources<sup>5</sup>.

In view of the large amount of data, to keep the report manageable we have chosen to focus in depth on one or two areas judged to be of particular relevance for each age cohort. High level summaries of results across all domains are also included, and separate volumes of Appendices contain summaries for each individual question.

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<sup>4</sup> Participants from birth to before starting school, participants from starting school to age 14, participants aged 15 to 24, and participants aged 25 and over.

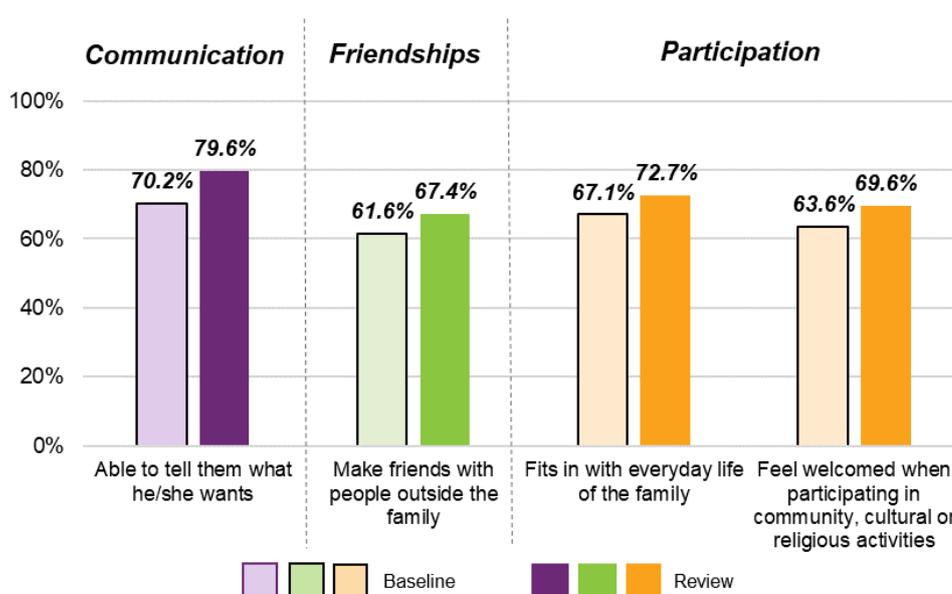
<sup>5</sup> The Short Form (SF) outcomes framework and the Long Form (LF) outcomes framework, baseline and longitudinal information.

## Participants from birth to before starting school

### Overall results

- In the longitudinal analysis, significant improvements were observed across a number of indicators<sup>6</sup>, particularly in the areas of:
  - Communication: the percentage who say their child is able to tell them what he/she wants has increased by 9.4%, from 70.2% at baseline to 79.6% approximately one year later.
  - Making friendships: the percentage of children who can make friends with people outside the family has increased by 5.8% (from 61.6% to 67.4%), and the percentage who have friends that they enjoy playing with has increased by 10.6% (from 46.7% to 57.3%).
  - Participating in family life and community activities: the percentage who say their child fits in with the everyday life of the family has increased by 5.6% (from 67.1% to 72.7%), and the percentage of those participating in community, cultural or religious activities who feel welcomed has increased by 6.0% (from 63.6% to 69.6%).

**Figure 1 Changes in indicators for birth to starting school participants**



- Understandably, their child's progress in major developmental areas is a key concern of parents and carers. From the longitudinal analysis, the proportion of parents/carers expressing concern about their child's development in six or more of eight areas surveyed has increased by 6.5%, from 60.8% to 67.3%.
- 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.

<sup>6</sup> Note that at least some of the observed change may be attributable to normal age-related development, since the children will be one year older at the second time point.

- Participants with a hearing impairment generally experience better outcomes than those with other disabilities, both baseline and longitudinal.
- Participants from regional and remote locations, compared to those from major cities, show more positive results on some indicators – both at baseline and for longitudinal change. For example, children in regional and remote areas are more likely to improve in their ability to tell their parents/carers what they want, and in their ability to make friends outside the family.
- Indigenous children tend to exhibit slightly worse outcomes at baseline. They are also less likely to live with their parents than non-Indigenous children, and more likely to live in public housing. For longitudinal change, small numbers make it difficult to identify differences.
- Baseline outcomes for children from a CALD background are mixed. They are more likely to live with their parents, and parents/carers are less likely to express concerns about their child's development, however they tend to fare worse on some of the relationship and participation indicators. For longitudinal change, small numbers make it difficult to identify differences.
- Opinions on whether the NDIS has helped tend to be positive for this cohort. In particular, there is widespread agreement that the NDIS has helped in areas related to the child's development (91%) and access to specialist services (89%). Higher baseline plan utilisation is a strong predictor of a positive response across all five areas surveyed. Participants entering the Scheme for early intervention are more likely to think that the NDIS had helped than those entering due to disability.

## Childcare

66% of parents/carers of children under 5 use childcare, significantly lower than the age-adjusted population benchmark of 76% estimated using the Household, Income and Labour Dynamics in Australia<sup>7</sup> (HILDA) survey. This includes any use of childcare, while the parents/carers are at work or while they are not at work.

However, compared to the HILDA survey, parents/carers of NDIS participants are more likely to use childcare while not at work (28% versus 20%). This may be due to parents/carers using childcare in order to have a break.

Multiple regression analysis suggests that participants with higher/complex needs are less likely to attend childcare. On the other hand, participation in community and the ability to make friends are associated with increased use of childcare: these attributes could be either a driver of childcare use (parents/carers feel more comfortable sending their child to childcare once they have the necessary social skills) or an outcome of using childcare (use of childcare fosters social skills).

Children's experiences at childcare were generally positive, with 94% of those using group childcare saying that other children and other families were welcoming, 90% thinking that their child was asked to do tasks at an appropriate level, and 97% feeling that their cultural heritage was respected (where applicable).

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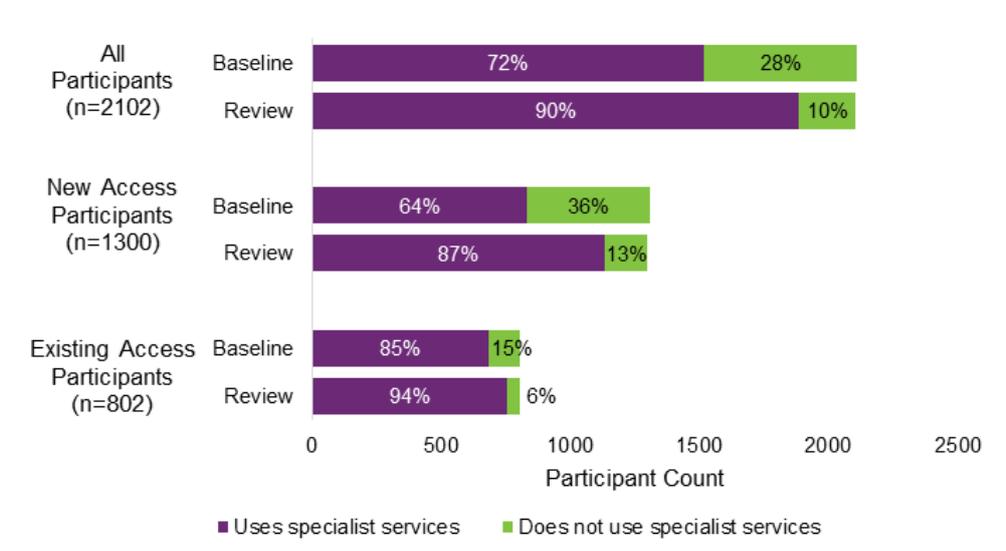
<sup>7</sup> <https://melbourneinstitute.unimelb.edu.au/hilda>

## Specialist services

Use of specialist services is widespread amongst NDIS participants, and has increased significantly between baseline (72%) and review (90%). Increases are observed for both existing participants (those receiving services from State/Territory or Commonwealth systems before entering the NDIS) and new participants, but more so for new participants, suggesting that much of the increase is attributable to participants and their families receiving funding towards these specialist services for the first time.

The majority of respondents feel that the specialist services they are using contribute positively to their child's learning and development, and assist them to support their child. The percentages who feel this way have also increased between baseline (87-88%) and review (95-96%).

**Figure 2 Use of specialist services, by Scheme access entry type**



Participants with a developmental delay, those living in South Australia, and those living in a high unemployment Local Government Area, are less likely to use specialist services.

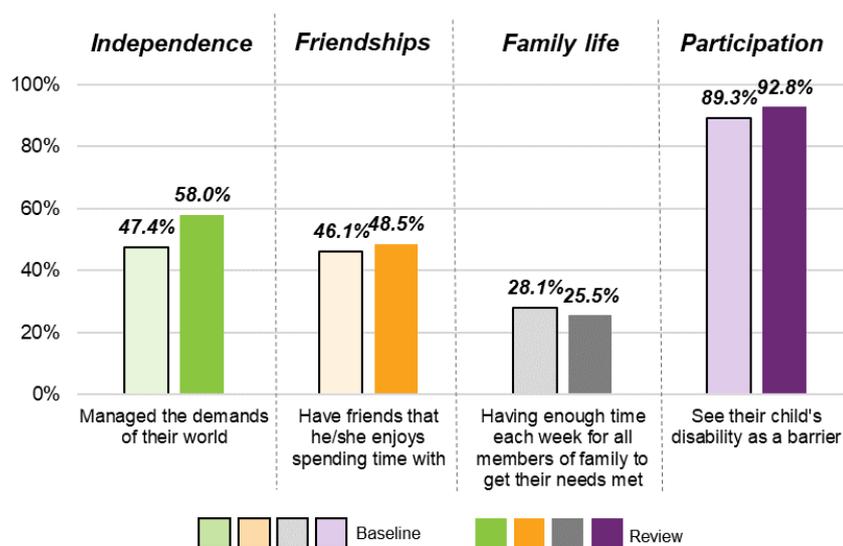
Early intervention participants are more likely to use specialist services, suggesting that these services are viewed as an effective early intervention support for children with a disability or developmental delay. Over time, investigation of the relationship between early intervention exits and use of specialist services will help quantify the effectiveness of these services in improving outcomes to a point where children no longer need individualised support from the Scheme.

## Participants from starting school to age 14

### Overall results

- In the longitudinal analysis, significant improvements were observed across a number of indicators, particularly in the areas of independence and friendships. On the other hand, a number of indicators have deteriorated, particularly related to impact on family life and involvement in activities.

**Figure 3 Changes in indicators for starting school to age 14 participants**



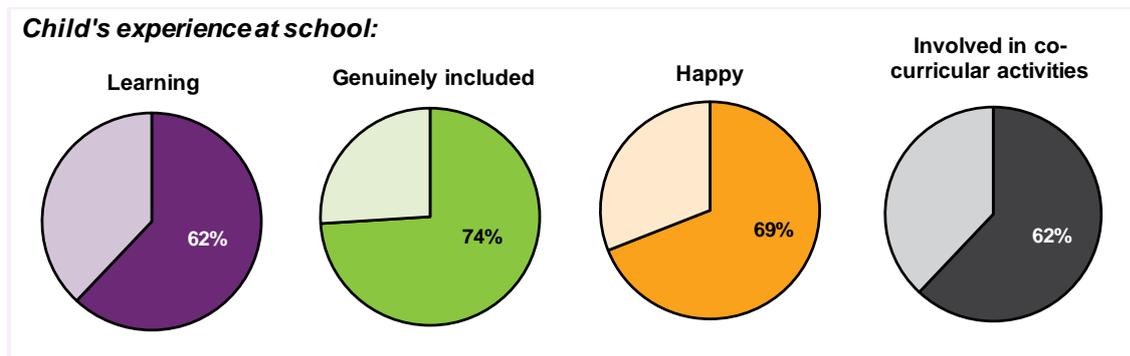
- Baseline and longitudinal outcomes vary with participant level of function. Participants with higher level of function tend to have better baseline outcomes and exhibit higher rates of improvement than those with lower level of function.
- Participants with a hearing impairment generally experience better outcomes than those with other disabilities.
- Participants from regional and remote locations, compared to those from major cities, show more positive results on some indicators – both at baseline and for longitudinal change.
- Children from a CALD background have worse outcomes on most baseline indicators. For longitudinal change, small numbers make it difficult to identify differences.
- Baseline results for Indigenous participants are more mixed. Indigenous children tend to exhibit higher levels of independence, but their school experiences tend to be worse than for non-Indigenous children. As for the younger cohort, Indigenous children are less likely to live with their parents, and more likely to live in public housing. For longitudinal change, small numbers make it difficult to identify differences.
- Opinions on whether the NDIS has helped for the starting school to 14 cohort vary by domain, with the percentage responding positively ranging from 33% for access to education to 51% for independence. For education, however, the mainstream education system has a much bigger role in ensuring successful outcomes than the NDIS. Higher baseline plan utilisation is a strong predictor of a positive response across all four areas surveyed. The fact that utilisation tends to be lowest for the starting school to 14 cohort may contribute to the observed lower levels of satisfaction. Self-managing (either fully or partly) also tends to be associated with more positive responses. Participants entering the

Scheme for early intervention are more likely to think that the NDIS has helped with independence and school than those entering due to disability.

### School experiences

At baseline, 65% of participants attended school in a mainstream class, with 21% in a special school and 12% in a support class. The percentage in a mainstream class declines with school year, from 75% for K-2, to 64% for years 3-6, and 42% for years 7-10. The percentage also varies considerably by disability: for example, only 38% of children with an intellectual disability or Down syndrome attend school in a mainstream class, compared to almost 90% of children with a sensory disability, developmental delay, or global developmental delay. The percentage in a mainstream class declines with decreasing level of function.

**Figure 4 School experiences**



Parents and carers report that children attending a special school are more likely to feel genuinely included and happy at school. Parents and carers of children at a special school also report having better knowledge of their child's goals at school and tend to be more satisfied that the school listens to them in relation to their child's education.

However, analysis of the impact of educational setting on other outcomes reveals that children enrolled in a support class or special school are less likely to be developing independence, to have a genuine say in decisions about themselves, to make friends outside the family, and to spend time with friends without an adult present. Hence from a broader perspective, participation in mainstream education confers benefits on independence, relationships, and social participation that are less likely to be experienced by children attending a special school.

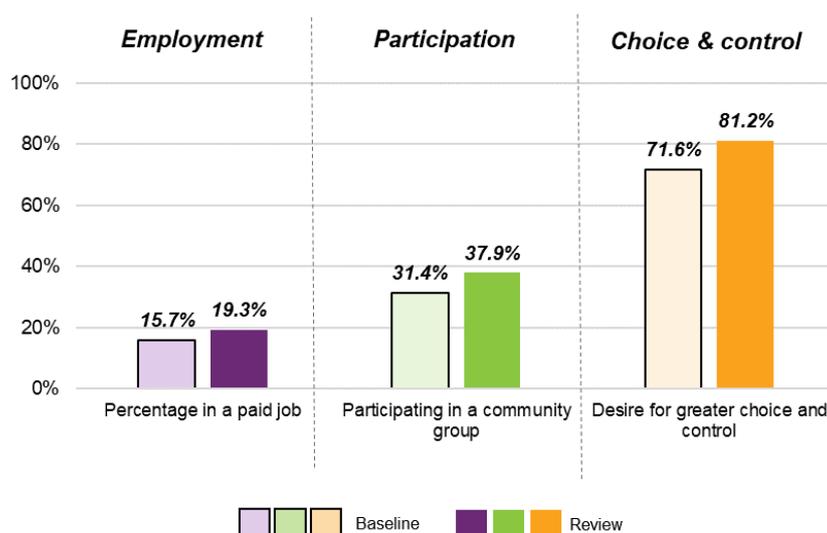
Longitudinal analysis reveals a significant improvement in the percentage of parents/carers who say they know their child's goals at school: from 69% at baseline to 80% approximately one year later. Improvement tended to be greater for children attending a special school.

Longitudinal analysis also reveals that the percentage of children attending school in a mainstream class has declined from 54.4% at baseline to 52.5% at review. Children with lower level of function, older children, those with an intellectual disability, and those living in public housing, were more likely to move out of a mainstream class. Conversely, participants in outer regional and remote areas were less likely to move out of a mainstream class compared to those in major cities. Children's experiences at school were also associated with moving out of a mainstream class: the more positive the child's experiences at school at baseline, such as learning at school and being involved in co-curricular activities, the less likely the child was to move out of a mainstream class.

## Participants aged 15 to 24 – overall results

- 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%).

**Figure 5 Changes in indicators for participants aged 15-24**



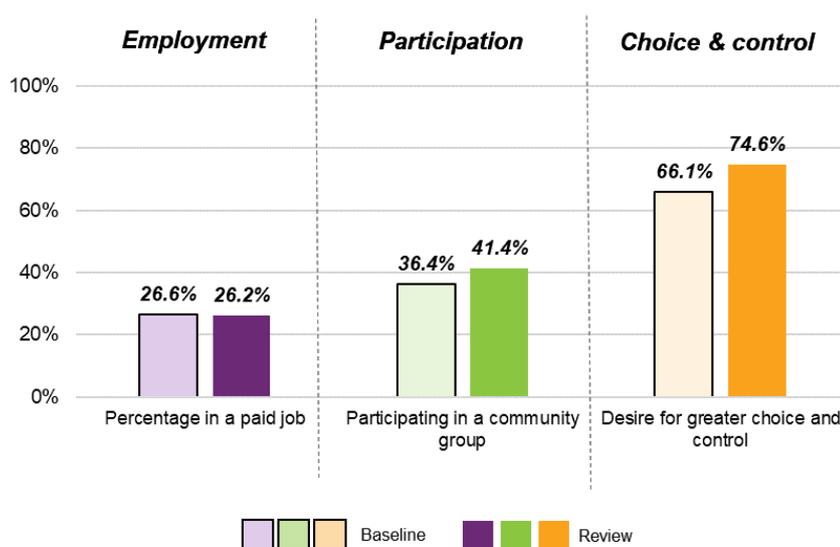
- Baseline and longitudinal outcomes vary with participant level of function. Participants with higher level of function tend to have better baseline outcomes and exhibit higher rates of improvement than those with lower level of function.
- Participants with a sensory disability generally experience 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).

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.

## Participants aged 25 and over – overall results

- In the longitudinal analysis, significant improvements were observed across a number of indicators, including the percentage participating in a community group in the last 12 months, which increased by 5.0%, from 36.4% to 41.4%. A number of other participation indicators have improved significantly. More participants expressed a desire for greater choice and control (an increase of 8.5%, from 66.1% to 74.6%).
- However, the percentage in a paid job has not changed significantly, being 26.6% at baseline and 26.2% at review.

**Figure 6 Changes in indicators for participants aged 25 and over**



- NDIS participants tend to have poorer baseline health and wellbeing outcomes than Australians overall. 48% of participants 25 and over rated their health as good, very good or excellent, compared to 87% of Australians aged 25 to 64 overall<sup>8</sup>. NDIS participants also express lower overall life satisfaction than the general population, with 52% saying they felt “delighted”, “pleased” or “mostly satisfied” with their life, compared to 77% of Australians aged 25 to 64 overall<sup>9</sup>. 41% of adult participants had been to hospital in the last 12 months, compared to 11% of Australians aged 25 to 64<sup>10</sup>. Moreover, 56% of those who had been to hospital had had multiple visits, compared to a population figure of 23% for Australians aged 25 to 64<sup>10</sup>.
- 33% of participants said they had experienced some difficulty in getting health services. The most common reason cited was access issues (10%), however 6% said it was because of the attitudes and/or expertise of health professionals.
- 17% of adult participants said they currently smoked, and this is similar to a 2014-15 population figure for 25 to 64 year olds of 18%<sup>8</sup>. However, there is considerable variation in smoking rates by disability. At 50%, the percentage of participants with a psychosocial disability who smoke is almost four times the percentage for other disabilities combined

<sup>8</sup> ABS National Health Survey (NHS) 2014-15.

<sup>9</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>10</sup> ABS Patient Experience Survey (PES) 2016-17.

(13%). At the other extreme, none of the participants with Down syndrome surveyed said that they smoke.

- The impact of disability type on other outcomes varies by domain. For example, at baseline, participants with intellectual disability or autism experience lower levels of choice and control, and those with a sensory disability or multiple sclerosis experience higher levels. However participants with multiple sclerosis have the poorest self-rated health and are more likely to go to hospital. As for the younger adult cohort, participants with a visual impairment are much more likely to volunteer (22% versus 13% overall).
- 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.
- Results by remoteness were mixed. For example, overall life satisfaction improved with increasing remoteness, as did levels of volunteering and the likelihood of knowing people in the community. However difficulties in accessing health services tended to increase with remoteness, and participants in major cities were more likely to have a paid job.
- Results by CALD status were also mixed, being slightly better for some baseline choice and control indicators but poorer on some health and wellbeing indicators. CALD participants were less likely to smoke.
- At baseline, choice and control indicators for Indigenous participants tend to be slightly worse than for non-Indigenous participants. However Indigenous participants are more likely to have someone outside the home to call on for help. Indigenous participants were less happy with their home, were less likely to feel safe at home and in their community, and had poorer health outcomes. Indigenous participants were much more likely to smoke (30% compared to 17% overall).
- For participants 25 and over, opinions on whether the NDIS has helped tend to be slightly more optimistic than for the young adult cohort, apart from lifelong learning and work, but generally reflect a similar pattern by domain. The percentage who think the NDIS has helped is highest for daily activities (71%), followed by choice and control (67%). Percentages are lowest for home (30%) and work (20%). Higher baseline plan utilisation is a strong predictor of a positive response across all eight domains. Perceptions also tended to improve with plan cost. Participants from QLD and WA tended to be more positive, and those from TAS and VIC less positive.

## Participants aged 15 to 24 and 25 and over – employment outcomes

As well as individual benefits, increased participation in the workforce of people with disability also produces wider benefits to the Australian economy. Recent economic modelling suggests that lifting employment levels to the OECD average for people with disability would result in an additional 117,000 Australians employed, and an increase in GDP of 0.5% (\$11.9 billion) by June 2030<sup>11</sup>.

As at 30 June 2018, 23% of working age NDIS transition participants said they had a paid job at entry to the Scheme – 17% of those aged 15 to 24 and 25% of those aged 25 or over.

For those with a paid job at baseline, 41% of 15 to 24 year olds and 33% of those aged 25 and over were in open employment at full award wages. Conversely, 35% of 15 to 24 year olds, and 49% of those aged 25 and over, were working in an Australian Disability Enterprise (ADE).

Baseline employment levels were highest for participants aged 25 to 44, however these participants were the least likely to be in open employment at full award wages. Between ages 25 and 59, approximately one-half of all participants with a paid job were working in an ADE. The percentage self-employed is negligible at young ages, but increases to substantial levels at older ages.

Participants with a hearing impairment were more likely to be in a paid job, and more likely to be in open employment. Participants with neurological disabilities and those with a psychosocial disability had the worst baseline employment levels. Participants with an intellectual disability or Down syndrome were the least likely to be in open employment.

Preliminary results from linking NDIA and Centrelink data suggest that 77% of NDIS participants aged 16 to 69 were receiving the DSP at July 2018, and 7% of DSP recipients also had an NDIS approved plan at this date.

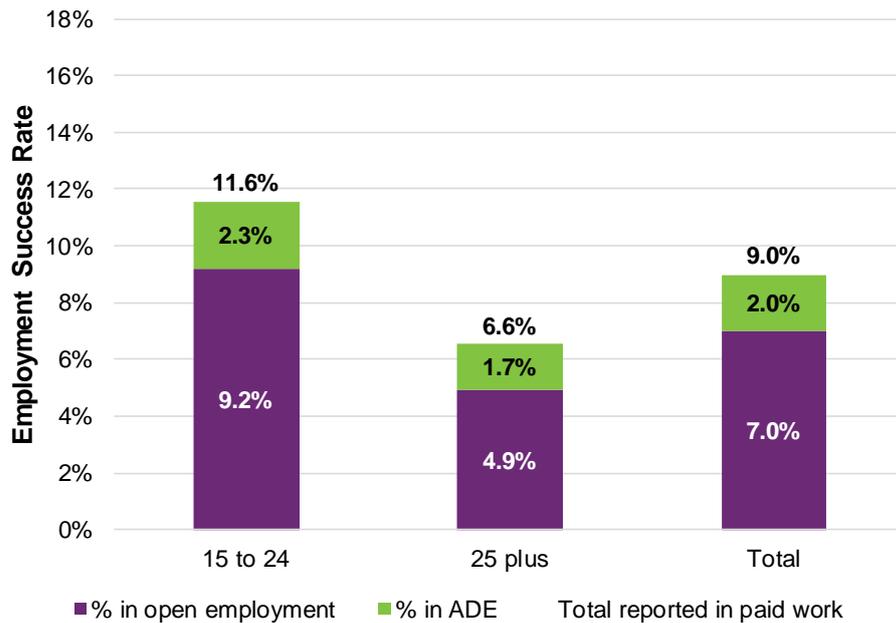
Overall, 31% of working age participants have a work-related goal in their plan – 44% of 15 to 24 year olds and 26% of those 25 and over.

For those who don't have a job at baseline but say they would like one, 9% subsequently had a job at review – 12% of those aged 15 to 24 and 7% of those aged 25 or over.

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<sup>11</sup> Deloitte Access Economics 2018. *Increased labour force engagement among Australians with a disability*. Report prepared for the NDIA, September 2018.

**Figure 7 Employment success rates for participants looking for work by type of employment**



Longitudinal analysis suggests that for participants aged 15 to 24, increasing independence and building capacity are important for maximising the chances of getting a job. For participants aged 25 and over, inclusion of work goals and employment funding in participants’ plans, and improvement of health outcomes, appear to be more important. The SLES program is only available to the younger cohort and this may be driving some of the differences in employment success rates.

For those who did have a job at baseline, 88% also said they had a job at review – 80% of those aged 15 to 24 and 90% of those aged 25 or over.

Participants who are working in an ADE at baseline are significantly more likely to also be in paid employment at review than participants who are working in open employment. However, this apparently greater job security may come at the expense of lower wages and narrower social interactions.

A primary aim of the outcomes framework is to help identify providers who are achieving good outcomes for participants, whilst recognising that participant characteristics and other factors outside the control of the provider will also have an impact on outcomes. Consistent with this aim, providers who achieve better than expected employment outcomes have been identified. One provider, Provider A, stood out for its exceptional results in helping young participants aged 15 to 24 to find paid work.

## Participants aged 15 to 24 and 25 and over – social and community participation outcomes

Social, community and civic participation has many potential benefits for people with disability, including improved well-being, lower long-term costs of care and support, and increased employment opportunities. There are also benefits to the wider community, as the inclusion of people with disability in the community can enhance Australia’s social capital, and promote a more inclusive and diverse society.

### Baseline participation levels – participants 15 to 24

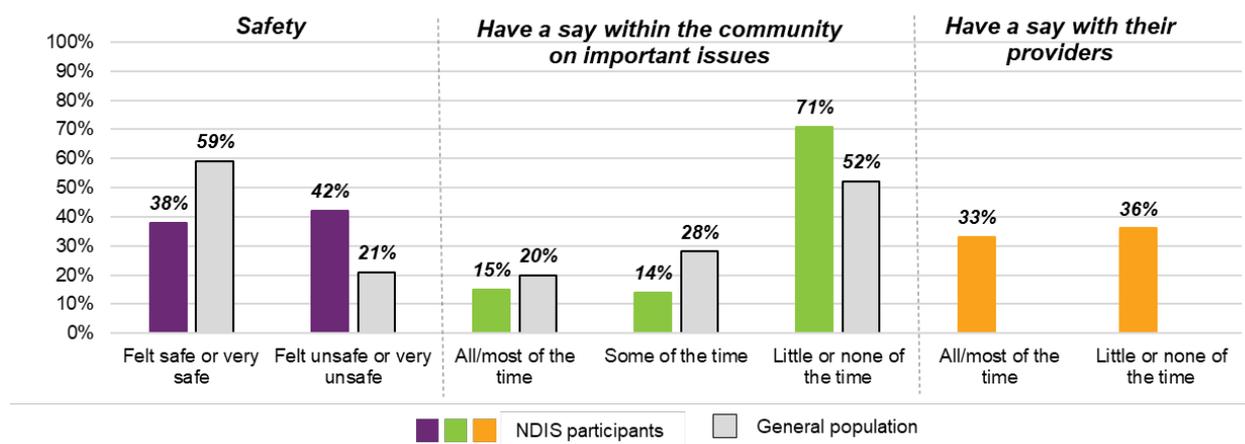
13% of participants aged 15 to 24 said they currently volunteered, and a further 27% expressed an interest in volunteering. 32% had been involved in a community, cultural or religious group in the last 12 months, with 83% feeling a sense of belonging to the group. However, 30% said they had had negative experiences in their community in the past 12 months.

When asked “How safe or unsafe do you feel walking alone in your local area after dark?”, 71% of NDIS participants said that they never go out alone. 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 ABS General Social Survey<sup>12</sup> (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 8 Social, civic and community participation indicators, NDIS participants compared with the general population**



<sup>12</sup> ABS General Social Survey (GSS) 2014.

### *Baseline participation levels – participants 25 and over*

13% of participants said they currently volunteered, and a further 23% expressed an interest in volunteering. 36% had been involved in a community, cultural or religious group in the last 12 months, with 90% feeling a sense of belonging to the group. However, 25% said they had had negative experiences in their community in the past 12 months.

When asked “How safe or unsafe do you feel walking alone in your local area after dark?”, 66% of NDIS participants said that they never go out alone. Of those who do go out alone, 57% said they felt safe or very safe whereas 31% said they felt unsafe or very unsafe. From the 2014 ABS General Social Survey<sup>12</sup> (GSS), the corresponding figures for 25 to 64 year olds were 68% and 17%.

NDIS participants were also less likely to feel able to have a say within the community on important issues: 23% of participants felt able to have a say all of the time or most of the time, 12% some of the time, and 66% a little of the time or none of the time. From the 2014 GSS, the corresponding figures for 25 to 64 year olds were 25%, 30% and 45%.

47% of participants felt able to have a say about their support providers either all of the time or most of the time, however 26% were only able to have a say a little of the time or not at all.

### *Longitudinal analysis*

Longitudinal analysis reveals that the percentage of participants who say they have been actively involved in a community, cultural or religious group in the last 12 months has increased significantly for both 15 to 24 year olds and those aged 25 or over.

Logistic regression modelling has been used to identify key drivers of either attaining (for those not involved at baseline) or maintaining (for those involved at baseline) involvement in a community, cultural or religious group at review. This modelling found that:

- Participants who volunteer at baseline are more likely to say they have been actively involved in a community, cultural or religious group in the last 12 months at review.
- Participants who are in a paid job at baseline are also more likely to say they have been actively involved in a community, cultural or religious group in the last 12 months at review.
- Participants with Down syndrome have consistently higher levels of involvement in a community, cultural or religious group than participants with other types of disability. However, this result is associated with a greater proportion of participants with Down syndrome being involved in groups for people with disability rather than mainstream community groups.